

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

Physician Assistant Fee Schedule
Provider Specialty 210
Effective Date: 1/1/2018

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

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

			Medicaid Maximum Allowable		EFFECTIVE DATE
PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	FACILITY RATE	NON-FACILITY RATE	
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	\$ 38.93	\$ 38.93	
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	\$ 52.36	\$ 100.48	
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUI	\$ 51.97	\$ 103.17	
10030		GUIDE CATHET FLUID DRAINAGE	\$ 126.07	\$ 615.23	
10035		PERQ DEV SOFT TISS 1ST IMAG	\$ 74.46	\$ 437.80	
10036		PERQ DEV SOFT TISS ADD IMAG	\$ 37.49	\$ 379.35	
10040		ACNE SURGERY	\$ 63.53	\$ 72.20	
10060		DRAINAGE OF ABSCESS	\$ 67.39	\$ 77.74	
10061		DRAINAGE OF ABSCESS	\$ 120.14	\$ 133.85	
10080		DRAINAGE OF PILONIDAL CYST	\$ 68.87	\$ 114.75	
10081		DRAINAGE OF PILONIDAL CYST	\$ 120.71	\$ 181.14	
10120		FOREIGN BODY REMOVAL, SKIN	\$ 66.08	\$ 94.90	
10121		FOREIGN BODY REMOVAL, SKIN	\$ 135.29	\$ 185.09	

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

10140		DRAINAGE OF BLOOD EFFUSION	\$ 86.33	\$ 109.27
10160		PUNCTURE DRAINAGE OF LESION	\$ 69.52	\$ 88.81
10180		INCISION AND DRAINAGE, COMPLEX	\$ 127.40	\$ 164.05
11000		SURGICAL CLEANSING OF SKIN	\$ 24.52	\$ 38.51
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR I	\$ 12.36	\$ 16.28
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	\$ 439.08	\$ 439.08
11005		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	\$ 573.02	\$ 573.02
11006		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	\$ 542.16	\$ 542.16
11008		REMOVAL OF PROSTHETIC MATERIAL OR MESH,	\$ 206.56	\$ 206.56
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN	\$ 209.04	\$ 331.01
11011		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN	\$ 225.43	\$ 369.21
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	\$ 35.08	\$ 53.26
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND	\$ 170.54	\$ 194.32
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUS	\$ 234.65	\$ 265.44
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUD	\$ 14.21	\$ 24.55
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	\$ 36.26	\$ 72.91
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	\$ 18.66	\$ 23.98
11200		REMOVAL OF SKIN TAGS	\$ 48.99	\$ 57.68
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUA	\$ 12.50	\$ 13.63
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	\$ 22.15	\$ 47.62
11301		SHAVING OF EPIDERMAL OR DERMAL LESION, S	\$ 37.67	\$ 65.64
11302		SHAVING EPIDERMAL LESION TRUNK/ARM/LEG	\$ 46.71	\$ 78.60
11303		SHAVING EPIDERMAL LESION TRUNK/ARM/LEG O	\$ 54.79	\$ 92.28
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0	\$ 28.04	\$ 49.30
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6	\$ 42.48	\$ 68.21
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.	\$ 50.08	\$ 80.58
11308		SHAVING OF LESION SCALP/NECK/HAND/ETC OV	\$ 60.25	\$ 90.74
11310		SHAVING OF LESION FACE/EARS/ETC. OF 0.5	\$ 32.08	\$ 59.49
11311		SHAVING OF LESION FACE/EARS/ETC. 0.6-1.0	\$ 46.99	\$ 75.80
11312		SHAVING OF LESION FACE/EARS/ETC. 1.1-2.0	\$ 53.95	\$ 87.52

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

11313		SHAVING OF LESION FACE/EARS/ETC. OVER 2.	\$ 72.18	\$ 109.67
11400		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 53.49	\$ 80.90
11401		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 71.33	\$ 99.87
11402		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 79.01	\$ 111.46
11403		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 100.52	\$ 128.51
11404		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 111.98	\$ 146.38
11406		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 167.88	\$ 207.32
11420		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 57.99	\$ 82.04
11421		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 78.49	\$ 106.76
11422		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 94.65	\$ 119.27
11423		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 110.55	\$ 139.09
11424		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 127.56	\$ 160.58
11426		EXCISION, BENIGN LESION INCLUDING MARGIN	\$ 195.24	\$ 231.05
11440		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 69.31	\$ 89.73
11441		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 91.22	\$ 114.16
11442		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 101.85	\$ 128.71
11443		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 126.12	\$ 154.93
11444		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 162.03	\$ 195.88
11446		EXCISION, OTHER BENIGN LESION INCLUDING	\$ 229.68	\$ 267.45
11450		EXC SKIN FOR HIDRADENITIS PRIMARY SUTURE	\$ 166.95	\$ 243.88
11462		EXC SKIN FOR HIDRADENITIS W PRIM SUTURE/	\$ 160.48	\$ 240.48
11463		EXC SKIN FOR HIDRADENITIS W OTH CLOSURE/	\$ 225.28	\$ 328.24
11470		EXC SKIN FOR HIDRADENITIS W PRIMARY CLOS	\$ 190.27	\$ 268.03
11471		EXC SKIN FOR HIDRADENITIS WITH OTHER CLO	\$ 239.69	\$ 337.33
11600		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 80.76	\$ 124.96
11601		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 104.52	\$ 154.60
11602		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 115.04	\$ 169.88
11603		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 136.93	\$ 193.44
11604		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 150.51	\$ 213.74
11606		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 223.52	\$ 301.84

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

11620		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 81.98	\$ 127.58
11621		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 105.66	\$ 156.01
11622		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 121.90	\$ 176.73
11623		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 150.38	\$ 206.89
11624		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 171.06	\$ 232.89
11626		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 214.24	\$ 283.90
11640		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 86.36	\$ 133.36
11641		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 112.78	\$ 164.26
11642		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 133.13	\$ 189.64
11643		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 166.49	\$ 223.57
11644		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 207.62	\$ 276.16
11646		EXCISION, MALIGNANT LESION INCLUDING MAR	\$ 292.40	\$ 364.86
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUM	\$ 6.92	\$ 15.04
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	\$ 12.96	\$ 22.19
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	\$ 22.15	\$ 31.94
11730		REMOVAL OF NAIL	\$ 44.90	\$ 70.36
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPL	\$ 23.34	\$ 32.84
11740		EVACUATION OF SUBUNGUAL HEMATOMA	\$ 23.14	\$ 31.83
11750		REMOVAL OF NAIL BED	\$ 127.72	\$ 152.34
11760		RECONSTRUCTION OF NAIL BED	\$ 94.94	\$ 141.38
11762		RECONSTRUCTION OF NAIL BED	\$ 146.67	\$ 191.15
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD	\$ 48.74	\$ 89.60
11770		REMOVAL OF PILONIDAL LESION	\$ 128.67	\$ 182.38
11771		REMOVAL OF PILONIDAL LESION	\$ 298.00	\$ 375.22
11772		REMOVAL OF PILONIDAL LESION	\$ 388.20	\$ 455.34
11900		INJECTION INTO SKIN LESIONS	\$ 23.11	\$ 39.89
11901		INJECTION INTO SKIN LESIONS	\$ 35.96	\$ 50.79
11921		CORRECT SKN COLOR 6.1-20.0CM	\$ 99.75	\$ 146.74
11960		INSERTION OF TISSUE EXPENDER	\$ 656.33	\$ 656.33
11970		REPLACEMENT OF TISSUE EXPANDER	\$ 431.86	\$ 431.86

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

11971		TISSUE EXPANDER REMOVAL	\$ 212.89	\$ 318.35
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	\$ 73.24	\$ 107.93
11980		SUBCUTANEOUS HORMONE PELLETT (IMPLANTATIO	\$ 61.53	\$ 76.91
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	\$ 64.68	\$ 98.81
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	\$ 78.91	\$ 113.89
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	\$ 144.50	\$ 177.24
12001		REPAIR OF RECENT WOUND	\$ 75.60	\$ 104.41
12002		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	\$ 83.90	\$ 111.32
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	\$ 98.68	\$ 131.41
12005		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	\$ 123.05	\$ 163.90
12006		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	\$ 155.50	\$ 203.61
12007		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	\$ 177.74	\$ 230.62
12011		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	\$ 78.16	\$ 110.89
12013		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	\$ 89.14	\$ 122.43
12014		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	\$ 107.39	\$ 144.61
12015		SIMPLE REP SUPERF WDS OF FACE EARS EYE N	\$ 134.81	\$ 181.82
12016		SIMPLE REPAIR SUPERFICIAL WOUND 12.5 TO	\$ 164.59	\$ 217.46
12017		SIMPLE REPAIR SUPERFICIAL WOUND 20.0 TO	\$ 195.97	\$ 195.97
12018		SIMPLE REPAIR SUPERIFCIAL WOUND OVER 30.	\$ 242.21	\$ 242.21
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENC	\$ 135.96	\$ 188.55
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACK	\$ 98.62	\$ 112.34
12031		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 113.93	\$ 166.52
12032		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 139.92	\$ 214.06
12034		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 146.59	\$ 211.77
12035		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 171.95	\$ 258.11
12036		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$ 198.52	\$ 283.57
12037		INTERMEDIATE REPAIR OVER 30 CM SCALP AXI	\$ 231.13	\$ 320.09
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 122.08	\$ 174.69
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 142.69	\$ 203.67
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 153.91	\$ 235.04

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 178.68	\$ 260.65
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	\$ 210.53	\$ 308.73
12047		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$ 230.39	\$ 331.38
12051		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 130.62	\$ 187.69
12052		LAYER CLOSURE OF WOUNDS 2.5 TO 5.0 CM.	\$ 153.15	\$ 212.74
12053		LAYER CLOSURE OF WOUNDS 5.0 TO 7.5 CM.	\$ 155.89	\$ 233.94
12054		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 165.81	\$ 247.79
12055		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 202.50	\$ 299.01
12056		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$ 247.03	\$ 353.06
12057		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$ 282.77	\$ 394.68
13100		REPAIR OF WOUND OR LESION	\$ 170.45	\$ 223.05
13101		REPAIR COMPLEX TRUNK 2.5 TO 7.5 CM.	\$ 207.21	\$ 281.63
13102		REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL	\$ 55.66	\$ 76.65
13120		REPAIR OF WOUND OR LESION	\$ 178.14	\$ 231.85
13121		REPAIR COMPLEX SCALP ARMS AND/OR LEGS 2.	\$ 234.85	\$ 311.79
13122		REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEG	\$ 63.78	\$ 85.87
13131		REPAIR OF WOUND OR LESION	\$ 201.04	\$ 256.16
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	\$ 338.92	\$ 410.81
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN,	\$ 99.07	\$ 121.73
13151		REPAIR OF WOUND OR LESION	\$ 232.88	\$ 291.06
13152		REPAIR COMPLEX EYE NOSE EAR AND LIPS 2.5	\$ 313.84	\$ 401.41
13153		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND	\$ 107.35	\$ 133.66
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHI	\$ 588.77	\$ 588.77
14000		ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$ 359.11	\$ 434.36
14001		ADJACENT TISSUE TRANSFER OR REARRAN TRUN	\$ 477.20	\$ 565.61
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND	\$ 410.90	\$ 489.24
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP AR	\$ 531.73	\$ 620.98
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 1	\$ 468.02	\$ 544.67
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM	\$ 578.32	\$ 677.92
14060		SKIN TISSUE REARRANGEMENT DEFECT UP TO 1	\$ 494.37	\$ 554.80

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

14061		ADJACENT TISSUE TRANSF/REARRANGE EYE NOS	\$ 616.67	\$ 726.06
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$ 532.36	\$ 628.31
14350		FILLETED FINGER OR TOE FLAP INCLUDING PR	\$ 546.81	\$ 546.81
15002		SURGICAL PREPARATION OR CREATION OF RECI	\$ 168.19	\$ 236.72
15003		SURGICAL PREPARATION OR CREATION OF RECI	\$ 34.13	\$ 51.48
15004		SURGICAL PREPARATION OR CREATION OF RECI	\$ 210.28	\$ 287.49
15005		SURGICAL PREPARATION OR CREATION OF RECI	\$ 67.72	\$ 87.02
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE S	\$ 314.62	\$ 380.37
15100		SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS,	\$ 516.91	\$ 613.15
15110		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	\$ 533.50	\$ 607.64
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELID	\$ 552.41	\$ 615.35
15120		SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP,	\$ 567.18	\$ 666.78
15130		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIR	\$ 403.85	\$ 476.59
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS,	\$ 556.09	\$ 616.80
15150		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRU	\$ 462.87	\$ 501.48
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FAC	\$ 496.14	\$ 528.31
15200		SKIN GRAFT PROCEDURE	\$ 473.32	\$ 569.28
15220		SKIN GRAFT PROCEDURE	\$ 446.79	\$ 540.78
15240		SKIN GRAFT PROCEDURE	\$ 570.81	\$ 650.26
15260		SKIN GRAFT PROCEDURE	\$ 619.29	\$ 705.73
15271		APPLICATION OF SKIN SUBSTITUTE GRAFT TO	\$ 49.39	\$ 81.06
15570		PEDICLE FLAP GRAFT; TRUNK	\$ 517.25	\$ 626.08
15572		PEDICLE FLAP GRAFT; SCALP, ARMS, OR LEGS	\$ 523.39	\$ 607.87
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,	\$ 552.96	\$ 641.36
15576		PEDICLE FLAP; EYELIDS,NOSE,EARS,LIPS,INT	\$ 485.53	\$ 569.75
15600		SKIN GRAFT PROCEDURE	\$ 143.05	\$ 227.25
15610		SKIN GRAFT PROCEDURE	\$ 169.52	\$ 229.39
15620		SKIN GRAFT PROCEDURE	\$ 225.30	\$ 305.04
15630		SKIN GRAFT PROCEDURE	\$ 246.28	\$ 322.65
15650		SKIN GRAFT PROCEDURE	\$ 277.91	\$ 360.44

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

15730		Mdfc flap w/prsrv vasc pedcl	\$ 766.61	\$ 1,280.24
15731		FOREHEAD FLAP WITH PRESERVATION OF VASCU	\$ 736.11	\$ 809.40
15733		Musc myoq/fscq flp h&n pedcl	\$ 875.33	\$ 875.33
15734		MUSCLE FLAP TRUNK	\$ 984.09	\$ 1,102.15
15736		MUSCLE FLAP UPPER EXTREMITY	\$ 849.86	\$ 975.74
15738		MUSCLE FLAP LOWER EXTREMITY	\$ 926.77	\$ 1,042.87
15740		CREATION OF SKIN AND TISSUE GRAFT	\$ 623.86	\$ 721.78
15750		SKIN GRAFT PROCEDURE	\$ 662.06	\$ 662.06
15756		FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MI	\$ 1,750.05	\$ 1,750.05
15757		FREE SKIN FLAP WITH MICROVASCULAR ANASTO	\$ 1,733.36	\$ 1,733.36
15758		FREE FASCIAL FLAP WITH MICROVASCULAR ANA	\$ 1,734.27	\$ 1,734.27
15760		SKIN GRAFT PROCEDURE	\$ 511.62	\$ 599.45
15770		SKIN GRAFT PROCEDURE	\$ 473.56	\$ 473.56
15780		ABRASION TREATMENT OF SKIN	\$ 467.15	\$ 588.30
15781		DERMABRASION; SEGMENTAL, FACE	\$ 306.36	\$ 376.30
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL N	\$ 293.65	\$ 396.60
15783		SUPERFICIAL DERMABRASION	\$ 265.58	\$ 342.24
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	\$ 100.48	\$ 167.63
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS O	\$ 14.10	\$ 34.25
15788		CHEMICAL PEEL, FACIAL;	\$ 167.71	\$ 295.28
15789		CHEMICAL PEEL, FACIAL;	\$ 305.37	\$ 398.81
15792		CHEMICAL PEEL, NONFACIAL;	\$ 183.52	\$ 290.11
15793		CHEMICAL PEEL, NONFACIAL;	\$ 252.90	\$ 331.24
15819		CERVICOPLASTY	\$ 533.56	\$ 533.56
15820		REMOVAL OF SKIN FURROWS	\$ 343.77	\$ 378.46
15821		REMOVAL OF SKIN FURROWS	\$ 364.76	\$ 402.81
15822		BLEPHAROPLASTY, UPPER EYELID	\$ 262.96	\$ 295.97
15823		BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIV	\$ 433.38	\$ 469.46
15830		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOU	\$ 850.70	\$ 850.70
15832		REMOVAL OF SKIN FURROWS	\$ 645.79	\$ 645.79

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

15833		REMOVAL OF SKIN FURROWS	\$ 608.75	\$ 608.75
15834		REMOVAL OF SKIN FURROWS	\$ 606.63	\$ 606.63
15835		REMOVAL OF SKIN FURROWS	\$ 641.59	\$ 641.59
15836		REMOVAL OF SKIN FURROWS	\$ 534.41	\$ 534.41
15837		REMOVAL OF SKIN FURROWS	\$ 483.66	\$ 550.52
15838		EXCISION ON EXCESS SKIN SUBMENTAL FAT PA	\$ 416.62	\$ 416.62
15839		EXCISION EXCESSIVE SKIN AND SUBQ TISSUE	\$ 524.07	\$ 608.84
15840		SKIN REPAIR FOR NERVE PALSY	\$ 735.53	\$ 735.53
15841		FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	\$ 1,232.37	\$ 1,232.37
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FREE M	\$ 1,946.96	\$ 1,946.96
15847		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOU	\$ 275.89	\$ 275.89
15852		DRESSING CHANGE W/ ANESTHESIA, EXCLUDES	\$ 35.85	\$ 35.85
15920		REMOVAL OF TAIL BONE	\$ 423.38	\$ 423.38
15922		REMOVAL OF TAIL BONE	\$ 537.78	\$ 537.78
15931		EXCISION SACRAL DECUBITIS ULCER PRIMARY	\$ 483.27	\$ 483.27
15933		EXC SACRAL DECUBITUS ULCER WITH OSTECTOM	\$ 594.00	\$ 594.00
15934		EXCISION SACRAL DECUBITUS ULCER W SKIN F	\$ 663.16	\$ 663.16
15935		EXC SACRAL PRESURE ULCER LOCAL SKIN FLAP	\$ 788.44	\$ 788.44
15936		EXCISION, SACRAL PRESSURE ULCER, IN PREP	\$ 642.90	\$ 642.90
15937		EXC SACRAL PRESSURE ULCER WITH OSTECTOMY	\$ 751.29	\$ 751.29
15940		REMOVAL OF PRESSURE SORE	\$ 496.79	\$ 496.79
15941		EXCISION SACRAL DECUBITUS ULCER WITH OST	\$ 644.01	\$ 644.01
15944		EXC ISCHIAL PRESSURE ULCER LOCAL SKIN FL	\$ 634.65	\$ 634.65
15945		EXC ISCHIAL PRESSURE ULCER WITH OSTECTOM	\$ 704.94	\$ 704.94
15946		EXCISION, ISCHIAL PRESSURE ULCER, WITH O	\$ 1,180.65	\$ 1,180.65
15950		REMOVAL OF PRESSURE SORE	\$ 410.80	\$ 410.80
15951		EXCISION TROCHANTERIC DECUBITUS ULCER W	\$ 586.00	\$ 586.00
15952		REMOVAL OF PRESSURE SORE	\$ 616.34	\$ 616.34
15953		REMOVAL OF PRESSURE SORE	\$ 686.23	\$ 686.23
15956		EXCISION, TROCHANTERIC PRESSURE ULCER, I	\$ 826.88	\$ 826.88

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

15958		EXC TROCHANTERIC ULCER MYOCUTAN FLAP W O	\$ 843.22	\$ 843.22
16000		TREATMENT OF BURNS	\$ 35.16	\$ 49.43
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	\$ 41.40	\$ 57.62
16025		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	\$ 85.06	\$ 105.20
16030		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	\$ 96.60	\$ 125.69
16035		ESCHAROTOMY; INITIAL INCISION	\$ 159.98	\$ 159.98
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESI	\$ 38.91	\$ 55.42
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	\$ 3.42	\$ 5.38
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROS	\$ 98.28	\$ 124.86
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LE	\$ 202.89	\$ 245.42
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESIO	\$ 268.32	\$ 325.11
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 S	\$ 350.17	\$ 415.91
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROS	\$ 48.35	\$ 76.62
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS,	\$ 60.44	\$ 91.22
17250		CHEMICAL CAUTERIZATION OF WOUND	\$ 26.63	\$ 52.08
17260		DESTRUCTION, MALIGNANT LESION (EG, LASER	\$ 48.76	\$ 67.22
17261		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	\$ 65.77	\$ 99.89
17262		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	\$ 84.23	\$ 122.00
17263		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	\$ 93.29	\$ 134.70
17264		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	\$ 99.70	\$ 144.18
17266		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	\$ 116.18	\$ 164.03
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER	\$ 71.14	\$ 103.88
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-	\$ 80.11	\$ 114.80
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK	\$ 92.96	\$ 131.57
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK	\$ 104.99	\$ 146.96
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-	\$ 128.97	\$ 174.30
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK	\$ 155.29	\$ 202.28
17280		DESTRUCTION, MALIGNANT LESION (EG, LASER	\$ 64.65	\$ 97.38
17281		DESTRUCTION MALIGNANT LESION FACE 0.6-1.	\$ 90.34	\$ 124.74
17282		DESTRUCTION MALIGNANT LESION FACE 1.1-2.	\$ 104.96	\$ 144.69

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

17283		DESTRUCTION MALIGNANT LESION FACE 2.1-3.	\$ 131.51	\$ 175.16
17284		DESTRUCTION MALIGNANT LESION FACE 3.1-4.	\$ 156.98	\$ 203.97
17286		DESTRUCTION MALIGNANT LESION FACE OVER 4	\$ 211.18	\$ 258.74
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$ 283.32	\$ 490.05
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$ 150.70	\$ 292.81
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$ 254.35	\$ 447.09
17314		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$ 139.89	\$ 271.38
17315		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$ 39.76	\$ 58.78
17340		CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR A	\$ 34.29	\$ 35.41
17360		ACNE THERAPY	\$ 72.95	\$ 93.93
19001		PUNCTURE ASPIRATION OF CYST OF BREAST; E	\$ 17.66	\$ 20.75
19020		INCISION OF BREAST LESION	\$ 204.54	\$ 303.87
19081		BX BREAST 1ST LESION STRTCTC	\$ 145.42	\$ 528.81
19082		BX BREAST ADD LESION STRTCTC	\$ 69.99	\$ 427.83
19083		BX BREAST 1ST LESION US IMAG	\$ 136.41	\$ 525.35
19084		BX BREAST ADD LESION US IMAG	\$ 65.80	\$ 421.98
19085		BX BREAST 1ST LESION MR IMAG	\$ 159.38	\$ 795.13
19086		BX BREAST ADD LESION MR IMAG	\$ 72.94	\$ 635.39
19100		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE C	\$ 51.84	\$ 99.40
19101		BIOPSY OF BREAST; OPEN, INCISIONAL	\$ 155.73	\$ 227.08
19110		NIPPLE EXPLORATION W/ OR W/O EXCISION	\$ 231.18	\$ 315.95
19112		EXCISION OF LACTIFEROUS DUCT FISTULA	\$ 207.32	\$ 294.88
19120		EXCISION OF CYST, FIBROADENOMA, OR OTHER	\$ 284.35	\$ 329.66
19125		EXCISION OF BREAST LESION IDENTIFIED BY	\$ 315.65	\$ 365.17
19126		EXCISION OF BREAST LESION IDENTIFIED BY	\$ 119.69	\$ 119.69
19260		REMOVAL OF CHEST WALL LESION	\$ 869.31	\$ 869.31
19271		REMOVAL OF CHEST WALL LESION	\$ 1,177.09	\$ 1,177.09
19272		REMOVAL OF CHEST WALL LESION	\$ 1,305.32	\$ 1,305.32
19281		PERQ DEVICE BREAST 1ST IMAG	\$ 82.97	\$ 192.08
19282		PERQ DEVICE BREAST EA IMAG	\$ 40.06	\$ 133.35

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

19283		PERQ DEV BREAST 1ST STRTCTC	\$ 83.81	\$ 217.89
19284		PERQ DEV BREAST ADD STRTCTC	\$ 40.34	\$ 159.72
19285		PERQ DEV BREAST 1ST US IMAG	\$ 71.07	\$ 367.29
19286		PERQ DEV BREAST ADD US IMAG	\$ 34.58	\$ 307.76
19287		PERQ DEV BREAST 1ST MR GUIDE	\$ 113.54	\$ 678.20
19288		PERQ DEV BREAST ADD MR GUIDE	\$ 51.77	\$ 541.21
19296		PLACEMENT OF RADIOTHERAPY AFTERLOADING B	\$ 153.62	\$ 2,760.14
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADING B	\$ 253.22	\$ 947.86
19300		MASTECTOMY FOR GYNECOMASTIA	\$ 275.41	\$ 349.82
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYL	\$ 441.52	\$ 441.52
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYL	\$ 631.96	\$ 631.96
19303		MASTECTOMY, SIMPLE, COMPLETE	\$ 683.16	\$ 683.16
19304		MASTECTOMY, SUBCUTANEOUS	\$ 394.07	\$ 394.07
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL	\$ 787.80	\$ 787.80
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL	\$ 825.37	\$ 825.37
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING	\$ 830.19	\$ 830.19
19316		MASTOPEXY	\$ 563.00	\$ 563.00
19318		REDUCTION MAMMAPLASTY	\$ 828.87	\$ 828.87
19328		REMOVAL OF INTACT MAMMARY IMPLANT	\$ 351.06	\$ 351.06
19330		REMOVAL OF IMPLANT MATERIAL	\$ 451.91	\$ 451.91
19357		BREAST RECONSTRUCTION IMMEDIATE OR DELAY	\$ 1,116.04	\$ 1,116.04
19361		BREAST RECONSTRUCTION WITH LATISSIMUS DO	\$ 1,200.64	\$ 1,200.64
19370		OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	\$ 489.67	\$ 489.67
19371		PERIPROSTHETIC CAPSULECTOMY BREAST	\$ 564.98	\$ 564.98
19380		REVISION OF RECONSTRUCTED BREAST	\$ 552.66	\$ 552.66
20005		INCISION OF ABSCESS	\$ 174.93	\$ 217.46
20100		EXPLORATION OF PENETRATING WOUND (SEPARA	\$ 438.58	\$ 438.58
20101		EXPLORATION OF PENETRATING WOUND (SEPARA	\$ 149.47	\$ 277.88
20102		EXPLORATION OF PENETRATING WOUND (SEPARA	\$ 182.29	\$ 325.53
20103		EXPLORATION OF PENETRATING WOUND (SEPARA	\$ 259.18	\$ 397.66

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

20150		EXCISION OF EPIPHYSEAL BAR, WITH OR WITH	\$ 707.85	\$ 707.85
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$ 48.34	\$ 185.71
20240		BONE BIOPSY OPEN SUPERFICIAL	\$ 167.99	\$ 167.99
20245		BONE BIOPSY OPEN DEEP	\$ 458.49	\$ 458.49
20250		BONE BIOPSY	\$ 275.77	\$ 275.77
20251		BONE BIOPSY	\$ 305.76	\$ 305.76
20500		INJECTION OF SINUS TRACT	\$ 69.76	\$ 84.30
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINO	\$ 31.86	\$ 93.97
20520		REMOVAL OF FOREIGN BODY	\$ 103.39	\$ 135.00
20525		REMOVAL OF FOREIGN BODY	\$ 181.68	\$ 327.71
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	\$ 43.50	\$ 54.98
20550		INJECTION(S); SINGLE TENDON SHEATH, OR L	\$ 31.96	\$ 42.59
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSER	\$ 32.61	\$ 42.13
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER	\$ 27.64	\$ 38.27
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER	\$ 30.73	\$ 42.75
20600		DRAIN/INJ JOINT/BURSA W/O US	\$ 30.45	\$ 39.96
20604		DRAIN/INJ JOINT/BURSA W/US	\$ 38.51	\$ 59.41
20605		DRAIN/INJ JOINT/BURSA W/O US	\$ 31.61	\$ 42.81
20606		DRAIN/INJ JOINT/BURSA W/US	\$ 43.61	\$ 65.38
20610		DRAIN/INJ JOINT/BURSA W/O US	\$ 37.75	\$ 55.10
20611		DRAIN/INJ JOINT/BURSA W/US	\$ 51.08	\$ 74.84
20612		ASPIRATION AND/OR INJECTION OF GANGLION	\$ 32.60	\$ 42.67
20615		ASPIRATION & INJ FOR TREATMENT OF BONE C	\$ 117.04	\$ 155.36
20650		INSERTION & REMOVAL BONE PIN	\$ 115.39	\$ 141.70
20661		FIXATION PROCEDURE	\$ 335.38	\$ 335.38
20662		APPLICATION OF HALO PELVIC	\$ 348.62	\$ 348.62
20663		FIXATION PROCEDURE	\$ 322.56	\$ 322.56
20664		APPLICATION OF HALO, INCLUDING REMOVAL,	\$ 551.93	\$ 551.93
20665		REMOVAL OF CRANIAL TONGS OR HALO (STABIL	\$ 74.09	\$ 87.79
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED	\$ 108.40	\$ 275.13

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

20680		REMOVAL OF BURIED SUPPORT	\$ 302.20	\$ 420.53
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	\$ 398.83	\$ 398.83
20692		APPLICATION OF MULTIPLANE UNILATERAL EXT	\$ 745.75	\$ 745.75
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION	\$ 334.48	\$ 334.48
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATI	\$ 244.16	\$ 302.34
20802		REPLANTATION OF ARM	\$ 1,833.48	\$ 1,833.48
20805		REPLANTATION FOREARM, COMPLETE AMPUTATIO	\$ 2,245.65	\$ 2,245.65
20808		REIMPLANTATION OF HAND	\$ 3,032.45	\$ 3,032.45
20816		REIMPLANTATION OF DIGIT	\$ 1,673.19	\$ 1,673.19
20822		REPLANTATION DIGIT EXCL THUMB, COMPLETE	\$ 1,418.49	\$ 1,418.49
20824		REPLANTATION THUMB, COMPLETE AMPUTATION	\$ 1,666.81	\$ 1,666.81
20827		REPLANTATION THUMB, COMPLETE AMPUTATION	\$ 1,473.89	\$ 1,473.89
20838		REPLANTATION FOOT COMPLETE	\$ 1,850.85	\$ 1,850.85
20900		REMOVAL OF BONE FOR GRAFT	\$ 193.81	\$ 299.27
20902		REMOVAL OF BONE FOR GRAFT	\$ 268.36	\$ 268.36
20910		REMOVE CARTILAGE FOR GRAFT	\$ 314.04	\$ 314.04
20912		CARTILAGE GRAFT COSTOCHONDRAL NASAL SEPT	\$ 352.88	\$ 352.88
20920		REMOVAL OF TISSUE FOR GRAFT	\$ 297.43	\$ 297.43
20922		REMOVAL OF TISSUE FOR GRAFT	\$ 364.65	\$ 437.95
20924		REMOVAL OF TENDON FOR GRAFT	\$ 368.09	\$ 368.09
20926		REMOVAL OF TISSUE FOR GRAFT	\$ 317.76	\$ 317.76
20937		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUD	\$ 129.15	\$ 129.15
20938		AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUD	\$ 140.26	\$ 140.26
20950		MONITOR INTERSTITIAL PRESSURE	\$ 67.12	\$ 172.86
20955		FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	\$ 1,898.82	\$ 1,898.82
20956		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$ 1,981.45	\$ 1,981.45
20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$ 1,896.16	\$ 1,896.16
20962		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$ 1,939.92	\$ 1,939.92
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	\$ 2,104.01	\$ 2,104.01
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	\$ 2,113.75	\$ 2,113.75

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTO	\$ 1,934.52	\$ 1,934.52
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB S	\$ 2,030.99	\$ 2,030.99
20983		ABLATE BONE TUMOR(S) PERQ	\$ 337.76	\$ 5,634.44
21010		ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$ 533.63	\$ 533.63
21011		EXCISION, TUMOR, SOFT TISSUE OF FACE OR	\$ 146.58	\$ 187.10
21012		EXC FACE LES SBQ 2 CM/>	\$ 200.50	\$ 200.50
21013		EXCISION, TUMOR, SOFT TISSUE OF FACE AND	\$ 236.36	\$ 290.91
21014		EXCISION, TUMOR, SOFT TISSUE OF FACE AND	\$ 309.85	\$ 309.85
21015		RADICAL RESECTION OF TUMOR SOFT FACE OR	\$ 310.06	\$ 310.06
21016		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 621.14	\$ 621.14
21025		EXCISION OF BONE, MANDIBLE	\$ 544.28	\$ 634.63
21026		EXCISION OF BONE, FACIAL BONES	\$ 348.32	\$ 417.97
21029		REMOVAL BY CONTOURING BENIGN TUMOR FACIA	\$ 455.84	\$ 534.73
21030		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 289.81	\$ 349.96
21031		EXCISION OF TORUS MANDIBULARIS	\$ 207.39	\$ 268.66
21032		EXCISION OF MAXILLARY TORUS PALATINUS	\$ 204.45	\$ 272.15
21034		EXCISION OF MALIGNANT TUMOR OF MAXILLA O	\$ 860.00	\$ 961.01
21040		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 288.13	\$ 352.75
21044		EXCISION MALIGNANT TUMOR MANDIBLE	\$ 642.89	\$ 642.89
21045		EXC MALIGNANCY MANDIBLE RADICAL	\$ 897.24	\$ 897.24
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 790.53	\$ 790.53
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 960.07	\$ 960.07
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 801.41	\$ 801.41
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 928.15	\$ 928.15
21050		ARTHRECTOMY TEMPOROMANDIBULAR JOINT UNIL	\$ 630.10	\$ 630.10
21060		MENISECTOMY TEMPOROMANDIBULAR JOINT UNIL	\$ 576.04	\$ 576.04
21070		CORONOIDECTOMY	\$ 467.75	\$ 467.75
21073		MANIPULATION OF TEMPOROMANDIBULAR JOINT(	\$ 174.13	\$ 260.03
21100		MAXILLOFACIAL FIXATION	\$ 286.83	\$ 498.88
21110		APPLICA INTERDENTAL FIXATION DEVICE COND	\$ 450.52	\$ 526.89

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21120		GENIOPLASTY; AUGMENTATION	\$ 354.34	\$ 437.98
21121		GENIOPLASTY; AUGMENTATION SLIDING OSTEOT	\$ 471.42	\$ 548.92
21122		GENIOPLASTY; AUGMENTATION 2 OR MORE OSTE	\$ 519.78	\$ 519.78
21123		GENIOPLASTY; AUGMENTATION SLIDING INTERP	\$ 623.56	\$ 623.56
21125		AUGMENTATION MANDIBULAR BODY OR ANGLE PR	\$ 546.02	\$ 2,118.54
21127		AUGMENTATION MANDIBULAR BODY ANGLE W/ BO	\$ 637.97	\$ 2,521.31
21137		REDUCTION FOREHEAD; CONTOURING ONLY	\$ 526.10	\$ 526.10
21138		REDUCTION FOREHEAD CONTOURING & APPLICAT	\$ 657.19	\$ 657.19
21139		REDUCTION FOREHEAD CONTOURING, SETBACK S	\$ 737.92	\$ 737.92
21141		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	\$ 989.23	\$ 989.23
21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	\$ 978.55	\$ 978.55
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE	\$ 1,015.25	\$ 1,015.25
21145		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	\$ 1,138.34	\$ 1,138.34
21146		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	\$ 1,214.84	\$ 1,214.84
21147		RECONSTRUCTION MIDFACE, LEFORT I; THREE	\$ 1,251.02	\$ 1,251.02
21150		RECONSTRUCTION MIDFACE ANTERIOR INTRUSIO	\$ 1,241.99	\$ 1,241.99
21151		RECONSTRUCT MIDFACE ANY DIRECTION REQ BO	\$ 1,499.56	\$ 1,499.56
21154		RECONSTRUCT MIDFACE ANY TYPE REQUIRING B	\$ 1,516.42	\$ 1,516.42
21155		RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W	\$ 1,720.83	\$ 1,720.83
21159		RECONSTRUCT MIDFACE, LEFORT III, W BONE	\$ 2,081.93	\$ 2,081.93
21160		RECONSTRUCT MIDFACE, LEFORT III W/ LEFOR	\$ 2,143.92	\$ 2,143.92
21172		RECONSTRUCT ORBITAL RIM/FOREHEAD W/WO GR	\$ 1,317.83	\$ 1,317.83
21175		RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREH	\$ 1,591.21	\$ 1,591.21
21179		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH G	\$ 1,089.74	\$ 1,089.74
21180		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH A	\$ 1,242.31	\$ 1,242.31
21181		REMOVAL BY CONTOURING OF BENIGN TUMOR CR	\$ 518.68	\$ 518.68
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$ 1,512.02	\$ 1,512.02
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$ 1,691.00	\$ 1,691.00
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$ 1,808.68	\$ 1,808.68
21188		RECONSTR. MIDFACE, OSTEOTOMIES, W BONE G	\$ 1,195.62	\$ 1,195.62

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	\$ 914.46	\$ 914.46
21194		RECONSTR. MANDIBULAR RAMUS, OSTEOTOMY W	\$ 1,044.28	\$ 1,044.28
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR	\$ 979.85	\$ 979.85
21196		RECONSTR. MANDIBULAR RAMUS W INTER. RIGI	\$ 1,067.89	\$ 1,067.89
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	\$ 839.06	\$ 839.06
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GEN	\$ 762.35	\$ 762.35
21206		OSTEOTOMY, MAXILLA, SEGMENTAL	\$ 826.60	\$ 826.60
21208		AUGMENTATION OSTEOPLASTY OF FACIAL BONES	\$ 601.52	\$ 1,212.23
21209		REDUCTION OSTEOPLASTY OF FACIAL BONES	\$ 461.09	\$ 578.87
21210		BONE GRAFT	\$ 601.35	\$ 1,447.63
21215		BONE GRAFT	\$ 627.13	\$ 2,451.71
21230		CARTILAGE GRAFT	\$ 561.50	\$ 561.50
21235		CARTILAGE GRAFT	\$ 410.15	\$ 514.78
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT W/	\$ 811.88	\$ 811.88
21242		ARTHROPLASTY TEMPOROMANDIBULAR JOINT W A	\$ 743.54	\$ 743.54
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	\$ 1,221.51	\$ 1,221.51
21244		RECONSTRUCTION OF MANDIBLE	\$ 758.40	\$ 758.40
21247		RECONST. MANDIBULAR CONDYLE W BONE/CARTI	\$ 1,188.88	\$ 1,188.88
21255		RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W	\$ 1,048.50	\$ 1,048.50
21256		RECONST. ORBIT W OSTEOTOMIES AND BONE GR	\$ 858.60	\$ 858.60
21260		ORBITAL HYPERTELORISM CORRECTION OSTEOTO	\$ 965.54	\$ 965.54
21261		ORBITAL HYPERTELORISM COMB WITH INTRA AN	\$ 1,655.90	\$ 1,655.90
21263		ORBITAL HYPERTELORISM WITH FOREHEAD ADVA	\$ 1,490.38	\$ 1,490.38
21267		ORBITAL REPOSITIONING	\$ 1,126.87	\$ 1,126.87
21268		ORBITAL REPOSITIONING INTRA AND EXTERNAL	\$ 1,401.87	\$ 1,401.87
21270		MALAR AUGMENTATION, BONE OR ALLOPLASTIC	\$ 512.41	\$ 651.74
21275		SECONDARY REV ORBITOCRANIOFACIAL RECONOS	\$ 590.26	\$ 590.26
21280		MEDIAL CANTHOPLASTY	\$ 379.89	\$ 379.89
21282		LATERAL CANTHOPEXY	\$ 250.42	\$ 250.42
21295		REDUCTION MASSETER MUSCLE EXTRAORAL APPR	\$ 124.97	\$ 124.97

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21296		REDUCTION MASSETER MUSCLE INTRAORAL APPR	\$ 304.14	\$ 304.14
21310		TREATMENT OF CLOSED OR OPEN NASAL FRACTU	\$ 21.85	\$ 74.46
21315		TREATMENT OF NOSE FRACTURE	\$ 106.59	\$ 182.69
21320		MANIPULATION INSTRUMENTAL COMPLICATED NA	\$ 99.99	\$ 176.09
21325		REPAIR OF NOSE FRACTURE	\$ 332.98	\$ 332.98
21330		REPAIR OF NOSE FRACTURE	\$ 409.69	\$ 409.69
21335		REPAIR OF NOSE FRACTURE	\$ 531.81	\$ 531.81
21336		OPEN TX NASAL SEPTAL FX, W/VO STABILIZAT	\$ 457.66	\$ 457.66
21337		TREATMENT CLOSED NASAL SEPTAL FRACTURE	\$ 204.12	\$ 274.62
21338		OPEN TREATMENT NASOETHMOID FRACTURE WITH	\$ 523.15	\$ 523.15
21339		OPEN TREATMENT NASOETHMOID FRACTURE WITH	\$ 584.37	\$ 584.37
21340		TR CLOSED/OPEN NASOETH COM FR W SPLINT W	\$ 587.68	\$ 587.68
21343		OPEN TREATMENT OF DEPRESSED FRONTAL SINU	\$ 831.48	\$ 831.48
21344		OPEN TX OF FRONTAL SINUS FX	\$ 1,097.05	\$ 1,097.05
21345		TR NASOMAX COMP FR WITH INTERDENTAL WIRE	\$ 476.42	\$ 573.21
21346		OP TR NASOMAX COM FR W WIRING A/O LOCAL	\$ 688.07	\$ 688.07
21347		OP TR NASOMAC COM FR W WIR A/O LO FI W M	\$ 798.20	\$ 798.20
21348		OPEN TX NASOMAXILLARY FX WITH BONE GRAFT	\$ 851.98	\$ 851.98
21355		REPAIR CHEEK BONE FRACTURE	\$ 234.81	\$ 309.78
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH FX	\$ 269.30	\$ 346.80
21360		OPEN TREATMENT OF CLOSED OR OPEN DEPRESS	\$ 383.75	\$ 383.75
21365		REPAIR CHEEK BONE FRACTURE	\$ 807.23	\$ 807.23
21366		OPEN TX MALAR AREA FX INC ZYGOMATIC ARCH	\$ 897.43	\$ 897.43
21385		REPAIR EYE SOCKET FRACTURE	\$ 517.89	\$ 517.89
21386		REPAIR EYE SOCKET FRACTURE	\$ 484.32	\$ 484.32
21387		REPAIR EYE SOCKET FRACTURE	\$ 540.52	\$ 540.52
21390		REPAIR EYE SOCKET FRACTURE	\$ 560.48	\$ 560.48
21395		REPAIR EYE SOCKET FRACTURE	\$ 708.14	\$ 708.14
21400		TREAT EYE SOCKET FRACTURE	\$ 102.66	\$ 124.21
21401		CLOSED TX ORBIT W/MANIPULJ	\$ 211.78	\$ 330.67

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21406		REPAIR EYE SOCKET FRACTURE	\$ 391.75	\$ 391.75
21407		REPAIR EYE SOCKET FRACTURE	\$ 464.31	\$ 464.31
21408		OPEN TX OF FX ORBIT EXCEPT "BLOWOUT" W/B	\$ 639.37	\$ 639.37
21421		TR PAL/ALV RI FR CL MAN W INTERD WI FI O	\$ 438.95	\$ 511.42
21422		TR PA/AL RI FR CL MAN W INTD WI FI O FI	\$ 485.04	\$ 485.04
21423		OPEN TX OF PALATAL OR MAXILLARY FX, MULT	\$ 577.11	\$ 577.11
21431		REPAIR UPPER JAW FRACTURE	\$ 526.99	\$ 526.99
21432		OPEN RX CRANIOFACIAL SEPARATION	\$ 483.86	\$ 483.86
21433		DP TR CRANIOE SEP W WI/LOC FIX COMPLICAT	\$ 1,249.16	\$ 1,249.16
21435		REPAIR UPPER JAW FRACTURE	\$ 984.11	\$ 984.11
21436		OPEN TX CRANIOFACIAL SEPARATION W/BONE G	\$ 1,449.09	\$ 1,449.09
21440		REPAIR DENTAL RIDGE FRACTURE	\$ 308.75	\$ 370.02
21445		REPAIR DENTAL RIDGE FRACTURE	\$ 438.78	\$ 528.03
21450		TREAT LOWER JAW FRACTURE	\$ 323.80	\$ 385.61
21451		TREATMENT CLOSED OR OPEN MANDIBULAR FRAC	\$ 436.83	\$ 510.69
21452		TREATMENT OF OPEN MANDIBULAR FRACTURE WI	\$ 233.34	\$ 415.74
21453		RX OPEN MANDIBULAR FRACTURE WITH MANIPUL	\$ 526.68	\$ 591.30
21454		OPEN RX CLOSED OR OPEN MANDIBULAR FX WIT	\$ 399.59	\$ 399.59
21461		OP TR O CLOS O OP MAND FR WITHO INTERDEN	\$ 652.88	\$ 1,329.34
21462		OP TR CLOS O OP MANDFRACT W INTERDENTAL	\$ 724.68	\$ 1,438.63
21465		OPEN TREATMENT MANDIBULAR CONDYLAR FRACT	\$ 664.22	\$ 664.22
21470		REPAIR LOWER JAW FRACTURE	\$ 867.48	\$ 867.48
21480		RESET DISLOCATED JAW	\$ 24.64	\$ 63.52
21485		COMPLICATED MANIPULATIVE TREATMENT OF TE	\$ 391.12	\$ 456.03
21490		RESET DISLOCATED JAW	\$ 672.85	\$ 672.85
21497		INTERDENTAL WIRING F CONDITION O THAN FR	\$ 395.11	\$ 460.30
21501		INCISION / DRAINAGE DEEP ABSCESS OR HEMA	\$ 226.56	\$ 307.13
21502		DRAINAGE OF RIB ABSCESS	\$ 380.40	\$ 380.40
21510		INC DEEP OPENING OF BONE CORTEX OSTEOMYE	\$ 335.43	\$ 335.43
21550		EXCISIONAL BIOPSY SOFT TISSUES	\$ 115.49	\$ 180.12

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21552		EXCISION, TUMOR, SOFT TISSUE OF NECK OR	\$ 266.90	\$ 266.90
21554		EXCISION, TUMOR, SOFT TISSUE OF NECK OR	\$ 438.87	\$ 438.87
21555		EXCISION BENIGN TUMOR SUBCUTANEOUS	\$ 239.49	\$ 304.11
21556		EXCISION DEEP SUBFACIAL INTRAMUSCULAR	\$ 299.68	\$ 299.68
21557		RADICAL RESECTION OF SOFT TISSUE TUMOR	\$ 425.87	\$ 425.87
21558		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 823.78	\$ 823.78
21600		EXCISION OF RIB PARTIAL	\$ 400.54	\$ 400.54
21610		PARTIAL REMOVAL OF RIB	\$ 782.73	\$ 782.73
21615		EXCISION FIRST AND/OR CERVICAL RIB;	\$ 494.88	\$ 494.88
21616		EXC FIRST A/O CERV RIB F OUTLET COMP SYN	\$ 630.81	\$ 630.81
21620		PARTIAL REMOVAL OF STERNUM	\$ 381.37	\$ 381.37
21627		STERNAL DEBRIDEMENT	\$ 400.10	\$ 400.10
21630		RADICAL RESECTION OF STERNUM;	\$ 935.42	\$ 935.42
21632		RADICAL RESECTION OF STERNUM W MEDIASTIN	\$ 926.43	\$ 926.43
21685		HYOID MYOTOMY AND SUSPENSION	\$ 729.72	\$ 729.72
21700		REVISION OF NECK MUSCLE	\$ 309.82	\$ 309.82
21705		REVISION OF NECK MUSCLE	\$ 476.91	\$ 476.91
21720		DIVISION STERNOCLEIDOMASTOID FOR TORTICO	\$ 298.71	\$ 298.71
21725		REVISION OF NECK MUSCLE	\$ 387.33	\$ 387.33
21740		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	\$ 807.42	\$ 807.42
21742		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	\$ 807.42	\$ 807.42
21743		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	\$ 936.34	\$ 936.34
21750		CLOSURE OF MEDIAN STERNOTOMY SEPARATION	\$ 535.11	\$ 535.11
21812		TREATMENT OF RIB FRACTURE	\$ 562.82	\$ 547.36
21813		TREATMENT OF RIB FRACTURE	\$ 760.88	\$ 748.85
21820		TREATMENT, STERNUM FRACTURE	\$ 93.04	\$ 91.93
21825		TREATMENT OF STERNUM FRACTURE OPEN	\$ 413.51	\$ 413.51
21920		BIOPSY, SOFT TISSUE, BACK, SUPERFICIAL	\$ 115.39	\$ 179.73
21925		DEEP BIOPSY, SOFT TISSUE, BACK, DEEP	\$ 243.37	\$ 297.93
21930		EXCISION TUMOR, SOFT TISSUE OF BACK	\$ 269.76	\$ 332.43

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

21931		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	\$ 279.13	\$ 279.13
21932		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	\$ 400.82	\$ 400.82
21933		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	\$ 442.02	\$ 442.02
21935		RADICAL RECTION OF TUMOR, SOFT TISSUE OF	\$ 855.78	\$ 855.78
21936		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 856.48	\$ 856.48
22010		INCISION AND DRAINAGE, OPEN, OF DEEP ABS	\$ 656.65	\$ 656.65
22015		INCISION AND DRAINAGE, OPEN, OF DEEP ABS	\$ 652.94	\$ 652.94
22100		PARTIAL EXCISION OF POSTERIOR VERTEBRAL	\$ 592.32	\$ 592.32
22101		REMOVAL PART OF VERTEBRA	\$ 590.89	\$ 590.89
22102		REMOVAL PART OF VERTEBRA	\$ 588.63	\$ 588.63
22110		PARTIAL EXCISION OF VERTEBRAL BODY, FOR	\$ 736.53	\$ 736.53
22112		REMOVAL PART OF VERTEBRA	\$ 713.91	\$ 713.91
22114		REMOVAL PART OF VERTEBRA	\$ 731.96	\$ 731.96
22206		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$ 1,759.97	\$ 1,759.97
22207		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$ 1,737.02	\$ 1,737.02
22208		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$ 443.47	\$ 443.47
22210		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$ 1,289.96	\$ 1,289.96
22212		POSTERIOR APPROACH OSTEOTOMY SPINE, THOR	\$ 1,066.77	\$ 1,066.77
22214		POSTERIOR APPROACH OSTEOTOMY SPINE, LUMB	\$ 1,073.18	\$ 1,073.18
22216		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$ 281.53	\$ 281.53
22220		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY	\$ 1,161.60	\$ 1,161.60
22222		ANTERIOR APPROACH OSTEOTOMY SPINE, THORA	\$ 1,062.88	\$ 1,062.88
22224		ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBA	\$ 1,150.20	\$ 1,150.20
22310		CLOSED TREATMENT OF VERTEBRAL BODY FRACT	\$ 191.69	\$ 204.83
22315		CLOSED TREATMENT OF VERTEBRAL FRACTURE (S	\$ 544.37	\$ 609.27
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONT	\$ 1,160.17	\$ 1,160.17
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONT	\$ 1,275.59	\$ 1,275.59
22325		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$ 1,015.81	\$ 1,015.81
22326		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$ 1,059.16	\$ 1,059.16
22327		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$ 1,051.01	\$ 1,051.01

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

22328		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$ 212.27	\$ 212.27
22505		MANIPULATION OF SPINE	\$ 90.32	\$ 90.32
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	\$ 1,267.15	\$ 1,267.15
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	\$ 1,194.33	\$ 1,194.33
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	\$ 277.87	\$ 277.87
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRA	\$ 1,348.24	\$ 1,348.24
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$ 1,356.32	\$ 1,356.32
22552		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$ 316.77	\$ 316.77
22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$ 931.01	\$ 931.01
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$ 1,208.50	\$ 1,208.50
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$ 1,111.97	\$ 1,111.97
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$ 256.66	\$ 256.66
22586		FUSION OF SPINE BONES WITH REMOVAL OF DI	\$ 1,204.28	\$ 1,204.28
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIO	\$ 1,118.79	\$ 1,118.79
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-	\$ 1,062.24	\$ 1,062.24
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$ 910.09	\$ 910.09
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$ 898.43	\$ 898.43
22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$ 1,165.46	\$ 1,165.46
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$ 299.55	\$ 299.55
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	\$ 1,119.79	\$ 1,119.79
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	\$ 243.34	\$ 243.34
22633		ARTHRODESIS, COMBINED POSTERIOR OR POSTE	\$ 1,034.76	\$ 1,034.76
22634		ARTHRODESIS, COMBINED POSTERIOR OR POSTE	\$ 278.43	\$ 278.43
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	\$ 989.28	\$ 989.28
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	\$ 1,575.22	\$ 1,575.22
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	\$ 1,820.46	\$ 1,820.46
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$ 1,340.42	\$ 1,340.42
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$ 1,496.37	\$ 1,496.37
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$ 1,637.14	\$ 1,637.14
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	\$ 1,650.18	\$ 1,650.18

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	\$ 1,900.79	\$ 1,900.79
22830		EXPLORATION OF SPINAL FUSION	\$ 589.14	\$ 589.14
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION	\$ 584.62	\$ 584.62
22842		POSTERIOR SEGMENTAL INSTRUMENTATION (EG,	\$ 585.91	\$ 585.91
22843		POSTERIOR SEGMENTAL INSTRUMENTATION (EG,	\$ 623.87	\$ 623.87
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBR	\$ 559.20	\$ 559.20
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBR	\$ 580.62	\$ 580.62
22848		PELVIC FIXATION (ATTACHMENT OF CAUDAL EN	\$ 278.47	\$ 278.47
22849		REINSERTION OF SPINAL FIXATION DEVICE	\$ 957.34	\$ 957.34
22850		HARRINGTON ROD REMOVAL	\$ 521.05	\$ 521.05
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	\$ 498.12	\$ 498.12
22855		DWYER INSTRUMENT REMOVAL	\$ 809.94	\$ 809.94
22864		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	\$ 1,361.50	\$ 1,361.50
22865		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	\$ 1,563.25	\$ 1,563.25
22900		EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	\$ 298.75	\$ 298.75
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	\$ 394.72	\$ 394.72
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	\$ 200.09	\$ 249.82
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	\$ 261.43	\$ 261.43
22904		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 617.81	\$ 617.81
22905		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 800.86	\$ 800.86
23000		REMOVAL OF SUBDELTOID CALCAREOUS DEPOSIT	\$ 257.74	\$ 372.44
23020		CAPSULAR CONTRACTURE RELEASE (EG, SEVER	\$ 502.01	\$ 502.01
23030		INCISION AND DRAINAGE DEEP ABSCESS OR HE	\$ 186.59	\$ 297.09
23031		INCISION AND DRAINAGE INFECTED BURSA	\$ 154.40	\$ 270.50
23035		INCISION, BONE CORTEX (EG, OSTEOMYELITIS	\$ 497.71	\$ 497.71
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDIN	\$ 522.80	\$ 522.80
23044		ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLA	\$ 414.23	\$ 414.23
23065		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 120.91	\$ 151.68
23066		BIOPSY SOFT TISSUES DEEP	\$ 243.76	\$ 354.26
23071		EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	\$ 247.97	\$ 247.97

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

23073		EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	\$ 411.16	\$ 411.16
23075		EXCISION, SOFT TISSUE TUMOR, SHOULDER AR	\$ 128.64	\$ 182.08
23076		EXCISION DEEP SUBFASCIAL OR INTRAMUSCULA	\$ 408.57	\$ 408.57
23077		RADICAL RESECTION SOFT TISSUE TUMOR, SHO	\$ 870.60	\$ 870.60
23078		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 833.33	\$ 833.33
23100		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDIN	\$ 351.85	\$ 351.85
23101		ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR S	\$ 323.52	\$ 323.52
23105		ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYN	\$ 461.91	\$ 461.91
23106		ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH	\$ 343.45	\$ 343.45
23107		ARTHROTOMY, GLENOHUMERAL JOINT, W/ JOINT	\$ 480.08	\$ 480.08
23120		PARTIAL REMOVAL, COLLARBONE	\$ 414.59	\$ 414.59
23125		REMOVAL OF COLLARBONE	\$ 511.18	\$ 511.18
23130		ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	\$ 436.13	\$ 436.13
23140		REMOVAL BONE LESION	\$ 372.32	\$ 372.32
23145		EXCISION OF BONE CYST CLAVICLE SCAPULA	\$ 501.71	\$ 501.71
23146		REMOVAL BONE LESION	\$ 435.61	\$ 435.61
23150		REMOVAL BONE LESION	\$ 474.68	\$ 474.68
23155		REMOVAL BONE LESION	\$ 575.46	\$ 575.46
23156		REMOVAL BONE LESION	\$ 488.66	\$ 488.66
23170		SEQUESTRECTOMY FOR OSTEOMYELITIS BONE AB	\$ 383.93	\$ 383.93
23172		SEQUESTRECTOMY FOR OSTEOMYELITIS OF BONE	\$ 393.51	\$ 393.51
23174		SEQUESTREC FOR OSTEOMYELITIS OR BONE ABC	\$ 546.19	\$ 546.19
23180		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 496.72	\$ 496.72
23182		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 479.11	\$ 479.11
23184		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 541.30	\$ 541.30
23190		PARTIAL REMOVAL OF SHOULDER	\$ 403.09	\$ 403.09
23195		REMOVAL OF HEAD OF HUMERUS	\$ 547.56	\$ 547.56
23200		REMOVAL OF COLLARBONE	\$ 647.33	\$ 647.33
23210		REMOVAL OF SHOULDERBLADE	\$ 676.97	\$ 676.97
23220		RADICAL RESECTION OF BONE TUMOR, PROXIMA	\$ 784.50	\$ 784.50

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

23330		REMOVAL OF FOREIGN BODY SUBCUTANEOUS	\$ 107.04	\$ 156.84
23333		REMOVE SHOULDER FB DEEP	\$ 362.84	\$ 362.84
23334		SHOULDER PROSTHESIS REMOVAL	\$ 856.79	\$ 856.79
23335		SHOULDER PROSTHESIS REMOVAL	\$ 1,021.85	\$ 1,021.85
23350		INJECTION PROCEDURE FOR SHOULDER ARTHROG	\$ 41.74	\$ 112.81
23395		MUSCLE TRANSFER, ANY TYPE, SHOULDER OR U	\$ 943.85	\$ 943.85
23397		MUSCLE TRANSFERS	\$ 845.87	\$ 845.87
23400		FIXATION OF SCAPULA	\$ 716.18	\$ 716.18
23405		TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$ 459.57	\$ 459.57
23406		TENOTOMY, SHOULDER AREA; MULTIPLE TENDON	\$ 575.25	\$ 575.25
23410		REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF	\$ 609.81	\$ 609.81
23412		REPAIR OF TENDON(S)	\$ 637.42	\$ 637.42
23415		RELEASE OF SHOULDER LIGAMENT	\$ 507.15	\$ 507.15
23420		RECONSTRUCTION OF COMPLETE SHOULDER (ROT	\$ 714.58	\$ 714.58
23430		TENODESIS OF LONG TENDON OF BICEPS	\$ 540.71	\$ 540.71
23440		RESECTION OR TRANSPLANTATION OF LONG TEN	\$ 558.07	\$ 558.07
23450		CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PR	\$ 701.02	\$ 701.02
23455		CAPSULORRHAPHY, ANTERIOR; WITH LABRAL RE	\$ 747.89	\$ 747.89
23460		CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH	\$ 809.39	\$ 809.39
23462		CAPSULORRHAPHY F RECUR DISLOC POSTER W/W	\$ 794.43	\$ 794.43
23465		CAPSULORRHAPHY, GLENOHUMERAL JOINT, POST	\$ 828.61	\$ 828.61
23466		CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY	\$ 815.88	\$ 815.88
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIAR	\$ 901.91	\$ 901.91
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL	\$ 1,117.84	\$ 1,117.84
23473		REPAIR OF SHOULDER	\$ 1,289.65	\$ 1,289.65
23474		REPAIR OF SHOULDER	\$ 1,393.15	\$ 1,393.15
23480		REVISION OF COLLARBONE	\$ 601.84	\$ 601.84
23485		REVISION OF COLLARBONE	\$ 711.77	\$ 711.77
23490		PROPHYLACTIC TREATMENT CLAVICLE	\$ 614.74	\$ 614.74
23491		PROPHYLACTIC TREATMENT (NAILING, PINNING	\$ 749.21	\$ 749.21

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

23500		TREATMENT CLAVICLE FRACTURE	\$ 144.59	\$ 145.42
23505		TREATMENT CLAVICLE FRACTURE	\$ 228.32	\$ 240.35
23515		REPAIR CLAVICLE FRACTURE	\$ 510.28	\$ 510.28
23520		TREAT CLAVICLE DISLOCATION	\$ 151.69	\$ 150.85
23525		REPAIR CLAVICLE DISLOCATION	\$ 220.53	\$ 235.08
23530		REPAIR CLAVICLE DISLOCATION	\$ 391.10	\$ 391.10
23532		OPEN TREAT OF CLOSED/OPEN STERNOCLAV DIS	\$ 449.32	\$ 449.32
23540		TREAT CLAVICLE DISLOCATION	\$ 147.26	\$ 149.22
23545		REPAIR CLAVICLE DISLOCATION	\$ 199.44	\$ 215.67
23550		REPAIR CLAVICLE DISLOCATION	\$ 414.41	\$ 414.41
23552		REPAIR CLAVICLE DISLOCATION	\$ 477.44	\$ 477.44
23570		TREAT SCAPULA FRACTURE	\$ 157.56	\$ 155.60
23575		REPAIR SCAPULA FRACTURE	\$ 251.73	\$ 266.28
23585		REPAIR SCAPULA FRACTURE	\$ 694.54	\$ 694.54
23600		TREAT HUMERUS FRACTURE	\$ 201.49	\$ 217.15
23605		REPAIR HUMERUS FRACTURE	\$ 298.68	\$ 322.18
23615		REPAIR HUMERUS FX W/VO TUBEROSITY	\$ 634.58	\$ 634.58
23616		OPEN TX PROXIMAL HUMERAL FX PROSTHETIC R	\$ 948.96	\$ 948.96
23620		CLOSED TREATMENT OF GREATER HUMERAL TUBE	\$ 169.07	\$ 178.87
23625		REPAIR HUMERUS FRACTURE	\$ 245.98	\$ 261.09
23630		OPEN TREATMENT OF GREATER HUMERAL TUBERO	\$ 544.77	\$ 544.77
23650		REPAIR SHOULDER DISLOCATION	\$ 187.01	\$ 203.52
23655		REPAIR SHOULDER DISLOCATION	\$ 271.06	\$ 271.06
23660		REPAIR SHOULDER DISLOCATION	\$ 420.10	\$ 420.10
23665		CLOSED TREATMENT OF SHOULDER DISLOCATION	\$ 274.57	\$ 290.81
23670		OPEN TREATMENT OF SHOULDER DISLOCATION,	\$ 612.81	\$ 612.81
23675		REPAIR DISLOCATION/FRACTURE	\$ 353.59	\$ 380.45
23680		REPAIR DISLOCATION/FRACTURE	\$ 663.58	\$ 663.58
23700		FIXATION OF SHOULDER	\$ 141.20	\$ 141.20
23800		ARTHRODESIS, GLENOHUMERAL JOINT;	\$ 753.97	\$ 753.97

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

23802		ARTHRODESIS, GLENOHUMERAL JOINT; WITH AU	\$ 916.50	\$ 916.50
23900		AMPUTATION OF ARM	\$ 980.95	\$ 980.95
23920		AMPUTATION OF ARM	\$ 793.20	\$ 793.20
23921		DISARTICULATION OF SHOULDER; SECONDARY C	\$ 286.73	\$ 286.73
23930		INCISION AND DRAINAGE DEEP ABSCESS OR HE	\$ 156.79	\$ 246.88
23931		INCISION AND DRAINAGE, UPPER ARM OR ELBO	\$ 112.43	\$ 191.59
23935		INCISION DEEP W/OPENING OF CORTEX FOR OS	\$ 357.76	\$ 357.76
24000		ARTHROTOMY, ELBOW, INCLUDING EXPLORATION	\$ 340.20	\$ 340.20
24006		ARTHROTOMY ELBOW W/CAPSULAR RELEASE	\$ 516.38	\$ 516.38
24065		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 119.92	\$ 176.16
24066		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBO	\$ 286.89	\$ 409.98
24071		EXCISION, TUMOR, SOFT TISSUE OF UPPER AR	\$ 240.78	\$ 240.78
24073		EXCISION, TUMOR SOFT TISSUE OF UPPER ARM	\$ 413.34	\$ 413.34
24075		EXCISION, TUMOR, SOFT TISSUE OF UPPER AR	\$ 223.94	\$ 331.65
24076		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR	\$ 342.62	\$ 342.62
24077		RADICAL RESECTION SOFT TISSUE TUMOR, ARM	\$ 595.18	\$ 595.18
24079		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 768.40	\$ 768.40
24100		ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY	\$ 290.01	\$ 290.01
24101		EXPLORATION OF ELBOW JOINT	\$ 357.47	\$ 357.47
24102		ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$ 444.88	\$ 444.88
24105		REMOVAL OF ELBOW BURSA	\$ 238.79	\$ 238.79
24110		REMOVAL OF BONE LESION	\$ 420.26	\$ 420.26
24115		REMOVAL OF BONE LESION/GRAFT	\$ 532.16	\$ 532.16
24116		REMOVAL OF BONE LESION/GRAFT	\$ 632.64	\$ 632.64
24120		REMOVAL OF BONE LESION	\$ 376.22	\$ 376.22
24125		REMOVAL OF BONE LESION/GRAFT	\$ 435.22	\$ 435.22
24126		REMOVAL OF BONE LESION/GRAFT	\$ 462.00	\$ 462.00
24130		REMOVAL OF HEAD OF RADIUS	\$ 362.97	\$ 362.97
24134		SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE	\$ 547.29	\$ 547.29
24136		SEQUES FOR OSTEO/BONE ABSCESS RADIAL HEA	\$ 433.29	\$ 433.29

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

24138		SEQUES FOR OSTEO/BONE ABSCESS OLECRANON	\$ 477.10	\$ 477.10
24140		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 520.90	\$ 520.90
24145		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 436.18	\$ 436.18
24147		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 452.50	\$ 452.50
24149		RADICAL RESECTION OF CAPSULE, SOFT TISSU	\$ 841.27	\$ 841.27
24150		REMOVAL OF HUMERUS LESION	\$ 713.60	\$ 713.60
24152		REMOVAL OF RADIUS LESION	\$ 536.15	\$ 536.15
24155		REMOVAL OF ELBOW JOINT	\$ 621.16	\$ 621.16
24160		REMOVAL OF PROSTHETIC DEVICE	\$ 437.57	\$ 437.57
24164		IMPLANT REMOVAL RADIAL HEAD	\$ 357.25	\$ 357.25
24200		REMOVAL OF FOREIGN BODY SUBCUTANEOUS	\$ 97.40	\$ 137.68
24201		REMOVAL OF FOREIGN BODY, UPPER ARM OR EL	\$ 261.22	\$ 384.03
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAP	\$ 55.14	\$ 124.24
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	\$ 276.93	\$ 276.93
24301		MUSCLE OR TENDON TRANSFER ANY TYPE SINGL	\$ 548.60	\$ 548.60
24305		TENDON LENGTHENING, UPPER ARM OR ELBOW,	\$ 417.88	\$ 417.88
24310		TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH	\$ 341.78	\$ 341.78
24320		REPAIR OF ARM TENDON	\$ 565.49	\$ 565.49
24330		REVISION OF ARM MUSCLES	\$ 521.21	\$ 521.21
24331		REVISION OF ARM MUSCLES	\$ 576.81	\$ 576.81
24332		TENOLYSIS, TRICEPS	\$ 435.95	\$ 435.95
24340		TENODESIS OF BICEPS TENDON AT ELBOW (SEP	\$ 443.63	\$ 443.63
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM OR E	\$ 521.79	\$ 521.79
24342		REINSERTION OF RUPTURED BICEPS OR TRICEP	\$ 573.39	\$ 573.39
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	\$ 507.17	\$ 507.17
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	\$ 793.62	\$ 793.62
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	\$ 504.01	\$ 504.01
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	\$ 795.28	\$ 795.28
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	\$ 316.90	\$ 316.90
24358		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	\$ 374.70	\$ 374.70

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

24359		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	\$ 473.20	\$ 473.20
24360		ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG,	\$ 659.62	\$ 659.62
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETI	\$ 740.19	\$ 740.19
24362		REPAIR OF ELBOW JOINT	\$ 783.31	\$ 783.31
24363		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS	\$ 1,100.90	\$ 1,100.90
24365		REPAIR OF HEAD OF RADIUS	\$ 464.58	\$ 464.58
24366		REPAIR OF HEAD OF RADIUS	\$ 498.02	\$ 498.02
24370		REVISION OF TOTAL ELBOW REPAIR	\$ 1,220.22	\$ 1,220.22
24371		REVISION OF TOTAL ELBOW REPAIR	\$ 1,406.19	\$ 1,406.19
24400		REVISION OF HUMERUS	\$ 601.49	\$ 601.49
24410		REVISION OF HUMERUS	\$ 770.22	\$ 770.22
24420		REPAIR OF HUMERUS	\$ 722.20	\$ 722.20
24430		REPAIR OF HUMERUS	\$ 768.32	\$ 768.32
24435		REPAIR/GRAFT OF HUMERUS	\$ 778.50	\$ 778.50
24470		HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS	\$ 458.76	\$ 458.76
24495		DECOMPRESSION OF FOREARM	\$ 475.64	\$ 475.64
24498		PROPHYLACTIC TREATMENT (NAILING, PINNING	\$ 639.67	\$ 639.67
24500		TREATMENT HUMERUS FRACTURE	\$ 215.13	\$ 236.38
24505		TREATMENT HUMERUS FRACTURE	\$ 316.84	\$ 344.83
24515		REPAIR HUMERUS FRACTURE	\$ 640.69	\$ 640.69
24516		TREATMENT OF HUMERAL SHAFT FRACTURE, WIT	\$ 634.22	\$ 634.22
24530		TREATMENT HUMERUS FX W/VO INTERCONDYLAR	\$ 231.65	\$ 254.59
24535		REPAIR HUMERUS FRACTURE	\$ 404.33	\$ 432.59
24538		FIXATION HUMERAL FX W/VO INTERCONDYLAR	\$ 539.23	\$ 539.23
24545		REPAIR HUMERUS FX W/O INTERCONDYLAR EXTE	\$ 667.44	\$ 667.44
24546		OPEN TX HUMERAL SUPRA/TRANSCONDYLAR FX;	\$ 775.55	\$ 775.55
24560		TREAT HUMERUS FRACTURE	\$ 189.24	\$ 212.18
24565		REPAIR HUMERUS FRACTURE	\$ 330.25	\$ 355.43
24566		PERCUTANEOUS SKELETAL FIXATION OF HUMERA	\$ 504.39	\$ 504.39
24575		REPAIR HUMERUS FRACTURE	\$ 535.30	\$ 535.30

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

24576		TREAT HUMERUS FRACTURE	\$ 201.25	\$ 223.07
24577		REPAIR HUMERUS FRACTURE	\$ 342.62	\$ 369.76
24579		REPAIR HUMERUS FRACTURE	\$ 609.16	\$ 609.16
24582		PERCUTANEOUS SKELETAL FIXATION OF HUMERA	\$ 562.77	\$ 562.77
24586		REPAIR ELBOW FRACTURE	\$ 806.94	\$ 806.94
24587		REPAIR ELBOW FRACTURE	\$ 803.55	\$ 803.55
24600		TREAT ELBOW DISLOCATION	\$ 229.95	\$ 251.22
24605		TREAT ELBOW DISLOCATION	\$ 325.80	\$ 325.80
24615		REPAIR ELBOW DISLOCATION	\$ 521.61	\$ 521.61
24620		TREAT ELBOW FRACTURE	\$ 394.64	\$ 394.64
24635		REPAIR ELBOW FRACTURE	\$ 545.26	\$ 545.26
24640		TREAT ELBOW DISLOCATION	\$ 61.30	\$ 82.56
24650		TREAT RADIUS FRACTURE	\$ 156.10	\$ 172.05
24655		TREAT RADIUS FRACTURE	\$ 275.08	\$ 298.87
24665		REPAIR RADIUS FRACTURE	\$ 468.12	\$ 468.12
24666		REPAIR RADIUS FRACTURE	\$ 532.67	\$ 532.67
24670		TREAT ULNA FRACTURE	\$ 174.63	\$ 193.65
24675		TREAT ULNA FRACTURE	\$ 292.16	\$ 315.95
24685		REPAIR ULNA FRACTURE	\$ 470.21	\$ 470.21
24800		ARTHRODESIS, ELBOW JOINT; LOCAL	\$ 579.69	\$ 579.69
24802		ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOU	\$ 734.67	\$ 734.67
24900		AMPUTATION OF ARM	\$ 523.50	\$ 523.50
24920		AMPUTATION OF ARM	\$ 520.24	\$ 520.24
24925		AMPUTATION ARM, W SECONDARY CLOSURE	\$ 402.41	\$ 402.41
24930		AMPUTATION FOLLOW-UP SURGERY	\$ 551.99	\$ 551.99
24931		AMPUTATION FOLLOW-UP SURGERY	\$ 619.72	\$ 619.72
24935		REVISION OF AMPUTATION	\$ 752.23	\$ 752.23
24940		AMPUTATION OF ARM	\$ 863.98	\$ 863.98
25000		INCISION, EXTENSOR TENDON SHEATH, WRIST	\$ 247.19	\$ 247.19
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	\$ 234.87	\$ 234.87

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25020		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 410.16	\$ 410.16
25023		DECOMP FASCIOTOMY FLEX/EXTEN COMP W DEBR	\$ 794.19	\$ 794.19
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 557.37	\$ 557.37
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 862.36	\$ 862.36
25028		INCISION AND DRAINAGE DEEP ABSCESS OR HE	\$ 365.22	\$ 365.22
25031		INCISION AND DRAINAGE, FOREARM AND/OR WR	\$ 269.16	\$ 269.16
25035		INCISION, DEEP, BONE CORTEX, FOREARM AND	\$ 466.40	\$ 466.40
25040		ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOI	\$ 414.02	\$ 414.02
25065		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 118.22	\$ 174.73
25066		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WR	\$ 269.62	\$ 269.62
25071		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	\$ 252.35	\$ 252.35
25073		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	\$ 314.36	\$ 314.36
25075		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	\$ 236.21	\$ 236.21
25076		REMOVAL OF FOREARM LESION	\$ 318.93	\$ 318.93
25077		RADICAL RESECTION SOFT TISSUE TUMOR, FOR	\$ 543.74	\$ 543.74
25078		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 670.91	\$ 670.91
25085		CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$ 332.71	\$ 332.71
25100		ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$ 246.57	\$ 246.57
25101		ARTHROTOMY WITH JOINT EXPLORATION	\$ 290.90	\$ 290.90
25105		ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOM	\$ 353.89	\$ 353.89
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT INCL	\$ 440.24	\$ 440.24
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST	\$ 376.85	\$ 376.85
25110		EXCISION LESION OF TENDON SHEATH	\$ 258.11	\$ 258.11
25111		EXICSION OF GANGLION WRIST DORSAL OR VOL	\$ 223.87	\$ 223.87
25112		EXCISION GANGLION WRIST RECURRENT	\$ 274.47	\$ 274.47
25115		REMOVAL WRIST/FOREARM LESION	\$ 580.49	\$ 580.49
25116		REMOVAL WRIST/FOREARM LESION	\$ 468.29	\$ 468.29
25118		EXPLORE WRIST TENDON SHEATH	\$ 274.85	\$ 274.85
25119		SYNOVECTOMY WRIST W RESECTION ULNA	\$ 364.60	\$ 364.60
25120		REMOVAL OF FOREARM LESION	\$ 399.35	\$ 399.35

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25125		REMOVAL OF FOREARM LESION	\$ 465.48	\$ 465.48
25126		REMOVAL OF FOREARM LESION	\$ 470.24	\$ 470.24
25130		REMOVAL OF WRIST LESION	\$ 322.83	\$ 322.83
25135		REMOVAL OF WRIST LESION	\$ 403.79	\$ 403.79
25136		REMOVAL OF WRIST LESION	\$ 356.83	\$ 356.83
25145		SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE	\$ 410.22	\$ 410.22
25150		PARTIAL EXC BONE FOR OSTEOMYELITIS ULNA	\$ 418.83	\$ 418.83
25151		PARTIAL REMOVAL RADIUS/ULNA	\$ 462.52	\$ 462.52
25170		REMOVAL RADIUS/ULNA LESION	\$ 645.39	\$ 645.39
25210		REMOVAL OF WRIST BONE	\$ 354.20	\$ 354.20
25215		REMOVAL OF WRIST BONES	\$ 457.01	\$ 457.01
25230		PARTIAL REMOVAL OF RADIUS	\$ 313.60	\$ 313.60
25240		EXCISION DISTAL ULNA PARTIAL OR COMPLETE	\$ 317.76	\$ 317.76
25246		INJECTION PROCEDURE FOR WRIST ARTHROGRAP	\$ 60.68	\$ 126.43
25248		EXPLORATION WITH REMOVAL OF DEEP FOREIGN	\$ 316.27	\$ 316.27
25250		REMOVAL OF WRIST PROSTHESIS SEPARATE PRO	\$ 377.17	\$ 377.17
25251		REMOVAL WRIST PROSTHESIS COMPLICATED TOT	\$ 516.44	\$ 516.44
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	\$ 277.74	\$ 277.74
25260		REPAIR TENDON OR MUSCLE FLEXOR PRIMARY S	\$ 490.29	\$ 490.29
25263		REPAIR ADDITIONAL TENDON	\$ 489.56	\$ 489.56
25265		REPAIR TENDON OR MUSCLE SECONDARY WITH F	\$ 582.33	\$ 582.33
25270		REPAIR TENDON OR MUSCLE EXTENSOR PRIMARY	\$ 393.13	\$ 393.13
25272		REPAIR ADDITIONAL TENDON	\$ 443.04	\$ 443.04
25274		REPAIR, TENDON OR MUSCLE, EXTENSOR, FORE	\$ 525.87	\$ 525.87
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	\$ 485.75	\$ 485.75
25280		LENGTHENING OR SHORTENING OF FLEXOR OR E	\$ 449.03	\$ 449.03
25290		TENOTOMY OPEN SINGLE FLEXOR OR EXTENSOR	\$ 378.93	\$ 378.93
25295		TENOLYSIS SING FLEXOR OR EXTENSOR TENDON	\$ 417.72	\$ 417.72
25300		FUSION OF WRIST TENDONS	\$ 494.72	\$ 494.72
25301		FUSION OF WRIST TENDONS	\$ 471.14	\$ 471.14

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25310		TRANSPLANT WRIST TENDON	\$ 486.31	\$ 486.31
25312		TRANSPLANT WRIST TENDON	\$ 564.07	\$ 564.07
25315		FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PA	\$ 605.10	\$ 605.10
25316		REVISE PALSY HAND	\$ 700.91	\$ 700.91
25320		CAPSULORRHAPHY OR RECONSTRUCTION, WRIST,	\$ 696.25	\$ 696.25
25332		ARTHROPLASTY, WRIST, WITH OR WITHOUT INT	\$ 616.36	\$ 616.36
25335		REALIGNMENT OF HAND	\$ 699.87	\$ 699.87
25337		RECONSTRUCTION FOR STABILIZATION OF UNST	\$ 640.96	\$ 640.96
25350		REVISION OF RADIUS	\$ 535.96	\$ 535.96
25355		REVISION OF RADIUS	\$ 603.34	\$ 603.34
25360		REVISION OF ULNA	\$ 519.95	\$ 519.95
25365		REVISION RADIUS & ULNA	\$ 709.91	\$ 709.91
25370		REVISION RADIUS OR ULNA	\$ 773.79	\$ 773.79
25375		REVISION RADIUS & ULNA	\$ 746.76	\$ 746.76
25390		REVISE RADIUS OR ULNA	\$ 607.05	\$ 607.05
25391		REVISE RADIUS OR ULNA	\$ 772.92	\$ 772.92
25392		REVISE RADIUS & ULNA	\$ 784.64	\$ 784.64
25393		REVISE/GRAFT RADIUS/ULNA	\$ 882.36	\$ 882.36
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	\$ 566.18	\$ 566.18
25400		REPAIR RADIUS OR ULNA	\$ 636.99	\$ 636.99
25405		REPAIR OF NONUNION OR MALUNION, RADIUS O	\$ 811.09	\$ 811.09
25415		REPAIR RADIUS & ULNA	\$ 761.55	\$ 761.55
25420		REPAIR OF NONUNION OR MALUNION, RADIUS A	\$ 907.69	\$ 907.69
25425		REPAIR/GRAFT RADIUS OR ULNA	\$ 782.87	\$ 782.87
25426		REPAIR/GRAFT RADIUS & ULNA	\$ 823.62	\$ 823.62
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	\$ 515.78	\$ 515.78
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	\$ 571.84	\$ 571.84
25440		REPAIR OF NONUNION, SCAPHOID CARPAL (NAV	\$ 568.01	\$ 568.01
25441		ARTHROPLASTY PROSTHETIC REPL DISTAL RADI	\$ 689.10	\$ 689.10
25442		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$ 586.63	\$ 586.63

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$ 562.65	\$ 562.65
25444		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$ 600.46	\$ 600.46
25445		ARTHROPLASTY WITH PROTHETIC REPLACEMENT	\$ 525.49	\$ 525.49
25446		ARTHROPLASTY W PROST REPLA DISTAL RADIUS	\$ 867.56	\$ 867.56
25447		ARTHROPLASTY, INTERPOSITION, INTERCARPAL	\$ 592.84	\$ 592.84
25449		ARTHROPLASTY WITH REMOVAL OF IMPLANT	\$ 759.59	\$ 759.59
25450		REVISION OF WRIST JOINT	\$ 439.94	\$ 439.94
25455		REVISION OF WRIST JOINT	\$ 502.00	\$ 502.00
25490		PROPHYLACTIC TREATMENT RADIUS	\$ 552.23	\$ 552.23
25491		PROPHYLACTIC TREATMENT ULNA	\$ 582.73	\$ 582.73
25492		PROPHYLACTIC TREATMENT RADIUS AND ULNA	\$ 703.28	\$ 703.28
25500		TREAT FRACTURE OF RADIUS	\$ 161.80	\$ 176.90
25505		REPAIR FRACTURE OF RADIUS	\$ 321.35	\$ 346.53
25515		REPAIR FRACTURE OF RADIUS	\$ 483.99	\$ 483.99
25520		CLOSED TREATMENT OF RADIAL SHAFT FRACTUR	\$ 366.35	\$ 383.41
25525		OPEN TX RADIAL SHAFT FX & CLOSED TX RADI	\$ 585.00	\$ 585.00
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE,	\$ 718.38	\$ 718.38
25530		TREAT FRACTURE OF ULNA	\$ 154.07	\$ 170.86
25535		REPAIR FRACTURE OF ULNA	\$ 315.94	\$ 336.08
25545		REPAIR FRACTURE OF ULNA	\$ 452.36	\$ 452.36
25560		TREAT FRACTURE RADIUS & ULNA	\$ 160.93	\$ 179.12
25565		REPAIR FRACTURE RADIUS/ULNA	\$ 334.04	\$ 363.14
25574		OPEN TX RSADIAL/ULNAR SHAFT FXS.	\$ 476.14	\$ 476.14
25575		REPAIR FRACTURE RADIUS/ULNA	\$ 648.73	\$ 648.73
25600		TREAT FRACTURE RADIUS/ULNA	\$ 176.98	\$ 195.15
25605		REPAIR FRACTURE RADIUS/ULNA	\$ 405.50	\$ 427.32
25606		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	\$ 475.60	\$ 475.60
25607		OPEN TREATMENT OF DISTAL RADIAL EXTRA-AR	\$ 515.05	\$ 515.05
25608		OPEN TREATMENT OF DISTAL RADIAL INTRA-AR	\$ 588.10	\$ 588.10
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-AR	\$ 751.32	\$ 751.32

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25622		RX CLOSED CARPAL SCAPHOID FX WITHOUT MAN	\$ 180.68	\$ 199.98
25624		RX CLOSED CARPAL SCAPHOID FX WITH MANIPU	\$ 291.11	\$ 317.40
25628		OPEN RX CLOSEF OR OPEN CARPAL SCAPHOID F	\$ 517.55	\$ 517.55
25630		TREAT WRIST FRACTURE(S)	\$ 186.23	\$ 205.25
25635		REPAIR WRIST FRACTURE(S)	\$ 269.67	\$ 300.46
25645		OPEN TREATMENT OF CARPAL BONE FRACTURE (	\$ 408.04	\$ 408.04
25650		TREATMENT OF CLOSED ULNAR STYLOID FRACTU	\$ 197.83	\$ 214.06
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	\$ 336.83	\$ 336.83
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$ 444.58	\$ 444.58
25660		REPAIR WRIST DISLOCATION	\$ 281.44	\$ 281.44
25670		OPEN RX OF CLOSED OR OPEN RADIOCARPAL OR	\$ 440.46	\$ 440.46
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	\$ 370.90	\$ 370.90
25675		REPAIR WRIST DISLOCATION	\$ 274.45	\$ 296.54
25676		REPAIR WRIST DISLOCATION	\$ 456.03	\$ 456.03
25680		REPAIR WRIST FRACTURE	\$ 326.13	\$ 326.13
25685		REPAIR WRIST FRACTURE	\$ 531.40	\$ 531.40
25690		REPAIR WRIST DISLOCATION	\$ 328.60	\$ 328.60
25695		REPAIR WRIST DISLOCATION	\$ 457.85	\$ 457.85
25800		ARTHRODESIS, WRIST; COMPLETE, WITHOUT BO	\$ 541.70	\$ 541.70
25805		FUSION/GRAFT OF WRIST	\$ 624.71	\$ 624.71
25810		FUSION/GRAFT OF WRIST	\$ 630.69	\$ 630.69
25820		ARTHRODESIS, WRIST; LIMITED, WITHOUT BON	\$ 441.62	\$ 441.62
25825		INTERCARPAL FUSION W/ AUTOGENOUS BONE GR	\$ 544.68	\$ 544.68
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT WIT	\$ 678.39	\$ 678.39
25900		AMPUTATION FOREARM THROUGH RADIUS AND UL	\$ 542.68	\$ 542.68
25905		AMPUTATION OF FOREARM	\$ 536.81	\$ 536.81
25907		AMPUTATION FOREARM, W SECONDARY CLOSURE	\$ 468.06	\$ 468.06
25909		AMPUTATION FOLLOW-UP SURGERY	\$ 527.71	\$ 527.71
25915		AMPUTATION OF FOREARM	\$ 926.12	\$ 926.12
25920		DISARTICULATION THROUGH WRIST	\$ 496.52	\$ 496.52

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

25922		AMPUTATION SECONDARY CLOSURE OR SCAR REV	\$ 419.61	\$ 419.61
25924		REAMPUTATION	\$ 484.83	\$ 484.83
25927		TRANSMETACARPAL AMPUTATION	\$ 561.44	\$ 561.44
25929		TRANSMETACARP AMPUT SEC CLOSURE OR SCAR	\$ 406.67	\$ 406.67
25931		TRANSMETACARPAL REAMPUTATION	\$ 511.15	\$ 511.15
26010		DRAINAGE OF FINGER ABSCESS	\$ 93.99	\$ 173.73
26011		DRAINAGE OF FINGER ABSCESS COMPLICATED	\$ 131.36	\$ 264.80
26020		DRAINAGE OF TENDON SHEATH, DIGIT AND/OR	\$ 302.80	\$ 302.80
26025		DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$ 296.14	\$ 296.14
26030		DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$ 350.54	\$ 350.54
26034		INCISION, BONE CORTEX, HAND OR FINGER (E	\$ 379.59	\$ 379.59
26035		DECOMPRESSION FINGER/HAND	\$ 593.40	\$ 593.40
26037		DECOMPRESSIVE FASCIOTOMY HAND	\$ 409.87	\$ 409.87
26040		FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONT	\$ 216.74	\$ 216.74
26045		RELEASE PALM CONTRACTURE	\$ 331.60	\$ 331.60
26055		TENDON SHEATH INCISION (EG, FOR TRIGGER	\$ 207.24	\$ 386.57
26060		TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIG	\$ 185.46	\$ 185.46
26070		ARTHROTOMY, WITH EXPLORATION, DRAINAGE,	\$ 212.10	\$ 212.10
26075		ARTHROTOMY, WITH EXPLORATION, DRAINAGE,	\$ 224.47	\$ 224.47
26080		EXPLORATION OF FINGER JOINT	\$ 270.42	\$ 270.42
26100		ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL	\$ 227.19	\$ 227.19
26105		ARTHROTOMY WITH BIOPSY; METACARPOPHALANG	\$ 232.43	\$ 232.43
26110		ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPH	\$ 223.04	\$ 223.04
26111		EXCISION, TUMOR OR VASCULAR MALFORMATION	\$ 244.88	\$ 244.88
26113		EXCISION, TUMOR, SOFT TISSUE, OR VASCULA	\$ 322.29	\$ 322.29
26115		EXCISION, TUMOR OR VASCULAR MALFORMATION	\$ 252.69	\$ 425.58
26116		EXCISION, TUMOR OR VASCULAR MALFORMATION	\$ 340.77	\$ 340.77
26117		RADICAL RESECTION SOFT TISSUE TUMOR, HAN	\$ 467.27	\$ 467.27
26118		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 631.45	\$ 631.45
26121		FASCIECTOMY, PALM ONLY, WITH OR WITHOUT	\$ 428.85	\$ 428.85

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26123		FASCTOMY, PARTIAL PALMAR WITH RELEASE	\$ 587.27	\$ 587.27
26130		EXPLORATION HAND JOINT	\$ 324.19	\$ 324.19
26135		EXPLORATION FINGER JOINT	\$ 395.37	\$ 395.37
26140		EXPLORATION FINGER JOINT	\$ 359.09	\$ 359.09
26145		SYNOVECTOMY, TENDON SHEATH, RADICAL (TEN	\$ 365.15	\$ 365.15
26160		EXCISION OF LESION OF TENDON SHEATH OR J	\$ 226.22	\$ 387.93
26170		REMOVAL OF PALM TENDON	\$ 286.58	\$ 286.58
26180		EXCISION OF TENDON, FINGER, FLEXOR (SEPA	\$ 313.31	\$ 313.31
26185		SESAMOIDECTOMY, THUMB OR FINGER (SEPARAT	\$ 374.53	\$ 374.53
26200		REMOVAL OF JOINT LESION	\$ 322.12	\$ 322.12
26205		REMOVAL/GRAFT JOINT LESION	\$ 433.53	\$ 433.53
26210		REMOVAL OF FINGER LESION	\$ 311.76	\$ 311.76
26215		REMOVAL/GRAFT FINGER LESION	\$ 397.32	\$ 397.32
26230		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 360.88	\$ 360.88
26235		PARTIAL REMOVAL FINGER BONE	\$ 354.38	\$ 354.38
26236		PARTIAL REMOVAL FINGER BONE	\$ 313.62	\$ 313.62
26250		RADICAL RESECTION, METACARPAL; (EG, TUMO	\$ 419.09	\$ 419.09
26260		RADICAL RESECTION, PROXIMAL OR MIDDLE PH	\$ 392.42	\$ 392.42
26262		RADICAL RESECTION, DISTAL PHALANX OF FIN	\$ 327.24	\$ 327.24
26320		REMOVAL OF IMPLANT FROM HAND	\$ 243.67	\$ 243.67
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	\$ 216.80	\$ 216.80
26350		REPAIR OR ADVANCEMENT, FLEXOR TENDON, NO	\$ 502.43	\$ 502.43
26352		REPAIR/GRAFT TENDON	\$ 573.03	\$ 573.03
26356		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN	\$ 748.86	\$ 748.86
26357		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN	\$ 616.11	\$ 616.11
26358		REPAIR/GRAFT TENDON	\$ 651.66	\$ 651.66
26370		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	\$ 545.23	\$ 545.23
26372		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	\$ 633.38	\$ 633.38
26373		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	\$ 601.63	\$ 601.63
26390		EXCISION FLEXOR TENDON, WITH IMPLANTATIO	\$ 592.93	\$ 592.93

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26392		REMOVAL OF SYNTHETIC ROD AND INSERTION O	\$ 692.34	\$ 692.34
26410		REPAIR, EXTENSOR TENDON, HAND, PRIMARY O	\$ 399.21	\$ 399.21
26412		REPAIR/GRAFT TENDON	\$ 486.26	\$ 486.26
26415		EXCISION OF EXTENSOR TENDON, WITH IMPLAN	\$ 514.84	\$ 514.84
26416		REMOVAL OF SYNTHETIC ROD AND INSERTION O	\$ 552.15	\$ 552.15
26418		REPAIR, EXTENSOR TENDON, FINGER, PRIMARY	\$ 400.07	\$ 400.07
26420		REPAIR/GRAFT TENDON	\$ 505.73	\$ 505.73
26426		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP,	\$ 408.57	\$ 408.57
26428		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP,	\$ 531.74	\$ 531.74
26432		CLOSED TREATMENT OF DISTAL EXTENSOR TEND	\$ 349.10	\$ 349.10
26433		REPAIR OF EXTENSOR TENDON, DISTAL INSERT	\$ 375.08	\$ 375.08
26434		REPAIR/GRAFT TENDON	\$ 451.42	\$ 451.42
26437		REALIGNMENT OF EXTENSOR TENDON, HAND, EA	\$ 439.69	\$ 439.69
26440		TENOLYSIS, FLEXOR TENDON; PALM OR FINGER	\$ 439.92	\$ 439.92
26442		RELEASE TENDON PALM & FINGER	\$ 670.11	\$ 670.11
26445		TENOLYSIS, EXTENSOR TENDON, HAND OR FING	\$ 407.57	\$ 407.57
26449		TENOLYSIS, COMPLEX, EXTENSOR TENDON, FIN	\$ 539.46	\$ 539.46
26450		TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDO	\$ 283.54	\$ 283.54
26455		TENOTOMY, FLEXOR, FINGER, OPEN, EACH TEN	\$ 281.60	\$ 281.60
26460		TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN	\$ 273.63	\$ 273.63
26471		TENODESIS; OF PROXIMAL INTERPHALANGEAL J	\$ 433.14	\$ 433.14
26474		TENODESIS; OF DISTAL JOINT, EACH JOINT	\$ 415.08	\$ 415.08
26476		LENGTHENIG OF TENDON, EXTENSOR, HAND OR	\$ 404.15	\$ 404.15
26477		SHORTENING OF TENDON, EXTENSOR, HAND OR	\$ 407.55	\$ 407.55
26478		LENGTHENING OF TENDON, FLEXOR, HAND OR F	\$ 442.91	\$ 442.91
26479		SHORTENING OF TENDON, FLEXOR, HAND OR FI	\$ 438.13	\$ 438.13
26480		TRANSFER OR TRANSPLANT OF TENDON, CARPOM	\$ 532.31	\$ 532.31
26483		TENDON TRANSPLANT	\$ 602.64	\$ 602.64
26485		TRANSFER OR TRANSPLANT OF TENDON, PALMAR	\$ 576.82	\$ 576.82
26489		TENDON TRANSPLANT & GRAFT	\$ 626.47	\$ 626.47

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26490		OPPONENSPLASTY; SUPERFICIALIS TENDON TRA	\$ 559.43	\$ 559.43
26492		OPPONENSPLASTY; TENDON TRANSFER WITH GRA	\$ 624.03	\$ 624.03
26494		TENDON/MUSCLE TRANSFER	\$ 566.23	\$ 566.23
26496		REPAIR THUMB TENDON	\$ 615.11	\$ 615.11
26497		TRANSFER OF TENDON TO RESTORE INTRINSIC	\$ 615.42	\$ 615.42
26498		SUBLIMIS TRANSFER TO CORRECT CLAW FINGER	\$ 824.93	\$ 824.93
26499		CORRECT CLAW FINGER FIRST STG	\$ 587.74	\$ 587.74
26500		RECONSTRUCTION OF TENDON PULLEY, EACH TE	\$ 442.44	\$ 442.44
26502		TENDON RECONSTRUCTION/GRAFT	\$ 500.44	\$ 500.44
26508		RELEASE OF THENAR MUSCLE(S) (EG, THUMB C	\$ 444.93	\$ 444.93
26510		CROSS INTRINSIC TRANSFER, EACH TENDON	\$ 421.22	\$ 421.22
26516		CAPSULODESIS, METACARPOPHALANGEAL JOINT;	\$ 499.06	\$ 499.06
26517		FUSION OF KNUCKLE JOINTS	\$ 588.70	\$ 588.70
26518		FUSION OF KNUCKLE JOINTS	\$ 594.41	\$ 594.41
26520		CAPSULECTOMY OR CAPSULOTOMY; METACARPOPH	\$ 460.00	\$ 460.00
26525		CAPSULECTOMY OR CAPSULOTOMY; INTERPHALAN	\$ 461.94	\$ 461.94
26530		ARTHROPLASTY, METACARPOPHALANGEAL JOINT;	\$ 383.30	\$ 383.30
26531		ARTHROPLASTY, METACARPOPHALANGEAL JOINT;	\$ 446.49	\$ 446.49
26535		ARTHROPLASTY, INTERPHALANGEAL JOINT; EAC	\$ 287.77	\$ 287.77
26536		ARTHROPLASTY, INTERPHALANGEAL JOINT; WIT	\$ 474.75	\$ 474.75
26540		REPAIR OF COLLATERAL LIGAMENT, METACARPO	\$ 467.89	\$ 467.89
26541		RECONSTRUCTION, COLLATERAL LIGAMENT, MET	\$ 573.56	\$ 573.56
26542		PRIM REPAIR COLLATERAL LIGAMENT W/ LOCAL	\$ 484.09	\$ 484.09
26545		RECONSTRUCT FINGER JOINT	\$ 492.84	\$ 492.84
26546		REPAIR NON-UNION, METACARPAL OR PHALANX,	\$ 693.55	\$ 693.55
26548		REPAIR/RECONSTRUCT FINGER VOLAR PLATE	\$ 543.55	\$ 543.55
26550		CONSTRUCT THUMB REPLACEMENT	\$ 1,082.18	\$ 1,082.18
26551		TRANSFER, TOE-TO-HAND WITH MICROVASCULAR	\$ 2,361.46	\$ 2,361.46
26553		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	\$ 2,074.81	\$ 2,074.81
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	\$ 2,705.27	\$ 2,705.27

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26555		TRANSFER, FINGER TO ANOTHER POSITION WIT	\$ 988.67	\$ 988.67
26556		TRANSFER, FREE TOE JOINT, WITH MICROVASC	\$ 2,143.41	\$ 2,143.41
26560		REPAIR OF WEB FINGER	\$ 402.66	\$ 402.66
26561		REPAIR OF WEB FINGER	\$ 650.56	\$ 650.56
26562		REPAIR OF WEB FINGER	\$ 947.97	\$ 947.97
26565		OSTEOTOMY; METACARPAL, EACH	\$ 479.69	\$ 479.69
26567		OSTEOTOMY; PHALANX OF FINGER, EACH	\$ 484.55	\$ 484.55
26568		OSTEOPLASTY, LENGTHENING, METACARPAL OR	\$ 638.22	\$ 638.22
26580		REPAIR HAND DEFORMITY	\$ 1,011.34	\$ 1,011.34
26587		RECONSTRUCTION OF POLYDACTYLOUS DIGIT, S	\$ 694.44	\$ 694.44
26590		REPAIR MACRODACTYLIA, EACH DIGIT	\$ 922.54	\$ 922.54
26591		REPAIR, INTRINSIC MUSCLES OF HAND, EACH	\$ 306.25	\$ 306.25
26593		RELEASE, INTRINSIC MUSCLES OF HAND, EACH	\$ 419.94	\$ 419.94
26596		EXCISION OF CONSTRICTING RING W/ Z-PLAST	\$ 525.99	\$ 525.99
26600		TREAT METACARPAL FRACTURE	\$ 172.51	\$ 186.22
26605		REPAIR METACARPAL FRACTURE	\$ 197.03	\$ 215.21
26607		CLOSED TREATMENT OF METACARPAL FRACTURE,	\$ 311.49	\$ 311.49
26608		PERCUTANEOUS FIX, METACARPAL FX, EACH BO	\$ 336.37	\$ 336.37
26615		REPAIR METACARPAL FRACTURE	\$ 391.38	\$ 391.38
26641		TREATMENT CARPOMETACARP DISLOC THUMB W/M	\$ 228.08	\$ 248.49
26645		REPAIR THUMB DISLOCATION	\$ 262.74	\$ 283.73
26650		REPAIR THUMB DISLOCATION	\$ 336.13	\$ 336.13
26665		REPAIR THUMB DISLOCATION	\$ 434.68	\$ 434.68
26670		CLOSED TREATMENT OF CARPOMETACARPAL DISL	\$ 203.68	\$ 224.66
26675		REPAIR HAND DISLOCATION	\$ 280.86	\$ 302.69
26676		PERCUTANEOUS SKELETAL FIXATION OF CARPOM	\$ 352.44	\$ 352.44
26685		OPEN TREATMENT OF CARPOMETACARPAL DISLOC	\$ 401.39	\$ 401.39
26686		OPEN TREAT CLO/OPEN CARPOMETACA DISLO CM	\$ 445.75	\$ 445.75
26700		REPAIR FINGER DISLOCATION	\$ 200.67	\$ 214.66
26705		REPAIR FINGER DISLOCATION	\$ 255.92	\$ 277.46

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26706		TREATMENT OF CLOSED METACARPOPHALANGEAL	\$ 306.23	\$ 306.23
26715		REPAIR FINGER DISLOCATION	\$ 391.97	\$ 391.97
26720		TREAT FINGER FRACTURES	\$ 118.41	\$ 129.03
26725		RX CLOSED PHALANGEAL SHAFT FX PROX OR MI	\$ 208.93	\$ 231.59
26727		REPAIR FINGER FRACTURES	\$ 330.55	\$ 330.55
26735		REPAIR FINGER FRACTURES	\$ 408.45	\$ 408.45
26740		CLOSED TREATMENT OF ARTICULAR FRACTURE,	\$ 141.38	\$ 150.34
26742		TREAT CLSD ART FX W/MANIPULATION	\$ 232.02	\$ 254.13
26746		OPEN TREATMENT OF ARTICULAR FRACTURE, IN	\$ 501.36	\$ 501.36
26750		TREAT FINGER FRACTURE	\$ 117.84	\$ 120.91
26755		REPAIR FINGER FRACTURE	\$ 186.40	\$ 212.71
26756		TREATMENT OF CLOSED DISTAL PHALANGEAL FX	\$ 290.90	\$ 290.90
26765		OPEN RX CLOSED OR OPEN DISTAL PHALANGEAL	\$ 331.64	\$ 331.64
26770		REPAIR FINGER DISLOCATION	\$ 167.13	\$ 181.95
26775		REPAIR FINGER DISLOCATION	\$ 233.23	\$ 258.40
26776		TREATMENT OF CLOSED INTERPHALANGEAL JOIN	\$ 309.77	\$ 309.77
26785		OPEN RX CLOSED OR OPEN INTERPHALANGEAL J	\$ 362.25	\$ 362.25
26820		THUMB FUSION WITH GRAFT	\$ 560.26	\$ 560.26
26841		THUMB FUSION	\$ 517.65	\$ 517.65
26842		THUMB FUSION WITH GRAFT	\$ 563.53	\$ 563.53
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGI	\$ 521.47	\$ 521.47
26844		FUSION/GRAFT OF HAND JOINT	\$ 582.46	\$ 582.46
26850		FUSION OF KNUCKLE	\$ 493.67	\$ 493.67
26852		FUSION OF KNUCKLE WITH GRAFT	\$ 567.14	\$ 567.14
26860		FINGER JOINT FUSION	\$ 394.07	\$ 394.07
26862		FUSION/GRAFT OF FINGER JOINT	\$ 514.95	\$ 514.95
26910		AMPUTATION METACARPAL BONE	\$ 507.68	\$ 507.68
26951		AMPUTATION OF FINGER	\$ 437.00	\$ 437.00
26952		AMPUTATION OF FINGER	\$ 458.74	\$ 458.74
26990		INCISION/DRAINAGE ABSCESS OR HEMATOMA	\$ 444.59	\$ 444.59

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

26991		INCISION/DRAINAGE INFECTED BURSA	\$ 376.17	\$ 493.10
26992		INCISION, BONE CORTEX, PELVIS AND/OR HIP	\$ 703.08	\$ 703.08
27000		TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS	\$ 322.85	\$ 322.85
27001		TENOTOMY, ADDUCTOR OF HIP, OPEN	\$ 391.99	\$ 391.99
27003		INCISION OF HIP TENDON	\$ 421.10	\$ 421.10
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE	\$ 532.47	\$ 532.47
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) O	\$ 537.85	\$ 537.85
27025		INCISION OF HIP FASCIA	\$ 652.53	\$ 652.53
27030		ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFE	\$ 696.42	\$ 696.42
27033		ARTHROTOMY, HIP, INCLUDING EXPLORATION O	\$ 720.98	\$ 720.98
27035		DENERVATION, HIP JOINT, INTRAPELVIC OR E	\$ 809.83	\$ 809.83
27036		CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH O	\$ 736.76	\$ 736.76
27040		BIOPSY SOFT TISSUE SUPERFICIAL	\$ 147.97	\$ 239.45
27041		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AR	\$ 504.17	\$ 504.17
27043		EXCISION, TUMOR, SOFT TISSUE OF PELVIS A	\$ 278.69	\$ 278.69
27045		EXCISION, TUMOR, SOFT TISSUE OF PELVIS A	\$ 443.22	\$ 443.22
27047		EXCISION, TUMOR, PELVIS AND HIP AREA; SU	\$ 376.14	\$ 444.11
27048		EXCISION BENIGN TUMOR DEEP	\$ 344.74	\$ 344.74
27049		RADICAL RESECTION OF TUMOR, SOFT TISSUE	\$ 734.41	\$ 734.41
27050		ARTHROTOMY, WITH BIOPSY; SACROILIAC JOIN	\$ 252.02	\$ 252.02
27052		BIOPSY OF HIP JOINT	\$ 402.01	\$ 402.01
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	\$ 494.18	\$ 494.18
27059		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 1,087.64	\$ 1,087.64
27060		REMOVAL OF ISCHIAL BURSA	\$ 311.01	\$ 311.01
27062		REMOVAL OF FEMUR LESION	\$ 324.14	\$ 324.14
27065		REMOVAL OF HIP BONE LESION	\$ 361.86	\$ 361.86
27066		EXCISION OF BONE CYST OR TUMOR DEEP WITH	\$ 589.75	\$ 589.75
27067		EXCISION BENIGN TUMOR W/BONE GRAFT REQ S	\$ 749.17	\$ 749.17
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 617.35	\$ 617.35
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 662.65	\$ 662.65

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27075		RADICAL RESECTION OF TUMOR OR INFECTION;	\$ 1,718.86	\$ 1,718.86
27076		PARTIAL REMOVAL OF HIP BONE	\$ 1,183.36	\$ 1,183.36
27077		REMOVAL OF HIP BONE	\$ 1,986.50	\$ 1,986.50
27078		PARTIAL REMOVAL OF HIP BONES	\$ 746.04	\$ 746.04
27080		COCCYGECTOMY PRIMARY	\$ 357.77	\$ 357.77
27086		REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE	\$ 107.00	\$ 171.34
27087		REMOVAL OF FOREIGN BODY, PELVIS OR HIP;	\$ 460.55	\$ 460.55
27090		REMOVAL OF HIP PROSTHESIS	\$ 610.00	\$ 610.00
27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED,	\$ 1,185.81	\$ 1,185.81
27095		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$ 63.71	\$ 167.51
27096		INJECTION PROCEDURE FOR SACROILIAC JOINT	\$ 53.67	\$ 127.81
27097		RELEASE OR RECESSION, HAMSTRING, PROXIMA	\$ 486.19	\$ 486.19
27098		TRANSFER, ADDUCTOR TO ISCHIUM	\$ 454.81	\$ 454.81
27100		TRANSFER OF ABDOMINAL MUSCLE	\$ 599.35	\$ 599.35
27105		TRANSFER OF SPINAL MUSCLE	\$ 627.79	\$ 627.79
27110		TRANSFER ILIOPSOAS; TO GREATER TROCHANTE	\$ 702.09	\$ 702.09
27111		TRANSFER ILIOPSOAS TO FEMORAL NECK	\$ 626.85	\$ 626.85
27120		RECONSTRUCTION OF HIP	\$ 953.60	\$ 953.60
27122		ACETABULOPLASTY; RESECTION, FEMORAL HEAD	\$ 815.75	\$ 815.75
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMO	\$ 830.95	\$ 830.95
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	\$ 1,072.82	\$ 1,072.82
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TO	\$ 1,254.24	\$ 1,254.24
27134		REVISION OF TOTAL HIP, BOTH COMPONENTS	\$ 1,456.59	\$ 1,456.59
27137		REVISION OF TOTAL HIP, ACETABULAR COMPON	\$ 1,108.98	\$ 1,108.98
27138		REVISION OF TOTAL HIP, FEMORAL COMPONENT	\$ 1,154.52	\$ 1,154.52
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHA	\$ 661.34	\$ 661.34
27146		INCISION OF HIP BONE	\$ 934.77	\$ 934.77
27147		OSTEOTOMY WITH OPEN REDUCTION OF HIP	\$ 1,089.58	\$ 1,089.58
27151		INCISION OF HIP BONES	\$ 1,137.67	\$ 1,137.67
27156		REVISION OF HIP BONES	\$ 1,272.43	\$ 1,272.43

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONGEN	\$ 1,022.42	\$ 1,022.42
27161		INCISION OF NECK OF FEMUR	\$ 903.35	\$ 903.35
27165		OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL	\$ 1,009.60	\$ 1,009.60
27170		REPAIR/GRAFT FEMUR	\$ 874.77	\$ 874.77
27175		TREATMENT SLIPPED EPIPHYSIS	\$ 485.21	\$ 485.21
27176		TREATMENT SLIPPED EPIPHYSIS	\$ 670.71	\$ 670.71
27177		REPAIR SLIPPED EPIPHYSIS	\$ 819.09	\$ 819.09
27178		OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MAN	\$ 663.84	\$ 663.84
27179		REVISION OF NECK OF FEMUR	\$ 715.36	\$ 715.36
27181		FIXATION SLIPPED EPIPHYSIS	\$ 797.36	\$ 797.36
27185		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR S	\$ 505.78	\$ 505.78
27187		PROPHYLACTIC TX FEMORAL NECK AND PROXIMA	\$ 733.36	\$ 733.36
27200		REPAIR TAIL BONE FRACTURE	\$ 123.19	\$ 120.68
27202		REPAIR TAIL BONE FRACTURE	\$ 461.45	\$ 461.45
27215		OPEN TX OF ILIAC SPINE S/INTERNAL FIXATI	\$ 541.74	\$ 541.74
27216		PERCUTANEOUS SKELETAL FX POST PELVIC RIN	\$ 792.98	\$ 792.98
27217		OPEN TX ANT. RING FX/DISLOCATION W/INTER	\$ 749.94	\$ 749.94
27218		OPEN TX POST RING FX/DISLOCATION W/INTER	\$ 1,026.70	\$ 1,026.70
27220		TREATMENT HIPSOCKET FRACTURE	\$ 374.26	\$ 376.79
27222		REPAIR HIPSOCKET FRACTURE	\$ 718.99	\$ 718.99
27226		OPEN TX POST/ANT. ACETABULAR WALL FX, IN	\$ 766.52	\$ 766.52
27227		OPEN TREATMENT ACETABULAR FX. W/INTERNAL	\$ 1,242.32	\$ 1,242.32
27228		OPEN TX ACETABULAR FX W/INTERNAL FIXATIO	\$ 1,423.49	\$ 1,423.49
27230		TREATMENT FRACTURE OF FEMUR	\$ 330.47	\$ 334.66
27232		REPAIR FRACTURE OF FEMUR	\$ 572.40	\$ 572.40
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	\$ 670.51	\$ 670.51
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROX	\$ 878.66	\$ 878.66
27238		TREATMENT OF FEMUR FRACTURE	\$ 323.89	\$ 323.89
27240		RX CLOSED INTERTROCHANTERIC OR PERTRO FE	\$ 701.78	\$ 701.78
27244		TREATMENT OF INTERTROCHANTERIC, PERTROCH	\$ 904.03	\$ 904.03

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27245		OPEN TX FEMORAL FX; W/INTRAMEDULLARY IMP	\$ 936.04	\$ 936.04
27246		TREATMENT OF FEMUR FRACTURE	\$ 274.73	\$ 274.18
27248		REPAIR OF FEMUR FRACTURE	\$ 553.93	\$ 553.93
27250		REPAIR OF HIP DISLOCATION	\$ 175.54	\$ 175.54
27252		REPAIR OF HIP DISLOCATION	\$ 554.58	\$ 554.58
27253		REPAIR OF HIP DISLOCATION	\$ 696.98	\$ 696.98
27254		REPAIR OF HIP DISLOCATION	\$ 943.74	\$ 943.74
27256		TREATMENT OF HIP DISLOCATION	\$ 181.56	\$ 212.89
27257		REPAIR OF HIP DISLOCATION	\$ 248.33	\$ 248.33
27258		REPAIR OF HIP DISLOCATION	\$ 817.92	\$ 817.92
27259		OPEN RX CLOSED/OPEN ACETAB FX W/FEMORAL	\$ 1,148.63	\$ 1,148.63
27265		TX ATRAUMATIC HIP DISLOCATION W/O ANESTH	\$ 281.07	\$ 281.07
27266		TX ATRAUMATIC HIP DISLOCATION W/ GEN ANE	\$ 420.09	\$ 420.09
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PR	\$ 299.52	\$ 299.52
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PR	\$ 371.87	\$ 371.87
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROX	\$ 899.95	\$ 899.95
27275		MANIPULATION OF HIP JOINT	\$ 130.17	\$ 130.17
27279		ARTHRODESIS SACROILIAC JOINT	\$ 472.97	\$ 472.97
27280		FUSION OF SACROILIAC JOINT	\$ 756.07	\$ 756.07
27282		FUSION OF PUBIC BONES	\$ 593.13	\$ 593.13
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBTAIN	\$ 1,156.90	\$ 1,156.90
27286		FUSION OF HIP JOINT	\$ 1,218.91	\$ 1,218.91
27290		AMPUTATION OF LEG AT HIP	\$ 1,165.32	\$ 1,165.32
27295		AMPUTATION OF LEG AT HIP	\$ 940.91	\$ 940.91
27301		INCISION AND DRAINAGE, DEEP ABSCESS, BUR	\$ 358.19	\$ 465.63
27303		INCISION, DEEP, WITH OPENING OF BONE COR	\$ 463.86	\$ 463.86
27305		INCISION OF TENDON & FASCIA	\$ 337.83	\$ 337.83
27306		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMS	\$ 272.78	\$ 272.78
27307		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMS	\$ 336.45	\$ 336.45
27310		ARTHROTOMY, KNEE, WITH EXPLORATION, DRAI	\$ 529.44	\$ 529.44

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27323		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 128.72	\$ 186.35
27324		BIOPSY, SOFT TISSUE OF THIGH OR KNEE ARE	\$ 275.16	\$ 275.16
27325		NEURECTOMY, HAMSTRING MUSCLE	\$ 381.93	\$ 381.93
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$ 352.00	\$ 352.00
27327		EXCISION BENIGN TUMOR SUBCUTANEOUS	\$ 251.37	\$ 317.39
27328		EXC BENGIN TUMOR DEEP	\$ 303.86	\$ 303.86
27329		RACICAL RESECTION SOFT TISSUE TUMOR THIG	\$ 762.76	\$ 762.76
27330		ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY O	\$ 288.05	\$ 288.05
27331		ARTHROTOMY, KNEE; INCLUDING JOINT EXPLOR	\$ 340.47	\$ 340.47
27332		ARTHROTOMY, WITH EXCISION OF SEMILUNAR C	\$ 462.89	\$ 462.89
27333		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE	\$ 418.96	\$ 418.96
27334		ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTER	\$ 493.23	\$ 493.23
27335		ARTHROTOMY KNEE ANTERIOR AND POSTERIOR I	\$ 558.55	\$ 558.55
27337		EXCISION, TUMOR, SOFT TISSUE OF THIGH OR	\$ 248.63	\$ 248.63
27339		EXCISION, TUMOR, SOFT TISSUE OF THIGH OR	\$ 447.83	\$ 447.83
27340		REMOVAL OF KNEECAP BURSA	\$ 259.80	\$ 259.80
27345		EXCISION OF SYNOVIAL CYST OF POPLITEAL S	\$ 344.67	\$ 344.67
27347		EXCISION OF LESION OF MENISCUS OR CAPSUL	\$ 369.99	\$ 369.99
27350		REMOVAL OF KNEECAP	\$ 471.08	\$ 471.08
27355		REMOVAL OF FEMUR LESION	\$ 436.55	\$ 436.55
27356		REMOVAL & GRAFT FEMUR LESION	\$ 536.27	\$ 536.27
27357		REMOVAL & GRAFT FEMUR LESION	\$ 594.69	\$ 594.69
27360		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 618.56	\$ 618.56
27364		RADICAL RESECTION OF TUMOR (EG. MALIGNAN	\$ 935.72	\$ 935.72
27365		RADICAL RESECTION OF TUMOR, BONE, FEMUR	\$ 905.11	\$ 905.11
27370		INJECTION FOR KNEE X-RAY	\$ 40.64	\$ 118.42
27372		REMOVAL FOREIGN BODY DEEP	\$ 290.69	\$ 416.30
27380		REPAIR KNEECAP TENDON	\$ 426.49	\$ 426.49
27381		REPAIR/GRAFT KNEECAP TENDON	\$ 583.47	\$ 583.47
27385		REPAIR OF THIGH MUSCLE	\$ 457.15	\$ 457.15

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27386		REPAIR/GRAFT OF THIGH MUSCLE	\$ 605.00	\$ 605.00
27390		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP;	\$ 316.17	\$ 316.17
27391		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP;	\$ 412.96	\$ 412.96
27392		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP;	\$ 510.20	\$ 510.20
27393		LENGTHENING OF HAMSTRING TENDON; SINGLE	\$ 365.95	\$ 365.95
27394		LENGTHENING OF HAMSTRING TENDON; MULTIPL	\$ 473.95	\$ 473.95
27395		LENGTHENING OF HAMSTRING TENDON; MULTIPL	\$ 643.05	\$ 643.05
27396		TRANSPLANT, HAMSTRING TENDON TO PATELLA;	\$ 445.11	\$ 445.11
27397		TRANSPLANT, HAMSTRING TENDON TO PATELLA;	\$ 657.28	\$ 657.28
27400		TRANSFER, TENDON OR MUSCLE, HAMSTRINGS T	\$ 496.42	\$ 496.42
27403		ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$ 466.28	\$ 466.28
27405		REPAIR OF KNEE LIGAMENT	\$ 491.31	\$ 491.31
27407		REPAIR OF KNEE LIGAMENT	\$ 562.46	\$ 562.46
27409		REPAIR OF KNEE LIGAMENTS	\$ 707.86	\$ 707.86
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$ 1,027.64	\$ 1,027.64
27416		OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (	\$ 710.46	\$ 710.46
27418		ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQU	\$ 610.00	\$ 610.00
27420		RECONSTRUCTION OF DISLOCATING PATELLA; (	\$ 545.85	\$ 545.85
27422		RECONSTRUCTION OF DISLOCATING PATELLA; W	\$ 543.58	\$ 543.58
27424		REVISION/REMOVAL OF KNEECAP	\$ 545.04	\$ 545.04
27425		LATERAL RETINACULAR RELEASE OPEN	\$ 315.99	\$ 315.99
27427		RECONSTRUCTION KNEE EXTRA-ARTICULAR	\$ 523.19	\$ 523.19
27428		RECONSTRUCTION KNEE INTRA-ARTICULAR	\$ 807.06	\$ 807.06
27429		RECONSTRUCTION KNEE INTRA AND EXTRA-ARTI	\$ 904.05	\$ 904.05
27430		QUADRICEPSPLASTY (EG, BENNETT OR THOMPSO	\$ 540.19	\$ 540.19
27435		CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE,	\$ 579.13	\$ 579.13
27437		ARTHRPLASTY PATELLA W/O PROSTHESIS	\$ 479.97	\$ 479.97
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	\$ 616.52	\$ 616.52
27440		REPAIR OF KNEE JOINT	\$ 563.63	\$ 563.63
27441		REPAIR OF KNEE JOINT	\$ 582.22	\$ 582.22

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27442		ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL	\$ 638.76	\$ 638.76
27443		REPAIR OF KNEE JOINT	\$ 597.69	\$ 597.69
27445		ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG	\$ 934.10	\$ 934.10
27446		TOTAL KNEE REPLACEMENT	\$ 827.92	\$ 827.92
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	\$ 1,148.49	\$ 1,148.49
27448		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W	\$ 602.24	\$ 602.24
27450		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W	\$ 751.12	\$ 751.12
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON	\$ 949.60	\$ 949.60
27455		OSTEOTOMY PROXIMAL TIBIA UNILATERAL BEFO	\$ 693.68	\$ 693.68
27457		OSTEOTOMY PROXIMAL TIBIA AFTER EPIPHYSEA	\$ 715.33	\$ 715.33
27465		REVISION OF FEMUR	\$ 902.92	\$ 902.92
27466		REVISION OF FEMUR	\$ 874.37	\$ 874.37
27468		REVISION OF FEMURS	\$ 991.62	\$ 991.62
27470		REPAIR OF FEMUR	\$ 871.59	\$ 871.59
27472		REPAIR/GRAFT OF FEMUR	\$ 942.98	\$ 942.98
27475		ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIP	\$ 477.47	\$ 477.47
27477		REPAIR LOWER LEG EPIPHYSES	\$ 535.91	\$ 535.91
27479		REPAIR OF LEG EPIPHYSES	\$ 691.00	\$ 691.00
27485		ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR	\$ 488.74	\$ 488.74
27486		REVISION OF TOTAL KNEE ARTHROPLASTY, ONE	\$ 1,047.31	\$ 1,047.31
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WIT	\$ 1,322.92	\$ 1,322.92
27488		REMOVAL OF PROSTHESIS, INCLUDING TOTAL K	\$ 885.04	\$ 885.04
27495		PROPHYLACTIC TREATMENT FEMUR	\$ 838.27	\$ 838.27
27496		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, 1	\$ 363.92	\$ 363.92
27497		DECOMPRESSION FASCIOTOMY, THIGH/KNEE W/D	\$ 396.49	\$ 396.49
27498		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, MU	\$ 432.57	\$ 432.57
27499		DECOMPRESSION FASCIOTOMY; THIGH/KNEE W/D	\$ 479.57	\$ 479.57
27500		TREATMENT OF FEMUR FRACTURE	\$ 341.37	\$ 365.44
27501		CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; W/	\$ 355.01	\$ 359.77
27502		TREATMENT OF CLOSED FEMORAL SHAFT FRACTU	\$ 577.37	\$ 577.37

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27503		CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; W/	\$ 586.95	\$ 586.95
27506		REPAIR FEMUR FX W/INSERTION INTRAMEDULLA	\$ 983.87	\$ 983.87
27507		OPEN TX FEM SHAFT FX WITH PLATE/SCREWS	\$ 729.12	\$ 729.12
27508		TREATMENT OF FEMUR FRACTURE	\$ 348.52	\$ 368.11
27509		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	\$ 464.64	\$ 464.64
27510		REPAIR OF FEMUR FRACTURE	\$ 509.54	\$ 509.54
27511		OPEN TX FEMORAL FX WO INTERCONDYLAR EXTE	\$ 755.21	\$ 755.21
27513		OPEN TX FEMORAL FX WITH INTERCONDYLAR E	\$ 950.76	\$ 950.76
27514		REPAIR OF FEMUR FRACTURE	\$ 762.22	\$ 762.22
27516		TREATMENT OF FEMUR EPIPHYSIS	\$ 325.28	\$ 343.74
27517		REPAIR OF FEMUR EPIPHYSIS	\$ 488.02	\$ 488.02
27519		REPAIR OF FEMUR EPIPHYSIS	\$ 689.25	\$ 689.25
27520		TREATMENT KNEECAP FRACTURE	\$ 195.82	\$ 215.41
27524		REPAIR OF KNEECAP FRACTURE	\$ 551.43	\$ 551.43
27530		TREATMENT OF KNEE FRACTURE	\$ 253.38	\$ 271.30
27532		REPAIR OF KNEE FRACTURE	\$ 415.05	\$ 437.16
27535		OPEN TX TIBIAL FX, PROXIMAL; UNICONDYLAR	\$ 673.76	\$ 673.76
27536		TX TIBIAL FX BICONDYLAR	\$ 876.54	\$ 876.54
27538		TREATMENT OF KNEE FRACTURE	\$ 305.98	\$ 325.28
27540		REPAIR KNEE FRACTURE	\$ 609.53	\$ 609.53
27550		REPAIR KNEE DISLOCATION	\$ 322.96	\$ 345.35
27552		REPAIR KNEE DISLOCATION	\$ 448.85	\$ 448.85
27556		OPEN RX CLOSED OR OPEN KNEE DISLOC W/O P	\$ 677.67	\$ 677.67
27557		OSTEOTOMY PROXIMAL TIBIA BILATERAL WITH	\$ 811.87	\$ 811.87
27558		OPEN TX KNEE DISLOCATION; WITH LIG REPAI	\$ 912.23	\$ 912.23
27560		REPAIR KNEECAP DISLOCATION	\$ 229.37	\$ 251.74
27562		REPAIR KNEECAP DISLOCATION	\$ 330.94	\$ 330.94
27566		REPAIR KNEECAP DISLOCATION	\$ 657.74	\$ 657.74
27570		FIXATION OF KNEE JOINT	\$ 105.98	\$ 105.98
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	\$ 1,067.60	\$ 1,067.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27590		AMPUTATION OF LEG	\$ 614.12	\$ 614.12
27591		AMPUTATION THIGH THRU FEM IMMED FIT TECH	\$ 678.19	\$ 678.19
27592		AMPUTATION OF LEG	\$ 519.92	\$ 519.92
27594		AMPUTATION FOLLOW-UP SURGERY	\$ 374.32	\$ 374.32
27596		AMPUTATION FOLLOW-UP SURGERY	\$ 544.13	\$ 544.13
27598		AMPUTATION OF LOWER LEG	\$ 552.51	\$ 552.51
27600		DECOMPRESSION OF LEG	\$ 310.85	\$ 310.85
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRES	\$ 321.72	\$ 321.72
27602		DECOMPRESSION OF LEG	\$ 382.13	\$ 382.13
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HE	\$ 280.94	\$ 368.51
27604		INCISION AND DRAINAGE INFECTED BURSA	\$ 247.54	\$ 323.36
27605		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON	\$ 148.70	\$ 256.13
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GE	\$ 218.47	\$ 218.47
27607		INCISION (EG, OSTEOMYELITIS OR BONE ABSC	\$ 449.80	\$ 449.80
27610		ARTHROTOMY, ANKLE, INCLUDING EXPLORATION	\$ 480.07	\$ 480.07
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE,	\$ 419.20	\$ 419.20
27613		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 120.98	\$ 174.98
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$ 300.67	\$ 396.35
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/	\$ 648.19	\$ 648.19
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 763.95	\$ 763.95
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBC	\$ 278.37	\$ 346.35
27619		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR	\$ 432.88	\$ 553.18
27620		BIOPSY OF ANKLE JOINT	\$ 336.96	\$ 336.96
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	\$ 437.43	\$ 437.43
27626		EXPLORATION OF ANKLE JOINT	\$ 472.30	\$ 472.30
27630		REMOVAL OF TENDON LESION	\$ 271.10	\$ 377.41
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR A	\$ 245.98	\$ 245.98
27634		EXCISION, TUMOR, SOFT TISSUE OF LEG OR A	\$ 401.59	\$ 401.59
27635		REMOVAL OF BONE LESION	\$ 433.88	\$ 433.88
27637		REMOVAL/GRAFT OF BONE LESION	\$ 550.63	\$ 550.63

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27638		REMOVAL/GRAFT OF BONE LESION	\$ 574.61	\$ 574.61
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 636.63	\$ 636.63
27641		PARTIAL REMOVAL OF FIBULA	\$ 510.27	\$ 510.27
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$ 772.61	\$ 772.61
27646		REMOVAL OF FIBULA	\$ 683.54	\$ 683.54
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS	\$ 607.31	\$ 607.31
27648		INJECTION PROCEDURE FOR ANKLE ARTHOGRAPH	\$ 40.36	\$ 114.21
27650		REPAIR ACHILLES TENDON	\$ 495.73	\$ 495.73
27652		REPAIR/GRAFT ACHILLES TENDON	\$ 547.53	\$ 547.53
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH	\$ 534.33	\$ 534.33
27656		REPAIR FASCIAL DEFECT OF LEG	\$ 256.19	\$ 379.01
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WIT	\$ 280.85	\$ 280.85
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, W	\$ 369.95	\$ 369.95
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, W	\$ 267.37	\$ 267.37
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY,	\$ 306.69	\$ 306.69
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WI	\$ 377.34	\$ 377.34
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBU	\$ 457.61	\$ 457.61
27680		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LE	\$ 318.56	\$ 318.56
27681		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LE	\$ 379.66	\$ 379.66
27685		LENGTHENING OR SHORTENING OF TENDON, LEG	\$ 351.87	\$ 449.78
27686		LENGTHENING OR SHORTENING OF TENDON, LEG	\$ 414.59	\$ 414.59
27687		GASTROCNEMIUS RECESSIO	\$ 341.20	\$ 341.20
27690		REVISION OF LEG TENDON	\$ 470.50	\$ 470.50
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON	\$ 551.62	\$ 551.62
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANK	\$ 362.94	\$ 362.94
27696		REPAIR OF ANKLE LIGAMENTS	\$ 434.83	\$ 434.83
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, AN	\$ 488.38	\$ 488.38
27700		REPAIR OF ANKLE	\$ 463.13	\$ 463.13
27702		ARTHROPLASTY ANKLE WITH IMPLANT	\$ 737.99	\$ 737.99
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANK	\$ 854.67	\$ 854.67

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27704		REMOVAL ANKLE IMPLANT	\$ 416.95	\$ 416.95
27705		INCISION OF TIBIA	\$ 565.71	\$ 565.71
27707		INCISION OF FIBULA	\$ 285.34	\$ 285.34
27709		INCISION OF TIBIA & FIBULA	\$ 829.12	\$ 829.12
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON	\$ 807.40	\$ 807.40
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENI	\$ 788.61	\$ 788.61
27720		REPAIR OF LOWER LEG	\$ 647.25	\$ 647.25
27722		REPAIR/GRAFT OF LOWER LEG	\$ 645.97	\$ 645.97
27724		REPAIR/GRAFT OF LOWER LEG	\$ 953.92	\$ 953.92
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH	\$ 885.58	\$ 885.58
27726		REPAIR OF FIBULA NONUNION AND/OR MALUNIO	\$ 677.06	\$ 677.06
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$ 720.76	\$ 720.76
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPE	\$ 429.74	\$ 429.74
27732		REPAIR OF FIBULA EPIPHYSIS	\$ 292.15	\$ 292.15
27734		REPAIR LOWER LEG EPIPHYSES	\$ 439.85	\$ 439.85
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY	\$ 487.89	\$ 487.89
27742		REPAIR OF LEG EPIPHYSES	\$ 514.88	\$ 514.88
27745		PROPHYLACTIC TREATMENT TIBIA	\$ 554.97	\$ 554.97
27750		TREATMENT OF TIBIA FRACTURE	\$ 214.61	\$ 233.08
27752		REPAIR OF TIBIA FRACTURE	\$ 353.91	\$ 377.98
27756		REPAIR OF TIBIA FRACTURE	\$ 411.70	\$ 411.70
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX C	\$ 652.50	\$ 652.50
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH	\$ 740.20	\$ 740.20
27760		TREATMENT OF ANKLE FRACTURE	\$ 204.50	\$ 224.35
27762		REPAIR OF ANKLE FRACTURE	\$ 313.47	\$ 337.80
27766		REPAIR OF ANKLE FRACTURE	\$ 442.97	\$ 442.97
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS	\$ 179.00	\$ 178.16
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS	\$ 289.75	\$ 289.75
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FR	\$ 507.61	\$ 507.61
27780		TREATMENT OF FIBULA FRACTURE	\$ 182.45	\$ 200.63

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27781		REPAIR OF FIBULA FRACTURE	\$ 273.39	\$ 292.14
27784		REPAIR OF FIBULA FRACTURE	\$ 503.96	\$ 503.96
27786		TREATMENT OF ANKLE FRACTURE	\$ 192.22	\$ 212.65
27788		REPAIR OF ANKLE FRACTURE	\$ 272.87	\$ 294.69
27792		REPAIR OF ANKLE FRACTURE	\$ 509.41	\$ 509.41
27808		TREATMENT OF ANKLE FRACTURE	\$ 200.34	\$ 222.17
27810		REPAIR OF ANKLE FRACTURE	\$ 305.60	\$ 330.50
27814		REPAIR OF ANKLE FRACTURE	\$ 568.56	\$ 568.56
27816		TREATMENT OF ANKLE FRACTURE	\$ 190.64	\$ 210.79
27818		REPAIR OF ANKLE FRACTURE	\$ 312.87	\$ 341.13
27822		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKL	\$ 621.63	\$ 621.63
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKL	\$ 709.23	\$ 709.23
27824		CLOSED TX FX WT BEARING PORTION DISTAL T	\$ 204.73	\$ 212.28
27825		CLOSED TX FX WT BEARING PORTION TIBIA; W	\$ 359.61	\$ 389.26
27826		OPEN TX FX DISTAL TIBIA WITH FIXATION OF	\$ 596.81	\$ 596.81
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA O	\$ 796.27	\$ 796.27
27828		OPEN TX FX TIBIA WITH INT & EXT FIX OF B	\$ 953.94	\$ 953.94
27829		OPEN TX TIBIOFIBULAR JOINT	\$ 476.47	\$ 476.47
27830		REPAIR LOWER LEG DISLOCATION	\$ 232.27	\$ 247.10
27831		REPAIR LOWER LEG DISLOCATION	\$ 270.94	\$ 270.94
27832		REPAIR LOWER LEG DISLOCATION	\$ 514.41	\$ 514.41
27840		REPAIR ANKLE DISLOCATION	\$ 250.44	\$ 250.44
27842		REPAIR ANKLE DISLOCATION	\$ 350.52	\$ 350.52
27846		REPAIR ANKLE DISLOCATION	\$ 542.90	\$ 542.90
27848		REPAIR ANKLE DISLOCATION	\$ 614.74	\$ 614.74
27860		FIXATION OF ANKLE	\$ 130.88	\$ 130.88
27870		ARTHRODESIS, ANKLE, OPEN	\$ 776.54	\$ 776.54
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL	\$ 508.70	\$ 508.70
27880		AMPUTATION OF LOWER LEG	\$ 689.94	\$ 689.94
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHN	\$ 662.58	\$ 662.58

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

27882		AMPUTATION OF LOWER LEG	\$ 467.42	\$ 467.42
27884		AMPUTATION FOLLOW-UP SURGERY	\$ 433.81	\$ 433.81
27886		AMPUTATION FOLLOW-UP SURGERY	\$ 494.91	\$ 494.91
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF T	\$ 522.99	\$ 522.99
27889		ANKLE DISARTICULATION	\$ 512.24	\$ 512.24
27892		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR	\$ 401.11	\$ 401.11
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR	\$ 405.79	\$ 405.79
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR	\$ 624.09	\$ 624.09
28001		INCISION AND DRAINAGE, BURSA, FOOT	\$ 136.50	\$ 191.89
28002		INCISION AND DRAINAGE BELOW FASCIA, WITH	\$ 287.78	\$ 359.11
28003		DRAINAGE OF FOOT	\$ 425.04	\$ 497.22
28005		INCISION, BONE CORTEX (EG, OSTEOMYELITIS	\$ 462.14	\$ 462.14
28008		INCISION OF FOOT LIGAMENTS	\$ 230.68	\$ 303.41
28010		TENOTOMY, PERCUTANEOUS, TOE; SINGLE TEND	\$ 159.22	\$ 169.57
28011		TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TE	\$ 224.76	\$ 240.43
28020		ARTHROTOMY, INCLUDING EXPLORATION, DRAIN	\$ 270.35	\$ 359.60
28022		EXPLORATION OF A FOOT JOINT	\$ 250.32	\$ 332.01
28024		EXPLORATION OF A TOE JOINT	\$ 237.15	\$ 315.47
28035		RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL	\$ 272.95	\$ 361.92
28039		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR	\$ 204.82	\$ 284.77
28043		EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISS	\$ 195.71	\$ 241.59
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL IN	\$ 249.22	\$ 338.19
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	\$ 511.33	\$ 619.88
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$ 570.61	\$ 570.61
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR T	\$ 234.99	\$ 317.53
28052		BIOPSY OF A FOOT JOINT	\$ 213.90	\$ 292.79
28054		BIOPSY TO TOE JOINT	\$ 194.66	\$ 274.39
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOO	\$ 300.46	\$ 300.46
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SE	\$ 274.40	\$ 357.22
28062		REMOVAL OF FOOT FASCIA	\$ 322.63	\$ 421.10

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

28070		EXPLORATION OF A FOOT JOINT	\$ 268.51	\$ 354.11
28072		EXPLORATION OF A FOOT JOINT	\$ 259.10	\$ 348.07
28080		EXCISION, INTERDIGITAL (MORTON) NEUROMA,	\$ 261.55	\$ 341.56
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	\$ 270.60	\$ 373.27
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	\$ 225.04	\$ 316.25
28090		EXCISION OF LESION, TENDON, TENDON SHEAT	\$ 236.28	\$ 320.49
28092		EXCISION OF LESION, TENDON, TENDON SHEAT	\$ 206.89	\$ 288.58
28100		REMOVAL OF HEEL LESION	\$ 306.78	\$ 413.37
28102		REMOVAL/GRAFT HEEL LESION	\$ 418.63	\$ 418.63
28103		REMOVAL/GRAFT HEEL LESION	\$ 338.67	\$ 338.67
28104		EXCISION OR CURETTAGE OF BONE CYST OR BE	\$ 268.82	\$ 355.27
28106		REMOVAL/GRAFT FOOT LESION	\$ 358.41	\$ 358.41
28107		REMOVAL/GRAFT FOOT LESION	\$ 293.27	\$ 393.98
28108		REMOVAL OF TOE LESIONS	\$ 221.70	\$ 298.63
28110		PARTIAL REMOVAL METATARSAL	\$ 221.15	\$ 312.91
28111		PARTIAL REMOVAL METATARSAL	\$ 259.05	\$ 356.95
28112		PARTIAL REMOVAL METATARSALS	\$ 241.89	\$ 337.28
28113		PARTIAL REMOVAL METATARSAL	\$ 315.80	\$ 404.22
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATA	\$ 611.40	\$ 737.02
28116		REVISION OF FOOT	\$ 435.33	\$ 528.20
28118		PARTIAL REMOVAL OF HEEL	\$ 314.28	\$ 407.44
28119		REMOVAL OF HEEL SPUR	\$ 278.13	\$ 363.18
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 298.92	\$ 402.16
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 384.24	\$ 469.84
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERI	\$ 256.18	\$ 332.26
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGE	\$ 192.39	\$ 267.65
28130		REMOVAL OF BONE OF ANKLE	\$ 477.49	\$ 477.49
28140		REMOVAL OF METATARSAL	\$ 350.00	\$ 442.04
28150		PHALANGECTOMY, TOE, EACH TOE	\$ 219.86	\$ 298.75
28153		RESECTION, CONDYLE(S), DISTAL END OF PHA	\$ 199.83	\$ 278.17

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOI	\$ 208.23	\$ 285.44
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL	\$ 469.45	\$ 469.45
28173		RADICAL RESECTION OF TUMOR, BONE; METATA	\$ 428.35	\$ 528.22
28175		RADICAL RESECTION OF TUMOR, BONE; PHALAN	\$ 301.60	\$ 386.37
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$ 102.15	\$ 169.85
28192		REMOVAL FOREIGN BODY DEEP	\$ 244.75	\$ 328.39
28193		REMOVAL FOREIGN BODY COMPLICATED	\$ 291.50	\$ 377.67
28200		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR	\$ 244.09	\$ 328.31
28202		REPAIR/GRAFT OF FOOT TENDON	\$ 341.81	\$ 438.33
28208		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY	\$ 234.32	\$ 316.02
28210		REPAIR/GRAFT OF FOOT TENDON	\$ 319.06	\$ 408.30
28220		TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$ 236.73	\$ 312.54
28222		TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDON	\$ 282.35	\$ 362.08
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$ 195.98	\$ 270.95
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TEND	\$ 244.48	\$ 325.88
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SIN	\$ 225.04	\$ 300.01
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SING	\$ 190.79	\$ 265.21
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, E	\$ 199.46	\$ 274.71
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR	\$ 383.92	\$ 481.28
28240		RELEASE OF BIG TOE	\$ 230.93	\$ 308.70
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (E	\$ 306.78	\$ 393.51
28260		RELEASE OF MIDFOOT JOINT	\$ 396.88	\$ 482.77
28261		CAPULOTOMY WITH TENDON LEGTHENING	\$ 605.48	\$ 702.56
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDI	\$ 846.59	\$ 980.31
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE	\$ 531.80	\$ 626.37
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT,	\$ 255.58	\$ 333.91
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH	\$ 199.37	\$ 272.68
28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR K	\$ 277.94	\$ 366.35
28285		CORRECTION, HAMMERTOES (EG, INTERPHALANGE	\$ 245.39	\$ 323.44
28286		CORRECTION, COCK-UP FIFTH TOE, WITH PLAS	\$ 235.96	\$ 316.25

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDY	\$ 319.11	\$ 405.00
28289		CORRJ HALUX RIGDUS W/O IMPLT	\$ 416.20	\$ 513.83
28291		CORRJ HALUX RIGDUS W/IMPLT	\$ 410.02	\$ 619.78
28292		CORRECTION HALLUX VALGUS	\$ 447.92	\$ 546.11
28295		CORRECTION HALLUX VALGUS	\$ 456.86	\$ 792.48
28296		CORRECTION HALLUX VALGUS	\$ 411.73	\$ 517.76
28297		CORRECTION HALLUX VALGUS	\$ 462.71	\$ 584.97
28298		CORRECTION HALLUX VALGUS	\$ 394.16	\$ 504.94
28299		CORRECTION HALLUX VALGUS	\$ 534.41	\$ 651.07
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMB	\$ 498.67	\$ 498.67
28302		INCISION OF ANKLE BONE	\$ 494.15	\$ 494.15
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALC	\$ 455.00	\$ 561.85
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALC	\$ 522.94	\$ 522.94
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	\$ 307.32	\$ 418.65
28307		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	\$ 345.92	\$ 492.24
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	\$ 281.56	\$ 379.20
28309		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	\$ 674.97	\$ 674.97
28310		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI	\$ 275.12	\$ 373.88
28312		INCISION OF BIG TOES	\$ 244.64	\$ 341.44
28313		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE	\$ 279.78	\$ 359.23
28315		SESAMOIDECTOMY FIRST TOE	\$ 250.38	\$ 330.39
28320		REPAIR, NONUNION OR MALUNION; TARSAL BON	\$ 471.95	\$ 471.95
28322		REPAIR OF METATARSALS	\$ 435.37	\$ 544.76
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE	\$ 340.37	\$ 434.65
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESE	\$ 403.40	\$ 501.88
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	\$ 237.49	\$ 331.21
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAF	\$ 311.18	\$ 401.54
28360		RECONSTRUCTION, CLEFT FOOT	\$ 727.34	\$ 727.34
28400		TREATMENT OF HEEL FRACTURE	\$ 155.54	\$ 168.69
28405		REPAIR OF HEEL FRACTURE	\$ 261.45	\$ 277.96

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

28406		TREAT CLOSED CALCAN FIXATION W/MANIPULAT	\$ 381.96	\$ 381.96
28415		REPAIR OF HEEL FRACTURE	\$ 844.14	\$ 844.14
28420		REPAIR/GRAFT HEEL FRACTURE	\$ 889.86	\$ 889.86
28430		TREATMENT OF ANKLE FRACTURE	\$ 141.45	\$ 157.95
28435		REPAIR OF ANKLE FRACTURE	\$ 208.61	\$ 224.27
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND	\$ 305.29	\$ 305.29
28445		REPAIR OF ANKLE FRACTURE	\$ 797.16	\$ 797.16
28450		TREATMENT MIDFOOT FRACTURE	\$ 131.48	\$ 146.03
28455		REPAIR MIDFOOT FRACTURE	\$ 190.99	\$ 203.86
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MA	\$ 195.13	\$ 195.13
28465		REPAIR MIDFOOT FRACTURE (S)	\$ 452.78	\$ 452.78
28470		TREAT METATARSAL FRACTURES	\$ 132.24	\$ 145.95
28475		REPAIR METATARSAL FRACTURES	\$ 172.96	\$ 186.39
28476		TREATMENT OF CLOSED METATARSAL FX W/ MAN	\$ 241.72	\$ 241.72
28485		REPAIR METATARSAL FRACTURES	\$ 390.24	\$ 390.24
28490		TREAT BIG TOE FRACTURE	\$ 82.43	\$ 93.62
28495		REPAIR BIG TOE FRACTURE	\$ 105.98	\$ 118.85
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND	\$ 162.27	\$ 285.08
28505		REPAIR OF BIG TOE FRACTURE	\$ 359.60	\$ 462.55
28510		TREATMENT OF TOE FRACTURE	\$ 80.20	\$ 81.60
28515		REPAIR OF TOE FRACTURE	\$ 99.45	\$ 107.56
28525		REPAIR OF TOE FRACTURE	\$ 285.32	\$ 387.98
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	\$ 73.12	\$ 78.71
28531		OPEN TX SESAMOID FX	\$ 141.18	\$ 252.80
28540		REPAIR FOOT DISLOCATION	\$ 131.44	\$ 140.12
28545		REPAIR FOOT DISLOCATION	\$ 159.38	\$ 172.25
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOU	\$ 214.92	\$ 321.51
28555		REPAIR OF FOOT DISLOCATION	\$ 482.92	\$ 605.18
28570		REPAIR FOOT DISLOCATION	\$ 109.26	\$ 120.73
28575		REPAIR FOOT DISLOCATION	\$ 217.31	\$ 231.59

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT	\$ 256.15	\$ 256.15
28585		REPAIR OF FOOT DISLOCATION	\$ 543.63	\$ 647.43
28600		REPAIR FOOT DISLOCATION	\$ 131.55	\$ 145.54
28605		REPAIR FOOT DISLOCATION	\$ 177.08	\$ 188.83
28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT	\$ 283.53	\$ 283.53
28615		REPAIR FOOT DISLOCATION	\$ 569.00	\$ 569.00
28630		REPAIR OF TOE DISLOCATION	\$ 81.87	\$ 104.53
28635		REPAIR OF TOE DISLOCATION	\$ 101.96	\$ 124.63
28636		PERCU. SKELETAL FIX MET AT ARSOPHALANGEA	\$ 151.05	\$ 204.49
28645		REPAIR OF TOE DISLOCATION	\$ 351.40	\$ 438.69
28660		REPAIR OF TOE DISLOCATION	\$ 62.40	\$ 76.11
28665		REPAIR OF TOE DISLOCATION	\$ 101.43	\$ 111.49
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL	\$ 144.65	\$ 144.65
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPH	\$ 292.11	\$ 396.73
28705		ARTHRODESIS; PANTALAR	\$ 985.02	\$ 985.02
28715		ARTHRODESIS; TRIPLE	\$ 728.07	\$ 728.07
28725		ARTHRODESIS; SUBTALAR	\$ 599.59	\$ 599.59
28730		FUSION OF FOOT BONES	\$ 626.44	\$ 626.44
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSA	\$ 599.91	\$ 599.91
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND	\$ 532.26	\$ 532.26
28740		FUSION OF FOOT BONES	\$ 469.53	\$ 598.77
28750		FUSION OF BIG TOE JOINT	\$ 446.31	\$ 581.99
28755		FUSION OF BIG TOE JOINT	\$ 253.85	\$ 349.80
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONG	\$ 441.30	\$ 552.65
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART	\$ 429.70	\$ 429.70
28805		AMPUTATION THRU METATARSAL	\$ 567.81	\$ 567.81
28810		AMPUTATION TOE & METATARSAL	\$ 330.62	\$ 330.62
28820		AMPUTATION OF TOE	\$ 260.31	\$ 369.70
28825		PARTIAL AMPUTATION OF TOE	\$ 297.02	\$ 401.66
29065		APPLICATION OF LONG ARM CAST	\$ 49.33	\$ 65.27

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

29075		APPLICATION OF FOREARM CAST	\$ 44.52	\$ 60.47
29085		APPLICATION HAND/WRIST CAST	\$ 48.02	\$ 64.52
29105		APPLICATION LONG ARM SPLINT	\$ 43.44	\$ 59.95
29125		APPLICATION FOREARM SPLINT	\$ 30.94	\$ 46.33
29130		APPLICATION FINGER SPLINT STATIC	\$ 21.59	\$ 28.59
29200		STRAPPING OF CHEST	\$ 29.94	\$ 37.77
29240		STRAPPING OF SHOULDER	\$ 33.25	\$ 42.21
29260		STRAPPING OF ELBOW OR WRIST	\$ 27.38	\$ 36.34
29280		STRAPPING ANY AGE HAND OR FINGER	\$ 25.79	\$ 35.03
29325		APPLICATION OF HIP SPICA CAST; 1 AND 1/2	\$ 129.87	\$ 180.23
29345		APPLICATION OF LONG LEG CAST	\$ 74.64	\$ 94.22
29355		APPLICATION OF LONG LEG CAST	\$ 79.51	\$ 97.70
29358		APPLICATION LONG LEG CLAST BRACE	\$ 76.02	\$ 105.68
29405		APPLICATION SHORT LEG CAST	\$ 47.43	\$ 61.98
29425		APPLICATION SHORT LEG CAST	\$ 52.45	\$ 67.27
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$ 26.04	\$ 36.96
29505		APPLICATION LONG LEG SPLINT	\$ 34.99	\$ 52.62
29515		APPLICATION LOWER LEG SPLINT	\$ 36.68	\$ 49.55
29530		STRAPPING OF KNEE	\$ 27.99	\$ 36.94
29540		STRAPPING; ANKLE AND/OR FOOT	\$ 24.97	\$ 30.56
29550		STRAPPING TOES	\$ 23.48	\$ 29.63
29580		STRAPPING UNNA BOOT	\$ 27.49	\$ 37.28
29584		APPLICATION OF MULTI-LAYER COMPRESSION S	\$ 8.85	\$ 39.38
29700		REMOVAL/REVISION OF CAST	\$ 26.34	\$ 44.78
29705		REMOVAL OF FULL ARM OR LEG CAST	\$ 36.11	\$ 47.58
29720		REPAIR OF CAST	\$ 33.21	\$ 55.32
29730		REVISION OF CAST	\$ 34.77	\$ 46.24
29740		REVISION OF CAST	\$ 50.76	\$ 66.43
29800		ARTHROSCOPY, TM JOINT WITH OR W/O SYNOVI	\$ 376.12	\$ 376.12
29804		ARTHROSCOPY, TM JOINT, SURGICAL	\$ 467.81	\$ 467.81

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	\$ 340.21	\$ 340.21
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	\$ 782.36	\$ 782.36
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	\$ 761.86	\$ 761.86
29819		ARTHROSCOPY SHOULDER SURGICAL WITH REMOV	\$ 427.12	\$ 427.12
29820		ARTHROSCOPY SYNOVECTOMY PARTIAL	\$ 394.28	\$ 394.28
29821		ARTHROSCOPY SYNOVECTOMY COMPLETE	\$ 430.61	\$ 430.61
29822		ARTHROSCOPY DEBRIDEMENT LIMITED	\$ 418.09	\$ 418.09
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	\$ 457.53	\$ 457.53
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	\$ 487.58	\$ 487.58
29825		ARTHROSCOPY WITH LYSIS OF ADHESIONS	\$ 426.57	\$ 426.57
29826		ARTHROSCOPY SHOULDER W/ DECOMPR SUBACROM	\$ 490.03	\$ 490.03
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	\$ 802.40	\$ 802.40
29828		ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS	\$ 671.46	\$ 671.46
29830		ARTHROSCOPY ELBOW DIAGNOSTIC	\$ 328.41	\$ 328.41
29834		ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL	\$ 357.91	\$ 357.91
29835		ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	\$ 367.44	\$ 367.44
29836		ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	\$ 422.53	\$ 422.53
29837		ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	\$ 385.41	\$ 385.41
29838		ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	\$ 430.85	\$ 430.85
29840		DIAGNOSTIC ARTHROSCOPY, WRIST W/VO BIOPS	\$ 321.69	\$ 321.69
29843		SURGICAL ARTHROSCOPY FOR INFECTION	\$ 345.83	\$ 345.83
29844		SURGICAL ARTHROSCOPY FOR PARTIAL SYNOVEC	\$ 359.59	\$ 359.59
29845		SURGICAL ARTHROSCOPY FOR COMPLETE SYNOVE	\$ 411.06	\$ 411.06
29846		SURGICAL ARTHROSCOPY FOR EXCISION FIBROC	\$ 378.37	\$ 378.37
29847		SURGICAL ARTHROSCOPY FOR FIXATION OF FRA	\$ 393.01	\$ 393.01
29848		ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE	\$ 357.41	\$ 357.41
29850		ARTHROSCOPICALLY AIDED TX OF FX KNEE	\$ 417.96	\$ 417.96
29851		ARTHROSCOPICALLY AIDED TX FX OF KNEE	\$ 688.24	\$ 688.24
29855		ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	\$ 575.39	\$ 575.39
29856		ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	\$ 737.71	\$ 737.71

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

29860		ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WIT	\$ 473.90	\$ 473.90
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL	\$ 526.14	\$ 526.14
29862		ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDE	\$ 587.21	\$ 587.21
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVEC	\$ 581.14	\$ 581.14
29866		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDR	\$ 766.51	\$ 766.51
29867		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDR	\$ 930.38	\$ 930.38
29870		ARTHROSCOPY KNEE DIAGNOSTIC	\$ 295.06	\$ 295.06
29871		ARTHROSCOPY KNEE SURGICAL	\$ 371.42	\$ 371.42
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	\$ 369.74	\$ 369.74
29874		ARTHROSCOPY KNEE WITH REMOVAL OF FOREIGN	\$ 389.89	\$ 389.89
29875		ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	\$ 359.29	\$ 359.29
29876		ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	\$ 472.96	\$ 472.96
29877		ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING	\$ 447.29	\$ 447.29
29879		ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	\$ 478.94	\$ 478.94
29880		ARTHROSCOPY W/MENISCECTOMY, KNEE	\$ 500.25	\$ 500.25
29881		ARTHROSCOPY KNEE WITH MENISCECTOMY	\$ 465.87	\$ 465.87
29882		ARTHROSCOPY KNEE WITH MENISCUS REPAIR	\$ 505.09	\$ 505.09
29883		ARTHROSCOPY W/MENISCUS REPAIR, KNEE	\$ 616.99	\$ 616.99
29884		ARTHROSCOPY KNEE WITH LYSIS OF ADHESIONS	\$ 445.92	\$ 445.92
29885		SURGICAL ARTHROSCOPY W/BONE GRAFTING, KN	\$ 541.51	\$ 541.51
29886		ARTHROSCOPY KNEE DRILLING	\$ 456.21	\$ 456.21
29887		ARTHROSCOPY KNEE DRILLING WITH INTERNAL	\$ 538.40	\$ 538.40
29888		LIGAMENT REPAIR BY ARTHROSCOPY, ANTERIOR	\$ 732.27	\$ 732.27
29889		LIGAMENT REPAIR BY ARTHROSCOPY, POSTERIO	\$ 894.19	\$ 894.19
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION O	\$ 507.79	\$ 507.79
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE O	\$ 519.87	\$ 519.87
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$ 319.34	\$ 419.21
29894		ARTHROSCOPY ANKLE SURGICAL	\$ 381.50	\$ 381.50
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	\$ 369.05	\$ 369.05
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	\$ 386.29	\$ 386.29

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	\$ 432.42	\$ 432.42
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE	\$ 778.15	\$ 778.15
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 330.67	\$ 330.67
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 362.84	\$ 362.84
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	\$ 388.22	\$ 388.22
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	\$ 451.14	\$ 451.14
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	\$ 485.23	\$ 485.23
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	\$ 511.13	\$ 511.13
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	\$ 627.37	\$ 627.37
29914		ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROP	\$ 817.21	\$ 817.21
29915		ARTHROSCOPY, HIP, SURGICAL; WITH ACETABU	\$ 832.75	\$ 832.75
29916		ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL	\$ 832.75	\$ 832.75
30000		DRAINAGE OF NOSE LESION	\$ 84.77	\$ 159.18
30020		DRAINAGE OF NOSE LESION	\$ 85.32	\$ 154.14
30110		REMOVAL OF NOSE POLYP(S)	\$ 94.56	\$ 156.38
30115		REMOVAL OF NOSE POLYP(S)	\$ 306.23	\$ 306.23
30117		EXCISION OR DESTRUCTION (EG, LASER), INT	\$ 236.89	\$ 567.85
30118		REMOVAL OF NOSE LESION	\$ 557.28	\$ 557.28
30120		REVISION OF NOSE	\$ 323.60	\$ 368.36
30124		REMOVAL OF NOSE LESION	\$ 194.60	\$ 194.60
30125		REMOVAL OF NOSE LESION	\$ 443.04	\$ 443.04
30130		EXCISION INFERIOR TURBINATE, PARTIAL OR	\$ 266.30	\$ 266.30
30140		SUBMUCOUS RESECTION INFERIOR TURBINATE,	\$ 303.31	\$ 303.31
30150		PARTIAL REMOVAL OF NOSE	\$ 569.39	\$ 569.39
30160		REMOVAL OF NOSE	\$ 573.07	\$ 573.07
30210		DISPLACE THERAPY	\$ 71.08	\$ 102.14
30220		INSERTION NASAL SEPTAL PROSTHESIS (BUTTO	\$ 90.61	\$ 199.71
30300		REMOVE FOREIGN BODY,NOSE	\$ 85.90	\$ 154.72
30310		REMOVE FOREIGN BODY,NOSE	\$ 145.48	\$ 145.48
30320		REMOVE FOREIGN BODY,NOSE	\$ 321.36	\$ 321.36

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

30400		RECONSTRUCTION OF NOSE	\$ 740.54	\$ 740.54
30410		RECONSTRUCTION OF NOSE	\$ 880.57	\$ 880.57
30420		RECONSTRUCTION OF NOSE	\$ 992.26	\$ 992.26
30430		REVISION OF NOSE	\$ 644.65	\$ 644.65
30435		RHINOPLASTY SECONDARY INTERMEDIATE REVIS	\$ 855.38	\$ 855.38
30450		RHINOPLASTY SECONDARY MAJOR REVISION	\$ 1,142.58	\$ 1,142.58
30460		RHINOPLASTY FOR NASAL DEFORMITY; TIP ONL	\$ 554.94	\$ 554.94
30462		RHINOPLASTY FOR NASAL DEFORMITY; TIP,SEP	\$ 1,115.47	\$ 1,115.47
30465		REPAIR OF NASAL VESTIBULAR STENOSIS (EG,	\$ 708.51	\$ 708.51
30520		REPAIR OF NASAL SEPTUM	\$ 431.97	\$ 431.97
30540		REPAIR NASAL LESION	\$ 482.65	\$ 482.65
30545		REPAIR NASAL LESION	\$ 698.96	\$ 698.96
30560		RELEASE OF NASAL ADHESIONS	\$ 97.98	\$ 183.31
30580		REPAIR UPPER JAW FISTULA	\$ 364.20	\$ 449.25
30600		REPAIR MOUTH/NOSE FISTULA	\$ 323.17	\$ 412.98
30620		RECONSTRUCTION INNER NOSE	\$ 438.67	\$ 438.67
30630		REPAIR NASAL SEPTAL PERFORATIONS	\$ 447.90	\$ 447.90
30801		CAUTERY AND/OR ABLATION, MUCOSA OF INFER	\$ 93.49	\$ 154.20
30802		CAUTERY/ABLATION MUCOSA OF TURBINATES; I	\$ 134.45	\$ 200.75
30901		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPL	\$ 47.66	\$ 74.79
30903		CONTROL NASAL HEMORRHAGE, ANTERIOR, COMP	\$ 61.93	\$ 135.51
30905		CONTROL NASAL HEMORRHAGE, POSTERIOR, WIT	\$ 79.63	\$ 168.87
30906		CONTROL HEMORRHAGE POSTERIOR SUBSEQUENT	\$ 103.67	\$ 194.59
30915		LIGATION NASAL SINUS ARTERY	\$ 417.52	\$ 417.52
30920		LIGATION UPPER JAW ARTERY	\$ 602.12	\$ 602.12
30930		FRACTURE NASAL INFERIOR TURBINATE(S), TH	\$ 86.89	\$ 86.89
31000		LAVAGE BY CANNULATION; MAXILLARY SINUS	\$ 75.17	\$ 123.56
31002		IRRIGATION OF SINUS	\$ 142.94	\$ 142.94
31020		EXPLORATION OF SINUS	\$ 248.18	\$ 334.35
31030		SINUSOTOMY, MAXILLARY, RADICAL W/O REMOV	\$ 375.26	\$ 490.80

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

31032		SINUSOTOMY, MAXILLARY; RADICAL W REMOVAL	\$ 410.14	\$ 410.14
31040		EXPLORATION BEHIND UPPER JAW	\$ 542.43	\$ 542.43
31050		EXPLORATION OF SINUS	\$ 353.24	\$ 353.24
31051		SINUSOTOMY W/MUCOSAL STRIPPING OR POLYP	\$ 462.04	\$ 462.04
31070		EXPLORATION OF SINUS	\$ 309.43	\$ 309.43
31075		EXPLORATION OF SINUS	\$ 565.57	\$ 565.57
31080		SINUSOTOMY FRONTALOBLITERATIVE WO OSTEOP	\$ 731.56	\$ 731.56
31081		SINUSOTOMY FRONTAL OBLITERATIVE W/O OSTE	\$ 891.52	\$ 891.52
31084		REMOVAL OF SINUS	\$ 854.42	\$ 854.42
31085		REMOVAL OF SINUS	\$ 903.56	\$ 903.56
31086		NONOBLITERATIVE W OSTEOPLASTIC FLAP BROW	\$ 809.11	\$ 809.11
31087		NONOBLITERATIVE W OSTEOPLASTIC FLAP CORO	\$ 802.73	\$ 802.73
31090		SINUSOTOMY, UNILATERAL, THREE OR MORE PA	\$ 716.65	\$ 716.65
31200		REMOVAL OF SINUS	\$ 379.81	\$ 379.81
31201		REMOVAL OF SINUS	\$ 526.53	\$ 526.53
31205		REMOVAL OF SINUS	\$ 618.50	\$ 618.50
31225		REMOVAL OF UPPER JAW	\$ 1,341.27	\$ 1,341.27
31230		REMOVAL OF UPPER JAW	\$ 1,505.60	\$ 1,505.60
31231		NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL	\$ 57.66	\$ 132.91
31238		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CO	\$ 151.06	\$ 241.69
31239		NASAL/SINUS ENDOSCOPY, SURGICAL;	\$ 486.87	\$ 486.87
31290		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	\$ 869.48	\$ 869.48
31291		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	\$ 916.36	\$ 916.36
31292		NASAL/SINUS ENDOSCOPY, SURGICAL;	\$ 751.98	\$ 751.98
31293		NASAL/SINUS ENDOSCOPY, SURGICAL;	\$ 819.55	\$ 819.55
31294		NASAL/SINUS ENDOSCOPY, SURGICAL;	\$ 941.58	\$ 941.58
31300		REMOVAL OF LARYNX LESION	\$ 914.14	\$ 914.14
31360		REMOVAL OF LARYNX	\$ 1,469.11	\$ 1,469.11
31365		REMOVAL OF LARYNX	\$ 1,842.11	\$ 1,842.11
31367		PARTIAL REMOVAL OF LARYNX	\$ 1,584.21	\$ 1,584.21

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

31368		PARTIAL REMOVAL OF LARYNX	\$ 1,770.30	\$ 1,770.30
31370		PARTIAL REMOVAL OF LARYNX	\$ 1,487.69	\$ 1,487.69
31375		PARTIAL REMOVAL OF LARYNX	\$ 1,407.00	\$ 1,407.00
31380		PARTIAL REMOVAL OF LARYNX	\$ 1,386.42	\$ 1,386.42
31382		PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTI	\$ 1,519.67	\$ 1,519.67
31390		REMOVAL OF LARYNX & PHARYNX	\$ 2,051.05	\$ 2,051.05
31395		RECONSTRUCT LARYNX & PHARYNX	\$ 2,173.46	\$ 2,173.46
31400		REVISION OF LARYNX	\$ 724.56	\$ 724.56
31420		REMOVAL OF EPIGLOTTIS	\$ 611.47	\$ 611.47
31500		INSERTION OF WINDPIPE AIRWAY	\$ 86.60	\$ 86.60
31505		VISUALIZATION OF LARYNX	\$ 36.19	\$ 59.13
31511		LARYNGOSCOPY INDIRECT WITH REMOVAL FOREI	\$ 98.91	\$ 152.62
31515		VISUALIZATION OF LARYNX	\$ 83.98	\$ 149.72
31551		LARYNGOPLASTY LARYNGEAL STEN	\$ 1,198.69	\$ 1,198.69
31575		LARYNGOSCOPY FLEXIBLE FIBERSCOPIC DIAGNO	\$ 57.66	\$ 83.67
31579		LARYNGOSCOPY TELESCOPIC	\$ 107.34	\$ 158.54
31580		LARYNGOPLASTY LARYNGEAL WEB	\$ 871.39	\$ 871.39
31584		LARYNGOPLASTY FX RDCTJ FIXJ	\$ 1,113.13	\$ 1,113.13
31587		LARYNGOPLASTY CRICOID SPLIT	\$ 731.03	\$ 731.03
31590		LARYNGEAL REINNERVATION BY NEUROMUSCLAR	\$ 636.57	\$ 636.57
31595		SECTION RECURRENT LARYNGEAL NERVE THERAP	\$ 554.92	\$ 554.92
31600		INCISION OF WINDPIPE	\$ 305.48	\$ 305.48
31601		TRACHEOSTOMY UNDER TWO YEARS	\$ 201.27	\$ 201.27
31605		CRICOTHYROIDOSTOMY	\$ 142.50	\$ 142.50
31610		INCISION OF WINDPIPE	\$ 518.24	\$ 518.24
31611		CONST TRACH FISTULA W/ INSERT SPEECH PRO	\$ 386.22	\$ 386.22
31612		TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRA	\$ 37.17	\$ 59.00
31613		TRACHEOSTOMY REVISION SIMPLE WITHOUT FLA	\$ 319.01	\$ 319.01
31614		TRACHEOSTOMA REVISION COMPLEX WITH FLAP	\$ 530.82	\$ 530.82
31624		BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LA	\$ 116.18	\$ 238.71

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 41.87	\$ 57.82
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 52.51	\$ 69.85
31652		BRONCH EBUS SAMPLNG 1/2 NODE	\$ 201.43	\$ 744.45
31653		BRONCH EBUS SAMPLNG 3/> NODE	\$ 222.32	\$ 791.41
31654		BRONCH EBUS IVNTJ PERPH LES	\$ 58.25	\$ 90.92
31717		CATH WITH BRONCHIAL BRUSH BIOPSY	\$ 87.50	\$ 223.47
31720		CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$ 41.52	\$ 41.52
31725		CATHETER ASPIRATION TRACHEOBRONCHIAL WIT	\$ 74.84	\$ 74.84
31730		TRANSTRACHEAL INTRO DILATOR/STENT/TUBE F	\$ 114.29	\$ 629.04
31750		REPAIR OF WINDPIPE	\$ 970.81	\$ 970.81
31755		REPAIR OF WINDPIPE	\$ 1,226.12	\$ 1,226.12
31760		REPAIR OF WINDPIPE	\$ 1,064.10	\$ 1,064.10
31766		CARINAL RECONSTRUCTION	\$ 1,391.68	\$ 1,391.68
31770		REPAIR/GRAFT OF BRONCHUS	\$ 1,030.93	\$ 1,030.93
31775		REPAIR OF BRONCHUS	\$ 1,066.36	\$ 1,066.36
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOS	\$ 899.10	\$ 899.10
31781		EXCISION TRACHEAL STENOSIS AND ANASTAMOS	\$ 1,091.92	\$ 1,091.92
31785		EXCIS TRACHEAL TUMOR OR CAR CINOMA CERVI	\$ 823.69	\$ 823.69
31786		EXCIS TRACHEAL TUMOR OR CARCINOMA THORAC	\$ 1,146.36	\$ 1,146.36
31800		SUTURE OF TRACHEAL WOUND OR INJURY; CERV	\$ 508.83	\$ 508.83
31805		REPAIR OF WINDPIPE INJURY	\$ 630.46	\$ 630.46
31820		CLOSURE OF WINDPIPE LESION	\$ 241.21	\$ 308.62
31825		REPAIR OF WINDPIPE DEFECT	\$ 356.11	\$ 433.05
31830		REVISION TRACH SCAR	\$ 249.54	\$ 310.81
32035		THORACOSTOMY W/RIB RESECTION	\$ 536.34	\$ 536.34
32036		THORACOSTOMY W/OPEN FLAP DRAINING FOR EM	\$ 581.90	\$ 581.90
32096		THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES)	\$ 459.72	\$ 459.72
32097		THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES)	\$ 459.72	\$ 459.72
32098		THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$ 432.12	\$ 432.12
32100		EXPLORATION/BIOPSY OF CHEST	\$ 739.37	\$ 739.37

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

32110		THORACOTOMY MAJOR W CONT OF TRAM HEM AND	\$ 1,115.86	\$ 1,115.86
32120		EXPLORATION OF CHEST	\$ 662.31	\$ 662.31
32124		EXPLORE CHEST,FREE ADHESIONS	\$ 704.58	\$ 704.58
32140		THORACOTOMY MAJOR W CYST REMOVAL W OR WO	\$ 753.98	\$ 753.98
32141		THORACOT MAJOR W/EXC-PLICA BULLAE W/WO P	\$ 1,142.40	\$ 1,142.40
32150		REMOVAL OF LUNG LESION(S)	\$ 759.87	\$ 759.87
32151		THORACOT MAJOR W/REMOVAL INTRAPULMONARY	\$ 776.67	\$ 776.67
32160		OPEN CHEST HEART MASSAGE	\$ 583.68	\$ 583.68
32200		DRAINAGE OF LUNG LESION	\$ 852.29	\$ 852.29
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOT	\$ 610.90	\$ 610.90
32220		RELEASE OF LUNG	\$ 1,222.22	\$ 1,222.22
32225		PARTIAL RELEASE OF LUNG	\$ 760.59	\$ 760.59
32310		PLEURECTOMY, PARIETAL (SEPARATE PROCEDUR	\$ 701.36	\$ 701.36
32320		DECORTICATION/PARIETAL PLEURECTOMY	\$ 1,225.77	\$ 1,225.77
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	\$ 1,225.96	\$ 1,225.96
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	\$ 2,287.57	\$ 2,287.57
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EX	\$ 2,598.31	\$ 2,598.31
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,157.18	\$ 1,157.18
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,233.95	\$ 1,233.95
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,116.95	\$ 1,116.95
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,785.78	\$ 1,785.78
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,808.48	\$ 1,808.48
32491		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$ 1,147.96	\$ 1,147.96
32503		RESECTION OF APICAL LUNG TUMOR (EG, PANC	\$ 1,412.93	\$ 1,412.93
32504		RESECTION OF APICAL LUNG TUMOR (EG, PANC	\$ 1,623.19	\$ 1,623.19
32505		THORACOTOMY; WITH THERAPEUTIC WEDGE RESE	\$ 530.83	\$ 530.83
32506		THORACOTOMY; WITH THERAPEUTIC WEDGE RESE	\$ 89.38	\$ 89.38
32507		THORACOTOMY; WITH DIAGNOSTIC WEDGE RESEC	\$ 89.38	\$ 89.38
32540		REMOVAL OF LUNG LESION	\$ 1,285.94	\$ 1,285.94
32550		INSERTION OF INDWELLING TUNNELED PLEURAL	\$ 180.05	\$ 585.71

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

32551		REMOVAL OF FLUID FROM BETWEEN LUNG AND C	\$ 139.36	\$ 139.36
32552		REMOVAL OF INDWELLING TUNNELED PLEURAL C	\$ 97.18	\$ 109.67
32554		REMOVAL OF FLUID FROM CHEST CAVITY	\$ 72.11	\$ 440.71
32555		REMOVAL OF FLUID FROM CHEST CAVITY WITH	\$ 90.02	\$ 508.34
32556		REMOVAL OF FLUID FROM CHEST CAVITY WITH	\$ 98.78	\$ 465.28
32557		REMOVAL OF FLUID FROM CHEST CAVITY WITH	\$ 130.31	\$ 751.50
32560		CHEMICAL PLEURODESIS (EG, FOR RECURRENT	\$ 88.82	\$ 220.60
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS	\$ 518.57	\$ 518.57
32651		THORACOSCOPY, SURGICAL;	\$ 821.59	\$ 821.59
32652		THORACOSCOPY, SURGICAL;	\$ 1,248.63	\$ 1,248.63
32653		THORACOSCOPY, SURGICAL;	\$ 796.25	\$ 796.25
32654		THORACOSCOPY, SURGICAL;	\$ 880.53	\$ 880.53
32655		THORACOSCOPY, SURGICAL;	\$ 726.17	\$ 726.17
32656		THORACOSCOPY, SURGICAL;	\$ 621.37	\$ 621.37
32658		THORACOSCOPY, SURGICAL;	\$ 559.79	\$ 559.79
32659		THORACOSCOPY, SURGICAL;	\$ 568.80	\$ 568.80
32661		THORACOSCOPY, SURGICAL;	\$ 625.79	\$ 625.79
32662		THORACOSCOPY, SURGICAL;	\$ 700.61	\$ 700.61
32663		THORACOSCOPY, SURGICAL;	\$ 1,081.35	\$ 1,081.35
32664		THORACOSCOPY, SURGICAL;	\$ 665.83	\$ 665.83
32665		THORACOSCOPY, SURGICAL;	\$ 936.34	\$ 936.34
32666		THORACOSCOPY, SURGICAL; WITH THERAPEUTIC	\$ 496.22	\$ 496.22
32667		THORACOSCOPY, SURGICAL; WITH THERAPEUTIC	\$ 89.38	\$ 89.38
32669		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	\$ 764.00	\$ 764.00
32670		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	\$ 911.89	\$ 911.89
32671		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	\$ 1,011.69	\$ 1,011.69
32672		THORACOSCOPY, SURGICAL; WITH RESECTION-P	\$ 865.39	\$ 865.39
32673		THORACOSCOPY, SURGICAL; WITH RESECTION O	\$ 684.23	\$ 684.23
32674		THORACOSCOPY, SURGICAL; WITH MEDIASTINAL	\$ 122.58	\$ 122.58
32800		REPAIR LUNG HERNIA THRU CHEST WALL	\$ 716.12	\$ 716.12

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

32810		CLOSE CHEST WALL FOLL OPEN FLAP DRAIN FO	\$ 692.46	\$ 692.46
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$ 2,058.89	\$ 2,058.89
32820		MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	\$ 1,031.89	\$ 1,031.89
32851		LUNG TRANSPLANT, SINGLE;	\$ 1,992.00	\$ 1,992.00
32852		LUNG TRANSPLANT, SINGLE;	\$ 2,203.85	\$ 2,203.85
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	\$ 2,382.67	\$ 2,382.67
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	\$ 2,593.30	\$ 2,593.30
32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	\$ 1,054.58	\$ 1,054.58
32905		THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURA	\$ 1,039.99	\$ 1,039.99
32906		THORACOPLASTY WITH CLOSURE BRONCHOPLEURA	\$ 1,292.32	\$ 1,292.32
32940		REVISION OF LUNG	\$ 952.90	\$ 952.90
33015		INCISION OF HEART SAC	\$ 415.71	\$ 415.71
33020		INCISION OF HEART SAC	\$ 674.21	\$ 674.21
33025		INCISION OF HEART SAC	\$ 622.39	\$ 622.39
33030		PARTIAL REMOVAL OF HEART SAC	\$ 996.84	\$ 996.84
33031		PERICARDIECTOMY W/O CARDIOPULMONARY BYPA	\$ 1,113.82	\$ 1,113.82
33050		REMOVAL OF HEART SAC LESION	\$ 769.89	\$ 769.89
33120		REMOVAL OF HEART LESION	\$ 1,217.57	\$ 1,217.57
33130		REMOVAL OF HEART LESION	\$ 1,072.13	\$ 1,072.13
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION,	\$ 1,224.55	\$ 1,224.55
33202		INSERTION OF EPICARDIAL ELECTRODE(S); OP	\$ 607.04	\$ 607.04
33203		INSERTION OF EPICARDIAL ELECTRODE(S); EN	\$ 639.85	\$ 639.85
33206		INSERTION OR REPLACEMENT OF PERMANENT PA	\$ 370.09	\$ 370.09
33207		INSERTION PERMANENT PACEMAKER VENTRICULA	\$ 396.50	\$ 396.50
33208		INSERTION OR REPLACEMENT OF PERMANENT PA	\$ 427.49	\$ 427.49
33212		INSERTION OR REPLACEMENT OF PACEMAKER PU	\$ 276.73	\$ 276.73
33213		INSERTION OR REPLACEMENT OF PACEMAKER PU	\$ 315.96	\$ 315.96
33214		UPGRADE OF IMPLANTED PACEMAKER SYSTEM, C	\$ 391.62	\$ 391.62
33215		REPOSITION PACING-DEFIB LEAD	\$ 250.10	\$ 250.10
33216		INSERTION OF A TRANSVENOUS ELECTRODE; SI	\$ 307.67	\$ 307.67

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33217		INSERTION, REPLACEMENT OR REPOSITIONING	\$ 305.10	\$ 305.10
33218		REPAIR LEAD PACE-DEFIB ONE	\$ 318.01	\$ 318.01
33220		REPAIR LEAD PACE-DEFIB DUAL	\$ 321.00	\$ 321.00
33221		INSERTION OF PACEMAKER PULSE GENERATOR O	\$ 199.80	\$ 199.80
33222		REVISION OR RELOCATION OF SKIN POCKET FO	\$ 279.59	\$ 279.59
33223		RELOCATE POCKET FOR DEFIB	\$ 339.20	\$ 339.20
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	\$ 416.09	\$ 416.09
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	\$ 401.97	\$ 401.97
33227		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	\$ 190.65	\$ 190.65
33228		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	\$ 198.81	\$ 198.81
33229		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	\$ 206.98	\$ 206.98
33230		INSERTION OF PACING CARDIOVERTER-DEFIBRI	\$ 214.96	\$ 214.96
33231		INSERTION OF PACING CARDIOVERTER-DEFIBRI	\$ 223.12	\$ 223.12
33233		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	\$ 195.30	\$ 195.30
33234		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRO	\$ 397.55	\$ 397.55
33235		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRO	\$ 513.51	\$ 513.51
33236		REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	\$ 608.01	\$ 608.01
33237		REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	\$ 671.28	\$ 671.28
33238		REMOVAL OF PERMANENT TRANSVENOUS ELECTRO	\$ 725.14	\$ 725.14
33240		INSERTION OR REPLACEMENT OF IMPLANTABLE	\$ 380.13	\$ 380.13
33241		REMOVE PULSE GENERATOR	\$ 184.85	\$ 184.85
33243		REMOVE ELTRD/THORACOTOMY	\$ 1,068.08	\$ 1,068.08
33244		REMOVE ELCTRD TRANSVENOUSLY	\$ 698.57	\$ 698.57
33249		INSJ/RPLCMT DEFIB W/LEAD(S)	\$ 739.85	\$ 739.85
33250		OPERATIVE ABLATION OF SUPRAVENTRICULAR A	\$ 1,145.52	\$ 1,145.52
33251		ABLAT SUPRAVENT ARRHYTH FOCUS WITH CARD-	\$ 1,269.89	\$ 1,269.89
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$ 1,067.79	\$ 1,067.79
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$ 1,306.33	\$ 1,306.33
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$ 1,558.60	\$ 1,558.60
33257		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$ 449.60	\$ 449.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33259		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$ 662.66	\$ 662.66
33261		OPERATIVE ABLATION OF VENTRICULAR ARRHYT	\$ 1,263.86	\$ 1,263.86
33262		RMVL& REPLC PULSE GEN 1 LEAD	\$ 207.18	\$ 207.18
33263		RMVL & RPLCMT DFB GEN 2 LEAD	\$ 215.35	\$ 215.35
33264		RMVL & RPLCMT DFB GEN MLT LD	\$ 223.51	\$ 223.51
33265		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE AB	\$ 1,065.55	\$ 1,065.55
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE AB	\$ 1,463.37	\$ 1,463.37
33300		REPAIR OF HEART WOUND	\$ 1,816.84	\$ 1,816.84
33305		REPAIR OF HEART WOUND	\$ 3,034.73	\$ 3,034.73
33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVA	\$ 912.98	\$ 912.98
33315		CARDIOTOMY EXPLOR WITH BYPASS	\$ 1,161.58	\$ 1,161.58
33320		SUTURE REPAIR OF AORTA OR GREAT VESSELS;	\$ 827.88	\$ 827.88
33321		SUTURE REPAIR OF AORTA OR GREAT VESSELS;	\$ 933.65	\$ 933.65
33322		REPAIR MAJOR BLOOD VESSELS	\$ 1,084.36	\$ 1,084.36
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSE	\$ 1,095.64	\$ 1,095.64
33335		INSERTION OF HEART GRAFT	\$ 1,478.07	\$ 1,478.07
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$ 1,400.52	\$ 1,400.52
33405		REPLACEMENT AORTIC VALVE OPN	\$ 1,816.56	\$ 1,816.56
33406		REPLACEMENT AORTIC VALVE OPN	\$ 2,244.41	\$ 2,244.41
33410		REPLACEMENT AORTIC VALVE OPN	\$ 1,980.33	\$ 1,980.33
33411		REPLACEMENT AORTIC VALVE W/ ANNULUS ENLA	\$ 2,588.56	\$ 2,588.56
33412		REPLACEMENT AORTIC VALVE, KONNO PROCEDUR	\$ 1,959.67	\$ 1,959.67
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCAT	\$ 2,549.71	\$ 2,549.71
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT	\$ 1,703.12	\$ 1,703.12
33415		REVISION OF AORTIC VALVE	\$ 1,579.89	\$ 1,579.89
33416		VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC	\$ 1,585.57	\$ 1,585.57
33417		REVISION OF AORTIC VALVE	\$ 1,320.05	\$ 1,320.05
33420		VALVOTOMY, MITRAL VALVE; CLOSED HEART	\$ 1,074.25	\$ 1,074.25
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART, WIT	\$ 1,325.82	\$ 1,325.82
33425		REVISION OF MITRAL VALVE	\$ 2,072.45	\$ 2,072.45

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33426		VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ P	\$ 1,877.36	\$ 1,877.36
33427		VALVULOPLASTY MV W/ CPB RADICAL RECONSTR	\$ 1,958.83	\$ 1,958.83
33430		REPLACEMENT OF MITRAL VALVE	\$ 2,172.90	\$ 2,172.90
33460		VALVECTOMY, TRICUSPID VALVE, WITH CARDIO	\$ 1,844.52	\$ 1,844.52
33463		VALVULOPLASTY, TRICUSPID VALVE;	\$ 2,331.52	\$ 2,331.52
33464		VALVULOPLASTY, TRICUSPID VALVE;	\$ 1,876.12	\$ 1,876.12
33465		REPLACEMENT, TRICUSPID VALVE, WITH CARDI	\$ 2,101.29	\$ 2,101.29
33468		REVISION OF TRICUSPID VALVE	\$ 1,476.87	\$ 1,476.87
33470		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	\$ 933.13	\$ 933.13
33471		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	\$ 1,040.00	\$ 1,040.00
33474		REVISION OF TRICUSPID VALVE	\$ 1,618.15	\$ 1,618.15
33475		REPLACEMENT, PULMONARY VALVE	\$ 1,819.45	\$ 1,819.45
33476		REVISION OF HEART CHAMBER	\$ 1,150.65	\$ 1,150.65
33478		REVISION OF HEART CHAMBER	\$ 1,236.15	\$ 1,236.15
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALV	\$ 1,322.97	\$ 1,322.97
33500		REPAIR CORONARY FISTULA W/CARDIO-PULMONA	\$ 1,241.24	\$ 1,241.24
33501		REPAIR OF CORONARY FISTULA; WO CP BYPASS	\$ 861.22	\$ 861.22
33502		REPAIR OF ANOMALOUS CORONARY ARTERY FROM	\$ 994.12	\$ 994.12
33503		ANOMALOUS CORONARY ARTERY GRAFT WITHOUT	\$ 1,063.01	\$ 1,063.01
33504		ANOMALOUS CORONARY ARTERY GRAFT WITH BYP	\$ 1,135.95	\$ 1,135.95
33505		REPAIR OF ANOMALOUS CORONARY ARTERY;	\$ 1,567.51	\$ 1,567.51
33506		REPAIR OF ANOMALOUS CORONARY ARTERY;	\$ 1,622.57	\$ 1,622.57
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL) AOR	\$ 1,371.51	\$ 1,371.51
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASS	\$ 12.94	\$ 12.94
33510		CORONARY ARTERY BYPASS SINGLE VENOUS GRA	\$ 1,544.55	\$ 1,544.55
33511		CORONARY ARTERY BYPASS 2 CORONARY VENOUS	\$ 1,686.22	\$ 1,686.22
33512		CORONARY ARTERY BYPASS 3 CORONARY VENOUS	\$ 1,900.07	\$ 1,900.07
33513		CORONARY ARTERY BYPASS 4 CORONARY VENOUS	\$ 1,941.66	\$ 1,941.66
33514		CORONARY ARTERY BYPASS 5 CORONARY VENOUS	\$ 2,057.60	\$ 2,057.60
33516		CORONARY ARTERY BYPASS 6 OR MORE VENOUS	\$ 2,139.09	\$ 2,139.09

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33517		CORONARY ARTERY BYPASS; SINGLE VEIN GRAF	\$ 147.44	\$ 147.44
33518		CORONARY ARTERY BYPASS; 2 VENOUS GRAFTS	\$ 319.29	\$ 319.29
33519		CORONARY ARTERY BYPASS; 3 VENOUS GRAFTS	\$ 425.89	\$ 425.89
33521		CORONARY ARTERY BYPASS; 4 VENOUS GRAFTS	\$ 515.31	\$ 515.31
33522		CORONARY ARTERY BYPASS; 5 VENOUS GRAFTS	\$ 586.00	\$ 586.00
33523		CORONARY ARTERY BYPASS; 6 OR MORE VENOUS	\$ 668.73	\$ 668.73
33530		REOPERATION CAB PROCEDURE, OVER 1 MOS AF	\$ 406.06	\$ 406.06
33533		CORONARY ARTERY BYPASS; SINGLE ARTERIAL	\$ 1,503.79	\$ 1,503.79
33534		CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFT	\$ 1,749.22	\$ 1,749.22
33535		CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFT	\$ 1,942.85	\$ 1,942.85
33536		CORONARY ARTERY BYPASS; 4 OR MORE ARTERI	\$ 2,082.43	\$ 2,082.43
33542		REMOVAL OF HEART LESION	\$ 2,008.69	\$ 2,008.69
33545		REPAIR OF HEART DEFECT	\$ 2,370.31	\$ 2,370.31
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (MITRA	\$ 1,346.31	\$ 1,346.31
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC OR PU	\$ 1,283.10	\$ 1,283.10
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	\$ 1,397.29	\$ 1,397.29
33608		REPAIR OF COMPLEX CARDIAC ANOMALY OTHER	\$ 1,434.07	\$ 1,434.07
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$ 1,399.59	\$ 1,399.59
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	\$ 1,539.88	\$ 1,539.88
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	\$ 1,590.19	\$ 1,590.19
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$ 1,583.73	\$ 1,583.73
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$ 1,700.32	\$ 1,700.32
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC O	\$ 2,084.43	\$ 2,084.43
33641		REPAIR OF HEART DEFECT	\$ 1,266.07	\$ 1,266.07
33645		REVISION OF HEART VEINS	\$ 1,245.66	\$ 1,245.66
33647		REPAIR OF ASD AND VSD, DIRECT OR PATCH C	\$ 1,324.29	\$ 1,324.29
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIOVEN	\$ 1,389.05	\$ 1,389.05
33665		REPAIR OF INTERMEDIATE OR TRANSITIONAL A	\$ 1,503.45	\$ 1,503.45
33670		REPAIR OF HEART CHAMBERS	\$ 1,564.22	\$ 1,564.22
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$ 1,560.25	\$ 1,560.25

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$ 1,623.39	\$ 1,623.39
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$ 1,687.34	\$ 1,687.34
33681		REPAIR OF HEART DEFECT	\$ 1,441.53	\$ 1,441.53
33684		REPAIR OF HEART DEFECT	\$ 1,473.04	\$ 1,473.04
33688		REPAIR OF HEART DEFECT	\$ 1,480.02	\$ 1,480.02
33690		BANDING OF PULMONARY ARTERY	\$ 907.76	\$ 907.76
33692		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	\$ 1,391.62	\$ 1,391.62
33694		REPAIR OF HEART DEFECTS	\$ 1,567.68	\$ 1,567.68
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	\$ 1,687.03	\$ 1,687.03
33702		REPAIR OF HEART DEFECTS	\$ 1,206.89	\$ 1,206.89
33710		REPAIR OF HEART DEFECTS	\$ 1,457.58	\$ 1,457.58
33720		REPAIR OF HEART DEFECT	\$ 1,222.59	\$ 1,222.59
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNN	\$ 1,218.81	\$ 1,218.81
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PUL	\$ 1,240.88	\$ 1,240.88
33726		REPAIR OF PULMONARY VENOUS STENOSIS	\$ 1,622.35	\$ 1,622.35
33730		COMPLETE REPAIR ANOMALOUS VENOUS RETURN	\$ 1,546.99	\$ 1,546.99
33732		REPAIR OF COR TRIATRIATUM OR SUPRAVALVUL	\$ 1,289.62	\$ 1,289.62
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED	\$ 982.04	\$ 982.04
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	\$ 1,094.89	\$ 1,094.89
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HE	\$ 1,021.09	\$ 1,021.09
33750		SHUNT SUBCLAVIAN TO PULMONARY ARTERY	\$ 1,027.10	\$ 1,027.10
33755		SHUNT ASCENDING AORTA TO PULMONARY ARTER	\$ 1,015.35	\$ 1,015.35
33762		SHUNT DESCENDING AORTA TO PULMONARY ARTE	\$ 1,013.61	\$ 1,013.61
33764		SHUNT, CENTRAL W/ PROSTHETIC GRAFT	\$ 999.09	\$ 999.09
33766		SHUNT; SUPERIOR VENA CAVA TO PULMONARY A	\$ 1,098.73	\$ 1,098.73
33767		SHUNT;	\$ 1,113.07	\$ 1,113.07
33770		REPAIR OF TRANSPOSITION OF THE GREAT ART	\$ 1,693.33	\$ 1,693.33
33771		REPAIR OF TRANSPOSITION OF THE GREAT ART	\$ 1,736.28	\$ 1,736.28
33774		REP TRANSPOSITION GRT ARTERIES W CARDIOP	\$ 1,426.05	\$ 1,426.05
33775		REP TRANSPOSITION GRT ART W CPB W REM PU	\$ 1,483.62	\$ 1,483.62

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33776		REP TRANSPO GRT ART W CPB W CL VENT SEPT	\$ 1,561.01	\$ 1,561.01
33777		REP TRANSPO GRT ART W CPB W REP SUBPULM	\$ 1,529.32	\$ 1,529.32
33778		REPAIR TRANSPO GRT ARTERIES W CARDIOPULM	\$ 1,879.85	\$ 1,879.85
33779		REP TRANSPO GRT ARTERIES W CPB W REMOVAL	\$ 1,805.29	\$ 1,805.29
33780		REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL D	\$ 1,875.72	\$ 1,875.72
33781		REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRU	\$ 1,844.78	\$ 1,844.78
33782		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	\$ 1,988.37	\$ 1,988.37
33783		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	\$ 2,149.31	\$ 2,149.31
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	\$ 1,813.07	\$ 1,813.07
33788		REVISION OF PULMONARY ARTERY	\$ 1,222.89	\$ 1,222.89
33800		AORTIC SUSPENSION FOR TRACHEAL DECOMPRES	\$ 767.19	\$ 767.19
33802		DIVISION ABERRANT VESSEL	\$ 824.59	\$ 824.59
33803		DIVISION OF ABERRANT VESSEL W/ REANASTOM	\$ 897.74	\$ 897.74
33813		OBLITERATION SEPTAL DEFECT W/O BYPASS	\$ 1,016.00	\$ 1,016.00
33814		OBLITERATION SEPTAL DEFECT WITH BYPASS	\$ 1,199.05	\$ 1,199.05
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY L	\$ 767.31	\$ 767.31
33822		PATENT DUCTUS ARTERIOSUS DIVISION UNDER	\$ 814.84	\$ 814.84
33824		PATENE DUCTUS ARTERIOSUS DIVISION 18 YRS	\$ 921.54	\$ 921.54
33840		EXC OF COARCTATION OF AORTA W/NO ASSOC P	\$ 932.44	\$ 932.44
33845		EXC COARCTATION OF AORTA W/NO ASSOC PAT	\$ 1,074.09	\$ 1,074.09
33851		EXCISION COARCTATION OF AORTA WALDHUSEN	\$ 988.70	\$ 988.70
33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	\$ 1,074.26	\$ 1,074.26
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	\$ 1,480.86	\$ 1,480.86
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	\$ 2,479.46	\$ 2,479.46
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	\$ 2,476.90	\$ 2,476.90
33864		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	\$ 2,545.18	\$ 2,545.18
33870		TRANSVERSE ARCH GRAFT W/BYPASS	\$ 2,013.47	\$ 2,013.47
33875		DESCEND THORACIC AORTA GRAFT W/O BYPASS	\$ 1,562.58	\$ 1,562.58
33877		REPAIR THORACOOAAA W/ GRFT, W/NO CP BYPAS	\$ 2,785.95	\$ 2,785.95
33880		ENDOVASCULAR REPAIR OF DESCENDING THORAC	\$ 1,647.74	\$ 1,647.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

33881		ENDOVASCULAR REPAIR OF DESCENDING THORAC	\$ 1,414.91	\$ 1,414.91
33883		PLACEMENT OF PROXIMAL EXTENSION PROSTHES	\$ 1,041.30	\$ 1,041.30
33886		PLACEMENT OF DISTAL EXTENSION PROSTHESIS	\$ 898.74	\$ 898.74
33910		PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	\$ 1,307.18	\$ 1,307.18
33915		PULMONARY ARTERY EMBOLECTOMY WITHOUT BYP	\$ 1,046.31	\$ 1,046.31
33916		PULMONARY ENDARTERECTOMY W/ BYPASS	\$ 1,307.04	\$ 1,307.04
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY R	\$ 1,182.38	\$ 1,182.38
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRIC	\$ 1,431.07	\$ 1,431.07
33922		TRANSECTION OF PULMONARY ARTERY WITH CAR	\$ 1,081.49	\$ 1,081.49
33925		REPAIR OF PULMONARY ARTERY ARBORIZATION	\$ 1,392.17	\$ 1,392.17
33926		REPAIR OF PULMONARY ARTERY ARBORIZATION	\$ 1,857.21	\$ 1,857.21
33935		HEART LUNG TRANSPLANT WITH RECIPIENT CAR	\$ 2,739.71	\$ 2,739.71
33945		HEART TRANSPLANT WITH OR WITHOUT RECIP C	\$ 3,652.63	\$ 3,652.63
33967		INSERT I-AORT PERCUT DEVICE	\$ 217.72	\$ 217.72
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	\$ 27.97	\$ 27.97
33971		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	\$ 560.71	\$ 560.71
33974		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	\$ 714.04	\$ 714.04
33975		INSERTION OF VENTRICULAR ASSIST DEVICE;	\$ 884.45	\$ 884.45
33976		INSERTION OF VENTRICULAR ASSIST DEVICE;	\$ 982.14	\$ 982.14
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; EX	\$ 946.52	\$ 946.52
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; EX	\$ 1,043.05	\$ 1,043.05
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	\$ 1,939.61	\$ 1,939.61
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	\$ 2,845.33	\$ 2,845.33
33983		REPLACEMENT OF VENTRICULAR ASSIST DEVICE	\$ 1,505.39	\$ 1,505.39
34001		REMOVAL BLOOD CLOT ARTERY	\$ 764.56	\$ 764.56
34051		REMOVAL OF BLOOD CLOT,ARTERY	\$ 765.30	\$ 765.30
34101		REMOVAL OF BLOOD CLOT,ARTERY	\$ 486.12	\$ 486.12
34111		EMBOLECTOMY/THROMBECTOMY, RADIAL OR ULNA	\$ 485.93	\$ 485.93
34151		REMOVAL OF BLOOD CLOT,ARTERY	\$ 1,127.75	\$ 1,127.75
34201		REMOVAL BLOOD CLOT ARTERY	\$ 795.50	\$ 795.50

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

34203		EMBOLECTOMY/THROMBECTOMY, POPLITEAL-TIBIO	\$ 778.15	\$ 778.15
34401		REMOVAL OF BLOOD CLOT, VEIN	\$ 1,161.18	\$ 1,161.18
34421		REMOVAL OF BLOOD CLOT, VEIN	\$ 589.18	\$ 589.18
34451		REMOVAL OF BLOOD CLOT, VEIN	\$ 1,217.67	\$ 1,217.67
34471		REMOVAL OF BLOOD CLOT, VEIN	\$ 853.86	\$ 853.86
34490		REMOVAL OF BLOOD CLOT, VEIN	\$ 488.58	\$ 488.58
34501		VALVULOPLASTY FEMORAL VEIN	\$ 757.53	\$ 757.53
34502		RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$ 1,227.50	\$ 1,227.50
34510		VENOUS VALVE TRANSPOSITION ANY VEIN DONO	\$ 861.45	\$ 861.45
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$ 827.36	\$ 827.36
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$ 777.27	\$ 777.27
34701		Evasc rpr a-ao ndgft	\$ 1,026.00	\$ 1,026.00
34702		Evasc rpr a-ao ndgft rpt	\$ 1,534.09	\$ 1,534.09
34703		Evasc rpr a-unilac ndgft	\$ 1,152.80	\$ 1,152.80
34704		Evasc rpr a-unilac ndgft rpt	\$ 1,920.01	\$ 1,920.01
34705		Evac rpr a-biiliac ndgft	\$ 1,273.03	\$ 1,273.03
34706		Evasc rpr a-biiliac rpt	\$ 1,916.30	\$ 1,916.30
34707		Evasc rpr ilio-iliac ndgft	\$ 956.78	\$ 956.78
34708		Evasc rpr ilio-iliac rpt	\$ 1,540.73	\$ 1,540.73
34709		Plmt xtn prosth evasc rpr	\$ 269.06	\$ 269.06
34710		Dlyd plmt xtn prosth 1st vs1	\$ 667.42	\$ 667.42
34711		Dlyd plmt xtn prosth ea addl	\$ 248.36	\$ 248.36
34712		Tcat dlvr enhncd fixj dev	\$ 571.68	\$ 571.68
34713		Perq access & clsr fem art	\$ 107.48	\$ 107.48
34714		Opn fem art expos cndt crtj	\$ 225.89	\$ 225.89
34715		Opn ax/subcla art expos	\$ 252.77	\$ 252.77
34716		Opn ax/subcla art expos cndt	\$ 313.45	\$ 313.45
34830		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$ 1,480.89	\$ 1,480.89
34831		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$ 1,570.30	\$ 1,570.30
34832		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$ 1,591.36	\$ 1,591.36

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	\$ 499.83	\$ 499.83
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	\$ 226.43	\$ 226.43
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 916.06	\$ 916.06
35002		REPAIR RUPTURE ANEURYSM ARTERY NECK INCI	\$ 967.68	\$ 967.68
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 841.47	\$ 841.47
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYS	\$ 804.53	\$ 804.53
35013		REPAIR RUPTURED ANEURYSM ARTERY ARM INCI	\$ 998.39	\$ 998.39
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 978.27	\$ 978.27
35022		RUPTURED ANEURYSM INNOMINATE ARTERY THOR	\$ 1,107.01	\$ 1,107.01
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 782.31	\$ 782.31
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,403.95	\$ 1,403.95
35082		REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	\$ 1,763.56	\$ 1,763.56
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,485.78	\$ 1,485.78
35092		REPAIR RUPT ANEURYSM ABD AORTA VISCERAL	\$ 2,107.61	\$ 2,107.61
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,523.56	\$ 1,523.56
35103		REPAIR RUPT ANEURYSM ABD AORTA ILIAC VES	\$ 1,822.75	\$ 1,822.75
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,121.84	\$ 1,121.84
35112		REPAIR RUPT ANEURYSM SPLENIC ARTERY	\$ 1,375.20	\$ 1,375.20
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,332.61	\$ 1,332.61
35122		REPAIR RUPT ANEURYSM HEPATIC CELIAC RENA	\$ 1,595.39	\$ 1,595.39
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,135.71	\$ 1,135.71
35132		RUPTURE ANEURYSM ILIAC ARTERY	\$ 1,373.55	\$ 1,373.55
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 900.73	\$ 900.73
35142		REPAIR DEFECT OF ARTERY	\$ 1,077.70	\$ 1,077.70
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$ 1,015.94	\$ 1,015.94
35152		RUPTURE ANEURYSM POPLITEAL ARTERY	\$ 1,179.93	\$ 1,179.93
35180		REPAIR CONGENTIAL A-V FISTULA, HEAD AND	\$ 673.73	\$ 673.73
35182		REPAIR CONGENTIAL A-V FISTULA, THORAX AN	\$ 1,385.90	\$ 1,385.90
35184		REPAIR CONGENTIAL A-V FISTULA, EXTREMITI	\$ 816.67	\$ 816.67
35188		REPAIR ACQ OR TRAUMATIC A-V FISTULA, HEA	\$ 683.75	\$ 683.75

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

35189		REPAIR ACQ OR TRAUMATIC A-V FISTULA, THO	\$ 1,279.87	\$ 1,279.87
35190		REPAIR ACQ OR TRAUMATIC A-V FISTULA, EXT	\$ 597.41	\$ 597.41
35201		REPAIR BLOOD VESSEL LESION	\$ 749.73	\$ 749.73
35206		REPAIR BLOOD VESSEL LESION	\$ 612.60	\$ 612.60
35207		REPAIR BLOOD VESSELS HAND, FINGER	\$ 551.24	\$ 551.24
35211		REPAIR BLOOD VESSEL LESION	\$ 1,088.53	\$ 1,088.53
35216		REPAIR BLOOD VESSEL LESION	\$ 1,518.35	\$ 1,518.35
35221		REPAIR BLOOD VESSEL LESION	\$ 1,123.28	\$ 1,123.28
35226		REPAIR BLOOD VESSEL LESION	\$ 676.42	\$ 676.42
35231		REPAIR BLOOD VESSEL LESION	\$ 939.99	\$ 939.99
35236		REPAIR BLOOD VESSEL LESION	\$ 784.45	\$ 784.45
35241		REPAIR BLOOD VESSEL LESION	\$ 1,136.86	\$ 1,136.86
35246		REPAIR BLOOD VESSEL LESION	\$ 1,236.76	\$ 1,236.76
35251		REPAIR BLOOD VESSEL LESION	\$ 1,336.17	\$ 1,336.17
35256		REPAIR BLOOD VESSEL LESION	\$ 825.05	\$ 825.05
35261		REPAIR BLOOD VESSEL LESION	\$ 833.39	\$ 833.39
35266		REPAIR BLOOD VESSEL LESION	\$ 690.91	\$ 690.91
35271		REPAIR BLOOD VESSEL LESION	\$ 1,086.93	\$ 1,086.93
35276		REPAIR BLOOD VESSEL LESION	\$ 1,141.07	\$ 1,141.07
35281		REPAIR BLOOD VESSEL LESION	\$ 1,275.92	\$ 1,275.92
35286		REPAIR BLOOD VESSEL LESION	\$ 756.30	\$ 756.30
35301		RECHANNELING OF ARTERY	\$ 849.08	\$ 849.08
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$ 904.10	\$ 904.10
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$ 995.14	\$ 995.14
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$ 1,034.97	\$ 1,034.97
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$ 994.03	\$ 994.03
35306		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$ 372.88	\$ 372.88
35311		RECHANNELING OF ARTERY	\$ 1,217.98	\$ 1,217.98
35321		RECHANNELING OF ARTERY	\$ 721.81	\$ 721.81
35331		RECHANNELING OF ARTERY	\$ 1,192.44	\$ 1,192.44

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

35341		RECHANNELING OF ARTERY	\$ 1,122.59	\$ 1,122.59
35351		RECHANNELING OF ARTERY	\$ 1,043.92	\$ 1,043.92
35355		THROMBOENDARTERECTOMY W/ OR W/O PATCH, I	\$ 847.50	\$ 847.50
35361		RECHANNELING OF ARTERY	\$ 1,284.81	\$ 1,284.81
35363		THROMBOENDARTERECTOMY W/ OR W/O PATCH AO	\$ 1,397.96	\$ 1,397.96
35371		RECHANNELING OF ARTERY	\$ 667.27	\$ 667.27
35372		THROMBOENDARTECTOMY, W/VO PATCH GRFT, DE	\$ 801.31	\$ 801.31
35500		HARVEST OF UPPER EXTREMITY VEIN, ONE SEG	\$ 262.97	\$ 262.97
35501		ARTERY BYPASS GRAFT	\$ 1,264.81	\$ 1,264.81
35506		ARTERY BYPASS GRAFT	\$ 1,076.86	\$ 1,076.86
35508		BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	\$ 1,112.40	\$ 1,112.40
35509		ARTERY BYPASS GRAFT	\$ 1,216.01	\$ 1,216.01
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	\$ 1,021.20	\$ 1,021.20
35511		ARTERY BYPASS GRAFT	\$ 959.80	\$ 959.80
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	\$ 995.72	\$ 995.72
35515		BYPASS GRAFT W/ VEIN, SUBCLAVIAN-VERTEBR	\$ 1,075.47	\$ 1,075.47
35516		ARTERY BYPASS GRAFT	\$ 985.28	\$ 985.28
35518		BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	\$ 977.10	\$ 977.10
35521		ARTERY BYPASS GRAFT	\$ 1,028.43	\$ 1,028.43
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	\$ 972.49	\$ 972.49
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR	\$ 1,029.03	\$ 1,029.03
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	\$ 912.67	\$ 912.67
35526		ARTERY BYPASS GRAFT	\$ 1,346.47	\$ 1,346.47
35531		ARTERY BYPASS GRAFT	\$ 1,643.34	\$ 1,643.34
35533		BYPASS GRAFT W/ VEIN, AXILLARY-FEMORAL-F	\$ 1,271.63	\$ 1,271.63
35536		ARTERY BYPASS GRAFT	\$ 1,417.01	\$ 1,417.01
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$ 1,757.60	\$ 1,757.60
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$ 1,972.75	\$ 1,972.75
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$ 1,830.24	\$ 1,830.24
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$ 2,050.15	\$ 2,050.15

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

35556		ARTERY BYPASS GRAFT	\$ 1,122.76	\$ 1,122.76
35558		ARTERY BYPASS GRAFT	\$ 993.45	\$ 993.45
35560		BYPASS GRAFT W/ VEIN, AORTORENAL	\$ 1,446.20	\$ 1,446.20
35563		ARTERY BYPASS GRAFT	\$ 1,108.41	\$ 1,108.41
35565		ARTERY BYPASS GRAFT	\$ 1,073.41	\$ 1,073.41
35566		ARTERY BYPASS GRAFT	\$ 1,347.82	\$ 1,347.82
35571		ARTERY BYPASS GRAFT	\$ 1,089.10	\$ 1,089.10
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$ 1,159.66	\$ 1,159.66
35585		IN-SITU VEIN BYPASS; FEMORAL-ANT TIB, POS	\$ 1,357.89	\$ 1,357.89
35587		IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	\$ 1,122.87	\$ 1,122.87
35601		ARTERY BYPASS GRAFT	\$ 1,169.34	\$ 1,169.34
35606		ARTERY BYPASS GRAFT	\$ 952.39	\$ 952.39
35612		ARTERY BYPASS GRAFT	\$ 744.09	\$ 744.09
35616		ARTERY BYPASS GRAFT	\$ 912.03	\$ 912.03
35621		ARTERY BYPASS GRAFT	\$ 899.71	\$ 899.71
35623		BYPASS GRAFT, WITH OTHER THAN VEIN;	\$ 1,104.29	\$ 1,104.29
35626		ARTERY BYPASS GRAFT	\$ 1,267.11	\$ 1,267.11
35631		ARTERY BYPASS GRAFT	\$ 1,512.11	\$ 1,512.11
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLE	\$ 1,341.84	\$ 1,341.84
35637		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$ 1,388.52	\$ 1,388.52
35638		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$ 1,418.43	\$ 1,418.43
35642		BYPASS GRAFT W/ OTHER THAN VEIN, CAROTID	\$ 838.75	\$ 838.75
35645		BYPASS GRAFT W/ OTHER THAN VEIN, SUBCLAV	\$ 795.93	\$ 795.93
35646		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$ 1,400.36	\$ 1,400.36
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$ 1,267.49	\$ 1,267.49
35650		BYPASS GRAFT W/ OTHER THAN VEIN, AXILLAR	\$ 866.48	\$ 866.48
35654		BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FE	\$ 1,118.80	\$ 1,118.80
35656		ARTERY BYPASS GRAFT	\$ 881.30	\$ 881.30
35661		ARTERY BYPASS GRAFT	\$ 881.90	\$ 881.90
35663		ARTERY BYPASS GRAFT	\$ 1,023.12	\$ 1,023.12

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

35665		ARTERY BYPASS GRAFT	\$ 958.30	\$ 958.30
35666		ARTERY BYPASS GRAFT	\$ 1,032.70	\$ 1,032.70
35671		ARTERY BYPASS GRAFT	\$ 909.74	\$ 909.74
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	\$ 164.64	\$ 164.64
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	\$ 137.73	\$ 137.73
35691		TRANSPOSITION AND/OR REIMPLANTATION;	\$ 802.08	\$ 802.08
35693		TRANSPOSITION AND/OR REIMPLANTATION;	\$ 710.30	\$ 710.30
35694		TRANSPOSITION AND/OR REIMPLANTATION;	\$ 829.67	\$ 829.67
35695		TRANSPOSITION AND/OR REIMPLANTATION;	\$ 864.11	\$ 864.11
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	\$ 122.65	\$ 122.65
35701		EXPLORATION,CAROTID ARTERY	\$ 428.49	\$ 428.49
35721		EXPLORATION,FEMORAL ARTERY	\$ 363.89	\$ 363.89
35741		EXPLORATION POPLITEAL ARTERY	\$ 398.83	\$ 398.83
35761		EXPLORATION OF ARTERY/VEIN	\$ 293.69	\$ 293.69
35800		EXPLORATION OF NECK	\$ 378.48	\$ 378.48
35820		EXPLORATION OF CHEST	\$ 1,491.99	\$ 1,491.99
35840		EXPLORATION OF ABDOMEN	\$ 495.45	\$ 495.45
35860		EXPLORATION OF LIMB	\$ 319.75	\$ 319.75
35870		REPAIR OF GRAFT-ENTERIC FISTULA	\$ 1,039.60	\$ 1,039.60
35875		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	\$ 478.08	\$ 478.08
35876		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	\$ 766.92	\$ 766.92
35879		REVISION, LOWER EXTREMITY ARTERIAL BYPAS	\$ 750.42	\$ 750.42
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPAS	\$ 834.33	\$ 834.33
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHET	\$ 974.04	\$ 974.04
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHET	\$ 1,027.81	\$ 1,027.81
35901		EXCISION OF INFECTED GRAFT;	\$ 400.00	\$ 400.00
35903		EXCISION OF INFECTED GRAFT;	\$ 452.55	\$ 452.55
35905		EXCISION OF INFECTED GRAFT;	\$ 1,414.75	\$ 1,414.75
35907		EXCISION OF INFECTED GRAFT;	\$ 1,559.20	\$ 1,559.20
36000		INSERTION VEIN ACCESS DEVICE	\$ 7.60	\$ 19.07

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

36005		INJECTION PROCEDURE FOR EXTREMITY VENOGR	\$ 40.04	\$ 255.18
36010		INTRODUCTION OF CATHETER INTO THE UPPER	\$ 100.83	\$ 442.42
36260		INSERTION IMPLANTABLE INFUSION PUMP	\$ 455.45	\$ 455.45
36261		REVISION OF IMPLANTED INFUSION PUMP	\$ 276.67	\$ 276.67
36262		REMOVAL OF IMPLANTED INFUSION PUMP	\$ 210.33	\$ 210.33
36400		INSERTION OF NEEDLE INTO UPPER LEG OR NE	\$ 14.31	\$ 19.90
36405		INSERTION OF NEEDLE INTO SCALP VEIN	\$ 12.47	\$ 18.06
36406		INSERTION OF NEEDLE INTO VEIN	\$ 7.31	\$ 12.90
36410		INSERTION OF NEEDLE INTO VEIN FOR DIAGNO	\$ 7.03	\$ 14.31
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	\$ 2.70	\$ 2.70
36420		ESTABLISH ACCESS TO VEIN	\$ 38.89	\$ 38.89
36425		ESTABLISH ACCESS TO VEIN	\$ 30.56	\$ 30.56
36430		BLOOD TRANSFUSION SERVICE	\$ 27.45	\$ 27.45
36456		PRTL EXCHANGE TRANSFUSE NB	\$ 91.45	\$ 91.45
36465		Njx noncmpnd sclrsnt 1 vein	\$ 99.42	\$ 1,300.21
36466		Njx noncmpnd sclrsnt mlt vn	\$ 126.53	\$ 1,358.44
36470		INJECTION THERAPY OF VEIN	\$ 54.01	\$ 103.25
36471		INJECTION THERAPY OF VEINS	\$ 76.10	\$ 127.85
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 96.60	\$ 178.57
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 237.10	\$ 634.63
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 226.62	\$ 613.82
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 280.83	\$ 869.72
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 271.59	\$ 860.20
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 281.98	\$ 870.03
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 267.67	\$ 729.56
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 286.71	\$ 2,688.16
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 78.09	\$ 234.75
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 77.99	\$ 204.45
36570		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 250.46	\$ 882.16
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 243.70	\$ 914.56

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	\$ 147.73	\$ 272.78
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	\$ 168.84	\$ 379.49
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	\$ 56.13	\$ 175.03
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 160.02	\$ 569.03
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 235.07	\$ 794.59
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 235.47	\$ 794.98
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 57.56	\$ 172.26
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 220.73	\$ 814.95
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	\$ 109.90	\$ 128.92
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	\$ 155.85	\$ 209.01
36593		DECLOTTING BY THROMBOLYTIC AGENT OF IMPL	\$ 26.96	\$ 26.96
36600		WITHDRAWAL OF ARTERIAL BLOOD	\$ 12.30	\$ 23.49
36620		ESTABLISH ACCESS TO ARTERY	\$ 40.88	\$ 40.88
36625		ESTABLISH ACCESS TO ARTERY	\$ 84.47	\$ 84.47
36660		INSERTION CATHETER, ARTERY	\$ 53.70	\$ 53.70
36680		PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INF	\$ 47.36	\$ 47.36
36800		INSERTION OF CANNULA FOR HEMODIALYSIS, O	\$ 123.61	\$ 123.61
36818		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPE	\$ 534.62	\$ 534.62
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPE	\$ 630.30	\$ 630.30
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	\$ 632.35	\$ 632.35
36821		ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY S	\$ 525.27	\$ 525.27
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	\$ 1,006.05	\$ 1,006.05
36825		CREATION OF ARTERIOVENOUS FISTULA BY OTH	\$ 455.90	\$ 455.90
36830		CREATION OF ARTERIOVENOUS FISTULA BY OTH	\$ 522.33	\$ 522.33
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTUL	\$ 360.23	\$ 360.23
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; W	\$ 460.43	\$ 460.43
36833		REVISION, ARTERIOVENOUS FISTULA; WITH TH	\$ 520.36	\$ 520.36
36835		INSERTION OF THOMAS SHUNT (SEPARATE PROC	\$ 359.60	\$ 359.60
36838		DISTAL REVASCULARIZATION AND INTERVAL LI	\$ 930.22	\$ 930.22
36861		CANNULA DECLOTTING WITH BALLOON CATHETER	\$ 118.60	\$ 118.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

36902		INTRO CATH DIALYSIS CIRCUIT	\$ 184.90	\$ 993.49
36903		INTRO CATH DIALYSIS CIRCUIT	\$ 253.11	\$ 4,540.89
36904		THRMBC/NFS DIALYSIS CIRCUIT	\$ 291.41	\$ 1,449.13
36906		THRMBC/NFS DIALYSIS CIRCUIT	\$ 426.76	\$ 5,509.34
36907		BALO ANGIOP CTR DIALYSIS SEG	\$ 106.50	\$ 594.41
37140		VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	\$ 1,063.68	\$ 1,063.68
37145		VENOUS ANASTOMOSIS; RENOPORTAL	\$ 1,146.82	\$ 1,146.82
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	\$ 997.85	\$ 997.85
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMA	\$ 1,118.33	\$ 1,118.33
37181		SPLENORENAL DISTAL (SELECTIVE DECOMPRESS	\$ 1,208.79	\$ 1,208.79
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	\$ 722.93	\$ 722.93
37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	\$ 343.54	\$ 343.54
37191		INSERTION OF INTRAVASCULAR VENA CAVA FIL	\$ 135.85	\$ 1,498.81
37200		TRANSCATHETER BIOPSY	\$ 192.02	\$ 192.02
37211		INSERTION OF CATHETER INTO ARTERY FOR DR	\$ 231.84	\$ 231.84
37212		INSERTION OF CATHETER INTO VEIN FOR DRUG	\$ 204.69	\$ 204.69
37213		INSERTION OF CATHETER INTO ARTERY OR VEI	\$ 143.06	\$ 143.06
37214		REMOVAL OF CATHETER INTO ARTERY OR VEIN	\$ 83.91	\$ 83.91
37215		TRANSCATH STENT CCA W/EPS	\$ 889.21	\$ 889.21
37216		TRANSCATH STENT CCA W/O EPS	\$ 817.22	\$ 817.22
37217		STENT PLACEMT RETRO CAROTID	\$ 905.83	\$ 905.83
37218		STENT PLACEMT ANTE CAROTID	\$ 728.74	\$ 680.05
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	\$ 542.49	\$ 542.49
37565		LIGATION, INTERNAL JUGULAR VEIN	\$ 539.72	\$ 539.72
37600		LIGATION OF NECK ARTERY	\$ 552.15	\$ 552.15
37605		LIGATION OF NECK ARTERY	\$ 632.13	\$ 632.13
37606		LIGATION OF NECK ARTERY	\$ 411.25	\$ 411.25
37607		LIGATION OR BANDING OF ANGIOACCESS ARTER	\$ 293.60	\$ 293.60
37609		LIGATION OR BIOPSY TEMPORAL ARTERY	\$ 151.12	\$ 217.70
37615		LIGATION MAJOR ARTERY NECK	\$ 363.74	\$ 363.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

37616		LIGATION MAJOR ARTERY CHEST	\$ 847.92	\$ 847.92
37617		LIGATE MAJOR ARTERY ABDOMEN	\$ 1,011.47	\$ 1,011.47
37618		LIGATION MAJOR ARTERY EXTREMITY	\$ 290.44	\$ 290.44
37619		LIGATION OF INFERIOR VENA CAVA	\$ 924.90	\$ 924.90
37650		LIGATION OF FEMORAL VEIN	\$ 397.09	\$ 397.09
37660		LIGATION OF COMMON ILIAC VEIN	\$ 946.89	\$ 946.89
37700		REVISE LEG VEIN	\$ 194.38	\$ 194.38
37718		LIGATION, DIVISION, AND STRIPPING, SHORT	\$ 321.10	\$ 321.10
37722		LIGATION, DIVISION, AND STRIPPING, LONG	\$ 371.66	\$ 371.66
37735		REMOVAL OF LEG VEINS/LESION	\$ 494.64	\$ 494.64
37760		LIGATION OF PERFORATOR VEINS, SUBFASCIAL	\$ 487.16	\$ 487.16
37761		LIGATION OF PERFORATOR VEIN(S), SUBFASCI	\$ 348.98	\$ 348.98
37765		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE	\$ 349.91	\$ 349.91
37766		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE	\$ 425.96	\$ 425.96
37780		REVISION OF LEG VEIN	\$ 200.51	\$ 200.51
37785		REVISION OF LEG VEIN	\$ 200.97	\$ 266.16
38100		REMOVAL OF SPLEEN	\$ 819.54	\$ 819.54
38101		SPLENECTOMY PARTIAL	\$ 823.71	\$ 823.71
38115		REPAIR RUPTURED SPLEEN W/VO PARTIAL SPLE	\$ 911.74	\$ 911.74
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$ 758.09	\$ 758.09
38220		BONE MARROW; ASPIRATION ONLY	\$ 47.62	\$ 116.16
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$ 60.40	\$ 129.21
38230		BONE MARROW HARVESTING FOR TRANSPLANTATI	\$ 242.50	\$ 242.50
38232		BONE MARROW HARVESTING FOR TRANSPLANTATI	\$ 103.43	\$ 103.43
38243		TRANSPLANTATION OF DONOR BONE MARROW OR	\$ 67.30	\$ 67.30
38300		DRAINAGE LYMPH NODE LESION	\$ 131.38	\$ 192.65
38305		DRAINAGE LYMPH NODE LESION	\$ 334.71	\$ 334.71
38308		INCISION OF LYMPH CHANNELS	\$ 321.95	\$ 321.95
38380		SUTURE AND OR LIGATION OF THORACIC DUCT	\$ 414.13	\$ 414.13
38381		SUTURE AND OR LIGATION OF THORACIC DUCT	\$ 619.05	\$ 619.05

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

38382		SUTURE/LIGATION THORACIC DUCT ABDOMINAL	\$ 499.68	\$ 499.68
38500		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 181.30	\$ 227.75
38505		BX OR EXCISION LYMPH NODE; SUPERFICIAL B	\$ 57.74	\$ 94.95
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 307.91	\$ 369.44
38520		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 336.25	\$ 336.25
38525		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 304.74	\$ 304.74
38530		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 392.15	\$ 392.15
38542		DISSECTION DEEP JUGULAR NODE	\$ 374.54	\$ 374.54
38550		EXCISION OF CYSTIC HYGROMA, AXILLARY OR	\$ 346.62	\$ 346.62
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR	\$ 722.52	\$ 722.52
38562		LIMITED LYMPHADENECTOMY FOR STAGING PELV	\$ 518.89	\$ 518.89
38564		LIMITED LYMPHADENECTOMY FOR STAGING RETR	\$ 515.60	\$ 515.60
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITON	\$ 420.67	\$ 420.67
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TO	\$ 661.64	\$ 661.64
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TO	\$ 728.10	\$ 728.10
38573		Laps pelvic lymphadec	\$ 970.07	\$ 970.07
38700		REMOVAL OF LYMPH NODES, NECK	\$ 582.79	\$ 582.79
38720		REMOVAL OF LYMPH NODES, NECK	\$ 968.90	\$ 968.90
38724		CERVICAL LYMPHADENECTOMY	\$ 1,051.07	\$ 1,051.07
38740		REMOVAL LYMPH NODES, ARMPIT	\$ 488.23	\$ 488.23
38745		REMOVAL LYMPH NODES, ARMPITS	\$ 621.75	\$ 621.75
38746		THORACIC LYMPHADENECTOMY, REGIONAL, INCL	\$ 205.32	\$ 205.32
38760		INGUIOFEMORAL LYMPHADENECTOMY SUPERFIC I	\$ 613.31	\$ 613.31
38765		INGUINOFEMEORAL LYMPHADENECTOMY, SUPERFI	\$ 954.70	\$ 954.70
38770		PELVIC LYMPHADENECTOMY INC EXT ILIAC HYP	\$ 639.34	\$ 639.34
38780		RETROPERITONEAL LYMPHADENECTOMY EXTENS I	\$ 805.13	\$ 805.13
38794		EXTABLISH ACCESS LUMPH DUCT	\$ 237.66	\$ 237.66
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAG	\$ 370.88	\$ 370.88
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAG	\$ 616.01	\$ 616.01
39200		REMOVAL MEDIASTINAL LESION	\$ 683.47	\$ 683.47

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

39220		REMOVAL MEDIASTINAL LESION	\$ 880.26	\$ 880.26
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY APP	\$ 626.56	\$ 626.56
39503		REPAIR DIAPHRAGMATIC HERNIA NEONATAL	\$ 4,398.56	\$ 4,398.56
39540		REPAIR OF DIAPHRAGM HERNIA	\$ 640.66	\$ 640.66
39541		REPAIR DIAPHR HERNIA TRAUMATIC CHRONIC	\$ 691.11	\$ 691.11
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION	\$ 679.63	\$ 679.63
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR	\$ 587.54	\$ 587.54
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR	\$ 913.16	\$ 913.16
40490		BIOPSY LIP	\$ 55.20	\$ 92.96
40500		PARTIAL EXCISION OF LIP	\$ 260.82	\$ 350.91
40510		PARTIAL EXCISION OF LIP	\$ 259.07	\$ 341.03
40520		PARTIAL EXCISION OF LIP	\$ 261.81	\$ 350.21
40525		EXCISION LIP FULL THICKNESS LOCAL FLAP	\$ 407.32	\$ 407.32
40527		EXCISION LIP FULL THICKNESS CROSS LIP FL	\$ 481.49	\$ 481.49
40530		PARTIAL REMOVAL OF LIP	\$ 297.07	\$ 386.87
40650		REPAIR LIP	\$ 208.41	\$ 290.38
40652		REPAIR LIP	\$ 253.93	\$ 341.77
40654		REPAIR LIP	\$ 308.48	\$ 403.60
40700		REPAIR CLEFT LIP	\$ 683.84	\$ 683.84
40701		REPAIR CLEFT LIP	\$ 848.56	\$ 848.56
40702		REPAIR CLEFT LIP	\$ 659.82	\$ 659.82
40720		REPAIR CLEFT LIP	\$ 726.33	\$ 726.33
40761		REPAIR CLEFT LIP	\$ 786.46	\$ 786.46
40800		DRAINAGE MOUTH LESION	\$ 90.52	\$ 139.20
40801		DRAINAGE MOUTH LESION	\$ 158.36	\$ 215.16
40804		REMOVAL FOREIGN BODY, MOUTH	\$ 91.69	\$ 142.06
40805		REMOVAL EMBEDDED FOREIGN BODY COMPLICATE	\$ 164.23	\$ 225.51
40808		BIOPSY MOUTH LESION	\$ 76.04	\$ 125.00
40810		EXCISION MOUTH LESION	\$ 90.56	\$ 139.52
40812		EXCISION MOUTH LESION	\$ 141.30	\$ 197.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

40814		EXCISION MOUTH LESION	\$ 217.96	\$ 266.07
40816		EXC LESION OF MUCOSA AND SUBMUCOSA W/O R	\$ 228.11	\$ 280.44
40818		EXCISION ORAL MUCOSA, GRAFT	\$ 194.28	\$ 245.47
40820		TREATMENT MOUTH LESION	\$ 121.16	\$ 181.02
40830		REPAIR MOUTH LACERATION	\$ 113.99	\$ 167.98
40831		REPAIR MOUTH LACERATION	\$ 160.25	\$ 223.20
40840		RECONSTRUCTION MOUTH	\$ 465.31	\$ 577.21
40842		RECONSTRUCTION MOUTH	\$ 455.79	\$ 568.54
40843		RECONSTRUCTION MOUTH	\$ 593.81	\$ 743.49
40844		RECONSTRUCTION MOUTH	\$ 828.49	\$ 986.00
40845		RECONSTRUCTION MOUTH	\$ 929.05	\$ 1,074.80
41000		DRAINAGE MOUTH LESION	\$ 80.28	\$ 111.60
41005		DRAINAGE MOUTH LESION	\$ 91.09	\$ 155.43
41006		DRAINAGE MOUTH LESION	\$ 187.88	\$ 252.22
41007		INCISION/DRAINAGE ABSCESS MOUTH SUBMENTA	\$ 182.32	\$ 252.54
41008		INCISION/DRAINAGE MOUTH SUBMANDIBULAR SP	\$ 194.81	\$ 260.27
41009		INCISION/DRAINAGE MOUTH MASTICATOR SPACE	\$ 211.40	\$ 276.59
41010		INCISION TONGUE FOLD	\$ 78.21	\$ 139.48
41015		DRAINAGE EXTRAORAL ABSCESS/CYST/HEMATOMA	\$ 242.26	\$ 297.65
41016		INCISION/DRAINAGE EXTRAORAL LESION SUBME	\$ 251.40	\$ 305.68
41017		INCISION/DRAINAGE MOUTH LESION SUBMANDIB	\$ 252.52	\$ 307.92
41018		INCISION/DRAINAGE MOUTH LESION MASTICATO	\$ 296.06	\$ 353.70
41019		PLACEMENT OF NEEDLES, CATHETERS, OR OTHE	\$ 377.43	\$ 377.43
41100		BIOPSY TONGUE	\$ 79.89	\$ 117.93
41105		POSTERIOR ONE-THIRD	\$ 81.01	\$ 118.22
41108		BIOPSY FLOOR OF MOUTH	\$ 65.06	\$ 101.14
41110		EXCISION TONGUE LESION	\$ 94.92	\$ 145.57
41112		EXCISION TONGUE LESION	\$ 180.07	\$ 230.42
41113		EXCISION TONGUE LESION	\$ 200.44	\$ 253.04
41114		EXC LESION TONGUE LOCAL TONGUE FLAP	\$ 466.22	\$ 466.22

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

41115		EXCISION LINGUINAL FRENUM (FRENECTOMY)	\$ 107.32	\$ 169.43
41116		EXCISION LESION FLOOR OF MOUTH	\$ 157.73	\$ 225.15
41120		PARTIAL REMOVAL OF TONGUE	\$ 755.24	\$ 755.24
41130		PARTIAL REMOVAL OF TONGUE	\$ 936.21	\$ 936.21
41135		TONGUE AND NECK SURGERY	\$ 1,569.29	\$ 1,569.29
41140		REMOVAL OF TONGUE	\$ 1,610.35	\$ 1,610.35
41145		TONGUE REMOVAL; NECK SURGERY	\$ 2,019.46	\$ 2,019.46
41150		MOUTH AND JAW SURGERY	\$ 1,596.58	\$ 1,596.58
41153		GLOSSECTOMY COMPOSITE PROC W/RESECTION F	\$ 1,733.84	\$ 1,733.84
41155		MOUTH, JAW, AND NECK SURGERY	\$ 2,160.80	\$ 2,160.80
41250		REPAIR LACERATION TONGUE	\$ 102.95	\$ 158.91
41251		REPAIR LACERATION TO 2CM POSTERIOR ONE T	\$ 119.91	\$ 164.96
41252		REPAIR LACERATION TONGUE	\$ 155.31	\$ 216.29
41500		FIXATION TONGUE	\$ 318.05	\$ 318.05
41510		TONGUE TO LIP SURGERY	\$ 291.98	\$ 291.98
41520		RECONSTRUCTION, TONGUE FOLD	\$ 182.39	\$ 240.86
41800		DRAINAGE GUM LESION	\$ 91.77	\$ 156.39
41805		REMOVAL FOREIGN BODY, GUM	\$ 116.18	\$ 161.50
41806		REMOVAL FOREIGN BODY, JAWBONE	\$ 182.54	\$ 237.93
41822		EXCISION GUM LESION	\$ 127.65	\$ 199.83
41823		EXCISION GUM LESION	\$ 229.31	\$ 297.84
41825		EXCISION GUM LESION	\$ 90.70	\$ 142.18
41826		EXCISION GUM LESION	\$ 146.48	\$ 200.76
41827		EXCISION GUM LESION	\$ 217.69	\$ 298.27
41830		ALVEOLECTOMY INC/CURRETTAGE OF OSTEITIS	\$ 201.59	\$ 269.56
41850		DESTRUCTION OF LESION EXCEPT EXCISION	\$ 33.81	\$ 33.81
41872		GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$ 186.90	\$ 252.36
41874		ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$ 184.14	\$ 256.60
42000		DRAINAGE MOUTH ROOF LESION	\$ 74.52	\$ 110.05
42100		BIOPSY ROOF OF MOUTH	\$ 79.09	\$ 104.82

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

42104		EXCISION LESION ROOF MOUTH	\$ 99.43	\$ 145.60
42106		EXCISION LESION, MOUTH ROOF	\$ 130.18	\$ 184.73
42107		EXCISION LESION PALATE, UVULA LOCAL FLAP	\$ 251.36	\$ 322.42
42120		RESECTION PALATE OR EXTENSIVE RESECTION	\$ 705.13	\$ 705.13
42140		EXCISION UVULA	\$ 111.42	\$ 173.25
42145		PALATOPHARYNGOPLASTY	\$ 514.93	\$ 514.93
42160		TREATMENT ROOF OF MOUTH	\$ 110.90	\$ 167.97
42180		REPAIR PALATE	\$ 135.07	\$ 172.00
42182		REPAIR PALATE	\$ 197.39	\$ 236.27
42200		RECONSTRUCTION CLEFT PALATE	\$ 653.43	\$ 653.43
42205		RECONSTRUCTION CLEFT PALATE	\$ 697.26	\$ 697.26
42210		RECONSTRUCTION CLEFT PALATE	\$ 786.30	\$ 786.30
42215		RECONSTRUCTION CLEFT PALATE	\$ 514.14	\$ 514.14
42220		RECONSTRUCTION CLEFT PALATE	\$ 399.60	\$ 399.60
42225		RECONSTRUCTION CLEFT PALATE	\$ 682.12	\$ 682.12
42226		LENGTHENING PALATE AND PHARYNGEAL FLAP	\$ 678.77	\$ 678.77
42227		LENGTHENING OF PALATE WITH ISLAND FLAP	\$ 659.59	\$ 659.59
42235		REPAIR PALATE	\$ 538.41	\$ 538.41
42260		REPAIR NOSE TO LIP FISTULA	\$ 505.59	\$ 602.95
42300		DRAINAGE SALIVARY GLAND	\$ 111.28	\$ 146.81
42305		DRAINAGE SALIVARY GLAND	\$ 318.78	\$ 318.78
42310		DRAINAGE SALIVARY GLAND	\$ 90.85	\$ 114.34
42320		DRAINAGE SALIVARY GLAND	\$ 130.54	\$ 176.70
42330		TREATMENT SALIVARY STONE	\$ 121.17	\$ 164.52
42335		TREATMENT SALIVARY STONE	\$ 189.68	\$ 261.86
42340		TREATMENT SALIVARY STONE	\$ 249.94	\$ 329.96
42405		BIOPSY SALIVARY GLAND	\$ 169.27	\$ 217.39
42408		EXCISION SALIVARY CYST	\$ 242.55	\$ 323.12
42409		TREATMENT SALIVARY CYST	\$ 164.11	\$ 232.94
42410		EXCISION PAROTID GLAND	\$ 463.02	\$ 463.02

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

42415		EX PAROTID TUMOR PAROTID GL LAT LOB W DI	\$ 837.28	\$ 837.28
42420		EXCISION PAROTID GLAND	\$ 960.22	\$ 960.22
42425		EXCISION PAROTID GLAND	\$ 631.38	\$ 631.38
42426		EXCISION PAROTID TUMOR OR PAROTID GLAND	\$ 1,027.78	\$ 1,027.78
42440		EXCISION SUBMAXILLARY GLAND	\$ 348.19	\$ 348.19
42450		EXCISION SUBLINGUAL GLAND	\$ 263.68	\$ 323.00
42500		REPAIR SALIVARY DUCT	\$ 250.75	\$ 307.82
42505		REPAIR SALIVARY DUCT	\$ 336.33	\$ 400.68
42507		PAROTID DUCT DIVERS BILATERAL	\$ 376.43	\$ 376.43
42509		PAROTID DUCT DIVERSION BILAT W/EXC BOTH	\$ 616.37	\$ 616.37
42510		PAROTID DUCT DIVERSION BILAT LIGAT SUBMA	\$ 465.02	\$ 465.02
42550		INJECTION FOR SIALOGRAPHY	\$ 52.30	\$ 109.65
42600		CLOSURE SALIVARY FISTULA	\$ 261.82	\$ 346.03
42665		LIGATION SALIVARY DUCT	\$ 151.80	\$ 217.82
42700		DRAINAGE TONSIL ABSCESS	\$ 99.10	\$ 132.66
42720		DRAINAGE THROAT ABSCESS	\$ 296.35	\$ 334.96
42725		DRAINAGE THROAT ABSCESS	\$ 603.43	\$ 603.43
42800		BIOPSY THROAT	\$ 81.96	\$ 111.34
42804		BIOPSY UPPER NOSE/THROAT	\$ 83.94	\$ 140.74
42806		BIOPSY UPER NOSE/THROAT	\$ 98.72	\$ 159.15
42808		EXCISION LESION PHARYNX	\$ 121.93	\$ 163.06
42809		REMOVAL OF FOREIGN BODY FROM PHARYNX	\$ 95.62	\$ 121.65
42810		EXCISION THROAT CYST	\$ 207.76	\$ 273.22
42815		EXCISION THROAT CYST	\$ 408.29	\$ 408.29
42820		REMOVAL TONSILS AND ADENOIDS	\$ 216.27	\$ 216.27
42821		REMOVAL TONSILS AND ADENOIDS	\$ 225.75	\$ 225.75
42825		REMOVAL OF TONSILS	\$ 193.07	\$ 193.07
42826		REMOVAL OF TONSILS	\$ 186.62	\$ 186.62
42830		REMOVAL OF ADENOIDS	\$ 151.85	\$ 151.85
42831		REMOVAL OF ADENOIDS	\$ 163.77	\$ 163.77

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

42835		REMOVAL OF ADENOIDS	\$ 136.88	\$ 136.88
42836		REMOVAL OF ADENOIDS	\$ 179.00	\$ 179.00
42842		RADICAL RESECTION TONSIL WITHOUT CLOSURE	\$ 708.94	\$ 708.94
42844		RADICAL RESECTION TONSIL CLOSURE WITH LO	\$ 997.90	\$ 997.90
42845		RADICAL RESECTION TONSIL CLOSURE WITH OT	\$ 1,639.03	\$ 1,639.03
42860		EXCISION TONSIL TAGS	\$ 137.25	\$ 137.25
42870		EXCISION LINGUAL TONSIL	\$ 415.51	\$ 415.51
42890		PARTIAL REMOVAL PHARYNX	\$ 1,017.03	\$ 1,017.03
42892		RESECT LATERAL PHARYNGEAL WALL DIRECT CL	\$ 1,335.77	\$ 1,335.77
42894		RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS	\$ 1,712.59	\$ 1,712.59
42900		REPAIR THROAT WOUND	\$ 258.19	\$ 258.19
42950		RECONSTRUCTION OF THROAT	\$ 576.16	\$ 576.16
42953		PHARYNGOESOPHAGEAL REPAIR	\$ 707.50	\$ 707.50
42955		SURGICAL OPENING OF THROAT	\$ 543.03	\$ 543.03
42960		CONTROL BLEEDING, THROAT	\$ 125.35	\$ 125.35
42961		CONTROL BLEEDING, THROAT	\$ 310.81	\$ 310.81
42962		CONTROL BLEEDING, THROAT	\$ 385.52	\$ 385.52
42970		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PR	\$ 288.84	\$ 288.84
42971		CONTROL BLEEDING, NOSE/THROAT	\$ 339.90	\$ 339.90
42972		CONTROL BLEEDING, NOSE/THROAT	\$ 382.31	\$ 382.31
43020		INCISION OF ESOPHAGUS	\$ 393.80	\$ 393.80
43030		CRICOPHARYNGEAL MYOTOMY	\$ 389.74	\$ 389.74
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH RE	\$ 992.44	\$ 992.44
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIM	\$ 466.12	\$ 466.12
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIM	\$ 775.43	\$ 775.43
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHO	\$ 1,921.01	\$ 1,921.01
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHO	\$ 3,248.25	\$ 3,248.25
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	\$ 2,053.85	\$ 2,053.85
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	\$ 3,241.03	\$ 3,241.03
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FR	\$ 3,689.18	\$ 3,689.18

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$ 1,879.03	\$ 1,879.03
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$ 2,672.20	\$ 2,672.20
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$ 2,119.81	\$ 2,119.81
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	\$ 1,900.12	\$ 1,900.12
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	\$ 3,265.18	\$ 3,265.18
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT	\$ 2,787.36	\$ 2,787.36
43130		REMOVAL ESOPHAGUS POUCH	\$ 590.89	\$ 590.89
43135		REMOVAL ESOPHAGUS POUCH	\$ 1,110.07	\$ 1,110.07
43180		ESOPHAGOSCOPY RIGID TRNSO	\$ 487.84	\$ 444.04
43191		ESOPHAGOSCOPY RIGID TRNSO DX	\$ 102.57	\$ 102.57
43192		ESOPHAGOSCP RIG TRNSO INJECT	\$ 122.33	\$ 122.33
43193		ESOPHAGOSCP RIG TRNSO BIOPSY	\$ 145.77	\$ 145.77
43194		ESOPHAGOSCP RIG TRNSO REM FB	\$ 132.44	\$ 132.44
43195		ESOPHAGOSCOPY RIGID BALLOON	\$ 146.04	\$ 146.04
43196		ESOPHAGOSCP GUIDE WIRE DILAT	\$ 159.75	\$ 159.75
43197		ESOPHAGOSCOPY FLEX DX BRUSH	\$ 65.28	\$ 146.63
43198		ESOPHAGOSC FLEX TRNSN BIOPSY	\$ 77.74	\$ 163.79
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	\$ 99.66	\$ 214.35
43202		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH B	\$ 88.02	\$ 204.67
43210		EGD ESOPHAGOGASTRC FENDOPLSTY	\$ 367.86	\$ 367.86
43211		ESOPHAGOSCP MUCOSAL RESECT	\$ 198.43	\$ 198.43
43212		ESOPHAGOSCP STENT PLACEMENT	\$ 156.04	\$ 156.04
43213		ESOPHAGOSCOPY RETRO BALLOON	\$ 220.49	\$ 973.39
43214		ESOPHAGOSC DILATE BALLOON 30	\$ 159.51	\$ 159.51
43217		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH R	\$ 130.74	\$ 274.82
43226		ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	\$ 109.11	\$ 109.11
43227		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH C	\$ 162.62	\$ 162.62
43229		ESOPHAGOSCOPY LESION ABLATE	\$ 168.26	\$ 574.13
43233		EGD BALLOON DIL ESOPH30 MM/>	\$ 189.32	\$ 189.32
43235		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 112.30	\$ 220.29

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 136.55	\$ 274.18
43239		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 132.99	\$ 255.25
43241		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 120.69	\$ 120.69
43247		EGD REMOVE FOREIGN BODY	\$ 155.52	\$ 155.52
43251		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 169.20	\$ 169.20
43254		EGD ENDO MUCOSAL RESECTION	\$ 227.95	\$ 227.95
43255		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 220.17	\$ 220.17
43260		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATO	\$ 270.73	\$ 270.73
43266		EGD ENDOSCOPIC STENT PLACE	\$ 188.60	\$ 188.60
43270		EGD LESION ABLATION	\$ 198.25	\$ 573.04
43274		ERCP DUCT STENT PLACEMENT	\$ 390.75	\$ 390.75
43275		ERCP REMOVE FORGN BODY DUCT	\$ 322.17	\$ 322.17
43276		ERCP STENT EXCHANGE W/DILATE	\$ 406.57	\$ 406.57
43277		ERCP EA DUCT/AMPULLA DILATE	\$ 324.16	\$ 324.16
43278		ERCP LESION ABLATE W/DILATE	\$ 368.56	\$ 368.56
43279		LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (	\$ 941.38	\$ 941.38
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC F	\$ 785.06	\$ 785.06
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESO	\$ 937.11	\$ 937.11
43282		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESO	\$ 1,054.04	\$ 1,054.04
43286		Esphg tot w/laps moblj	\$ 2,621.11	\$ 2,621.11
43287		Esphg dstl 2/3 w/laps moblj	\$ 2,989.57	\$ 2,989.57
43288		Esphg thrsc moblj	\$ 3,125.10	\$ 3,125.10
43300		REPAIR OF ESOPHAGUS	\$ 462.56	\$ 462.56
43305		REPAIR ESOPHAGUS AND FISTULA	\$ 830.70	\$ 830.70
43310		REPAIR OF ESOPHAGUS	\$ 1,161.20	\$ 1,161.20
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	\$ 1,282.65	\$ 1,282.65
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$ 2,043.50	\$ 2,043.50
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$ 2,339.83	\$ 2,339.83
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH	\$ 1,020.21	\$ 1,020.21
43325		ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC	\$ 974.24	\$ 974.24

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

43327		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR C	\$ 652.77	\$ 652.77
43328		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR C	\$ 952.44	\$ 952.44
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL	\$ 955.69	\$ 955.69
43331		ESOPHAGOMYOTOMY THORACIC APPROACH	\$ 1,034.67	\$ 1,034.67
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$ 934.60	\$ 934.60
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$ 1,014.95	\$ 1,014.95
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$ 1,025.50	\$ 1,025.50
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$ 1,105.04	\$ 1,105.04
43336		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	\$ 1,207.87	\$ 1,207.87
43337		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	\$ 1,318.80	\$ 1,318.80
43340		ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD AP	\$ 992.01	\$ 992.01
43341		ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	\$ 1,090.93	\$ 1,090.93
43351		ESOPHAGOSTOMY THORACIC APPROACH	\$ 992.48	\$ 992.48
43352		ESOPHAGOMYOTOMY CERVICAL APPROACH	\$ 811.45	\$ 811.45
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREV	\$ 1,740.71	\$ 1,740.71
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREV	\$ 1,945.27	\$ 1,945.27
43400		LIGATION ESOPHAGEAL VEINS	\$ 1,194.24	\$ 1,194.24
43401		TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH	\$ 1,133.24	\$ 1,133.24
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL	\$ 1,096.58	\$ 1,096.58
43410		REPAIR WOUND, ESOPHAGUS	\$ 749.72	\$ 749.72
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TR	\$ 1,278.40	\$ 1,278.40
43420		REPAIR OPENING, ESOPHAGUS	\$ 750.60	\$ 750.60
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRA	\$ 1,122.85	\$ 1,122.85
43453		DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$ 74.36	\$ 217.87
43500		INCISION OF STOMACH	\$ 561.04	\$ 561.04
43501		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDI	\$ 965.96	\$ 965.96
43502		GASTROTOMY;	\$ 1,094.06	\$ 1,094.06
43510		GASTROTOMY; WITH ESOPHAGEAL DILATION AND	\$ 692.44	\$ 692.44
43520		INCISION PYLORIC MUSCLE	\$ 507.23	\$ 507.23
43605		BIOPSY OF STOMACH	\$ 595.86	\$ 595.86

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

43610		EXCISION, LOCAL; ULCER OR BENIGN TUMOR O	\$ 704.10	\$ 704.10
43611		EXCISION, LOCAL;	\$ 876.19	\$ 876.19
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROS	\$ 1,429.39	\$ 1,429.39
43621		GASTRECTOMY, TOTAL;	\$ 1,628.30	\$ 1,628.30
43622		GASTRECTOMY, TOTAL;	\$ 1,652.33	\$ 1,652.33
43631		GASTRECTOMY, PARTIAL, DISTAL;	\$ 1,047.59	\$ 1,047.59
43632		GASTRECTOMY, PARTIAL, DISTAL;	\$ 1,429.24	\$ 1,429.24
43633		GASTRECTOMY, PARTIAL, DISTAL;	\$ 1,359.74	\$ 1,359.74
43634		GASTRECTOMY, PARTIAL, DISTAL;	\$ 1,501.82	\$ 1,501.82
43640		DIVISION VAGUS NERVE	\$ 841.92	\$ 841.92
43641		VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	\$ 849.29	\$ 849.29
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTI	\$ 1,246.80	\$ 1,246.80
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VA	\$ 466.72	\$ 466.72
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VA	\$ 546.82	\$ 546.82
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITH	\$ 397.86	\$ 397.86
43752		NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQ	\$ 32.48	\$ 32.48
43760		CHANGE OF GASTROSTOMY TUBE	\$ 39.29	\$ 243.52
43761		REPOSITIONING GASTRIC FEEDING TUBE, THRU	\$ 84.26	\$ 94.90
43800		RECONSTRUCTION OF PYLORUS	\$ 668.13	\$ 668.13
43810		FUSION STOMACH AND BOWEL	\$ 724.36	\$ 724.36
43820		GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	\$ 939.00	\$ 939.00
43825		FUSION STOMACH AND BOWEL	\$ 932.01	\$ 932.01
43830		TEMPORARY OPENING,STOMACH	\$ 494.86	\$ 494.86
43831		TEMPORARY OPENING,STOMACH	\$ 412.79	\$ 412.79
43832		GASTROSTOMY PERMANENT W CONSTRUCTION GAS	\$ 762.80	\$ 762.80
43840		REPAIR LESION,STOMACH	\$ 952.38	\$ 952.38
43843		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT G	\$ 908.53	\$ 908.53
43850		REVISION STOMACHBOWEL FUSION	\$ 1,164.18	\$ 1,164.18
43855		REVISION STOMACHBOWEL FUSION	\$ 1,216.51	\$ 1,216.51
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (G	\$ 1,181.97	\$ 1,181.97

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

43865		REVISION STOMACHBOWEL FUSION	\$ 1,229.55	\$ 1,229.55
43870		REPAIR OPENING,STOMACH	\$ 505.56	\$ 505.56
43880		REPAIR STOMACH-BOWEL FISTULA	\$ 1,154.70	\$ 1,154.70
44005		FREEING OF BOWEL ADHESION	\$ 788.76	\$ 788.76
44010		DUODENOTOMY	\$ 619.77	\$ 619.77
44015		TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR	\$ 107.77	\$ 107.77
44020		ENTEROTOMY, SMALL INTESTINE, OTHER THAN	\$ 696.98	\$ 696.98
44021		ENTEROTOMY SMALL BOWEL FOR DECOMPRESSION	\$ 704.93	\$ 704.93
44025		EXPLORATION OF LARGE BOWEL	\$ 709.59	\$ 709.59
44050		REDUCTION BOWEL OBSTRUCTION	\$ 671.61	\$ 671.61
44055		CORRECTION OF MALROTATION	\$ 1,076.92	\$ 1,076.92
44110		EXCISION OF ONE OR MORE LESIONS OF SMALL	\$ 607.75	\$ 607.75
44111		EXCISION BOWEL LESIONS	\$ 707.93	\$ 707.93
44120		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 877.43	\$ 877.43
44125		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 851.64	\$ 851.64
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 1,760.01	\$ 1,760.01
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 2,049.66	\$ 2,049.66
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 182.07	\$ 182.07
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF INTEST	\$ 919.04	\$ 919.04
44135		INTESTINAL ALLOTRANSPLANTATION; FROM CAD	\$ 919.04	\$ 919.04
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEX	\$ 90.71	\$ 90.71
44140		PARTIAL REMOVAL OF COLON	\$ 969.05	\$ 969.05
44141		COLECTOMY PARTIAL WITH CECOSTOMY COLOSTO	\$ 1,276.15	\$ 1,276.15
44143		COLECTOMY PARTIAL WITH END COLOSTOMY CLO	\$ 1,194.04	\$ 1,194.04
44144		COLECTOMY PARTIAL W/RESEC COLOS ILEOS MU	\$ 1,255.06	\$ 1,255.06
44145		PARTIAL REMOVAL OF COLON	\$ 1,208.33	\$ 1,208.33
44146		COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLO	\$ 1,510.05	\$ 1,510.05
44147		COLECTOMY PARTIAL ABD AND TRANSANAL APPR	\$ 1,363.71	\$ 1,363.71
44150		REMOVAL OF COLON	\$ 1,322.85	\$ 1,322.85
44151		COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	\$ 1,513.16	\$ 1,513.16

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

44155		REMOVAL OF COLON	\$ 1,482.82	\$ 1,482.82
44156		COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CO	\$ 1,629.21	\$ 1,629.21
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	\$ 1,547.66	\$ 1,547.66
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	\$ 1,586.55	\$ 1,586.55
44160		COLECTOMY, PARTIAL, WITH REMOVAL OF TERM	\$ 892.97	\$ 892.97
44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREE	\$ 665.45	\$ 665.45
44186		LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG,	\$ 468.75	\$ 468.75
44187		LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJU	\$ 789.87	\$ 789.87
44188		LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN	\$ 874.02	\$ 874.02
44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESE	\$ 1,002.91	\$ 1,002.91
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	\$ 180.47	\$ 180.47
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,120.24	\$ 1,120.24
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 977.99	\$ 977.99
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,270.78	\$ 1,270.78
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,335.93	\$ 1,335.93
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$ 1,451.52	\$ 1,451.52
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,296.87	\$ 1,296.87
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,592.32	\$ 1,592.32
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$ 1,493.29	\$ 1,493.29
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	\$ 142.26	\$ 142.26
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF ENTERO	\$ 1,212.95	\$ 1,212.95
44300		SURGICAL OPENING OF BOWEL	\$ 602.97	\$ 602.97
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$ 754.56	\$ 754.56
44312		REPAIR SMALL BOWEL OPENING	\$ 428.24	\$ 428.24
44314		REPAIR SMALL BOWEL OPENING	\$ 730.06	\$ 730.06
44316		CONTINENT ILEOSTOMY	\$ 1,000.52	\$ 1,000.52
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	\$ 860.27	\$ 860.27
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH	\$ 679.86	\$ 679.86
44340		REPAIR LARGE BOWEL OPENING	\$ 430.50	\$ 430.50
44345		REPAIR LARGE BOWEL OPENING	\$ 752.65	\$ 752.65

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

44346		REVISION OF COLOSTOMY W/ REPAIR PARACOLO	\$ 845.38	\$ 845.38
44360		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	\$ 122.26	\$ 122.26
44361		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	\$ 134.75	\$ 134.75
44363		SMALL BOWEL ENDOSCOPY	\$ 159.69	\$ 159.69
44364		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	\$ 171.98	\$ 171.98
44366		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	\$ 202.71	\$ 202.71
44369		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	\$ 207.08	\$ 207.08
44380		SMALL BOWEL ENDOSCOPY BR/WA	\$ 53.16	\$ 53.16
44381		SMALL BOWEL ENDOSCOPY BR/WA	\$ 54.80	\$ 54.80
44382		SMALL BOWEL ENDOSCOPY	\$ 63.93	\$ 63.93
44384		SMALL BOWEL ENDOSCOPY	\$ 54.80	\$ 54.80
44385		ENDOSCOPIC EVALUATION OF SMALL INTESTINA	\$ 81.97	\$ 181.01
44388		COLONOSCOPY THRU STOMA SPX	\$ 127.76	\$ 251.42
44401		COLONOSCOPY WITH ABLATION	\$ 131.71	\$ 259.20
44402		COLONOSCOPY W/STENT PLCMT	\$ 131.71	\$ 259.20
44403		COLONOSCOPY W/RESECTION	\$ 131.71	\$ 259.20
44404		COLONOSCOPY W/INJECTION	\$ 131.71	\$ 259.20
44405		COLONOSCOPY W/DILATION	\$ 131.71	\$ 259.20
44406		COLONOSCOPY W/ULTRASOUND	\$ 131.71	\$ 259.20
44407		COLONOSCOPY W/NDL ASPIR/BX	\$ 131.71	\$ 259.20
44408		COLONOSCOPY W/DECOMPRESSION	\$ 131.71	\$ 259.20
44500		INTRODUCTION OF LONG GASTROINTESTINAL TU	\$ 20.44	\$ 20.44
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	\$ 997.36	\$ 997.36
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	\$ 1,142.85	\$ 1,142.85
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY)	\$ 765.63	\$ 765.63
44605		REPAIR BOWEL LESION	\$ 943.65	\$ 943.65
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY A	\$ 777.31	\$ 777.31
44620		REPAIR BOWEL OPENING	\$ 620.47	\$ 620.47
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL I	\$ 735.19	\$ 735.19
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL I	\$ 1,169.87	\$ 1,169.87

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

44640		REPAIR BOWEL-SKIN FISTULA	\$ 1,020.31	\$ 1,020.31
44650		REPAIR BOWEL FISTULA	\$ 1,061.08	\$ 1,061.08
44660		REPAIR BOWEL-BLADDER FISTULA	\$ 1,028.09	\$ 1,028.09
44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH I	\$ 1,153.36	\$ 1,153.36
44680		SURGICAL FOLDING INTESTINE	\$ 767.68	\$ 767.68
44700		EXCLUSION OF SMALL INTESTINE FROM PELVIS	\$ 743.38	\$ 743.38
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	\$ 125.47	\$ 125.47
44800		EXCISION BOWEL POUCH	\$ 545.41	\$ 545.41
44820		EXCISION MESENTERY LESION	\$ 603.02	\$ 603.02
44850		REPAIR OF MESENTERY	\$ 532.05	\$ 532.05
44900		INCISION AND DRAINAGE OF APPENDICEAL ABS	\$ 545.27	\$ 545.27
44950		APPENDECTOMY	\$ 461.90	\$ 461.90
44960		APPENDECTOMY FOR RUPT APPEN W/ABSCESS OR	\$ 622.29	\$ 622.29
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$ 424.10	\$ 424.10
45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$ 295.68	\$ 295.68
45005		DRAINAGE OF RECTAL ABSCESS	\$ 109.48	\$ 175.51
45020		DRAINAGE OF RECTAL ABSCESS	\$ 386.36	\$ 386.36
45100		BIOPSY OF RECTUM	\$ 204.85	\$ 204.85
45108		ANORECTAL MYOMECTOMY	\$ 249.63	\$ 249.63
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINO	\$ 1,334.22	\$ 1,334.22
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM	\$ 783.60	\$ 783.60
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL,	\$ 1,377.84	\$ 1,377.84
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSE	\$ 1,411.52	\$ 1,411.52
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS;	\$ 1,289.87	\$ 1,289.87
45116		PARTIAL REMOVAL OF RECTUM	\$ 1,159.00	\$ 1,159.00
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL P	\$ 1,413.82	\$ 1,413.82
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	\$ 1,129.27	\$ 1,129.27
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	\$ 1,236.07	\$ 1,236.07
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSI	\$ 800.98	\$ 800.98
45126		PELVIC EXENTERATION FOR COLORECTAL MALIG	\$ 2,088.45	\$ 2,088.45

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

45130		EXCISION OF RECTAL PROLAPSE	\$ 783.41	\$ 783.41
45135		EXCISION OF RECTAL PROLAPSE	\$ 958.84	\$ 958.84
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	\$ 1,327.35	\$ 1,327.35
45150		EXCISION RECTAL STRICTURE	\$ 284.12	\$ 284.12
45160		EXCISION OF RECTAL LESION	\$ 712.06	\$ 712.06
45171		EXCISION OF RECTAL TUMOR, TRANSANAL APPR	\$ 354.21	\$ 354.21
45172		EXCISION OF RECTAL TUMOR, TRANSANAL APPR	\$ 486.76	\$ 486.76
45190		DESTRUCTION OF RECTAL TUMOR (EG, ELECTRO	\$ 483.11	\$ 483.11
45300		PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC,	\$ 36.71	\$ 76.45
45303		PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATIO	\$ 62.83	\$ 584.02
45307		PROCTOSIGM W/REMOVAL OF FOREIGN BODY	\$ 71.43	\$ 139.13
45317		PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL	\$ 84.35	\$ 149.82
45330		SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WIT	\$ 47.36	\$ 98.55
45331		SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SI	\$ 57.49	\$ 125.20
45333		SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF	\$ 83.88	\$ 206.69
45334		SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF	\$ 127.25	\$ 127.25
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	\$ 70.04	\$ 176.64
45340		SIG W/TNDSC BALLOON DILATION	\$ 88.30	\$ 313.50
45346		SIGMOIDOSCOPY W/ABLATION	\$ 48.82	\$ 101.60
45347		SIGMOIDOSCOPY W/PLCMT STENT	\$ 48.82	\$ 101.60
45349		SIGMOIDOSCOPY W/RESECTION	\$ 48.82	\$ 101.60
45350		SGMDSC W/BAND LIGATION	\$ 48.82	\$ 101.60
45379		COLONOSCOPY W/FB REMOVAL	\$ 209.44	\$ 370.59
45381		COLONOSCOPY SUBMUCOUS NJX	\$ 190.66	\$ 340.90
45382		COLONOSCOPY W/CONTROL BLEED	\$ 257.42	\$ 461.64
45386		COLONOSCOPY W/BALLOON DILAT	\$ 205.56	\$ 484.48
45388		COLONOSCOPY W/ABLATION	\$ 172.32	\$ 300.96
45389		COLONOSCOPY W/STENT PLCMT	\$ 172.32	\$ 300.96
45390		COLONOSCOPY W/RESECTION	\$ 172.32	\$ 300.96
45393		COLONOSCOPY W/DECOMPRESSION	\$ 172.32	\$ 300.96

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

45395		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMP	\$ 1,441.79	\$ 1,441.79
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMB	\$ 1,562.95	\$ 1,562.95
45398		COLONOSCOPY W/BAND LIGATION	\$ 172.32	\$ 300.96
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR P	\$ 832.75	\$ 832.75
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR P	\$ 1,114.89	\$ 1,114.89
45500		REPAIR OF RECTUM	\$ 364.90	\$ 364.90
45505		REPAIR OF RECTUM	\$ 399.90	\$ 399.90
45540		PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL	\$ 768.75	\$ 768.75
45541		PROCTOPEXY FOR PROLAPSE PERINEAL APPROAC	\$ 659.28	\$ 659.28
45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGM	\$ 1,057.10	\$ 1,057.10
45560		REPAIR RECTOCELE SEPARATE PROCEDURE	\$ 521.48	\$ 521.48
45562		EXPLORATION, REPAIR, AND PRESACRAL DRAIN	\$ 800.00	\$ 800.00
45563		EXPLORATION, REPAIR, AND PRESACRAL DRAIN	\$ 1,159.53	\$ 1,159.53
45800		REPAIR RECTOBLADDER FISTULA	\$ 898.62	\$ 898.62
45805		REPAIR RECTOBLADDER FISTULA	\$ 1,015.85	\$ 1,015.85
45820		REPAIR RECTOURETHRAL FISTULA	\$ 892.55	\$ 892.55
45825		REPAIR RECTOURETHRAL FISTULA	\$ 1,073.91	\$ 1,073.91
45900		REDUCTION OF RECTAL PROLAPSE	\$ 141.15	\$ 141.15
45905		DILATION OF ANAL SPHINCTER	\$ 119.54	\$ 119.54
45910		DILATION RECTAL NARROWING	\$ 141.68	\$ 141.68
45915		REMOVAL RECTAL OBSTRUCTION	\$ 158.67	\$ 218.82
46020		PLACEMENT OF SETON	\$ 156.40	\$ 177.67
46030		REMOVAL OF RECTAL MARKER	\$ 62.29	\$ 88.86
46040		INCISION OF RECTAL ABSCESS	\$ 280.36	\$ 345.82
46045		DRAINAGE TRANSANAL ABSCESS UNDER ANESTHE	\$ 289.26	\$ 289.26
46050		INCISION ANAL ABSCESS	\$ 65.57	\$ 122.65
46060		INCISION AND DRAINAGE OF ISCHIORECTAL OR	\$ 318.23	\$ 318.23
46070		INCISION ANAL SEPTUM	\$ 161.67	\$ 161.67
46080		INCISION ANAL SPHINCTER	\$ 113.53	\$ 161.93
46083		INCISION OF THROMBOSED HEMORRHOID, EXTER	\$ 75.76	\$ 121.64

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

46200		REMOVAL ANAL FISSURE	\$ 210.92	\$ 270.23
46220		PAPILLECTOMY OR EXCISION OF SINGLE TAB A	\$ 81.26	\$ 129.93
46221		HEMORRHOIDECTOMY BY SIMPLE LIGATURE	\$ 128.54	\$ 170.51
46230		REMOVAL OF ANAL TAB	\$ 121.86	\$ 178.93
46250		HEMORRHOIDECTOMY	\$ 214.21	\$ 297.59
46255		HEMORRHOIDECTOMY	\$ 244.04	\$ 332.44
46257		HEMORRHOIDECTOMY WITH FISSURECTOMY	\$ 285.34	\$ 285.34
46258		HEMORRHOIDECTOMY WITH FISTULECTOMY	\$ 312.08	\$ 312.08
46260		HEMORRHOIDECTOMY	\$ 324.52	\$ 324.52
46261		HEMORRHOIDECTOMY INT AND EXTERNAL COMPLE	\$ 363.13	\$ 363.13
46262		HEMORRHOIDECTOMY INT AND EXT COMPLX OR E	\$ 378.82	\$ 378.82
46270		SURGICAL TREATMENT OF ANAL FISTULA (FIST	\$ 256.69	\$ 322.15
46275		REMOVAL ANAL FISTULA	\$ 275.48	\$ 341.50
46280		SURGICAL TREATMENT OF ANAL FISTULA (FIST	\$ 315.89	\$ 315.89
46285		REMOVAL ANAL FISTULA	\$ 271.99	\$ 332.14
46288		CLOSURE OF ANAL FISTULA WITH RECTAL ADVA	\$ 373.88	\$ 373.88
46320		REMOVAL HEMORRHOID CLOT	\$ 77.34	\$ 117.63
46500		INJECTION TREATMENT OF ANUS	\$ 87.36	\$ 142.46
46505		CHEMODENERVATION OF INTERNAL ANAL SPHINC	\$ 159.73	\$ 187.71
46600		ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT CO	\$ 27.95	\$ 57.04
46601		DIAGNOSTIC ANOSCOPY	\$ 28.81	\$ 58.80
46604		ANOSCOPY; WITH DILATION (EG, BALLOON, GU	\$ 48.56	\$ 350.42
46606		ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPL	\$ 53.69	\$ 145.44
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	\$ 28.81	\$ 58.80
46608		ANOSCOPY;	\$ 59.17	\$ 150.38
46610		ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR,	\$ 58.66	\$ 148.74
46612		ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMOR	\$ 71.72	\$ 178.31
46614		ANOSCOPY; WITH CONTROL OF BLEEDING (EG,	\$ 51.15	\$ 90.59
46700		REPAIR ANAL STRICTURE	\$ 450.94	\$ 450.94
46705		REPAIR OF ANAL STRICTURE	\$ 370.88	\$ 370.88

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$ 119.11	\$ 119.11
46707		REPAIR OF ANORECTAL FISTULA WITH PLUG (E	\$ 272.30	\$ 272.30
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (	\$ 768.64	\$ 768.64
46712		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (	\$ 1,571.69	\$ 1,571.69
46715		REPAIR OF LOW IMPERFORATE ANUS; WITH ANO	\$ 367.10	\$ 367.10
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	\$ 895.59	\$ 895.59
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT	\$ 1,363.24	\$ 1,363.24
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT	\$ 1,592.99	\$ 1,592.99
46740		CONSTRUCTION OF ANUS	\$ 1,464.50	\$ 1,464.50
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH REC	\$ 1,731.40	\$ 1,731.40
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$ 2,474.09	\$ 2,474.09
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$ 2,854.17	\$ 2,854.17
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$ 2,983.61	\$ 2,983.61
46750		REPAIR ANAL SPHINCTER	\$ 545.77	\$ 545.77
46751		REPAIR ANAL SPHINCTER	\$ 452.08	\$ 452.08
46753		RECONSTRUCTION OF ANUS	\$ 411.77	\$ 411.77
46754		REMOVAL OF SUTURE FROM ANUS	\$ 150.61	\$ 193.98
46760		REPAIR ANAL SPHINCTER	\$ 772.56	\$ 772.56
46761		SPHINCTEROPLASTY, LEVATORMUSCLE IMBRICAT	\$ 668.60	\$ 668.60
46762		SPHINCTEROPLASTY W/ ARTIFICIAL SPHINCTER	\$ 658.51	\$ 658.51
46900		REMOVAL OF ANAL WARTY GROWTH	\$ 98.23	\$ 156.14
46910		REMOVAL OF ANAL WARTY GROWTH	\$ 94.07	\$ 162.61
46916		DESTRUCTION ANAL LESION, SIMPLE; CRYOSUR	\$ 103.17	\$ 161.09
46917		DESTRUCTION ANAL LESION, SIMPLE; LASER	\$ 94.74	\$ 306.79
46922		DESTRUCTION ANAL LESION, SIMPLE; SURGICA	\$ 94.09	\$ 169.34
46924		DESTRUCTION OF LESION(S), ANUS (EG, COND	\$ 131.58	\$ 348.96
46930		DESTRUCTION OF INTERNAL HEMORRHOID(S) BY	\$ 108.72	\$ 149.28
46940		CURETTAGE OR CAUTERY OF ANAL FISSURE, IN	\$ 105.09	\$ 148.18
46942		TREATMENT OF ANAL FISSURE	\$ 93.33	\$ 136.98
46945		LIGATION OF HEMORRHOIDS	\$ 146.96	\$ 189.48

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

46946		LIGATION OF HEMORRHOIDS	\$ 156.00	\$ 205.79
46947		HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTE	\$ 266.03	\$ 266.03
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS	\$ 856.43	\$ 856.43
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJEC	\$ 812.72	\$ 812.72
47100		BIOPSY OF LIVER, WEDGE	\$ 594.35	\$ 594.35
47120		PARTIAL REMOVAL OF LIVER	\$ 1,678.04	\$ 1,678.04
47122		RESECTION OF LIVER, TRISEGMENTECTOMY	\$ 2,500.04	\$ 2,500.04
47125		PARTIAL REMOVAL OF LIVER	\$ 2,238.77	\$ 2,238.77
47130		PARTIAL REMOVAL OF LIVER	\$ 2,407.52	\$ 2,407.52
47135		LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, P	\$ 3,542.03	\$ 3,542.03
47300		TREATMENT,LIVER LESION	\$ 799.68	\$ 799.68
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE S	\$ 981.90	\$ 981.90
47360		MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX	\$ 1,337.38	\$ 1,337.38
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORAT	\$ 2,200.80	\$ 2,200.80
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLO	\$ 1,019.12	\$ 1,019.12
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 898.33	\$ 898.33
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 914.39	\$ 914.39
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$ 1,050.71	\$ 1,050.71
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$ 1,070.86	\$ 1,070.86
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	\$ 663.58	\$ 663.58
47383		PERQ ABLTJ LVR CRYOABLATION	\$ 425.63	\$ 6,203.09
47400		INCISION OF BILE DUCT	\$ 1,526.61	\$ 1,526.61
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH E	\$ 961.53	\$ 961.53
47425		INCISION OF BILE DUCT	\$ 971.21	\$ 971.21
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTE	\$ 915.92	\$ 915.92
47480		INCISION OF GALLBLADDER	\$ 608.96	\$ 608.96
47490		PERCUTANEOUS CHOLECYSTOSTOMY	\$ 408.10	\$ 408.10
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$ 528.57	\$ 528.57
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W	\$ 541.29	\$ 541.29
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W	\$ 626.04	\$ 626.04

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROS	\$ 558.66	\$ 558.66
47600		REMOVAL OF GALLBLADDER	\$ 759.00	\$ 759.00
47605		REMOVAL OF GALLBLADDER	\$ 702.36	\$ 702.36
47610		REMOVAL OF GALLBLADDER	\$ 901.29	\$ 901.29
47612		CHOLECYSTECTOMY W/ CHOLEDOCHOENTEROSTOMY	\$ 910.70	\$ 910.70
47620		REMOVAL OF GALLBLADDER	\$ 988.73	\$ 988.73
47700		EXPLOR FOR CONG ATRESIA BILE DUCTS WITH	\$ 748.58	\$ 748.58
47701		PORTOENTEROSTOMY	\$ 1,288.65	\$ 1,288.65
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	\$ 1,118.75	\$ 1,118.75
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	\$ 1,433.69	\$ 1,433.69
47715		EXCISION OF CHOLEDOCHAL CYST	\$ 939.81	\$ 939.81
47720		FUSION GALLBLADDER & BOWEL	\$ 811.38	\$ 811.38
47721		CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOM	\$ 958.07	\$ 958.07
47740		FUSION GALLBLADDER & BOWEL	\$ 925.71	\$ 925.71
47741		CHOLECYSTOENTEROSTOMY;	\$ 1,049.16	\$ 1,049.16
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUC	\$ 1,582.51	\$ 1,582.51
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND G	\$ 2,090.88	\$ 2,090.88
47780		FUSION BILE DUCTS AND BOWEL	\$ 1,731.02	\$ 1,731.02
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC	\$ 2,258.26	\$ 2,258.26
47800		RECONSTRUCTION OF BILE DUCTS	\$ 1,129.73	\$ 1,129.73
47801		PLACEMENT OF CHOLEDOCHAL STENT	\$ 796.80	\$ 796.80
47802		U-TUBE HEPATICOENTEROSTOMY	\$ 1,084.10	\$ 1,084.10
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR	\$ 977.07	\$ 977.07
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	\$ 1,355.87	\$ 1,355.87
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	\$ 1,667.70	\$ 1,667.70
48020		REMOVAL OF PANCREATIC STONE	\$ 835.00	\$ 835.00
48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDL	\$ 633.83	\$ 633.83
48102		BIOPSY PANCREAS NEEDLE PERCUTANEOUS	\$ 204.54	\$ 406.53
48105		RESECTION OR DEBRIDEMENT OF PANCREAS AND	\$ 2,055.89	\$ 2,055.89
48120		REMOVAL PANCREAS LESION	\$ 792.43	\$ 792.43

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR	\$ 1,122.41	\$ 1,122.41
48145		PARTIAL REMOVAL OF PANCREAS	\$ 1,165.76	\$ 1,165.76
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH	\$ 1,329.01	\$ 1,329.01
48148		EXCISION OF AMPULLA OF VATER	\$ 882.61	\$ 882.61
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	\$ 2,246.16	\$ 2,246.16
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	\$ 2,076.53	\$ 2,076.53
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	\$ 2,243.13	\$ 2,243.13
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	\$ 2,082.01	\$ 2,082.01
48155		REMOVAL OF PANCREAS	\$ 1,288.69	\$ 1,288.69
48500		MARSUPIALIZATION OF PANCREATIC CYST	\$ 806.92	\$ 806.92
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREA	\$ 766.19	\$ 766.19
48520		FUSION PANCREAS CYST - BOWEL	\$ 783.25	\$ 783.25
48540		FUSION PANCREAS CYST - BOWEL	\$ 936.67	\$ 936.67
48545		PANCREATORRHAPHY FOR INJURY	\$ 948.19	\$ 948.19
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOM	\$ 1,279.81	\$ 1,279.81
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANA	\$ 1,198.07	\$ 1,198.07
49000		EXPLORATION OF ABDOMEN	\$ 556.74	\$ 556.74
49002		REEXPLORATION OF ABDOMEN	\$ 732.19	\$ 732.19
49010		EXPLORATION BEHIND ABDOMEN	\$ 690.74	\$ 690.74
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALI	\$ 1,143.06	\$ 1,143.06
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHREN	\$ 716.06	\$ 716.06
49060		DRAINAGE OF RETROPERITONEAL ABSCESS; OPE	\$ 801.60	\$ 801.60
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE T	\$ 544.29	\$ 544.29
49082		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR TH	\$ 39.71	\$ 92.36
49083		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR TH	\$ 61.24	\$ 174.37
49084		PERITONEAL LAVAGE, INCLUDING IMAGING GUI	\$ 56.09	\$ 56.09
49180		NEEDLE BIOPSY RETROPERITONEAL MASS PERCU	\$ 72.71	\$ 128.93
49203		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	\$ 873.06	\$ 873.06
49204		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	\$ 1,115.77	\$ 1,115.77
49205		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	\$ 1,278.01	\$ 1,278.01

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

49215		EXCISION OF PRESACRAL OR SACROCCYGEAL TU	\$ 1,602.62	\$ 1,602.62
49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE	\$ 696.00	\$ 696.00
49250		EXCISION OF UMBILICUS	\$ 415.00	\$ 415.00
49255		REMOVAL OF OMENTUM	\$ 563.90	\$ 563.90
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OM	\$ 237.75	\$ 237.75
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (SING	\$ 250.30	\$ 250.30
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONE	\$ 272.20	\$ 272.20
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONE	\$ 462.27	\$ 462.27
49324		LAPAROSCOPY, SURGICAL; WITH INSERTION OF	\$ 283.37	\$ 283.37
49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF	\$ 304.33	\$ 304.33
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (	\$ 140.87	\$ 140.87
49402		REMOVAL OF PERITONEAL FOREIGN BODY FROM	\$ 614.81	\$ 614.81
49405		IMAGE CATH FLUID COLXN VISC	\$ 174.40	\$ 690.48
49406		IMAGE CATH FLUID PERI/RETRO	\$ 174.68	\$ 690.21
49407		IMAGE CATH FLUID TRNS/VGNL	\$ 185.95	\$ 584.05
49418		INSERTION OF TUNNELED INTRAPERITONEAL CA	\$ 187.50	\$ 1,216.02
49419		INSERTION OF INTRAPERITONEAL CANNULA OR	\$ 328.31	\$ 328.31
49421		INSERTION INTRAPERITONEAL CANNULA PERMAN	\$ 281.24	\$ 281.24
49422		REMOVAL OF PERMANENT INTRAPERITONEAL CAN	\$ 282.74	\$ 282.74
49423		EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR	\$ 62.67	\$ 419.36
49424		CONTRAST INJECTION FOR ASSESSMENT OF ABS	\$ 32.71	\$ 114.67
49425		INSERTION OF PERITONEAL-VENOUS SHUNT	\$ 551.93	\$ 551.93
49426		REVISION OF PERITONEAL-VENOUS SHUNT	\$ 470.14	\$ 470.14
49428		LIGATION OF PERITONEAL-VENOUS SHUNT	\$ 316.09	\$ 316.09
49429		REMOVAL OF PERITONEAL-VENOUS SHUNT	\$ 334.31	\$ 334.31
49436		DELAYED CREATION OF EXIT SITE FROM EMBED	\$ 131.76	\$ 131.76
49440		INSERTION OF GASTROSTOMY TUBE, PERCUTANE	\$ 189.25	\$ 818.99
49441		INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY	\$ 209.14	\$ 889.51
49442		INSERTION OF CECOSTOMY OR OTHER COLONIC	\$ 172.86	\$ 796.73
49446		CONVERSION OF GASTROSTOMY TUBE TO GASTRO	\$ 139.37	\$ 743.37

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

49450		REPLACEMENT OF GASTROSTOMY OR CECOSTOMY	\$ 55.81	\$ 553.79
49451		REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTO	\$ 77.63	\$ 528.31
49452		REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE,	\$ 121.00	\$ 666.54
49460		MECHANICAL REMOVAL OF OBSTRUCTIVE MATERI	\$ 39.78	\$ 606.02
49465		CONTRAST INJECTION(S) FOR RADIOLOGICAL E	\$ 26.04	\$ 127.59
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 555.23	\$ 555.23
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 678.50	\$ 678.50
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TE	\$ 282.16	\$ 282.16
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AG	\$ 428.00	\$ 428.00
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	\$ 280.15	\$ 280.15
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	\$ 424.96	\$ 424.96
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	\$ 368.03	\$ 368.03
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	\$ 453.47	\$ 453.47
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AG	\$ 450.16	\$ 450.16
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AG	\$ 549.50	\$ 549.50
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$ 406.83	\$ 406.83
49540		REPAIR LUMBAR HERNIA	\$ 481.56	\$ 481.56
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE,	\$ 408.84	\$ 408.84
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE;	\$ 447.56	\$ 447.56
49555		REPAIR RECURRENT FEMORAL HERNIA; REDUCIB	\$ 425.71	\$ 425.71
49557		REPAIR RECURRENT FEMORAL HERNIA;	\$ 517.37	\$ 517.37
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HER	\$ 529.08	\$ 529.08
49561		REPAIR INITIAL INCISIONAL HERNIA;	\$ 667.95	\$ 667.95
49565		REPAIR RECURRENT INCISIONAL OR VENTRAL H	\$ 548.56	\$ 548.56
49566		REPAIR RECURRENT INCISIONAL HERNIA;	\$ 674.83	\$ 674.83
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERITON	\$ 289.22	\$ 289.22
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITON	\$ 359.06	\$ 359.06
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEA	\$ 224.82	\$ 224.82
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEA	\$ 334.73	\$ 334.73
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	\$ 311.09	\$ 311.09

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	\$ 369.11	\$ 369.11
49590		REPAIR ABDOMINAL HERNIA	\$ 405.36	\$ 405.36
49600		REPAIR OF SMALL OMPHALOCELE, WITH PRIMAR	\$ 523.29	\$ 523.29
49605		REPAIR OF LARGE OMPHALOCELE OR GASTROSCH	\$ 3,627.30	\$ 3,627.30
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	\$ 820.26	\$ 820.26
49610		REPAIR UMBILICAL HERNIA	\$ 486.82	\$ 486.82
49611		REPAIR UMBILICAL HERNIA	\$ 437.69	\$ 437.69
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL IN	\$ 302.65	\$ 302.65
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT	\$ 391.48	\$ 391.48
49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,	\$ 570.48	\$ 570.48
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,	\$ 712.80	\$ 712.80
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONA	\$ 655.66	\$ 655.66
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONA	\$ 789.23	\$ 789.23
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT	\$ 658.03	\$ 658.03
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT	\$ 950.48	\$ 950.48
49900		REPAIR OF ABDOMINAL WALL	\$ 581.19	\$ 581.19
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	\$ 1,082.04	\$ 1,082.04
49905		OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPA	\$ 266.45	\$ 266.45
50010		EXPLORATION OF KIDNEY	\$ 569.06	\$ 569.06
50020		DRAINAGE OF PERIRENAL OR RENAL ABSCESS;	\$ 812.65	\$ 812.65
50040		DRAINAGE OF KIDNEY	\$ 765.20	\$ 765.20
50045		EXPLORATION OF KIDNEY	\$ 772.73	\$ 772.73
50060		REMOVAL OF KIDNEY STONE	\$ 951.99	\$ 951.99
50065		INCISION OF KIDNEY	\$ 1,001.19	\$ 1,001.19
50070		INCISION OF KIDNEY	\$ 994.73	\$ 994.73
50075		REMOVAL OF KIDNEY STONE	\$ 1,223.18	\$ 1,223.18
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2	\$ 726.77	\$ 726.77
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2	\$ 1,068.02	\$ 1,068.02
50100		REVISE KIDNEY BLOOD VESSELS	\$ 778.89	\$ 778.89
50120		EXPLORATION OF KIDNEY	\$ 787.87	\$ 787.87

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

50125		EXPLORATION/DRAINAGE KIDNEY	\$ 814.74	\$ 814.74
50130		REMOVAL OF KIDNEY STONE	\$ 862.22	\$ 862.22
50135		EXPLORATION OF KIDNEY	\$ 934.08	\$ 934.08
50205		BIOPSY OF KIDNEY	\$ 548.59	\$ 548.59
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECT	\$ 849.01	\$ 849.01
50225		REMOVAL OF KIDNEY	\$ 983.91	\$ 983.91
50230		REMOVAL OF KIDNEY	\$ 1,067.07	\$ 1,067.07
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND	\$ 1,083.16	\$ 1,083.16
50236		REMOVAL OF KIDNEY & URETER	\$ 1,225.38	\$ 1,225.38
50240		PARTIAL REMOVAL OF KIDNEY	\$ 1,100.55	\$ 1,100.55
50250		ABLATION, OPEN, ONE OR MORE RENAL MASS L	\$ 1,020.88	\$ 1,020.88
50280		REMOVAL OF KIDNEY LESION	\$ 784.42	\$ 784.42
50290		EXCISION OF PERINEPHRIC CYST	\$ 724.40	\$ 724.40
50320		DONOR NEPHRECTOMY (INCLUDING COLD PRESER	\$ 1,067.40	\$ 1,067.40
50340		REMOVAL OF KIDNEY	\$ 658.41	\$ 658.41
50360		RENAL ALLOTRANSPLANTATION, IMPLANTATION	\$ 1,809.70	\$ 1,809.70
50365		TRANSPLANTATION OF KIDNEY	\$ 2,038.89	\$ 2,038.89
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	\$ 845.60	\$ 845.60
50380		REIMPLANTATION OF KIDNEY	\$ 1,426.92	\$ 1,426.92
50387		CHANGE NEPHROURETERAL CATH	\$ 84.88	\$ 455.29
50389		REMOVAL OF NEPHROSTOMY TUBE, REQUIRING F	\$ 46.64	\$ 264.01
50390		DRAINAGE OF KIDNEY LESION	\$ 82.56	\$ 82.56
50400		REVISION OF KIDNEY/URETER	\$ 961.48	\$ 961.48
50405		REVISION OF KIDNEY/URETER	\$ 1,166.57	\$ 1,166.57
50435		EXCHANGE NEPHROSTOMY CATH	\$ 87.09	\$ 386.82
50500		REPAIR OF KIDNEY WOUND	\$ 932.24	\$ 932.24
50520		CLOSURE KIDNEY/SKIN FISTULA	\$ 861.94	\$ 861.94
50525		CLOSE NEPHROVISCERAL FISTULA	\$ 1,078.59	\$ 1,078.59
50526		CLOSE NEPHROVISCERAL FISTULA	\$ 1,130.48	\$ 1,130.48
50540		REVISION OF HORSESHOE KIDNEY	\$ 942.26	\$ 942.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

50541		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	\$ 767.47	\$ 767.47
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	\$ 973.57	\$ 973.57
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	\$ 1,242.53	\$ 1,242.53
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$ 1,047.97	\$ 1,047.97
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTO	\$ 1,124.72	\$ 1,124.72
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCL	\$ 996.64	\$ 996.64
50547		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY	\$ 1,197.26	\$ 1,197.26
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH	\$ 1,134.25	\$ 1,134.25
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	\$ 493.61	\$ 493.61
50590		LITHOTRIPSY SHOCK WAVE (PROFESSIONAL COM	\$ 467.69	\$ 751.07
50592		ABLATION, ONE OR MORE RENAL TUMOR(S), PE	\$ 303.64	\$ 2,781.75
50600		EXPLORATION OF URETER	\$ 779.02	\$ 779.02
50605		URETEROTOMY FOR INSERTION OF INDWELLING	\$ 751.00	\$ 751.00
50610		REMOVAL OF STONE, URETER	\$ 794.75	\$ 794.75
50620		REMOVAL OF STONE, URETER	\$ 753.81	\$ 753.81
50630		REMOVAL OF STONE, URETER	\$ 735.23	\$ 735.23
50650		REMOVAL OF URETER	\$ 859.60	\$ 859.60
50660		REMOVAL OF URETER	\$ 950.84	\$ 950.84
50688		CHANGE OF URETEROSTOMY TUBE OR EXTERNALL	\$ 65.28	\$ 65.28
50700		REVISION OF URETER	\$ 769.67	\$ 769.67
50715		RELEASE OF URETER	\$ 910.84	\$ 910.84
50722		RELEASE OF URETER	\$ 792.34	\$ 792.34
50725		RELEASE/REVISION OF URETER	\$ 905.80	\$ 905.80
50727		REVISION URINARY-CUTANEOUS ANASTOMOSIS	\$ 414.05	\$ 414.05
50728		REVISION OF URINARY-CUTANEOUS ANASTOMOSI	\$ 571.50	\$ 571.50
50740		FUSION OF URETER-KIDNEY	\$ 891.74	\$ 891.74
50750		FUSION OF URETER-KIDNEY	\$ 967.25	\$ 967.25
50760		FUSION OF URETER	\$ 902.71	\$ 902.71
50770		SPLICING OF URETERS	\$ 937.53	\$ 937.53
50780		REIMPLANT URETER IN BLADDER	\$ 905.03	\$ 905.03

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS	\$ 888.67	\$ 888.67
50783		URETERONEOCYSTOSTOMY; URETERAL TAILORING	\$ 922.31	\$ 922.31
50785		REIMPLANT URETER IN BLADDER	\$ 1,004.45	\$ 1,004.45
50800		IMPLANT URETER IN BOWEL	\$ 762.11	\$ 762.11
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF S	\$ 1,004.18	\$ 1,004.18
50815		URETEROCOLON CONDUIT, INCLUDING INTESTIN	\$ 1,017.04	\$ 1,017.04
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), IN	\$ 1,083.77	\$ 1,083.77
50825		CONTINENT DIVERSION, INCLUDING INTESTINE	\$ 1,375.49	\$ 1,375.49
50830		URINARY ANDIVERSION	\$ 1,494.00	\$ 1,494.00
50840		REPLACEMENT OF ALL OR PART OF URETER BY	\$ 1,023.54	\$ 1,023.54
50845		CUTANEOUS APPENDICO-VESICOSTOMY	\$ 1,037.81	\$ 1,037.81
50860		TRANSPLANT OF URETER TO SKIN	\$ 786.32	\$ 786.32
50900		REPAIR OF URETER	\$ 691.80	\$ 691.80
50920		CLOSURE URETER/SKIN FISTULA	\$ 731.34	\$ 731.34
50930		CLOSURE URETER/BOWEL FISTULA	\$ 886.90	\$ 886.90
50940		RELEASE OF URETER	\$ 735.85	\$ 735.85
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$ 817.21	\$ 817.21
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOST	\$ 1,159.20	\$ 1,159.20
51020		CYSTOTOMY OR CYSTOSTOMY W/FULGRATION AND	\$ 383.69	\$ 383.69
51030		INCISION/TREATMENT BLADDER	\$ 380.48	\$ 380.48
51040		INCISION OF BLADDER	\$ 239.24	\$ 239.24
51045		INCISION OF BLADDER	\$ 382.68	\$ 382.68
51050		REMOVAL OF BLADDER STONE	\$ 389.81	\$ 389.81
51060		REMOVAL OF URETERAL STONE	\$ 480.38	\$ 480.38
51065		CYSTOTOMY, WITH CALCULUS BASKET EXTRACTI	\$ 477.21	\$ 477.21
51080		DRAINAGE OF BLADDER ABSCESS	\$ 333.78	\$ 333.78
51100		ASPIRATION OF BLADDER; BY NEEDLE	\$ 32.39	\$ 49.45
51101		ASPIRATION OF BLADDER; BY TROCAR OR INTR	\$ 43.40	\$ 100.19
51102		ASPIRATION OF BLADDER; WITH INSERTION OF	\$ 125.63	\$ 191.10
51500		REMOVAL OF BLADDER CYST	\$ 514.52	\$ 514.52

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

51520		REMOVAL OF BLADDER LESION	\$ 484.26	\$ 484.26
51525		REMOVAL OF BLADDER LESION	\$ 713.06	\$ 713.06
51530		REMOVAL OF BLADDER LESION	\$ 635.36	\$ 635.36
51535		REVISION OF URETER LESION	\$ 645.40	\$ 645.40
51550		PARTIAL REMOVAL OF BLADDER	\$ 784.57	\$ 784.57
51555		PARTIAL REMOVAL OF BLADDER	\$ 1,043.86	\$ 1,043.86
51565		REVISION OF BLADDER & URETER	\$ 1,067.08	\$ 1,067.08
51570		REMOVAL OF BLADDER	\$ 1,219.28	\$ 1,219.28
51575		CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLU	\$ 1,524.25	\$ 1,524.25
51580		REMOVAL OF BLADDER	\$ 1,587.95	\$ 1,587.95
51585		CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOG	\$ 1,769.26	\$ 1,769.26
51590		CYSTECTOMY, COMPLETE, WITH URETEROILEAL	\$ 1,612.07	\$ 1,612.07
51595		CYSTECTOMY W/BILAT LYMPH INCLUDING HYPOG	\$ 1,832.32	\$ 1,832.32
51596		CYSTECTOMY, COMPLETE, WITH CONTINENT DIV	\$ 1,969.33	\$ 1,969.33
51597		REMOVAL OF PELVIC STRUCTURES	\$ 1,899.50	\$ 1,899.50
51600		INJECTION FOR BLADDER X-RAY	\$ 37.28	\$ 151.97
51700		IRRIGATION OF BLADDER	\$ 37.28	\$ 70.29
51701		INSERTION OF NON-DWELLING BLADDER CATHET	\$ 22.60	\$ 48.62
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 24.84	\$ 62.33
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 68.20	\$ 113.52
51705		CHANGE OF BLADDER TUBE	\$ 55.15	\$ 90.97
51710		CHANGE OF BLADDER TUBE	\$ 78.52	\$ 128.33
51720		TREATMENT OF BLADDER LESION	\$ 69.59	\$ 95.05
51725		SIMPLE CYSTOMETROGRAM	\$ 175.74	\$ 175.74
51726		COMPLEX CYSTOMETROGRAM WITH GAS	\$ 254.64	\$ 254.64
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 178.10	\$ 178.10
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 67.10	\$ 67.10
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 111.00	\$ 111.00
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 178.01	\$ 178.01
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 66.37	\$ 66.37

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 111.66	\$ 111.66
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 191.97	\$ 191.97
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 79.01	\$ 79.01
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 112.97	\$ 112.97
51736		SIMPL UROGLOWMETRY	\$ 43.38	\$ 43.38
51741		ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	\$ 69.03	\$ 69.03
51741	26	ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	\$ 48.79	\$ 48.79
51741	TC	ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	\$ 20.25	\$ 20.25
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 161.52	\$ 161.52
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 64.51	\$ 64.51
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 97.00	\$ 97.00
51785		NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF	\$ 175.04	\$ 175.04
51792		STIMULUS EVOKED RESPONSE	\$ 182.57	\$ 182.57
51797		VOIDING PRESSURE STUDIES INTRA-ABDOMINAL	\$ 118.65	\$ 118.65
51798		MEASUREMENT OF POST-VOIDING RESIDUAL URI	\$ 16.08	\$ 16.08
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY WITH O	\$ 866.81	\$ 866.81
51820		REVISION OF URINARY TRACT	\$ 883.84	\$ 883.84
51840		ANTERIOR VESICourethroPEXY, OR URETHROPE	\$ 527.38	\$ 527.38
51841		FIXATION OF BLADDER/URETHRA	\$ 626.17	\$ 626.17
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION	\$ 480.29	\$ 480.29
51860		REPAIR OF BLADDER WOUND	\$ 587.43	\$ 587.43
51865		REPAIR OF BLADDER WOUND	\$ 728.08	\$ 728.08
51880		REPAIR OF BLADDER OPENING	\$ 380.67	\$ 380.67
51900		REPAIR BLADDER/VAGINA LESION	\$ 675.15	\$ 675.15
51920		REPAIR BLADDER/UTERUS LESION	\$ 623.97	\$ 623.97
51925		HYSTERECTOMY/BLADDER REPAIR	\$ 813.68	\$ 813.68
51940		CLOSURE, EXSTROPHY OF BLADDER	\$ 1,337.11	\$ 1,337.11
51960		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL	\$ 1,152.62	\$ 1,152.62
51980		CONSTRUCT BLADDER OPENING	\$ 589.68	\$ 589.68
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSI	\$ 607.02	\$ 607.02

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

51992		LAPAROSCOPY, SURGICAL; SLING OPERATION F	\$ 662.58	\$ 662.58
52250		CYSTOVRE INS RADIOAC SUB W/VO BIOPSY O F	\$ 204.87	\$ 204.87
52265		LOCAL ANESTHESIA	\$ 133.14	\$ 341.85
52332		CYSTOURETHROSCOPY W/INTSERT INDW URETERA	\$ 131.58	\$ 387.55
52356		CYSTO/URETERO W/LITHOTRIPSY	\$ 335.06	\$ 335.06
52400		CYSTOURETHROSCOPY WITH INCISION, FULGURA	\$ 406.16	\$ 406.16
52450		TRANSURETHRAL INCISION OF PROSTATE	\$ 386.31	\$ 386.31
52500		REVISION OF BLADDER	\$ 403.67	\$ 403.67
52601		TRANSURETHRAL ELECTROSURGICAL RESECTION	\$ 687.74	\$ 687.74
52630		REMOVE PROSTATE REGROWTH	\$ 367.60	\$ 367.60
52640		RELIEVE BLADDER CONTRACTURE	\$ 250.26	\$ 250.26
52647		LASER COAGULATION OF PROSTATE, INCLUDING	\$ 535.02	\$ 1,742.19
52648		LASER VAPORIZATION OF PROSTATE, INCLUDIN	\$ 571.12	\$ 1,780.51
52649		LASER ENUCLEATION OF THE PROSTATE WITH M	\$ 816.40	\$ 816.40
52700		DRAINAGE OF PROSTATE ABSCESS	\$ 358.88	\$ 358.88
53000		REVISION OF URETHRA	\$ 122.43	\$ 122.43
53010		REVISION OF URETHRA	\$ 239.68	\$ 239.68
53040		DRAINAGE OF URETHRA ABSCESS	\$ 324.10	\$ 324.10
53060		DRAINAGE OF URETHRA ABSCESS	\$ 126.64	\$ 142.31
53080		DRAINAGE OF URINARY LEAKAGE	\$ 358.63	\$ 358.63
53085		DRAINAGE OF URINARY LEAKAGE	\$ 510.46	\$ 510.46
53210		REMOVAL OF URETHRA	\$ 638.74	\$ 638.74
53215		REMOVAL OF URETHRA	\$ 776.32	\$ 776.32
53220		TREATMENT OF URETHRA LESION	\$ 372.26	\$ 372.26
53230		REMOVAL OF URETHRA LESION	\$ 496.75	\$ 496.75
53235		REMOVAL OF URETHRA LESION	\$ 528.30	\$ 528.30
53240		REVISION OF URETHRAL POUCH	\$ 354.24	\$ 354.24
53250		REMOVAL OF URETHRAL GLAND	\$ 328.62	\$ 328.62
53260		TREATMENT OF URETHRAL LESION	\$ 145.04	\$ 163.23
53265		TREATMENT OF URETHRAL LESION	\$ 152.45	\$ 180.98

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

53270		REMOVAL OF URETHRAL GLAND	\$ 149.32	\$ 166.39
53275		REPAIR OF URETHRAL DEFECT	\$ 220.10	\$ 220.10
53400		REVISION URETHRA, 1ST STAGE	\$ 664.01	\$ 664.01
53405		REVISION URETHRA, 2ND STAGE	\$ 731.61	\$ 731.61
53410		RECONSTRUCTION OF URETHRA	\$ 816.80	\$ 816.80
53415		URETHROPLASTY, TRANSPUBIC, ONE STAGE	\$ 942.66	\$ 942.66
53420		REVISION URETHRA, 1ST STAGE	\$ 670.51	\$ 670.51
53425		REVISION URETHRA, 2ND STAGE	\$ 786.91	\$ 786.91
53430		RECONSTRUCTION OF URETHRA	\$ 785.58	\$ 785.58
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	\$ 963.54	\$ 963.54
53440		SLING OPERATION FOR CORRECTION OF MALE U	\$ 728.27	\$ 728.27
53442		REMOVAL OR REVISION OF SLING FOR MALE UR	\$ 640.92	\$ 640.92
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$ 662.59	\$ 662.59
53445		INSERTION OF INFLATABLE URETHRAL/BLADDER	\$ 731.06	\$ 731.06
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	\$ 533.97	\$ 533.97
53447		REMOVAL AND REPLACEMENT OF INFLATABLE UR	\$ 676.13	\$ 676.13
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	\$ 1,070.19	\$ 1,070.19
53449		REPAIR OF INFLATABLE URETHRAL/BLADDER NE	\$ 507.80	\$ 507.80
53450		REVISION OF URETHRA	\$ 337.26	\$ 337.26
53460		REVISION OF URETHRA	\$ 379.15	\$ 379.15
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	\$ 610.72	\$ 610.72
53502		URETHRORRHAPHY FEMALE	\$ 401.09	\$ 401.09
53505		REPAIR OF URETHRA INJURY	\$ 402.90	\$ 402.90
53510		REPAIR OF URETHRA INJURY	\$ 524.69	\$ 524.69
53515		REPAIR OF URETHRA INJURY	\$ 662.53	\$ 662.53
53520		REPAIR OF URETHRA DEFECT	\$ 460.10	\$ 460.10
53850		TRANSURETHRAL DESTRUCTION OF PROSTATE TI	\$ 472.20	\$ 1,995.20
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TI	\$ 513.80	\$ 1,922.10
54000		REVISION OF PENIS	\$ 87.90	\$ 127.06
54001		REVISION OF PENIS	\$ 113.64	\$ 156.72

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

54015		INCISION AND DRAINAGE OF PENIS DEEP	\$ 257.18	\$ 257.18
54050		TREATMENT OF PENIS LESION	\$ 76.84	\$ 95.87
54055		TREATMENT OF PENIS LESION	\$ 70.91	\$ 91.61
54056		DESTRUCTION OF LESION, PENIS, SIMPLE; CR	\$ 79.27	\$ 99.97
54057		DESTRUCTION OF LESION, PENIS, SIMPLE; LA	\$ 74.53	\$ 109.77
54060		TREATMENT OF PENIS LESION	\$ 104.28	\$ 148.75
54065		DESTRUCTION OF LESION(S), PENIS (EG, CON	\$ 127.49	\$ 163.57
54100		BIOPSY OF PENIS	\$ 94.90	\$ 149.47
54105		BIOPSY OF PENIS	\$ 178.09	\$ 226.21
54110		TREATMENT OF PENIS LESION	\$ 517.22	\$ 517.22
54111		EXCISION OF PENILE PLAQUE WITH GRAFT TO	\$ 669.09	\$ 669.09
54112		EXCISION OF PENILE PLAQUE WITH GRAFT MOR	\$ 785.44	\$ 785.44
54115		REMOVAL FOREIGN BODY FROM DEEP PENILE TI	\$ 347.11	\$ 370.62
54120		PARTIAL AMPUTATION OF PENIS	\$ 523.10	\$ 523.10
54125		AMPUTATION OF PENIS	\$ 675.09	\$ 675.09
54130		AMPUTATION OF PENIS	\$ 999.81	\$ 999.81
54135		AMPUTATION PENIS W/BILATERAL LYMPH INCLU	\$ 1,270.06	\$ 1,270.06
54150		CIRCUMCISION	\$ 81.52	\$ 136.91
54161		CIRCUMCISION	\$ 163.22	\$ 163.22
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	\$ 162.23	\$ 220.43
54163		REPAIR INCOMPLETE CIRCUMCISION	\$ 179.02	\$ 179.02
54164		FRENULOTOMY OF PENIS	\$ 157.45	\$ 157.45
54200		TREATMENT OF PENIS LESION	\$ 68.89	\$ 89.31
54205		TREATMENT OF PENIS LESION	\$ 443.72	\$ 443.72
54230		ING PROCEDURE FOR CORPORA CAVERNOSGRAPHY	\$ 66.59	\$ 80.30
54240		PENILE PLETHYSMOGRAPHY	\$ 83.44	\$ 83.44
54300		REVISION OF PENIS	\$ 538.78	\$ 538.78
54304		PLASTIC OPERATION ON PENIS FOR CORRECT O	\$ 631.39	\$ 631.39
54308		URETHROPLASTY SECOND STAGE HYPOSPADIAS L	\$ 601.17	\$ 601.17
54312		URETHROPLASTY FOR HYPOSPADIAS REPAIR MOR	\$ 694.76	\$ 694.76

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

54316		URETHROPLASTY FOR HYPOSPADIAS REPAIR WIT	\$ 841.26	\$ 841.26
54318		URETHROPLASTY FOR HYPOSPADIAS TO RELEASE	\$ 605.63	\$ 605.63
54322		HYPOSPADIAS REPAIR WITH MEATAL ADVANCEME	\$ 657.82	\$ 657.82
54324		HYPOSPADIAS REPAIR WITH URETHROPLASTY BY	\$ 817.80	\$ 817.80
54326		HYPOSPADIAS REPAIR WITH URETHROPLASTY BY	\$ 769.30	\$ 769.30
54328		HYPOSPADIAS WITH URETHROPLASTY TO CORREC	\$ 779.67	\$ 779.67
54332		PENILE HYPOSPADIAS REPAIR DISSECTION TO	\$ 852.34	\$ 852.34
54336		HYPOSPADIAS REPAIR TO CORRT CHORDEE AND	\$ 968.61	\$ 968.61
54340		REPAIR HYPOSPADIAS COMPLICATIONS, SIMPLE	\$ 467.71	\$ 467.71
54344		REPAIR HYPOSPADIAS COMPLICATIONS MOBILIZ	\$ 807.01	\$ 807.01
54348		REPAIR HYPOSPADIAS COMPLI DISSECTION AND	\$ 856.80	\$ 856.80
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING	\$ 1,208.74	\$ 1,208.74
54360		PLASTI OPERATION ON PENIS TO CORRECT ANG	\$ 606.00	\$ 606.00
54380		REVISION OF PENIS	\$ 671.56	\$ 671.56
54385		REVISE PENIS/BLADDER DEFECT	\$ 810.67	\$ 810.67
54390		REVISE PENIS/BLADDER DEFECT	\$ 988.87	\$ 988.87
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	\$ 608.32	\$ 608.32
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	\$ 436.34	\$ 436.34
54420		REVISION OF PENIS	\$ 589.43	\$ 589.43
54430		REVISION OF PENIS	\$ 533.77	\$ 533.77
54435		CORPORA CAVERNOSA-GIANS PENIS FISTULIZAT	\$ 344.90	\$ 344.90
54440		REVISION OF PENIS	\$ 729.31	\$ 729.31
54450		FORESKIN MANIPULATION	\$ 49.39	\$ 60.59
54505		BIOPSY OF TESTIS	\$ 176.70	\$ 176.70
54512		EXCISION OF EXTRAPARENCHYMAL LESION OF T	\$ 444.46	\$ 444.46
54520		REMOVAL OF TESTIS	\$ 268.80	\$ 268.80
54522		ORCHIECTOMY, PARTIAL	\$ 482.67	\$ 482.67
54530		REMOVAL OF TESTIS	\$ 419.62	\$ 419.62
54535		EXTENSIVE TESTIS SURGERY	\$ 610.71	\$ 610.71
54550		EXPLORATION FOR TESTIS	\$ 405.04	\$ 405.04

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

54560		EXPLORATION FOR TESTIS	\$ 553.30	\$ 553.30
54600		REDUCE TESTIS TORSION	\$ 374.34	\$ 374.34
54620		FIXATION OF TESTIS	\$ 251.56	\$ 251.56
54640		ORCHIOPEXY, INGUINAL APPROACH, WITH OR W	\$ 384.35	\$ 384.35
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTR	\$ 589.66	\$ 589.66
54670		REPAIR TESTIS INJURY	\$ 334.17	\$ 334.17
54680		RELOCATION OF TESTIS (ES)	\$ 651.65	\$ 651.65
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$ 526.78	\$ 526.78
54692		LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR IN	\$ 643.63	\$ 643.63
54700		DRAINAGE OF SCROTUM	\$ 174.32	\$ 174.32
54830		REMOVE EPIDIDYMIS LESION	\$ 304.10	\$ 304.10
54840		REMOVE EPIDIDYMIS LESION	\$ 267.08	\$ 267.08
54860		REMOVAL OF EPIDIDYMIS	\$ 345.05	\$ 345.05
54861		REMOVAL OF EPIDIDYMES	\$ 467.13	\$ 467.13
54865		EXPLORATION OF EPIDIDYMIS, WITH OR WITHO	\$ 293.58	\$ 293.58
55040		REMOVAL OF HYDROCELE	\$ 277.58	\$ 277.58
55041		REMOVAL OF HYDROCELES	\$ 418.05	\$ 418.05
55060		REPAIR OF HYDROCELE	\$ 310.42	\$ 310.42
55100		DRAINAGE OF SCROTUM ABSCESS	\$ 131.52	\$ 174.88
55110		SCROTAL EXPLORATION	\$ 315.85	\$ 315.85
55120		REMOVAL OF SCROTUM LESION	\$ 289.63	\$ 289.63
55150		REMOVAL OF SCROTUM	\$ 400.43	\$ 400.43
55175		SCROTOPLASTY; SIMPLE	\$ 297.14	\$ 297.14
55180		SCROTOPLASTY; COMPLICATED	\$ 566.23	\$ 566.23
55200		INCISION OF SPERM DUCT	\$ 227.76	\$ 396.45
55250		REMOVAL OF SPERM DUCT(S)	\$ 186.06	\$ 348.60
55500		REMOVAL OF HYDROCELE	\$ 308.11	\$ 308.11
55520		REMOVAL OF SPERM CORD LESION	\$ 317.41	\$ 317.41
55530		REVISE SPERMATIC CORD VEINS	\$ 291.22	\$ 291.22
55535		REVISE SPERMATIC CORD VEINS	\$ 352.41	\$ 352.41

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

55540		REVISE HERNIA & SPERM VEINS	\$ 385.20	\$ 385.20
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION OF	\$ 349.04	\$ 349.04
55600		INCISE SPERM DUCT POUCH	\$ 351.53	\$ 351.53
55650		REMOVE SPERM DUCT POUCH	\$ 592.41	\$ 592.41
55680		REMOVE SPERM POUCH LESION	\$ 279.91	\$ 279.91
55705		BIOPSY OF PROSTATE	\$ 223.83	\$ 223.83
55720		DRAINAGE OF PROSTATE ABSCESS	\$ 383.07	\$ 383.07
55725		DRAINAGE OF PROSTATE ABSCESS	\$ 486.29	\$ 486.29
55801		REMOVAL OF PROSTATE	\$ 905.83	\$ 905.83
55810		REMOVAL OF PROSTATE	\$ 1,096.49	\$ 1,096.49
55812		PROSTATECTOMY PERINEAL RADICAL W LYMPH B	\$ 1,347.67	\$ 1,347.67
55815		PROSTATECTOMY PERINEAL W PELVIC LYMPHADE	\$ 1,478.60	\$ 1,478.60
55821		REMOVAL OF PROSTATE	\$ 728.48	\$ 728.48
55831		REMOVAL OF PROSTATE	\$ 789.68	\$ 789.68
55840		PROSTATECTOMY, RETROPUBIC RADICAL, WITH	\$ 1,118.64	\$ 1,118.64
55842		PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	\$ 1,199.02	\$ 1,199.02
55845		EXTENSIVE PROSTATE SURGERY	\$ 1,372.39	\$ 1,372.39
55860		EXPOSURE PROSTATE FOR INSERTION OF RADIO	\$ 730.82	\$ 730.82
55862		EXPOSURE PROSTATE INSERTION RADIOACTIVE	\$ 923.60	\$ 923.60
55865		EXPO PROSTATE WITH LYMPHADENECTOMY INCLU	\$ 1,119.45	\$ 1,119.45
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	\$ 1,457.88	\$ 1,457.88
55873		CRYOSURGICAL ABLATION OF THE PROSTATE (I	\$ 952.24	\$ 952.24
55875		TRANSPERINEAL PLACEMENT OF NEEDLES OR CA	\$ 633.63	\$ 633.63
55920		PLACEMENT OF NEEDLES OR CATHETERS INTO P	\$ 358.13	\$ 358.13
56405		I AND D OF ABSCESS, VULVA/PERINEAL	\$ 79.87	\$ 81.55
56420		DRAINAGE OF VULVA ABSCESS	\$ 69.49	\$ 93.55
56440		MARSUPILIZATION OF BARTHOLIN'S GLAND CYS	\$ 138.62	\$ 138.62
56441		LYSIS OF LABIAL ADHESIONS	\$ 107.11	\$ 112.98
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	\$ 85.02	\$ 97.33
56515		DESTRUCTION OF LESION(S), VULVA; EXTENSI	\$ 148.32	\$ 166.78

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

56605		BIOPSY VULVA/PERINEUM; 1 LESION	\$ 46.67	\$ 62.90
56620		VULVECTOMY PARTIAL UNILATERAL OR BILATER	\$ 372.16	\$ 372.16
56625		EXTERNAL GENITAL SURGERY	\$ 449.11	\$ 449.11
56630		VULVECTOMY RADICAL WITHOUT SKIN GRAFT	\$ 658.02	\$ 658.02
56631		VULVECTOMY, RADICAL, PARTIAL; W LYMPHADEN	\$ 837.56	\$ 837.56
56632		VULVECTOMY, RADICAL, PARTIAL;	\$ 969.65	\$ 969.65
56633		VULVECTOMY, RADICAL, COMPLETE	\$ 859.02	\$ 859.02
56634		VULVECTOMY, RAD, COMPLETE; UNI LYMPHADEN	\$ 907.47	\$ 907.47
56637		VULVECTOMY, RADICAL, COMPLETE; W LYMPHAD	\$ 1,073.19	\$ 1,073.19
56640		VULVECTOMY RADICAL WITH INGUINOFEM ILIAC	\$ 1,070.63	\$ 1,070.63
56700		EXTERNAL GENITAL SURGERY	\$ 140.20	\$ 140.20
56740		EXTERNAL GENITAL SURGERY	\$ 224.80	\$ 224.80
56800		PLASTIC REPAIR OF INTROITUS	\$ 184.85	\$ 184.85
56805		CLITOROPLASTY FOR INTERSEX STATE	\$ 873.26	\$ 873.26
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-O	\$ 198.66	\$ 198.66
56820		COLPOSCOPY OF THE VULVA;	\$ 65.05	\$ 83.52
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$ 88.33	\$ 111.84
57000		DRAINAGE OF PELVIC LESION	\$ 144.49	\$ 144.49
57010		COLPOTOMY WITH DRAINAGE PELVIC ABSCESS	\$ 324.88	\$ 324.88
57022		INCISION AND DRAINAGE OF VAGINAL HEMATOM	\$ 126.09	\$ 126.09
57023		INCISION AND DRAINAGE OF VAGINAL HEMATOM	\$ 236.50	\$ 236.50
57061		DESTRUCTION OF VAGINAL LESION(S); SIMPLE	\$ 72.62	\$ 84.65
57065		DESTRUCTION OF VAGINAL LESION(S); EXTENS	\$ 129.13	\$ 144.52
57105		BIOPSY OF VAGINA	\$ 93.89	\$ 101.71
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	\$ 357.99	\$ 357.99
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	\$ 1,065.19	\$ 1,065.19
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	\$ 1,218.28	\$ 1,218.28
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$ 685.12	\$ 685.12
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$ 1,230.66	\$ 1,230.66
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$ 1,307.13	\$ 1,307.13

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

57120		VAGINAL SURGERY	\$ 387.55	\$ 387.55
57130		VAGINAL SURGERY	\$ 121.88	\$ 136.15
57135		EXCISION VAGINAL CYST OR TUMOR	\$ 131.47	\$ 146.02
57150		TREATMENT VAGINAL INFECTION	\$ 23.01	\$ 38.11
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGI	\$ 321.03	\$ 321.03
57160		FITTING AND INSERTION OF PESSARY OR OTHE	\$ 36.95	\$ 57.93
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	\$ 37.46	\$ 52.29
57180		INTRO OF HEMOSTATIC AGENTOR PACKN NON-OB	\$ 80.85	\$ 106.30
57200		REPAIR OF VAGINA	\$ 223.45	\$ 223.45
57210		REPAIR VAGINA/PERINEUM	\$ 277.57	\$ 277.57
57220		REVISION OF URETHRA	\$ 241.05	\$ 241.05
57230		REVISION OF URETHRAL LESION	\$ 301.98	\$ 301.98
57240		REPAIR OF BLADDER LESION	\$ 504.16	\$ 504.16
57250		POSTERIOR COLPORRHAPHY REPAIR RECTOCELE	\$ 493.54	\$ 493.54
57260		EXTENSIVE VAGINAL REPAIR	\$ 615.45	\$ 615.45
57265		EXTENSIVE VAGINAL REPAIR	\$ 687.39	\$ 687.39
57267		INSERTION OF MESH OR OTHER PROSTHESIS FO	\$ 207.71	\$ 207.71
57268		REPAIR ENTEROCELE VAGINAL APPROACH	\$ 363.89	\$ 363.89
57270		REPAIR OF VISCERAL POUCH	\$ 606.62	\$ 606.62
57280		FIXATION OF VAGINA	\$ 737.99	\$ 737.99
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APP	\$ 385.92	\$ 385.92
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APP	\$ 522.81	\$ 522.81
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 639.31	\$ 639.31
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 510.44	\$ 510.44
57287		REMOVAL OR REVISION OF SLING FOR STRESS	\$ 535.36	\$ 535.36
57288		SLING OPERATION FOR STRESS INCONTINENCE	\$ 563.73	\$ 563.73
57289		PEREYRA PROCEDURE INC ANTERIOR COLPORRHA	\$ 592.48	\$ 592.48
57291		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	\$ 410.96	\$ 410.96
57292		CONSTRUCTION ARTIFICIAL VAGINA WITH GRAF	\$ 630.88	\$ 630.88
57295		REVISION (INCLUDING REMOVAL) OF PROSTHET	\$ 374.07	\$ 374.07

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

57296		REVISION (INCLUDING REMOVAL) OF PROSTHET	\$ 722.50	\$ 722.50
57300		REPAIR RECTUM/VAGINA LESION	\$ 402.36	\$ 402.36
57305		REPAIR RECTUM/VAGINA LESION	\$ 673.98	\$ 673.98
57307		REPAIR RECTUM/VAGINA LESION	\$ 754.08	\$ 754.08
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPE	\$ 480.65	\$ 480.65
57310		REPAIR URETHRA/VAGINA LESION	\$ 374.66	\$ 374.66
57311		CLOSURE URETHROVAGINAL FISTULA W/ BULBOC	\$ 428.03	\$ 428.03
57320		REPAIR BLADDER/VAGINA LESION	\$ 426.49	\$ 426.49
57330		REPAIR BLADDER/VAGINA LESION	\$ 606.78	\$ 606.78
57335		VAGINOPLASTY FOR INTERSEX STATE	\$ 886.19	\$ 886.19
57415		REMOVAL VAG FOREIGN BODY W ANESTH.	\$ 120.92	\$ 120.92
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 69.10	\$ 87.84
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 94.38	\$ 118.43
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 706.06	\$ 706.06
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	\$ 744.69	\$ 744.69
57426		REVISION (INCLUDING REMOVAL) OF PROSTHET	\$ 522.02	\$ 522.02
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 70.08	\$ 82.66
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 104.65	\$ 117.24
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 85.49	\$ 108.72
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 79.75	\$ 102.69
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 145.45	\$ 250.36
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	\$ 56.77	\$ 98.46
57505		ENDOCERVICAL CURETTAGE	\$ 67.99	\$ 75.82
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$ 88.45	\$ 100.48
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	\$ 99.12	\$ 109.20
57513		CAUTERIZATION OF CERVIX LASER SURGERY	\$ 99.69	\$ 107.81
57520		CONIZATION OF CERVIX, WITH OR WITHOUT FU	\$ 206.04	\$ 231.22
57522		CONIZATION OF CERVIX, WITH OR WITHOUT FU	\$ 182.81	\$ 198.19
57530		REMOVAL OF CERVIX	\$ 259.29	\$ 259.29
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TO	\$ 1,293.32	\$ 1,293.32

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

57540		REMOVAL OF CERVIX TISSUE	\$ 591.43	\$ 591.43
57545		REMOVE CERVIX, REPAIR PELVIS	\$ 624.06	\$ 624.06
57550		REMOVAL OF CERVIX TISSUE	\$ 306.76	\$ 306.76
57555		REMOVE CERVIX, REPAIR VAGINA	\$ 454.18	\$ 454.18
57556		CERVIX UTERI WITH REPAIR OF ENTEROCELE	\$ 433.39	\$ 433.39
57558		DILATION AND CURETTAGE OF CERVICAL STUMP	\$ 85.45	\$ 94.11
57700		REVISION OF CERVIX	\$ 229.77	\$ 229.77
57720		REVISION OF CERVIX	\$ 230.61	\$ 230.61
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	\$ 67.35	\$ 83.30
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	\$ 32.01	\$ 37.32
58120		D & C DIAG AND OR THERAPEUTIC	\$ 163.50	\$ 188.12
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 693.79	\$ 693.79
58145		REMOVAL OF UTERINE LESION	\$ 410.39	\$ 410.39
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 884.26	\$ 884.26
58150		HYSTERECTOMY	\$ 752.09	\$ 752.09
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	\$ 949.54	\$ 949.54
58180		PARTIAL HYSTERECTOMY	\$ 722.11	\$ 722.11
58200		EXTENSIVE UTERINE SURGERY	\$ 994.90	\$ 994.90
58210		EXTENSIVE UTERINE SURGERY	\$ 1,325.51	\$ 1,325.51
58240		REMOVAL OF PELVIS CONTENTS	\$ 2,084.31	\$ 2,084.31
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	\$ 627.58	\$ 627.58
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	\$ 701.51	\$ 701.51
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	\$ 756.00	\$ 756.00
58267		HYSTERECTOMY & REPAIR VAGINA	\$ 803.38	\$ 803.38
58270		HYSTERECTOMY & REPAIR VAGINA	\$ 672.68	\$ 672.68
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PART	\$ 748.53	\$ 748.53
58280		HYSTERECTOMY, REVISE VAGINA	\$ 801.07	\$ 801.07
58285		HYSTERECTOMY	\$ 1,005.92	\$ 1,005.92
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 880.18	\$ 880.18
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 956.62	\$ 956.62

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,008.31	\$ 1,008.31
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 1,047.05	\$ 1,047.05
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 930.04	\$ 930.04
58300		INSERT INTRAUTERINE DEVICE	\$ 42.64	\$ 59.14
58301		REMOVAL OF IUD	\$ 52.48	\$ 72.62
58340		CATHETERIZATION AND INTRODUCTION OF SALI	\$ 53.63	\$ 134.60
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICA	\$ 345.51	\$ 345.51
58353		ENDOMETRIAL ABLATION, THERMAL, WITHOUT H	\$ 167.69	\$ 836.60
58400		FIXATION OF UTERUS	\$ 338.97	\$ 338.97
58410		FIXATION OF UTERUS	\$ 608.89	\$ 608.89
58520		REPAIR OF RUPTURED UTERUS	\$ 594.55	\$ 594.55
58540		REVISION OF UTERUS	\$ 690.51	\$ 690.51
58541		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 651.08	\$ 651.08
58542		LSH W/T/O UT 250 G OR LESS	\$ 723.47	\$ 723.47
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 735.57	\$ 735.57
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 795.20	\$ 795.20
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 680.17	\$ 680.17
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 862.54	\$ 862.54
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYST	\$ 1,345.99	\$ 1,345.99
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	\$ 671.12	\$ 671.12
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	\$ 740.98	\$ 740.98
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 867.02	\$ 867.02
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 993.59	\$ 993.59
58555		HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCE	\$ 146.15	\$ 181.96
58558		HYSTEROSCOPY, SURGICAL; WITH SAMPLING (B	\$ 206.04	\$ 246.32
58559		HYSTEROSCOPY, SURGICAL; WITH LYSIS OF IN	\$ 265.12	\$ 265.12
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR	\$ 299.69	\$ 299.69
58561		HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF	\$ 424.38	\$ 424.38
58562		HYSTEROSCOPY, SURGICAL WITH REMOVAL OF I	\$ 224.75	\$ 260.83
58563		HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL	\$ 265.12	\$ 1,362.62

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

58565		HYSTEROSCOPY, SURGICAL; WITH BILATERAL F	\$ 336.77	\$ 1,450.22
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	\$ 699.24	\$ 699.24
58571		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	\$ 768.62	\$ 768.62
58572		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	\$ 870.10	\$ 870.10
58573		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	\$ 985.48	\$ 985.48
58575		Laps tot hyst resj mal	\$ 1,553.24	\$ 1,553.24
58600		LIGATION OR TRANSECTION FALLOP TUBES ABD	\$ 274.94	\$ 274.94
58605		LIGATION OR TRANSECTION FALLOP TUBES ABD	\$ 249.83	\$ 249.83
58615		OCCLUS FALLOPIAN TUBES BY DEVICE VAG/SUP	\$ 188.82	\$ 188.82
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADH	\$ 511.27	\$ 511.27
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL OF A	\$ 491.66	\$ 491.66
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION	\$ 537.41	\$ 537.41
58670		LAPAROSCOPY, SURGICAL; WITH FULGURATION	\$ 276.81	\$ 276.81
58671		LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF	\$ 276.71	\$ 276.72
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	\$ 578.43	\$ 578.43
58720		REMOVAL OF OVARY/TUBE(S)	\$ 543.64	\$ 543.64
58800		DRAINAGE OF OVARIAN CYST(S)	\$ 224.73	\$ 240.67
58805		DRAINAGE OF OVARIAN CYST(S)	\$ 305.70	\$ 305.70
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APP	\$ 235.58	\$ 235.58
58822		DRAINAGE OF OVARIAN ABSCESS	\$ 534.18	\$ 534.18
58825		OVARIAN TRANSPOSITION	\$ 528.28	\$ 528.28
58900		BIOPSY OF OVARY(S)	\$ 311.95	\$ 311.95
58920		PARTIAL REMOVAL OF OVARY(S)	\$ 532.17	\$ 532.17
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	\$ 554.66	\$ 554.66
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	\$ 379.12	\$ 379.12
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	\$ 848.88	\$ 848.88
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 808.89	\$ 808.89
58951		RESECT OVARIAN MALIGNANCY	\$ 1,044.55	\$ 1,044.55
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 1,178.02	\$ 1,178.02
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$ 1,461.92	\$ 1,461.92

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$ 1,587.14	\$ 1,587.14
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOT	\$ 1,023.21	\$ 1,023.21
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT	\$ 1,125.04	\$ 1,125.04
58958		RESECT RECUR GYN MAL W/LYM	\$ 1,250.55	\$ 1,250.55
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	\$ 698.98	\$ 698.98
59020		FETAL OXYTOCIN STRESS TEST	\$ 52.64	\$ 52.64
59025		FETAL NON-STRESS TEST	\$ 35.13	\$ 35.13
59025	26	FETAL NON-STRESS TEST	\$ 23.28	\$ 23.28
59025	TC	FETAL NON-STRESS TEST	\$ 11.85	\$ 11.85
59030		FETAL BLOOD SAMPLING SCALP	\$ 86.82	\$ 86.82
59100		REMOVAL OF UTERUS LESION	\$ 622.10	\$ 622.10
59120		TREATMENT ATYPICAL PREGNANCY	\$ 594.20	\$ 594.20
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	\$ 596.93	\$ 596.93
59130		TREATMENT ATYPICAL PREGNANCY	\$ 697.10	\$ 697.10
59135		TREATMENT ATYPICAL PREGNANCY	\$ 705.29	\$ 705.29
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	\$ 659.38	\$ 659.38
59140		TREATMENT ATYPICAL PREGNANCY	\$ 294.85	\$ 294.85
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	\$ 577.72	\$ 577.72
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	\$ 564.60	\$ 564.60
59160		CURRETTAGE, POSTPARTUM	\$ 135.68	\$ 160.30
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	\$ 212.68	\$ 212.68
59400		OBSTETRICAL CARE	\$ 1,327.53	\$ 1,327.53
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 589.45	\$ 589.45
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 683.52	\$ 683.52
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	\$ 78.97	\$ 78.97
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	\$ 70.25	\$ 70.25
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$ 260.89	\$ 329.99
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$ 461.66	\$ 590.36
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	\$ 96.11	\$ 105.89
59510		CESAREAN DELIVERY	\$ 1,503.26	\$ 1,503.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

59514		CESAREAN DELIVERY ONLY;	\$ 697.93	\$ 697.93
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	\$ 822.81	\$ 822.81
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	\$ 371.47	\$ 371.47
59812		SURGICAL TX SPONTANEOUS ABORTION, ANY TR	\$ 219.53	\$ 234.91
59820		MISSED ABORTION COMPLETED MED OR SURG AN	\$ 258.23	\$ 276.98
59821		SURGICAL TX MISSED ABORTION, SECOND TRIM	\$ 262.40	\$ 282.26
59830		SEPTIC ABORTION	\$ 326.62	\$ 326.62
59840		D AND C THERAPEUTIC ABORTION INCLUDES SU	\$ 157.80	\$ 162.84
59841		LEGAL THERAPEUTIC ABORTION BY D&C	\$ 268.33	\$ 283.72
59850		THERAPEUTIC ABORTION BY SALINE INJECTION	\$ 292.51	\$ 292.51
59851		LEGAL ABORTION THERAPEUTIC WITH DILATION	\$ 300.11	\$ 300.11
59852		LEGAL ABORTION THERAPEUTIC WITH HYSTEROT	\$ 421.26	\$ 421.26
59855		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 312.24	\$ 312.24
59856		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 369.12	\$ 369.12
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 441.70	\$ 441.70
59870		UTERINE EVAC AND CURETTAGE FOR HYDATIFOR	\$ 350.32	\$ 350.32
60000		INCISION AND DRAINAGE OF THYROGLOSSAL DU	\$ 106.51	\$ 116.29
60200		DRAINAGE THYROID DUCT LESION	\$ 479.95	\$ 479.95
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL;	\$ 514.39	\$ 514.39
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL;	\$ 739.39	\$ 739.39
60220		TOTAL THYROID LOBECTOMY, UNILATERAL; WIT	\$ 564.03	\$ 564.03
60225		TOTAL THYROID LOBECTOMY, UNILATERAL; WIT	\$ 677.67	\$ 677.67
60240		REMOVAL OF THYROID	\$ 718.89	\$ 718.89
60252		REMOVAL OF THYROID	\$ 970.78	\$ 970.78
60254		EXTENSIVE THYROID SURGERY	\$ 1,251.15	\$ 1,251.15
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING	\$ 810.56	\$ 810.56
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYR	\$ 1,021.61	\$ 1,021.61
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYR	\$ 783.09	\$ 783.09
60280		REMOVAL THYROID DUCT LESION	\$ 321.75	\$ 321.75
60281		EXCISION OF THYROGLOSSAL DUCT,CYST,SINUS	\$ 430.73	\$ 430.73

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

60300		ASPIRATION AND/OR INJECTION, THYROID CYS	\$ 39.91	\$ 81.03
60500		EXPLORE PARATHYROID GLANDS	\$ 745.31	\$ 745.31
60502		RE-EXPLORATION OF PARATHYROID	\$ 935.63	\$ 935.63
60505		EXPLORE PARATHYROID GLANDS	\$ 1,027.39	\$ 1,027.39
60520		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVI	\$ 767.71	\$ 767.71
60521		THYMECTOMY, PARTIAL OR TOTAL;	\$ 880.75	\$ 880.75
60522		THYMECTOMY, PARTIAL OR TOTAL;	\$ 1,062.70	\$ 1,062.70
60540		EXPLORATION ADRENAL GLAND	\$ 809.39	\$ 809.39
60545		EXPLORATION ADRENAL GLAND	\$ 921.64	\$ 921.64
60600		REMOVAL CAROTID BODY LESION	\$ 1,072.15	\$ 1,072.15
60605		REMOVAL CAROTID BODY LESION	\$ 1,349.19	\$ 1,349.19
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	\$ 902.85	\$ 902.85
61070		MANIPULATE BRAIN CANAL SHUNT	\$ 60.39	\$ 60.39
61105		TWIST DRILL HOLE FOR SUBDURAL OR VENTRIC	\$ 313.12	\$ 313.12
61108		TWIST DRILL HOLE FOR EVAC OF SUBDURAL HE	\$ 623.38	\$ 623.38
61120		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (I	\$ 511.15	\$ 511.15
61140		INCISE SKULL BRAIN BIOPSY	\$ 887.97	\$ 887.97
61150		INCISE SKULL FOR DRAINAGE	\$ 951.05	\$ 951.05
61151		INCISE SKULL FOR DRAINAGE	\$ 688.22	\$ 688.22
61154		INCISE SKULL FOR DRAINAGE	\$ 889.29	\$ 889.29
61156		INCISE SKULL FOR DRAINAGE	\$ 887.34	\$ 887.34
61215		INSERTION OF SUBCUTANEOUS RESERVOIR TO V	\$ 340.23	\$ 340.23
61250		BURR HOLES TREPHINE, SUPRATENTORIAL, EXP	\$ 598.79	\$ 598.79
61253		BURR HOLE OR TREPHINE INFRATENTORIAL UNI	\$ 660.88	\$ 660.88
61304		INCISE SKULL FOR EXPLORATION	\$ 1,171.89	\$ 1,171.89
61305		INCISE SKULL FOR EXPLORATION	\$ 1,413.50	\$ 1,413.50
61312		CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRAT	\$ 1,467.26	\$ 1,467.26
61313		CRANIELTOMY FOR EVAC OF HEMATOMA, INTRAC	\$ 1,401.20	\$ 1,401.20
61314		CRANIECTOMY FOR EVAC OF HEMATOMA, INFRAT	\$ 1,296.79	\$ 1,296.79
61315		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRAC	\$ 1,476.60	\$ 1,476.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

61320		INCISE SKULL FOR DRAINAGE	\$ 1,365.58	\$ 1,365.58
61321		CRANIECTOMY DRAINAGE OF INTRACRANIAL ABS	\$ 1,497.51	\$ 1,497.51
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$ 1,662.97	\$ 1,662.97
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$ 1,692.43	\$ 1,692.43
61330		INCISE SKULL FOR EXPLORATION	\$ 1,161.58	\$ 1,161.58
61332		EXPLORATION OR DECOMPRESSION OF ORBIT TR	\$ 1,345.40	\$ 1,345.40
61333		EXPLOR DECOMPRESS ORBIT TRANSCRAN APPROA	\$ 1,359.69	\$ 1,359.69
61340		SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUD	\$ 1,016.36	\$ 1,016.36
61343		CRANIECTOMY W/ CERVICAL LAMINECTOMY	\$ 1,571.94	\$ 1,571.94
61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FO	\$ 1,454.32	\$ 1,454.32
61450		CRANIECTOMY FOR SECTION COMP OR DECOMP O	\$ 1,349.43	\$ 1,349.43
61458		CRANIECTOMY EXPLORATION/DECOMPRESS CRANI	\$ 1,437.86	\$ 1,437.86
61460		CRANIECTOMY SUBOCCIPITAL FOR SECTION OF	\$ 1,458.98	\$ 1,458.98
61480		INCISE SKULL FOR SURGERY	\$ 1,317.64	\$ 1,317.64
61500		REMOVAL OF SKULL LESION	\$ 961.58	\$ 961.58
61501		CRANIECTOMY FOR OSTEOMYELITIS	\$ 823.95	\$ 823.95
61510		REMOVAL OF BRAIN LESION	\$ 1,550.18	\$ 1,550.18
61512		REMOVE BRAIN LINING LESION	\$ 1,831.65	\$ 1,831.65
61514		REMOVAL OF BRAIN ABSCESS	\$ 1,358.79	\$ 1,358.79
61516		REMOVAL OF BRAIN LESION	\$ 1,325.69	\$ 1,325.69
61518		REMOVAL OF BRAIN LESION	\$ 1,970.69	\$ 1,970.69
61519		REMOVE BRAIN LINING LESION	\$ 2,123.23	\$ 2,123.23
61520		CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	\$ 2,716.35	\$ 2,716.35
61521		CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE	\$ 2,282.12	\$ 2,282.12
61522		REMOVAL OF BRAIN ABSCESS	\$ 1,564.12	\$ 1,564.12
61524		REMOVAL OF BRAIN LESION	\$ 1,476.86	\$ 1,476.86
61526		REMOVAL SKULL CAVITY LESION	\$ 2,469.60	\$ 2,469.60
61530		REMOVAL SKULL CAVITY LESION	\$ 2,097.04	\$ 2,097.04
61531		SUBDURAL IMPLANT OF STRIP ELECTRODES;LNG	\$ 854.04	\$ 854.04
61533		CRANIECTOMY FOR INSERTION EPIDURAL ELECT	\$ 1,079.90	\$ 1,079.90

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

61534		REMOVAL OF BRAIN LESION	\$ 1,163.06	\$ 1,163.06
61535		CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARR	\$ 694.87	\$ 694.87
61536		REMOVAL OF BRAIN LESION	\$ 1,856.49	\$ 1,856.49
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,712.52	\$ 1,712.52
61538		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,836.55	\$ 1,836.55
61539		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,680.84	\$ 1,680.84
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,575.62	\$ 1,575.62
61541		CRANIECTOMY FOR TRANSECTION OF CORPUS CA	\$ 1,513.55	\$ 1,513.55
61543		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,534.19	\$ 1,534.19
61544		REMOVE/TREAT BRAIN LESION	\$ 1,268.77	\$ 1,268.77
61545		BONE FLAP CRANIECTOMY TO EXCISE CRANIOPH	\$ 2,260.58	\$ 2,260.58
61546		REMOVAL OF PITUITARY GLAND	\$ 1,637.93	\$ 1,637.93
61548		REMOVAL OF PITUITARY GLAND	\$ 1,111.98	\$ 1,111.98
61550		RELEASE SKULL CLOSURE	\$ 728.87	\$ 728.87
61552		CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE	\$ 957.34	\$ 957.34
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL	\$ 1,168.36	\$ 1,168.36
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONT	\$ 1,199.70	\$ 1,199.70
61558		EXT. CRANIECTOMY FOR MULT CRANIAL SUT. C	\$ 1,238.74	\$ 1,238.74
61559		EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W	\$ 1,717.86	\$ 1,717.86
61563		EXC. TUMOR OF CRANIAL BONE W/O OPTIC NER	\$ 1,382.64	\$ 1,382.64
61564		EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE	\$ 1,730.38	\$ 1,730.38
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,597.35	\$ 1,597.35
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$ 1,797.44	\$ 1,797.44
61570		CRANIECTOMY OR CRANIOTOMY FOR EXCISION F	\$ 1,306.74	\$ 1,306.74
61571		CRANIECTOMY OR CRANIOTOMY PENETRATING WO	\$ 1,418.87	\$ 1,418.87
61575		TRANSORAL APPROACH TO SKULL BASE, BRAIN	\$ 1,694.89	\$ 1,694.89
61576		TRANSORAL APPROACH TO SKULL BASE W/ SPLI	\$ 2,702.84	\$ 2,702.84
61580		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$ 1,772.68	\$ 1,772.68
61581		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$ 1,990.74	\$ 1,990.74
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$ 2,033.12	\$ 2,033.12

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$ 2,063.13	\$ 2,063.13
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	\$ 2,009.40	\$ 2,009.40
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	\$ 2,134.32	\$ 2,134.32
61586		BICORONAL, TRANSZYGOMATIC AND/OR LEFORT	\$ 1,530.76	\$ 1,530.76
61590		INFRATEMPORAL PRE-AURICULAR APPROACH TO	\$ 2,263.24	\$ 2,263.24
61591		INFRATEMPORAL POST-AURICULAR APPROACH TO	\$ 2,278.63	\$ 2,278.63
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDD	\$ 2,263.45	\$ 2,263.45
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRAN	\$ 1,708.48	\$ 1,708.48
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRAN	\$ 1,882.71	\$ 1,882.71
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO	\$ 2,055.71	\$ 2,055.71
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRAN	\$ 1,823.44	\$ 1,823.44
61600		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 1,537.76	\$ 1,537.76
61601		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 1,677.18	\$ 1,677.18
61605		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 1,612.17	\$ 1,612.17
61606		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 2,155.79	\$ 2,155.79
61607		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 2,002.77	\$ 2,002.77
61608		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 2,326.01	\$ 2,326.01
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERI	\$ 2,262.01	\$ 2,262.01
61615		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 1,788.81	\$ 1,788.81
61616		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$ 2,348.57	\$ 2,348.57
61618		SECONDARY REPAIR OF DURA FOR CEREBROSPIN	\$ 928.42	\$ 928.42
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, A	\$ 1,071.54	\$ 1,071.54
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	\$ 432.97	\$ 432.97
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMB	\$ 862.35	\$ 862.35
61626		TRANSCATH.OCCULSION/EMBOLIZATION,PERCU;	\$ 702.92	\$ 702.92
61680		SURG OF MALFORMATION, SUPRATENTORIAL, SI	\$ 1,619.98	\$ 1,619.98
61682		SURG OF MALFORMATION, SUPRATENTORIAL, CO	\$ 3,049.41	\$ 3,049.41
61684		SURG OF MALFORMATION, INFRATENTORIAL, SI	\$ 2,028.55	\$ 2,028.55
61686		SURG OF MALFORMATION, INFRATENTORIAL, CO	\$ 3,263.71	\$ 3,263.71
61690		SURG OF MALFORMATION, DURAL, SIMPLE	\$ 1,541.89	\$ 1,541.89

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

61692		SURG OF MALFORMATION, DURAL, COMPLEX	\$ 2,636.12	\$ 2,636.12
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	\$ 2,983.73	\$ 2,983.73
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	\$ 3,213.48	\$ 3,213.48
61700		SURGERY OF SIMPLE INTRACRANIAL ANEURYSM,	\$ 2,489.96	\$ 2,489.96
61702		INCISE SKULL/VESSEL SURGERY	\$ 2,795.33	\$ 2,795.33
61703		SURGERY INTRACRANIAL ANEURYSM CERVICAL A	\$ 954.24	\$ 954.24
61705		REVISE CIRCULATION TO HEAD	\$ 1,834.89	\$ 1,834.89
61708		REVISE CIRCULATION TO HEAD	\$ 1,594.80	\$ 1,594.80
61710		REVISE CIRCULATION TO HEAD	\$ 1,445.72	\$ 1,445.72
61711		ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRAC	\$ 1,868.67	\$ 1,868.67
61720		INCISE SKULL/BRAIN SURGERY	\$ 834.89	\$ 834.89
61735		INCISE SKULL/BRAIN SURGERY	\$ 1,026.52	\$ 1,026.52
61750		STEREOTACTIC BIOPSY ASPIRATION OR EXCISI	\$ 998.31	\$ 998.31
61751		STEREOTACTIC BIOPSY, ASPIRATION, OR EXCI	\$ 971.79	\$ 971.79
61760		STEREOTACTIC IMPLANT DEPTH ELECTRODE; LO	\$ 1,099.69	\$ 1,099.69
61770		STEREOTACTIC LOCALIZATION, INCLUDING BUR	\$ 1,087.29	\$ 1,087.29
61790		STEREOTACTIC LESION OF GAS GANGLION PERC	\$ 603.59	\$ 603.59
61791		STEROTACTIC LESION TRIGEMINAL MEDULLARY	\$ 782.26	\$ 782.26
61796		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 568.59	\$ 568.59
61797		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 156.55	\$ 156.55
61798		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 568.59	\$ 568.59
61799		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 216.41	\$ 216.41
61800		APPLICATION OF STEREOTACTIC HEADFRAME FO	\$ 110.03	\$ 110.03
61850		BURR TWIST DRILL HOLE IMPLANT NEUROSTIM	\$ 693.86	\$ 693.86
61860		CRANIECTOMY/OTOMY IMPLANT NEURO STIM ELE	\$ 1,107.55	\$ 1,107.55
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 1,073.12	\$ 1,073.12
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 293.08	\$ 293.08
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 1,586.16	\$ 1,586.16
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 436.79	\$ 436.79
61870		CRANIECTOMY IMPLANT NEURO STIM ELEC CERE	\$ 840.94	\$ 840.94

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

61880		REVISION/REMOVAL INTRACRANIAL NEUROSTIMU	\$ 386.20	\$ 386.20
61885		INSERTION OR REPLACEMENT OF CRANIAL NEUR	\$ 445.59	\$ 445.59
61886		INCISION AND SUBCUTANEOUS PLACEMENT OF C	\$ 562.85	\$ 562.85
61888		REVISION/REMOVAL CRANIAL NEUROSTIMULATOR	\$ 282.65	\$ 282.65
62000		REPAIR OF SKULL FRACTURE	\$ 627.73	\$ 627.73
62005		REPAIR OF SKULL FRACTURE	\$ 881.63	\$ 881.63
62010		ELEVATION OF DEPRESSED SKULL FRACTURE WI	\$ 1,076.80	\$ 1,076.80
62100		CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSP	\$ 1,147.70	\$ 1,147.70
62115		REDUCE CRANIOMEGALIC SKULL W/O GRAFT/CRA	\$ 1,024.70	\$ 1,024.70
62117		REDUCE CRANIOMEGALIC SKULL W CRANIOTOMY/	\$ 1,365.12	\$ 1,365.12
62120		REPAIR SKULL CAVITY LESION	\$ 1,293.43	\$ 1,293.43
62121		CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL	\$ 1,182.47	\$ 1,182.47
62140		REPAIR OF SKULL	\$ 744.72	\$ 744.72
62141		REPAIR OF SKULL	\$ 818.07	\$ 818.07
62142		REMOVAL BONE FLAP OR PROSTHETIC PLATE OF	\$ 622.53	\$ 622.53
62143		REPLACE BONE FLAP OR PROSTHETIC PLATE OF	\$ 729.86	\$ 729.86
62145		REPAIR OF SKULL & BRAIN	\$ 1,001.68	\$ 1,001.68
62146		CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAM	\$ 859.54	\$ 859.54
62147		CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM	\$ 1,021.09	\$ 1,021.09
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	\$ 1,076.74	\$ 1,076.74
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	\$ 1,339.58	\$ 1,339.58
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	\$ 865.80	\$ 865.80
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$ 1,429.59	\$ 1,429.59
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$ 1,109.70	\$ 1,109.70
62180		ESTABLISH BRAIN CAVITY SHUNT	\$ 1,128.64	\$ 1,128.64
62190		CREATION SHUNT SUBDURAL ARIAL JUGULAR AU	\$ 640.87	\$ 640.87
62192		ESTABLISH BRAIN CAVITY SHUNT	\$ 683.85	\$ 683.85
62194		REPLACEMENT OR IRRIGATION SUBDURAL CATHE	\$ 279.51	\$ 279.51
62200		ESTABLISH BRAIN CAVITY SHUNT	\$ 975.89	\$ 975.89
62201		VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE	\$ 836.50	\$ 836.50

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

62220		ESTABLISH BRAIN CAVITY SHUNT	\$ 718.74	\$ 718.74
62223		ESTABLISH BRAIN CAVITY SHUNT	\$ 736.86	\$ 736.86
62225		REPLACEMENT OR IRRIGATION VENTRICULAR CA	\$ 350.48	\$ 350.48
62230		REPLACEMENT OR REVISION OF CEREBROSPINAL	\$ 593.59	\$ 593.59
62252		REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$ 72.57	\$ 72.57
62252	26	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$ 34.70	\$ 34.70
62252	TC	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	\$ 37.87	\$ 37.87
62256		REMOVAL OF COMPLETE CEREBROSPINAL FLUID	\$ 410.99	\$ 410.99
62258		REPLACE BRAIN CAVITY SHUNT	\$ 798.80	\$ 798.80
62263		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	\$ 284.54	\$ 474.21
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	\$ 174.94	\$ 291.33
62270		SPINAL FLUID TAP	\$ 59.47	\$ 113.74
62272		SPINAL PUNCTURE, THERAPEUTIC, FOR DRAIN	\$ 62.74	\$ 133.53
62273		INJECTION LUMBAR EPIDURAL OF BLOOD OR CL	\$ 85.15	\$ 122.36
62280		TREATMENT SPINAL CORD LESION	\$ 116.07	\$ 223.50
62281		INJ NEUROLYTIC SUB; EPIDURAL, CERVICAL,	\$ 112.06	\$ 207.47
62282		INJ. NEUROLYTIC SUBST., LUMBAR OR CAUDAL	\$ 103.10	\$ 214.17
62284		INJECTION FOR MYELOGRAM	\$ 69.77	\$ 162.93
62287		PERCUTAN. ASPIRATION OF INTERVERTEBRAL D	\$ 411.18	\$ 411.18
62290		INJECTION FOR DISC X-RAY	\$ 130.11	\$ 239.22
62292		INJ PROC CHEMONUCLEOLYSIS LUMBAR 1 OR MO	\$ 372.45	\$ 372.45
62294		INTRATHECAL INJECTION INTO SPINE	\$ 594.36	\$ 594.36
62302		MYELOGRAPHY LUMBAR INJECTION	\$ 104.83	\$ 200.75
62303		MYELOGRAPHY LUMBAR INJECTION	\$ 106.26	\$ 208.48
62304		MYELOGRAPHY LUMBAR INJECTION	\$ 103.03	\$ 197.80
62305		MYELOGRAPHY LUMBAR INJECTION	\$ 107.53	\$ 215.77
62320		NJX INTERLAMINAR CRV/THRC	\$ 86.96	\$ 138.97
62321		NJX INTERLAMINAR CRV/THRC	\$ 93.77	\$ 205.55
62322		NJX INTERLAMINAR LMBR/SAC	\$ 74.89	\$ 129.49
62323		NJX INTERLAMINAR LMBR/SAC	\$ 85.65	\$ 201.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

62324		NJX INTERLAMINAR CRV/THRC	\$ 79.56	\$ 121.80
62325		NJX INTERLAMINAR CRV/THRC	\$ 91.47	\$ 182.84
62326		NJX INTERLAMINAR LMBR/SAC	\$ 78.07	\$ 127.78
62327		NJX INTERLAMINAR LMBR/SAC	\$ 83.09	\$ 185.96
62350		IMPLANTATION, REVISION OR REPOSITIONING	\$ 287.47	\$ 287.47
62351		IMPLANTATION, REVISION OR REPOSITIONING	\$ 603.66	\$ 603.66
62355		REMOVAL OF PREVIOUSLY IMPLANTED INTRATHE	\$ 215.28	\$ 215.28
62360		IMPLANTATION OR REPLACEMENT OF DEVICE FO	\$ 207.30	\$ 207.30
62361		IMPLANTATION OR REPLACEMENT OF DEVICE FO	\$ 285.42	\$ 285.42
62362		IMPLANTATION OR REPLACEMENT OF DEVICE FO	\$ 301.56	\$ 301.56
62365		REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUM	\$ 237.86	\$ 237.86
62367		ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 18.45	\$ 28.52
62367	26	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 5.17	\$ 9.28
62368		ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 28.88	\$ 40.90
62368	26	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 7.22	\$ 10.22
62368	TC	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 21.65	\$ 30.67
62369		ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	\$ 20.07	\$ 70.24
62370		ELECTRONIC ANALYSIS REPROGRAMMING AND RE	\$ 26.86	\$ 73.59
63001		DECOMPRESSION OF SPINAL CORD	\$ 879.39	\$ 879.39
63003		LAMIN F/DECOMP SPIN CORD A/O CAUDA EQ ON	\$ 884.80	\$ 884.80
63005		REVISION OF SPINAL COLUMN	\$ 839.17	\$ 839.17
63011		LAMINECTOMY SACRAL DECOMPRESSION SPINAL	\$ 793.85	\$ 793.85
63012		LAMINECTOMY, LUMBAR W DECOMPRESSION CAUD	\$ 854.04	\$ 854.04
63015		LAMINECTOMY MORE THAN TWO SEGS CERVICAL	\$ 1,055.84	\$ 1,055.84
63016		LAMINOTOMY THORACIC	\$ 1,086.91	\$ 1,086.91
63017		LAMINOTOMY LUMBAR	\$ 885.11	\$ 885.11
63020		LAMINOTOMY, CERVICAL, ONE INTERSPACE	\$ 837.07	\$ 837.07
63030		LAMINOTOMY, LUMBAR, ONE INTERSPACE	\$ 694.91	\$ 694.91
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	\$ 148.46	\$ 148.46
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	\$ 1,018.15	\$ 1,018.15

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

63042		REVISION OF SPINAL COLUMN	\$ 952.82	\$ 952.82
63045		LAMINECTOMY, SINGLE SEGMENT, CERVICAL	\$ 910.04	\$ 910.04
63046		LAMINECTOMY, SINGLE SEGMENT, THORACIC	\$ 870.00	\$ 870.00
63047		LAMINECTOMY, SINGLE SEGMENT, LUMBAR	\$ 793.25	\$ 793.25
63048		LAMINECTOMY, FACETECTOMY AND FORAMINOTOM	\$ 159.88	\$ 159.88
63055		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT	\$ 1,172.04	\$ 1,172.04
63056		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT	\$ 1,082.51	\$ 1,082.51
63064		HEMILAMINECTOMY THORACIC COSTOVERTEBRAL	\$ 1,282.67	\$ 1,282.67
63075		DISKECTOMY CERVICAL ANTE APPR W/O ARTHRO	\$ 999.64	\$ 999.64
63077		DISKECTOMY, SINGLE SPACE, THORACIC	\$ 1,098.60	\$ 1,098.60
63081		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CE	\$ 1,285.68	\$ 1,285.68
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 204.02	\$ 204.02
63085		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, TH	\$ 1,377.16	\$ 1,377.16
63087		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	\$ 1,758.40	\$ 1,758.40
63090		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	\$ 1,439.31	\$ 1,439.31
63091		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 136.38	\$ 136.38
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 1,645.93	\$ 1,645.93
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 1,639.22	\$ 1,639.22
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 217.76	\$ 217.76
63170		LAMINECTOMY FOR MYELOTOMY THORACIC OR TH	\$ 1,101.65	\$ 1,101.65
63172		LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID	\$ 991.51	\$ 991.51
63173		LAMINECTOMY WITH DRAINAGE OF INTRAMEDULL	\$ 1,222.20	\$ 1,222.20
63180		LAMINECTOMY CERVICAL ONE OR TWO SEGMENT	\$ 997.30	\$ 997.30
63182		LAMIN AND SECTION OF DENTATE LIGAMENTS M	\$ 1,069.98	\$ 1,069.98
63185		REVISE SPINAL COLUMN/NERVES	\$ 811.17	\$ 811.17
63190		LAMINECTOMY FOR RHIZOTOMY MORE THAN TWO	\$ 932.39	\$ 932.39
63191		LAMINECTOMY W SECTION OF SPINAL ACCESSOR	\$ 891.67	\$ 891.67
63194		LAMIWECTOMY CORDOTOMY UNILATERAL CERVICA	\$ 1,060.92	\$ 1,060.92
63195		REVISE SPINAL COLUMN/CORD	\$ 1,072.92	\$ 1,072.92
63196		REVISE SPINAL COLUMN/CORD	\$ 1,262.00	\$ 1,262.00

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

63197		LAMINECTOMY COROTOMY BILATERAL CERVICAL	\$ 1,202.95	\$ 1,202.95
63198		REVISE SPINAL COLUMN/CORD	\$ 1,339.85	\$ 1,339.85
63199		LAMINECTOMY CORDOTOMY BILATERAL THORACIC	\$ 1,418.63	\$ 1,418.63
63200		LAMINECTOMY FOR TETHERED SPINAL CORD, LU	\$ 1,075.79	\$ 1,075.79
63250		REVISE SPINAL CORD VESSELS	\$ 2,090.97	\$ 2,090.97
63251		LAMINECTOMY ARTERIOVENOVs MALFUNCTION TH	\$ 2,168.77	\$ 2,168.77
63252		LAMINECTOMY FOR MALFORMATION, THORACOLU	\$ 2,170.37	\$ 2,170.37
63265		LAMINECTOMY FOR INTRASPINAL LESION, CERV	\$ 1,191.39	\$ 1,191.39
63266		LAMINECTOMY FOR INTRASPINAL LESION, THOR	\$ 1,225.11	\$ 1,225.11
63267		EXCISE INTRASPINAL LESION, LUMBAR	\$ 986.11	\$ 986.11
63268		EXCISE INTRASPINAL LESION, SACRAL	\$ 990.59	\$ 990.59
63270		EXCISE INTRASPINAL LESION, CERVICAL	\$ 1,467.16	\$ 1,467.16
63271		EXCISE INTRASPINAL LESION, THORACIC	\$ 1,475.96	\$ 1,475.96
63272		EXCISE INTRASPINAL LESION, LUMBAR	\$ 1,359.60	\$ 1,359.60
63273		EXCISE INTRASPINAL LESION, SACRAL	\$ 1,284.76	\$ 1,284.76
63275		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$ 1,280.05	\$ 1,280.05
63276		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	\$ 1,275.20	\$ 1,275.20
63277		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	\$ 1,119.11	\$ 1,119.11
63278		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	\$ 1,095.77	\$ 1,095.77
63280		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$ 1,513.23	\$ 1,513.23
63281		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	\$ 1,496.08	\$ 1,496.08
63282		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	\$ 1,411.58	\$ 1,411.58
63283		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	\$ 1,337.58	\$ 1,337.58
63285		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$ 1,858.88	\$ 1,858.88
63286		BIOPSY, EXCISE SPINAL TUMOR	\$ 1,852.04	\$ 1,852.04
63287		BIOPSY, EXCISE SPINAL TUMOR	\$ 1,954.51	\$ 1,954.51
63290		BIOPSY, EXCISE SPINAL TUMOR	\$ 1,977.91	\$ 1,977.91
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SP	\$ 236.17	\$ 236.17
63300		REMOVAL VERTEBRAL BODY	\$ 1,320.13	\$ 1,320.13
63301		REMOVAL OF VERTEBRAL BODY	\$ 1,482.60	\$ 1,482.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

63302		ROMOVAL OF VERTEBRAL BODY	\$ 1,473.14	\$ 1,473.14
63303		REMOVAL OF VERTEBRAL BODY	\$ 1,541.31	\$ 1,541.31
63304		REMOVAL OF VERTEBRAL BODY	\$ 1,633.78	\$ 1,633.78
63305		REMOVAL OF VERTEBRAL BODY	\$ 1,669.98	\$ 1,669.98
63306		REMOVAL OF VERTEBRAL BODY	\$ 1,749.71	\$ 1,749.71
63307		REMOVAL OF VERTEBRAL BODY	\$ 1,623.90	\$ 1,623.90
63600		EXAMINE SPINAL CORD LESION	\$ 616.86	\$ 616.86
63615		STEROTACTIC BIOPSY ASPIRATION/EXC LESION	\$ 824.71	\$ 824.71
63620		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 568.59	\$ 568.59
63621		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	\$ 179.97	\$ 179.97
63650		PERCUTANEOUS IMPLANTATION OF NEUROSTIMUL	\$ 305.58	\$ 305.58
63655		LAMINECTOMY FOR IMPLANTATION OF NEUROSTI	\$ 604.53	\$ 604.53
63661		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTR	\$ 186.97	\$ 330.24
63662		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTR	\$ 421.76	\$ 421.76
63663		REVISION INCLUDING REPLACEMENT, WHEN PER	\$ 283.65	\$ 484.31
63664		REVISION INCLUDING REPLACEMENT, WHEN PER	\$ 439.08	\$ 439.08
63685		INSERTION OR REPLACEMENT OF SPINAL NEURO	\$ 291.68	\$ 291.68
63688		REVISION REMOVAL SPINAL NEUROSTIMULATOR	\$ 261.17	\$ 261.17
63700		REPAIR OF SPINAL HERNIATION	\$ 879.39	\$ 879.39
63702		REPAIR OF SPINAL HERNIATION	\$ 988.74	\$ 988.74
63704		REPAIR OF SPINAL HERNIATION	\$ 1,102.85	\$ 1,102.85
63706		REPAIR OF SPINAL HERNIATION	\$ 1,283.89	\$ 1,283.89
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK	\$ 649.11	\$ 649.11
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK	\$ 789.29	\$ 789.29
63710		DURAL GRAFT SPINAL	\$ 788.23	\$ 788.23
63740		CREATION OF SHUNT, INCLUDING LAMINECTOMY	\$ 668.03	\$ 668.03
63741		CREATION SHUNT LUMBAR, PERCUTANEO W/O LA	\$ 435.56	\$ 435.56
63744		REPLACEMENT IRRIGATION OR REVISION OF LU	\$ 456.31	\$ 456.31
63746		REMOVAL SHUNT SYSTEM WITHOUT REPLACEMENT	\$ 397.45	\$ 397.45
64400		INJECTION FOR NERVE BLOCK	\$ 47.51	\$ 78.00

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

64402		INJECTION ANESTHETIC AGENT FACIAL NERVE	\$ 54.08	\$ 80.09
64405		INJECTION FOR NERVE BLOCK	\$ 55.45	\$ 75.86
64408		INJECTION ANESTHETIC AGENT VAGUS NERVE	\$ 66.66	\$ 87.36
64410		INJECTION FOR NERVE BLOCK	\$ 59.52	\$ 101.21
64413		INJECTION ANESTHETIC AGENT SERVICAL PLEX	\$ 57.86	\$ 84.17
64415		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	\$ 56.28	\$ 95.45
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	\$ 70.76	\$ 70.76
64417		INJECTION ANESTHETIC AGENT AXILLARY NERV	\$ 55.74	\$ 96.29
64418		INJECTION ANESTHETIC AGENT SUPRASCAPULAR	\$ 55.25	\$ 97.78
64420		INJECTION ANESTHETIC AGENT INTERCOSTAL N	\$ 49.81	\$ 115.56
64421		INJECTION ANESTHETIC AGENT INTERCOSTAL N	\$ 68.31	\$ 170.41
64425		INJECTION FOR NERVE BLOCK	\$ 70.81	\$ 94.59
64430		INJECTION FOR NERVE BLOCK	\$ 66.77	\$ 114.05
64435		INJECTION ANESTHETIC AGENT PARACERVICAL	\$ 63.99	\$ 105.95
64445		INJECTION, ANESTHETIC AGENT; SCIATIC NER	\$ 60.95	\$ 99.00
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	\$ 70.61	\$ 70.61
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 53.81	\$ 53.81
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 62.54	\$ 62.54
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	\$ 69.93	\$ 69.93
64450		INJECTION FOR NERVE BLOCK	\$ 54.61	\$ 75.87
64455		INJECTION(S), ANESTHETIC AGENT AND/OR ST	\$ 31.13	\$ 38.96
64483		INJECTION, ANESTHETIC AGENT AND/OR STERO	\$ 81.67	\$ 194.70
64490		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 66.34	\$ 100.30
64491		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 38.13	\$ 49.52
64492		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 38.79	\$ 50.18
64493		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 56.36	\$ 90.75
64494		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 32.61	\$ 44.45
64495		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	\$ 33.27	\$ 45.11
64505		INJECTION ANESTHETIC AGENT SPHENOPALATIN	\$ 63.20	\$ 74.94
64508		INJECTION ANESTHETIC AGENT CAROTID SINUS	\$ 52.28	\$ 102.92

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

64510		INJECTION FOR NERVE BLOCK	\$ 51.11	\$ 102.59
64520		INJECTION FOR NERVE BLOCK	\$ 57.74	\$ 133.84
64530		INJECTION CELIAC PLEXUS	\$ 68.17	\$ 138.66
64555		PERCUTANEOUS IMPLANTATION OF NEUROSTIMUL	\$ 115.70	\$ 157.11
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	\$ 325.44	\$ 840.19
64568		INCISION FOR IMPLANTATION OF CRANIAL NER	\$ 513.70	\$ 513.70
64569		REVISION OR REPLACEMENT OF CRANIAL NERVE	\$ 493.41	\$ 493.41
64570		REMOVAL OF CRANIAL NERVE (EG, VAGUS NERV	\$ 429.66	\$ 429.66
64575		INCISION FOR IMPLANTATION OF NEUROSTIMUL	\$ 210.44	\$ 210.44
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	\$ 632.46	\$ 632.46
64585		REVISION OR REMOVAL PERIPHERAL STIMULATO	\$ 119.34	\$ 242.99
64590		INSERTION OR REPLACEMENT OF PERIPHERAL N	\$ 133.63	\$ 229.03
64595		REVISION REMOVAL PERIPHERAL NEU/STIM REC	\$ 105.25	\$ 235.05
64600		INJECTION TREATMENT OF NERVE	\$ 159.00	\$ 291.33
64605		INJECTION TREATMENT OF NERVE	\$ 253.38	\$ 411.73
64610		INJECTION TREATMENT OF NERVE	\$ 354.86	\$ 501.72
64611		CHEMODENERVATION OF PAROTID AND SUBMANDI	\$ 71.38	\$ 79.00
64612		INJECTION OF CHEMICAL FOR DESTRUCTION OF	\$ 100.04	\$ 113.19
64615		INJECTION OF CHEMICAL FOR DESTRUCTION OF	\$ 72.45	\$ 80.58
64616		CHEMODENERV MUSC NECK DYSTON	\$ 84.80	\$ 96.19
64617		CHEMODENER MUSCLE LARYNX EMG	\$ 91.76	\$ 151.17
64620		INJECTION TREATMENT OF NERVE	\$ 124.46	\$ 197.20
64630		DESTRUCTION BY NEUROLYTIC AGENT; PUDENDA	\$ 144.23	\$ 171.93
64632		DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR	\$ 54.87	\$ 63.83
64633		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	\$ 133.93	\$ 255.45
64634		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	\$ 40.16	\$ 116.86
64635		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	\$ 131.25	\$ 251.06
64636		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	\$ 34.96	\$ 105.17
64640		INJECTION TREATMENT OF NERVE	\$ 132.16	\$ 168.81
64642		CHEMODENERV 1 EXTREMITY 1-4	\$ 85.39	\$ 110.10

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

64643		CHEMODENERV 1 EXTREM 1-4 EA	\$ 57.30	\$ 72.57
64644		CHEMODENERV 1 EXTREM 5/> MUS	\$ 93.28	\$ 125.76
64645		CHEMODENERV 1 EXTREM 5/> EA	\$ 65.62	\$ 88.66
64646		CHEMODENERV TRUNK MUSC 1-5	\$ 92.42	\$ 118.51
64647		CHEMODENERV TRUNK MUSC 6/>	\$ 106.71	\$ 137.26
64650		CHEMODENERVATION OF ECCRINE GLANDS; BOTH	\$ 29.88	\$ 48.89
64680		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	\$ 120.50	\$ 222.06
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	\$ 162.49	\$ 287.55
64702		REVISION OF NERVE, FINGER/TOE	\$ 333.54	\$ 333.54
64704		REVISION OF NERVE, HAND/FOOT	\$ 245.68	\$ 245.68
64708		REVISION OF NERVE, ARM/LEG	\$ 346.41	\$ 346.41
64712		REVISION OF SCIATIC NERVE	\$ 399.72	\$ 399.72
64713		REVISION OF ARM NERVES	\$ 559.51	\$ 559.51
64714		REVISION OF LOW BACK NERVES	\$ 479.29	\$ 479.29
64716		NEUROZYSIS A/O TRANSPOSITION CRANIAL NER	\$ 378.74	\$ 378.74
64718		REVISE ULNAR NERVE AT ELBOW	\$ 407.95	\$ 407.95
64719		REVISE ULNAR NERVE AT WRIST	\$ 282.96	\$ 282.96
64721		NEUROLYSIS AND/OR TRANSPOSITION MEDIAN N	\$ 296.90	\$ 298.01
64722		REVISE FOREARM NERVE	\$ 243.20	\$ 243.20
64726		REVISE FOOT/TOE NERVE	\$ 214.34	\$ 214.34
64732		INCISION OF BROW NERVE	\$ 277.01	\$ 277.01
64734		INCISION OF CHEEK NERVE	\$ 299.68	\$ 299.68
64736		INCISION OF CHIN NERVE	\$ 282.91	\$ 282.91
64738		TRANSECTION OR AVULSION OF INFERIOR ALVE	\$ 334.81	\$ 334.81
64740		TRANSECTION OR AVULSION OF LINGUAL NERVE	\$ 333.73	\$ 333.73
64742		INCISION OF FACIAL NERVE	\$ 342.35	\$ 342.35
64744		INCISE NERVE, BACK OF HEAD	\$ 300.25	\$ 300.25
64746		INCISE DIAPHRAGM NERVE	\$ 324.40	\$ 324.40
64755		TRANSECTION OR AVULSION OF; VAGUS NERVES	\$ 656.73	\$ 656.73
64760		INCISION OF VAGUS NERVE	\$ 347.81	\$ 347.81

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

64763		INCISE HIP/THIGH NERVE	\$ 396.67	\$ 396.67
64766		INCISE HIP/THIGH NERVE	\$ 458.35	\$ 458.35
64771		TRANSECTION/AVULSION CRANIAL NERVE EXTRA	\$ 428.96	\$ 428.96
64772		INCISE SPINAL NERVE	\$ 412.56	\$ 412.56
64774		REMOVE LESION, SKIN NERVE	\$ 297.93	\$ 297.93
64776		REMOVE NERVE LESION, DIGIT	\$ 286.43	\$ 286.43
64782		REMOVE NERVE LESION	\$ 337.88	\$ 337.88
64784		REMOVE NERVE LESION	\$ 525.85	\$ 525.85
64786		REMOVE SCIATIC NERVE LESION	\$ 790.20	\$ 790.20
64788		REMOVAL OF NERVE LESION	\$ 279.40	\$ 279.40
64790		REMOVAL OF NERVE LESION	\$ 601.67	\$ 601.67
64792		REMOVAL OF NERVE LESION	\$ 780.54	\$ 780.54
64795		BIOPSY OF NERVE	\$ 142.97	\$ 142.97
64802		REMOVE SYMPATHETIC NERVES	\$ 445.22	\$ 445.22
64804		REMOVE SYMPATHETIC NERVES	\$ 678.78	\$ 678.78
64809		REMOVE SYMPATHETIC NERVES	\$ 636.81	\$ 636.81
64818		REMOVE SYMPATHETIC NERVES	\$ 494.14	\$ 494.14
64820		SYMPATHECTOMY; DIGITAL ARTERIES, EACH DI	\$ 550.12	\$ 550.12
64821		SYMPATHECTOMY; RADIAL ARTERY	\$ 495.59	\$ 495.59
64822		SYMPATHECTOMY; ULNAR ARTERY	\$ 489.75	\$ 489.75
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$ 557.04	\$ 557.04
64831		REPAIR OF NERVE, DIGITAL	\$ 491.15	\$ 491.15
64834		REPAIR OF NERVE, HAND	\$ 544.52	\$ 544.52
64835		REPAIR OF NERVE, HAND	\$ 590.38	\$ 590.38
64836		REPAIR OF NERVE, HAND	\$ 590.07	\$ 590.07
64840		REPAIR OF NERVE, FOOT	\$ 672.37	\$ 672.37
64856		REPAIR/TRANSPOSE NERVE	\$ 743.08	\$ 743.08
64857		SUTURE MAJOR PERIPH NERVE ARM/LEG EXC SC	\$ 777.00	\$ 777.00
64858		REPAIR SCIATIC NERVE	\$ 895.60	\$ 895.60
64861		REPAIR OF ARM NERVES	\$ 1,011.75	\$ 1,011.75

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

64862		REPAIR OF LOW BACK NERVES	\$ 992.27	\$ 992.27
64864		REPAIR OF FACIAL NERVE	\$ 644.36	\$ 644.36
64865		SUTURE FACIAL NERVE INTRATEMPORAL W/WO G	\$ 849.41	\$ 849.41
64866		FUSION OF FACIAL/OTHER NERVE	\$ 883.46	\$ 883.46
64868		FUSION OF FACIAL/OTHER NERVE	\$ 772.98	\$ 772.98
64876		SUTURE OF NERVE SHORTENING OF BONE EXTRE	\$ 147.02	\$ 147.02
64885		NERVE GRAFT, HEAD/NECK; UP TO 4CM.	\$ 839.45	\$ 839.45
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	\$ 996.02	\$ 996.02
64890		NERVE GRAFT, HAND OR FOOT	\$ 800.46	\$ 800.46
64891		NERVE GRAFT SINGLE STRAND HAND OR FOOT M	\$ 826.78	\$ 826.78
64892		NERVE GRAFT, ARM OR LEG	\$ 778.73	\$ 778.73
64893		NERVE GRAFT SINGLE STRAND ARM OR LEG MOR	\$ 820.34	\$ 820.34
64895		NERVE GRAFT, HAND OR FOOT	\$ 962.97	\$ 962.97
64896		NERVE GRAFT MULTIPLE STRANDS HAND OR FOO	\$ 1,061.72	\$ 1,061.72
64897		NERVE GRAFT, ARM OR LEG	\$ 931.56	\$ 931.56
64898		NERVE GRAFT SINGLE STRAND MORE THAN 4 CM	\$ 1,015.63	\$ 1,015.63
64905		NERVE PEDICLE TRANSFER FIRST STAGE	\$ 744.50	\$ 744.50
64907		NERVE PEDICLE TRANSFER SECOND STAGE	\$ 979.06	\$ 979.06
65091		REVISE EYEBALL	\$ 424.88	\$ 424.88
65101		REMOVAL OF EYEBALL	\$ 489.48	\$ 489.48
65110		REMOVAL OF EYEBALL	\$ 825.72	\$ 825.72
65112		REMOVE EYE, REVISE SOCKET	\$ 972.59	\$ 972.59
65114		REMOVE EYE, REVISE SOCKET	\$ 1,011.77	\$ 1,011.77
65205		REMOVE FOREIGN BODY FROM EYE	\$ 31.00	\$ 38.56
65210		REMOVE FOREIGN BODY FROM EYE	\$ 37.36	\$ 47.15
65220		REMOVE FOREIGN BODY FROM EYE	\$ 30.55	\$ 39.50
65222		REMOVE FOREIGN BODY FROM EYE	\$ 40.92	\$ 51.84
65235		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FR	\$ 467.36	\$ 467.36
65260		REMOVE FOREIGN BODY FROM EYE	\$ 641.40	\$ 641.40
65265		REMOVE FOREIGN BODY FROM EYE	\$ 722.49	\$ 722.49

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

65270		REPAIR WOUND OF EYE	\$ 95.60	\$ 176.73
65272		REPAIR WOUND OF EYE	\$ 232.04	\$ 328.00
65273		REP LACERATION CONJUCTIVA BY MOBILAZATIO	\$ 255.10	\$ 255.10
65275		REPAIR WOUND OF EYE	\$ 303.71	\$ 370.01
65280		REPAIR WOUND OF EYE	\$ 447.61	\$ 447.61
65285		REPAIR WOUND OF EYE	\$ 699.36	\$ 699.36
65286		REPAIR OF LACERATION BY APPLICATION OF T	\$ 328.94	\$ 464.35
65290		REPAIR WOUND OF EYE SOCKET	\$ 328.36	\$ 328.36
65400		REMOVAL OF EYE LESION	\$ 395.72	\$ 444.12
65420		REMOVAL OF EYE LESION	\$ 248.92	\$ 339.84
65426		REMOVE/REPAIR EYE LESION	\$ 318.14	\$ 429.77
65430		CORNEAL SMEAR	\$ 71.55	\$ 78.53
65436		CURETTE/TREAT CORNEA	\$ 247.50	\$ 257.28
65450		DESTRUCTION OF CORNEAL LESION	\$ 209.30	\$ 211.81
65600		MULTIPLE PUNCTURES OF ANTERIOR CORNEA (E	\$ 223.71	\$ 256.72
65710		CORNEAL TRANSPLANT	\$ 738.30	\$ 738.30
65730		CORNEAL TRANSPLANT	\$ 821.83	\$ 821.83
65750		CORNEAL TRANSPLANT	\$ 834.05	\$ 834.05
65755		KERATOPLASTY, PENETRATING	\$ 829.13	\$ 829.13
65756		KERATOPLASTY (CORNEAL TRANSPLANT); ENDOT	\$ 646.99	\$ 646.99
65770		REVISE CORNEA WITH IMPLANT	\$ 954.26	\$ 954.26
65772		CORNEAL RELAXING INCISION	\$ 268.19	\$ 297.28
65775		CORNEAL WEDGE RESECTION	\$ 366.42	\$ 366.42
65810		DRAINAGE OF EYEBALL	\$ 310.65	\$ 310.65
65815		DRAINAGE OF EYEBALL	\$ 315.17	\$ 420.63
65820		RELIEVE INNER EYE PRESSURE	\$ 499.40	\$ 499.40
65850		INCISION OF EYEBALL	\$ 570.37	\$ 570.37
65855		TRABECULOPLASTY LASER SURG	\$ 201.04	\$ 227.35
65860		SEVERING ADHESIONS OF ANTER. SEGMENT. LASE	\$ 174.63	\$ 209.88
65865		RELIEVE INNER EYE ADHESIONS	\$ 317.83	\$ 317.83

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

65870		RELIEVE INNER EYE ADHESIONS	\$ 392.98	\$ 392.98
65875		RELIEVE INNER EYE ADHESIONS	\$ 417.29	\$ 417.29
65880		RELIEVE INNER EYE ADHESIONS	\$ 440.11	\$ 440.11
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERI	\$ 646.36	\$ 646.36
65920		REMOVAL OF IMPLANTED MATERIAL, ANTERIOR	\$ 522.61	\$ 522.61
65930		REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT	\$ 430.60	\$ 430.60
66020		INJECTION, ANTERIOR CHAMBER OF EYE (SEPA	\$ 88.00	\$ 123.53
66030		INJECTION TREATMENT OF EYE	\$ 73.41	\$ 108.94
66130		REMOVE EYEBALL LESION	\$ 388.24	\$ 471.06
66150		INCISION OF EYEBALL	\$ 573.80	\$ 573.80
66155		INCISION OF EYEBALL	\$ 571.98	\$ 571.98
66160		INCISION OF EYEBALL	\$ 651.81	\$ 651.81
66170		FISTULIZATION OF SCLERA FOR GLAUCOMA; TR	\$ 789.28	\$ 789.28
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA;	\$ 991.69	\$ 991.69
66179		AQUEOUS SHUNT EYE W/O GRAFT	\$ 900.27	\$ 754.24
66180		AQUEOUS SHUNT EYE W/GRAFT	\$ 787.96	\$ 787.96
66184		REVISION OF AQUEOUS SHUNT	\$ 655.16	\$ 525.44
66185		REVISE AQUEOUS SHUNT EYE	\$ 496.08	\$ 496.08
66220		REPAIR EYEBALL LESION	\$ 484.33	\$ 484.33
66225		REPAIR/GRAFT EYEBALL LESION	\$ 624.72	\$ 624.72
66250		FOLLOW-UP SURGERY OF EYEBALL	\$ 368.07	\$ 494.24
66500		INCISION OF IRIS	\$ 234.08	\$ 234.08
66505		INCISION OF IRIS	\$ 256.31	\$ 256.31
66600		REMOVAL OF IRIS LESION	\$ 544.87	\$ 544.87
66605		REMOVAL OF IRIS	\$ 710.37	\$ 710.37
66625		REMOVAL OF IRIS	\$ 286.44	\$ 286.44
66630		REMOVAL OF IRIS	\$ 377.35	\$ 377.35
66635		REMOVAL OF IRIS	\$ 381.18	\$ 381.18
66680		REPAIR OF IRIS	\$ 340.77	\$ 340.77
66682		SUTURE OF IRIS CILIARY BODY W/RETRIEVAL	\$ 413.55	\$ 413.55

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

66700		CILIARY BODY DESTRUCTION; DIATHERMY.	\$ 263.95	\$ 298.08
66710		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAG	\$ 263.19	\$ 293.12
66711		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAG	\$ 421.04	\$ 421.04
66720		CILIARY BODY DESTRUCTION; CRYOTHERAPY.	\$ 277.58	\$ 306.68
66740		CILIARY BODY DESTRUCTION; CYCLODIALYSIS.	\$ 264.32	\$ 291.16
66761		REVISION OF IRIS	\$ 272.26	\$ 298.28
66762		REVISION OF IRIS	\$ 281.81	\$ 312.86
66770		REMOVAL OF INNER EYE LESION	\$ 319.58	\$ 347.83
66820		INCISION OF LENS LESION	\$ 262.39	\$ 262.39
66821		DISCISSION SECONDARY CATARACT; LASER	\$ 201.56	\$ 213.30
66825		REPOSITIONING INTRAOCULAR LENS PROS; INC	\$ 506.34	\$ 506.34
66830		REMOVAL OF LENS LESION	\$ 475.82	\$ 475.82
66840		REMOVAL LENS MATERIAL ASPIRATION TECHNIQ	\$ 463.71	\$ 463.71
66850		REMOVAL OF LENS	\$ 529.46	\$ 529.46
66852		REMOVE LENS MATERIAL, PARS PLANA W/VO VI	\$ 566.86	\$ 566.86
66920		EXTRACTION OF LENS	\$ 505.72	\$ 505.72
66930		EXTRACTION OF LENS	\$ 574.87	\$ 574.87
66940		EXTRACTION OF LENS	\$ 521.67	\$ 521.67
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSE	\$ 719.65	\$ 719.65
66983		INTRACAPSULAR EXTRACTION WITH INSERTION	\$ 496.10	\$ 496.10
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS	\$ 515.53	\$ 515.53
66985		INSERT LENS PROSTHESIS	\$ 509.05	\$ 509.05
66986		EXCHANGE OF INTRAOCULAR LENS.	\$ 623.73	\$ 623.73
67005		PARTIAL REMOVAL OF EYE FLUID	\$ 313.60	\$ 313.60
67010		PARTIAL REMOVAL OF EYE FLUID	\$ 363.57	\$ 363.57
67015		RELEASE OF EYE FLUID	\$ 387.20	\$ 387.20
67025		REPLACE EYE FLUID	\$ 418.36	\$ 479.91
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVE	\$ 574.26	\$ 574.26
67030		INCISE INNER EYE STRANDS	\$ 345.33	\$ 345.33
67031		SEVERING OF VITREOUS STRANDS, LASER SURG	\$ 234.87	\$ 255.28

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

67036		VITRECTOMY, PARS PLANA APPROACH	\$ 649.02	\$ 649.02
67039		VITRECTOMY, MECH., W FOCAL ENDOLASER PHO	\$ 830.48	\$ 830.48
67040		LASER TREATMENT OF RETINA	\$ 958.79	\$ 958.79
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	\$ 898.59	\$ 898.59
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	\$ 1,030.06	\$ 1,030.06
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	\$ 1,080.23	\$ 1,080.23
67101		REPAIR OF RETINAL DETACHMENT, ONE OR MOR	\$ 447.92	\$ 514.23
67105		REPAIR OF RETINAL DETACHMENT, ONE OR MOR	\$ 429.73	\$ 476.73
67107		REPAIR OF RETINAL DETACHMENT; SCLERAL BU	\$ 815.95	\$ 815.95
67108		REPAIR OF RETINAL DETACHMENT; WITH VITRE	\$ 1,087.78	\$ 1,087.78
67110		REPAIR OF RETINAL DETACHMENT; BY INJECTI	\$ 515.99	\$ 576.69
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG	\$ 1,182.59	\$ 1,182.59
67115		RELEASE OF ENCIRCLING MATERIAL	\$ 327.10	\$ 327.10
67120		REVISION OF INNER EYE	\$ 369.00	\$ 433.07
67121		REMOVAL OF IMPLANTED MATERIAL, INTRAOCUL	\$ 607.81	\$ 607.81
67141		PROPHYLAXIS OF RETINAL DETACHMENT	\$ 321.85	\$ 344.51
67145		PROPHYLAXIS OF RETINAL DETACHMENT;PHOTOC	\$ 329.15	\$ 347.61
67208		DESTRUCTION OF LOCALIZED LESION OF RETIN	\$ 385.90	\$ 399.33
67210		DESTRUCTION OF LOCALIZED LESION OF RETIN	\$ 452.92	\$ 467.75
67218		TREATMENT INNER EYE LESION	\$ 951.46	\$ 951.46
67220		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 685.86	\$ 717.75
67227		DSTRJ EXTENSIVE RETINOPATHY	\$ 381.16	\$ 406.06
67228		TREATMENT X10SV RETINOPATHY	\$ 708.07	\$ 798.99
67229		TREATMENT OF EXTENSIVE OR PROGRESSIVE RE	\$ 777.28	\$ 777.28
67250		REINFORCE EYEBALL WALL	\$ 526.21	\$ 526.21
67255		REINFORCE/GRAFT EYEBALL WALL	\$ 562.32	\$ 562.32
67311		STRABISMUS SURGERY, RECESSION OR RESECTI	\$ 399.47	\$ 399.47
67312		STRABISMUS SURGERY, TWO HORIZONTAL MUSCL	\$ 478.48	\$ 478.48
67314		STRABISMUS SURGERY, ONE VERTICAL MUSCLE	\$ 447.99	\$ 447.99
67316		STRABISMUS SURGERY, 2 OR MORE VERTICAL M	\$ 537.30	\$ 537.30

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

67318		STRABISMUS SURGERY, ANY PROCEDURE, SUPER	\$ 468.71	\$ 468.71
67320		TRANSPOSITION PROCEDURE (EG, FOR PARETIC	\$ 225.73	\$ 225.73
67331		STRABISMUS SURGERY ON PATIENT WITH PREVI	\$ 213.74	\$ 213.74
67332		STRABISMUS SURGERY ON PATIENT WITH SCARR	\$ 232.43	\$ 232.43
67334		STRABISMUS SURGERY BY POSTERIOR FIXATION	\$ 210.84	\$ 210.84
67340		STRABISMUS SURGERY INVOLVING EXPLORATION	\$ 251.16	\$ 251.16
67343		RELEASE EXTENSIVE SCAR TISSUE W/O DETACH	\$ 435.19	\$ 435.19
67345		CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$ 144.86	\$ 158.57
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR	\$ 625.36	\$ 625.36
67405		EXPLORE/TREAT EYE SOCKET	\$ 531.58	\$ 531.58
67412		EXPLORE/TREAT EYE SOCKET	\$ 578.92	\$ 578.92
67413		EXPLORE/TREAT EYE SOCKET	\$ 579.12	\$ 579.12
67414		ORBITOTOMY WO FLAP; W BONE REMOVAL FOR D	\$ 891.24	\$ 891.24
67420		EXPLORE/TREAT EYE SOCKET	\$ 1,110.12	\$ 1,110.12
67430		EXPLORE/TREAT EYE SOCKET	\$ 841.09	\$ 841.09
67440		EXPLORE/TREAT EYE SOCKET	\$ 811.04	\$ 811.04
67445		ORBITOTOMY W FLAP/WINDOW; W BONE REMOVAL	\$ 956.33	\$ 956.33
67450		EXPLORE/TREAT EYE SOCKET	\$ 841.55	\$ 841.55
67570		OPTIC NERVE DECOMPRESSION.	\$ 780.75	\$ 780.75
67700		DRAINAGE OF EYELID ABSCESS	\$ 76.91	\$ 175.39
67710		INCISION OF EYELID	\$ 64.02	\$ 147.67
67715		INCISION OF EYELID	\$ 72.51	\$ 155.88
67800		REMOVE EYELID LESION	\$ 70.52	\$ 84.79
67801		REMOVE EYELID LESIONS	\$ 91.62	\$ 108.96
67805		REMOVE EYELID LESIONS	\$ 112.37	\$ 134.76
67808		REMOVE EYELID LESION(S)	\$ 243.19	\$ 243.19
67810		BIOPSY OF EYELID	\$ 66.06	\$ 151.39
67825		CORRECTION OF TRICHIASIS; EPILATION BY O	\$ 80.89	\$ 85.93
67830		REVISE EYELASHES	\$ 92.72	\$ 176.38
67835		REVISE EYELASHES	\$ 296.17	\$ 296.17

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

67840		EXCISION EYELID LESION WITHOUT CLOSURE O	\$ 107.58	\$ 185.08
67850		DESTRUCTION OF LESION OF LID MARGIN UP T	\$ 96.15	\$ 149.02
67880		REVISION OF EYELID(S)	\$ 243.19	\$ 301.37
67882		CONSTRUCTION INTERMARGINAL ADHESIONS WIT	\$ 313.53	\$ 372.56
67901		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSC	\$ 389.31	\$ 465.68
67902		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSC	\$ 482.76	\$ 482.76
67903		REPAIR EYELID DEFECT	\$ 336.35	\$ 411.88
67904		REPAIR BLEPHAROPTOSIS LEVATOR RESECTION	\$ 399.11	\$ 487.50
67906		REPAIR EYELID DEFECT	\$ 348.86	\$ 348.86
67908		REPAIR BLEPHAROPTOSIS CONJUCTIVO-TARSO-L	\$ 289.62	\$ 328.23
67909		REVISE EYELID DEFECT	\$ 296.69	\$ 359.91
67911		REVISE EYELID DEFECT	\$ 373.23	\$ 373.23
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	\$ 335.08	\$ 602.24
67914		REPAIR EYELID DEFECT	\$ 195.56	\$ 261.31
67915		REPAIR EYELID DEFECT	\$ 172.61	\$ 233.88
67916		REPAIR OF ECTROPION; EXCISION TARSAL WED	\$ 291.44	\$ 360.26
67917		REPAIR OF ECTROPION; EXTENSIVE (EG, TARS	\$ 322.55	\$ 394.17
67921		REPAIR EYELID DEFECT	\$ 182.79	\$ 248.53
67922		REPAIR EYELID DEFECT	\$ 166.28	\$ 226.42
67923		REPAIR OF ENTROPION; EXCISION TARSAL WED	\$ 314.66	\$ 380.40
67924		REPAIR OF ENTROPION; EXTENSIVE (EG, TARS	\$ 304.36	\$ 393.04
67930		REPAIR EYELID WOUND	\$ 168.52	\$ 246.86
67935		REPAIR EYELID WOUND	\$ 307.33	\$ 401.61
67938		REMOVE FOREIGN BODY, EYELID	\$ 77.23	\$ 160.31
67950		REVISION OF EYELIDS	\$ 316.51	\$ 387.56
67961		REVISION OF EYELIDS	\$ 309.20	\$ 386.69
67966		REVISION OF EYELIDS	\$ 439.21	\$ 511.95
67971		RECONSTRUCTION OF EYELID	\$ 495.83	\$ 495.83
67973		RECONSTRUCTION OF EYELID	\$ 642.75	\$ 642.75
67974		RECONSTRUCTION OF EYELID	\$ 640.16	\$ 640.16

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

67975		RECONSTRUCTION OF EYELID	\$ 468.03	\$ 468.03
68020		INCISE/DRAIN EYELID LESION	\$ 74.53	\$ 79.84
68110		REMOVE EYELID LINING LESION	\$ 99.50	\$ 149.58
68115		REMOVE EYELID LINING LESION	\$ 124.35	\$ 207.44
68130		REMOVE EYELID LINING LESION	\$ 275.54	\$ 358.62
68135		REMOVE EYELID LINING LESION	\$ 101.63	\$ 104.98
68320		REVISE/GRAFT EYELID LINING	\$ 354.10	\$ 474.40
68325		REVISE/GRAFT EYELID LINING	\$ 441.32	\$ 441.32
68326		REVISE EYELID LINING	\$ 429.61	\$ 429.61
68328		REVISE/GRAFT EYELID LINING	\$ 480.07	\$ 480.07
68330		REVISE EYELID LINING	\$ 304.68	\$ 398.96
68335		REVISE/GRAFT EYELID LINING	\$ 431.01	\$ 431.01
68340		SEPARATE EYELID ADHESIONS	\$ 263.15	\$ 358.82
68360		REVISE EYELID LINING	\$ 272.19	\$ 350.52
68362		REVISE EYELID LINING	\$ 436.95	\$ 436.95
68400		INCISE/DRAIN TEAR GLAND	\$ 92.14	\$ 185.86
68420		INCISE/DRAIN TEAR SAC	\$ 118.43	\$ 212.71
68440		INCISE TEAR DUCT OPENING	\$ 64.13	\$ 71.12
68500		REMOVAL OF TEAR GLAND	\$ 651.00	\$ 651.00
68505		PARTIAL REMOVAL TEAR GLAND	\$ 654.72	\$ 654.72
68520		REMOVAL OF TEAR SAC	\$ 460.46	\$ 460.46
68530		CLEARANCE OF TEAR DUCT	\$ 179.07	\$ 290.70
68540		REMOVE TEAR GLAND LESION	\$ 622.57	\$ 622.57
68550		REMOVE TEAR GLAND LESION	\$ 765.79	\$ 765.79
68700		REPAIR TEAR DUCTS	\$ 401.77	\$ 401.77
68705		REVISE TEAR DUCT OPENING	\$ 111.83	\$ 158.55
68720		INCISE TEAR DUCTS	\$ 510.13	\$ 510.13
68745		INCISE TEAR DUCTS	\$ 512.03	\$ 512.03
68750		ESTABLISH TEAR DUCT CHANNEL	\$ 526.09	\$ 526.09
68760		CLOSE TEAR DUCT OPENING	\$ 97.74	\$ 134.38

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EA	\$ 79.26	\$ 98.00
68770		CLOSE TEAR SYSTEM FISTULA	\$ 398.25	\$ 398.25
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WI	\$ 70.28	\$ 80.91
68810		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	\$ 126.67	\$ 157.17
68811		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	\$ 137.72	\$ 137.72
68815		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	\$ 173.99	\$ 294.57
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	\$ 166.54	\$ 447.98
68840		EXPLORATION OF TEAR DUCTS	\$ 74.81	\$ 82.93
69000		DRAIN EXTERNAL EAR LESION	\$ 84.53	\$ 127.05
69005		DRAIN EXTERNAL EAR LESION	\$ 115.24	\$ 151.33
69020		DRAIN OUTER EAR CANAL LESION	\$ 102.50	\$ 161.25
69100		BIOPSY OF EXTERNAL EAR	\$ 36.54	\$ 75.43
69110		PARTIAL REMOVAL EXTERNAL EAR	\$ 236.31	\$ 321.92
69120		REMOVAL OF EXTERNAL EAR	\$ 287.07	\$ 287.07
69140		REMOVE EAR CANAL LESION(S)	\$ 625.45	\$ 625.45
69145		REMOVE EAR CANAL LESION(S)	\$ 178.17	\$ 270.21
69150		EXTENSIVE OUTER EAR SURGERY	\$ 771.30	\$ 771.30
69155		EXTENSIVE EAR/NECK SURGERY	\$ 1,240.80	\$ 1,240.80
69200		CLEAR OUTER EAR CANAL	\$ 41.23	\$ 85.71
69205		CLEAR OUTER EAR CANAL	\$ 73.74	\$ 73.74
69210		REMOVE IMPACTED EAR WAX	\$ 24.73	\$ 35.92
69222		DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPL	\$ 99.52	\$ 154.36
69310		RECONSTRUCTION OF EXTERNAL AUDITORY CANA	\$ 782.55	\$ 782.55
69320		REBUILD OUTER EAR CANAL	\$ 1,118.75	\$ 1,118.75
69420		INCISION OF EARDRUM	\$ 86.85	\$ 133.86
69421		INCISION OF EARDRUM	\$ 110.08	\$ 110.08
69433		TYMPANOSTOMY, LOCAL OR TOPICAL ANESTHESI	\$ 94.11	\$ 139.71
69436		TYPANOSTOMY, GENERAL ANESTHESIA	\$ 119.76	\$ 119.76
69440		EXPLORATION OF MIDDLE EAR	\$ 495.06	\$ 495.06
69450		TYMPANOLYSIS TRANSCANAL	\$ 387.84	\$ 387.84

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

69501		REMOVAL OF MASTOID BONE	\$ 533.49	\$ 533.49
69502		MASTOIDECTOMY COMPLETE	\$ 710.43	\$ 710.43
69505		REMOVAL MASTOID STRUCTURES	\$ 873.34	\$ 873.34
69511		REMOVAL MASTOID STRUCTURES	\$ 898.25	\$ 898.25
69530		REMOVE PART OF TEMPORAL BONE	\$ 1,213.78	\$ 1,213.78
69535		REMOVE PART OF TEMPORAL BONE	\$ 1,982.10	\$ 1,982.10
69540		REMOVE EAR LESION	\$ 91.41	\$ 145.40
69550		REMOVE EAR LESION	\$ 754.37	\$ 754.37
69552		REMOVE EAR LESION	\$ 1,156.70	\$ 1,156.70
69554		REMOVE EAR LESION	\$ 1,844.37	\$ 1,844.37
69601		REVISE MASTOID SURGERY	\$ 765.77	\$ 765.77
69602		REVISE MASTOID SURGERY	\$ 796.20	\$ 796.20
69603		REVISE MASTOID SURGERY	\$ 924.13	\$ 924.13
69604		REVISE MASTOID SURGERY	\$ 821.45	\$ 821.45
69605		REVISE MASTOID SURGERY	\$ 1,144.55	\$ 1,144.55
69610		REPAIR OF EARDRUM	\$ 220.35	\$ 283.87
69620		REPAIR OF EARDRUM	\$ 356.44	\$ 494.07
69631		REPAIR EARDRUM STRUCTURES	\$ 637.11	\$ 637.11
69632		REBUILD EARDRUM STRUCTURES	\$ 783.76	\$ 783.76
69633		TYMPANOPLASTY W/O MASTOIDECTOMY WITH OSS	\$ 754.75	\$ 754.75
69635		REPAIR EARDRUM STRUCTURES	\$ 886.16	\$ 886.16
69636		REBUILD EARDRUM STRUCTURES	\$ 1,004.42	\$ 1,004.42
69637		TYMPAN ANTRO/MASTOID W OSSICULAR CHAIN R	\$ 999.77	\$ 999.77
69641		REVISE MIDDLE EAR & MASTOID	\$ 759.86	\$ 759.86
69642		REVISE MIDDLE EAR & MASTOID	\$ 980.92	\$ 980.92
69643		REVISE MIDDLE EAR & MASTOID	\$ 895.86	\$ 895.86
69644		REVISE MIDDLE EAR & MASTOID	\$ 1,082.24	\$ 1,082.24
69645		REVISE MIDDLE EAR & MASTOID	\$ 1,059.87	\$ 1,059.87
69646		REVISE MIDDLE EAR & MASTOID	\$ 1,127.95	\$ 1,127.95
69650		RELEASE MIDDLE EAR BONE	\$ 578.60	\$ 578.60

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

69660		REVISE MIDDLE EAR BONE	\$ 681.67	\$ 681.67
69661		STAPEDECTOMY WITH FOOT PLATE DRILL OUT	\$ 891.92	\$ 891.92
69662		REVISION STAPEDECTOMY OR STAPEDOTOMY	\$ 855.58	\$ 855.58
69666		REPAIR MIDDLE EAR STRUCTURES	\$ 587.10	\$ 587.10
69667		REPAIR MIDDLE EAR STRUCTURES	\$ 589.09	\$ 589.09
69670		REMOVE MASTOID AIR CELLS	\$ 687.36	\$ 687.36
69676		TYPANIC NEURECTOMY	\$ 604.61	\$ 604.61
69700		CLOSE MASTOID FISTULA	\$ 504.70	\$ 504.70
69720		RELEASE FACIAL NERVE	\$ 858.21	\$ 858.21
69725		RELEASE FACIAL NERVE	\$ 1,406.47	\$ 1,406.47
69740		REPAIR FACIAL NERVE	\$ 867.33	\$ 867.33
69745		REPAIR FACIAL NERVE	\$ 920.48	\$ 920.48
69801		LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURG	\$ 542.76	\$ 542.76
69805		EXPLORE INNER EAR	\$ 776.82	\$ 776.82
69806		EXPLORE INNER EAR	\$ 696.62	\$ 696.62
69905		REMOVE INNER EAR	\$ 671.44	\$ 671.44
69910		REMOVE INNER EAR & MASTOID	\$ 753.74	\$ 753.74
69915		INCISE INNER EAR NERVE	\$ 1,145.39	\$ 1,145.39
69930		COCHLEAR DEVICE IMPLANTATION WITH OR W/O	\$ 919.26	\$ 919.26
69950		INCISE INNER EAR NERVE	\$ 1,357.80	\$ 1,357.80
69955		RELEASE FACIAL NERVE	\$ 1,483.45	\$ 1,483.45
69960		RELEASE INNER EAR CANAL	\$ 1,439.73	\$ 1,439.73
69970		REMOVE INNER EAR LESION	\$ 1,606.95	\$ 1,606.95
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	\$ 162.56	\$ 162.56
70010		CONTRAST X-RAY OF BRAIN	\$ 132.93	\$ 132.93
70010	26	CONTRAST X-RAY OF BRAIN	\$ 48.99	\$ 48.99
70015		CISTERNOGRAPHY POSITIVE CONTRAST COMPLET	\$ 111.52	\$ 111.52
70015	26	CISTERNOGRAPHY POSITIVE CONTRAST COMPLET	\$ 50.11	\$ 50.11
70030		X-RAY EXAM EYE FOREIGN BODY	\$ 21.66	\$ 21.66
70030	26	X-RAY EXAM EYE FOREIGN BODY	\$ 7.01	\$ 7.01

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

70030	TC	X-RAY EXAM EYE FOREIGN BODY	\$ 14.66	\$ 14.66
70100		X-RAY EXAM OF JAW	\$ 23.37	\$ 23.37
70100	26	X-RAY EXAM OF JAW	\$ 7.31	\$ 7.31
70110		X-RAY EXAM OF JAW	\$ 30.34	\$ 30.34
70110	26	X-RAY EXAM OF JAW	\$ 10.27	\$ 10.27
70120		X-RAY EXAM OF MASTOIDS	\$ 25.43	\$ 25.43
70120	26	X-RAY EXAM OF MASTOIDS	\$ 7.31	\$ 7.31
70130		X-RAY EXAM MASTOIDS	\$ 42.13	\$ 42.13
70130	26	X-RAY EXAM MASTOIDS	\$ 14.03	\$ 14.03
70134		X-RAY EXAM OF MIDDLE EAR	\$ 36.24	\$ 36.24
70134	26	X-RAY EXAM OF MIDDLE EAR	\$ 14.03	\$ 14.03
70140		X-RAY EXAM OF FACIAL BONES	\$ 22.93	\$ 22.93
70140	26	X-RAY EXAM OF FACIAL BONES	\$ 7.61	\$ 7.61
70140	TC	X-RAY EXAM OF FACIAL BONES	\$ 15.32	\$ 15.32
70150		X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 32.80	\$ 32.80
70150	26	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 10.57	\$ 10.57
70150	TC	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 22.21	\$ 22.21
70160		X-RAY EXAM OF NASAL BONES	\$ 24.46	\$ 24.46
70160	26	X-RAY EXAM OF NASAL BONES	\$ 7.01	\$ 7.01
70160	TC	X-RAY EXAM OF NASAL BONES	\$ 17.45	\$ 17.45
70170		X-RAY EXAM OF TEAR DUCT	\$ 41.40	\$ 41.40
70170	26	X-RAY EXAM OF TEAR DUCT	\$ 12.34	\$ 12.34
70190		X-RAY EXAM OF EYE SOCKETS	\$ 27.17	\$ 27.17
70190	26	X-RAY EXAM OF EYE SOCKETS	\$ 8.50	\$ 8.50
70200		X-RAY EXAM ORBITS MINIMUM OF FOUR VIEWS	\$ 33.96	\$ 33.96
70200	26	X-RAY EXAM ORBITS MINIMUM OF FOUR VIEWS	\$ 11.46	\$ 11.46
70210		X-RAY EXAM OF SINUSES	\$ 22.89	\$ 22.89
70210	26	X-RAY EXAM OF SINUSES	\$ 7.01	\$ 7.01
70210	TC	X-RAY EXAM OF SINUSES	\$ 15.87	\$ 15.87
70220		X-RAY EXAM OF SINUSES	\$ 29.97	\$ 29.97

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

70220	26	X-RAY EXAM OF SINUSES	\$ 9.99	\$ 9.99
70220	TC	X-RAY EXAM OF SINUSES	\$ 19.98	\$ 19.98
70240		X RAY EXAM SELLA TURCICA	\$ 22.54	\$ 22.54
70240	26	X RAY EXAM SELLA TURCICA	\$ 7.90	\$ 7.90
70250		RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 27.80	\$ 27.80
70250	26	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 9.69	\$ 9.69
70250	TC	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 18.11	\$ 18.11
70260		RADIOLOGIC EXAMINATION, SKULL; COMPLETE,	\$ 37.00	\$ 37.00
70260	26	RADIOLOGIC EXAMINATION, SKULL; COMPLETE,	\$ 13.74	\$ 13.74
70300		X RAY EXAM OF TEETH SINGLE VIEW	\$ 10.87	\$ 10.87
70300	26	X RAY EXAM OF TEETH SINGLE VIEW	\$ 4.34	\$ 4.34
70310		X-RAY TEETH PARTIAL EXAM LESS THAN FULL	\$ 25.84	\$ 25.84
70310	26	X-RAY TEETH PARTIAL EXAM LESS THAN FULL	\$ 6.71	\$ 6.71
70320		FULL MOUTH X-RAY OF TEETH	\$ 36.34	\$ 36.34
70320	26	FULL MOUTH X-RAY OF TEETH	\$ 9.08	\$ 9.08
70328		X-RAY EXAM OF JAW JOINT	\$ 22.80	\$ 22.80
70328	26	X-RAY EXAM OF JAW JOINT	\$ 7.31	\$ 7.31
70330		X-RAY EXAM OF JAW JOINTS BILATERAL	\$ 36.10	\$ 36.10
70330	26	X-RAY EXAM OF JAW JOINTS BILATERAL	\$ 9.96	\$ 9.96
70332		TEMPOROMANDIBULAR JT ARTHROTOMOGRAPHY SU	\$ 65.17	\$ 65.17
70332	26	TEMPOROMANDIBULAR JT ARTHROTOMOGRAPHY SU	\$ 21.75	\$ 21.75
70336		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 393.13	\$ 393.13
70336	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 61.21	\$ 61.21
70350		X RAY EXAM OF HEAD FOR ORTHODONTIA	\$ 15.79	\$ 15.79
70350	26	X RAY EXAM OF HEAD FOR ORTHODONTIA	\$ 7.01	\$ 7.01
70355		PANORAMIC X-RAY OF JAWS	\$ 17.63	\$ 17.63
70355	26	PANORAMIC X-RAY OF JAWS	\$ 8.20	\$ 8.20
70360		X-RAY EXAM OF NECK	\$ 20.83	\$ 20.83
70360	26	X-RAY EXAM OF NECK	\$ 7.01	\$ 7.01
70370		X-RAY AND FLUOROSCOPY OF THROAT	\$ 56.81	\$ 56.81

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

70370	26	X-RAY AND FLUOROSCOPY OF THROAT	\$ 12.95	\$ 12.95
70380		X-RAY EXAM SALIVARY GLAND FOR CALCULUS	\$ 28.20	\$ 28.20
70380	26	X-RAY EXAM SALIVARY GLAND FOR CALCULUS	\$ 7.01	\$ 7.01
70390		X-RAY EXAM SALIVARY DUCT	\$ 76.09	\$ 76.09
70390	26	X-RAY EXAM SALIVARY DUCT	\$ 15.79	\$ 15.79
70450		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	\$ 168.92	\$ 168.92
70450	26	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	\$ 35.42	\$ 35.42
70450	TC	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	\$ 133.48	\$ 133.48
70460		BRAIN SCAN WITH CONTRAST MATERIAL	\$ 218.53	\$ 218.53
70460	26	BRAIN SCAN WITH CONTRAST MATERIAL	\$ 46.89	\$ 46.89
70470		CAT SCAN HEAD W/O CONTRAST FOLLOWED BY C	\$ 264.31	\$ 264.31
70470	26	CAT SCAN HEAD W/O CONTRAST FOLLOWED BY C	\$ 52.71	\$ 52.71
70480		COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR PO	\$ 257.27	\$ 257.27
70480	26	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR PO	\$ 53.01	\$ 53.01
70481		COMPUTERIZED TOMOGRAPHY ORBIT WITH CONTR	\$ 299.02	\$ 299.02
70481	26	COMPUTERIZED TOMOGRAPHY ORBIT WITH CONTR	\$ 57.15	\$ 57.15
70482		COMPUTIZED TOMOGRAPHY ORBIT W/O CONTRAST	\$ 342.22	\$ 342.22
70482	26	COMPUTIZED TOMOGRAPHY ORBIT W/O CONTRAST	\$ 59.83	\$ 59.83
70486		COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA;	\$ 217.59	\$ 217.59
70486	26	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA;	\$ 47.19	\$ 47.19
70486	TC	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA;	\$ 170.41	\$ 170.41
70487		COMPUTER AXIAL TOMO MAXILLOFACIAL WITH C	\$ 263.03	\$ 263.03
70487	26	COMPUTER AXIAL TOMO MAXILLOFACIAL WITH C	\$ 54.18	\$ 54.18
70488		COMPUTER AXIAL TOMO MAXILLOFACIAL W/O CO	\$ 319.76	\$ 319.76
70488	26	COMPUTER AXIAL TOMO MAXILLOFACIAL W/O CO	\$ 58.65	\$ 58.65
70490		COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W	\$ 215.87	\$ 215.87
70490	26	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W	\$ 53.65	\$ 53.65
70491		COMPUTERIZED AXIAL TOMOGRAPHY W CONTRAST	\$ 258.74	\$ 258.74
70491	26	COMPUTERIZED AXIAL TOMOGRAPHY W CONTRAST	\$ 57.15	\$ 57.15
70492		COMPUTE AXIAL TOMO WO CONTRAST FOLLOWED	\$ 313.68	\$ 313.68

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

70492	26	COMPUTE AXIAL TOMO WO CONTRAST FOLLOWED	\$ 59.83	\$ 59.83
70540		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 425.45	\$ 425.45
70542		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 472.84	\$ 472.84
70543		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 651.52	\$ 651.52
70551		MAGNETIC RESONANCE IMAGING, BRAIN	\$ 439.57	\$ 439.57
70552		MRI BRAIN, WITH CONTRAST	\$ 491.51	\$ 491.51
70552	26	MRI BRAIN, WITH CONTRAST	\$ 73.83	\$ 73.83
70553		MRI,BRAIN; WO,THEN W CONTRAST MATERIAL-S	\$ 654.29	\$ 654.29
71045	26	X-ray exam chest 1 view	\$ 7.67	\$ 7.67
71045	TC	X-ray exam chest 1 view	\$ 8.57	\$ 8.57
71045		X-ray exam chest 1 view	\$ 16.24	\$ 16.24
71046	26	X-ray exam chest 2 views	\$ 9.16	\$ 9.16
71046	TC	X-ray exam chest 2 views	\$ 15.78	\$ 15.78
71046		X-ray exam chest 2 views	\$ 24.94	\$ 24.94
71047	26	X-ray exam chest 3 views	\$ 11.82	\$ 11.82
71047	TC	X-ray exam chest 3 views	\$ 20.10	\$ 20.10
71047		X-ray exam chest 3 views	\$ 31.93	\$ 31.93
71048	26	X-ray exam chest 4+ views	\$ 13.61	\$ 13.61
71048	TC	X-ray exam chest 4+ views	\$ 20.68	\$ 20.68
71048		X-ray exam chest 4+ views	\$ 34.29	\$ 34.29
71100		RIBS UNILATERAL TWO VIEWS	\$ 25.24	\$ 25.24
71100	26	RIBS UNILATERAL TWO VIEWS	\$ 9.08	\$ 9.08
71101		X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 30.38	\$ 30.38
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 10.87	\$ 10.87
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 19.51	\$ 19.51
71110		RIBS BILATERAL THREE VIEWS	\$ 31.42	\$ 31.42
71110	26	RIBS BILATERAL THREE VIEWS	\$ 10.87	\$ 10.87
71111		X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 40.12	\$ 40.12
71111	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 12.95	\$ 12.95
71120		X-RAY EXAM OF BREASTBONE	\$ 25.19	\$ 25.19

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

71120	26	X-RAY EXAM OF BREASTBONE	\$ 8.20	\$ 8.20
71130		X-RAY EXAM OF BREASTBONE	\$ 28.88	\$ 28.88
71130	26	X-RAY EXAM OF BREASTBONE	\$ 9.08	\$ 9.08
71130	TC	X-RAY EXAM OF BREASTBONE	\$ 19.79	\$ 19.79
71250		COMPUTED TOMOGRAPHY, THORAX; WITHOUT CON	\$ 220.47	\$ 220.47
71250	26	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CON	\$ 48.07	\$ 48.07
71260		COMPUTER TOMO THORAX WITH CONTRAST MATER	\$ 264.33	\$ 264.33
71260	26	COMPUTER TOMO THORAX WITH CONTRAST MATER	\$ 51.33	\$ 51.33
71260	TC	COMPUTER TOMO THORAX WITH CONTRAST MATER	\$ 212.99	\$ 212.99
71270		COMPUTER TOMO THORAX WITHOUT CONTRAST FO	\$ 326.15	\$ 326.15
71270	26	COMPUTER TOMO THORAX WITHOUT CONTRAST FO	\$ 57.15	\$ 57.15
71275	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST,	\$ 322.77	\$ 322.77
71275		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST,	\$ 402.71	\$ 402.71
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 474.97	\$ 474.97
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 60.14	\$ 60.14
71551		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 532.99	\$ 532.99
71552		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 730.95	\$ 730.95
71555		MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	\$ 467.65	\$ 467.65
71555	26	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	\$ 75.58	\$ 75.58
71555	TC	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	\$ 392.06	\$ 392.06
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	\$ 18.27	\$ 18.27
72020	26	RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	\$ 6.41	\$ 6.41
72020	TC	RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	\$ 11.85	\$ 11.85
72040		X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 28.31	\$ 28.31
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 9.08	\$ 9.08
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 19.24	\$ 19.24
72050		X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 40.09	\$ 40.09
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 12.65	\$ 12.65
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 27.45	\$ 27.45
72052		X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	\$ 50.19	\$ 50.19

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

72052	26	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	\$ 14.91	\$ 14.91
72052	TC	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	\$ 35.28	\$ 35.28
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 26.07	\$ 26.07
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 9.08	\$ 9.08
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 16.99	\$ 16.99
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 29.62	\$ 29.62
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 9.08	\$ 9.08
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 20.54	\$ 20.54
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 34.57	\$ 34.57
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 9.08	\$ 9.08
72080		X-RAY EXAM THORACOLMB 2/> VW	\$ 27.20	\$ 27.20
72080	26	X-RAY EXAM THORACOLMB 2/> VW	\$ 9.08	\$ 9.08
72080	TC	X-RAY EXAM THORACOLMB 2/> VW	\$ 18.11	\$ 18.11
72081		X-RAY EXAM ENTIRE SPI 1 VW	\$ 31.65	\$ 31.65
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	\$ 11.35	\$ 11.35
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	\$ 20.30	\$ 20.30
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 50.67	\$ 50.67
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 13.75	\$ 13.75
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 36.92	\$ 36.92
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 55.05	\$ 55.05
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 14.98	\$ 14.98
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 40.07	\$ 40.07
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$ 65.50	\$ 65.50
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 17.40	\$ 17.40
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 48.09	\$ 48.09
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 29.71	\$ 29.71
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 9.08	\$ 9.08
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 20.63	\$ 20.63
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 41.50	\$ 41.50
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 12.65	\$ 12.65

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 28.85	\$ 28.85
72114		X-RAY EXAM LUMBOSACRAL SPINE	\$ 54.11	\$ 54.11
72114	26	X-RAY EXAM LUMBOSACRAL SPINE	\$ 14.91	\$ 14.91
72114	TC	X-RAY EXAM LUMBOSACRAL SPINE	\$ 39.20	\$ 39.20
72120		X-RAY EXAM OF LOWER SPINE	\$ 37.09	\$ 37.09
72120	26	X-RAY EXAM OF LOWER SPINE	\$ 9.08	\$ 9.08
72120	TC	X-RAY EXAM OF LOWER SPINE	\$ 28.00	\$ 28.00
72125		COMPUTED TOMOGRAPHY, CERVICAL SPINE; WIT	\$ 221.02	\$ 221.02
72125	26	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WIT	\$ 48.07	\$ 48.07
72126		COMPUTE AXIAL TOMO CERVICAL SPINE W CONT	\$ 263.72	\$ 263.72
72126	26	COMPUTE AXIAL TOMO CERVICAL SPINE W CONT	\$ 50.45	\$ 50.45
72128		COMPUTED TOMOGRAPHY, THORACIC SPINE; WIT	\$ 220.47	\$ 220.47
72128	26	COMPUTED TOMOGRAPHY, THORACIC SPINE; WIT	\$ 48.07	\$ 48.07
72129		COMPUTE AXIAL TOMO THORACIC SPINE W CONT	\$ 264.00	\$ 264.00
72129	26	COMPUTE AXIAL TOMO THORACIC SPINE W CONT	\$ 50.73	\$ 50.73
72131		COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHO	\$ 220.19	\$ 220.19
72131	26	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHO	\$ 48.07	\$ 48.07
72132		COMPUTE AXIAL TOMO W CONTRAST MATERIAL	\$ 263.72	\$ 263.72
72132	26	COMPUTE AXIAL TOMO W CONTRAST MATERIAL	\$ 50.73	\$ 50.73
72141		MAGNETIC RESONANCE IMAGING, SPINAL CANAL	\$ 402.36	\$ 402.36
72142		MRI SPINAL CANAL, CERVICAL, WITH CONTRAS	\$ 496.49	\$ 496.49
72142	26	MRI SPINAL CANAL, CERVICAL, WITH CONTRAS	\$ 79.38	\$ 79.38
72146		MRI SPINAL CANAL, THORACIC W/O CONTRAST	\$ 412.55	\$ 412.55
72146	26	MRI SPINAL CANAL, THORACIC W/O CONTRAST	\$ 66.24	\$ 66.24
72146	TC	MRI SPINAL CANAL, THORACIC W/O CONTRAST	\$ 346.30	\$ 346.30
72147		MRI SPINAL CANAL, THORACIC, WITH CONTRAS	\$ 454.25	\$ 454.25
72147	26	MRI SPINAL CANAL, THORACIC, WITH CONTRAS	\$ 79.66	\$ 79.66
72148		MRI SPINAL CANAL, LUMBAR W/O CONTRAST	\$ 407.24	\$ 407.24
72148	26	MRI SPINAL CANAL, LUMBAR W/O CONTRAST	\$ 61.21	\$ 61.21
72148	TC	MRI SPINAL CANAL, LUMBAR W/O CONTRAST	\$ 346.03	\$ 346.03

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

72149		MRI SPINAL CANAL, LUMBAR WITH CONTRAST	\$ 490.66	\$ 490.66
72149	26	MRI SPINAL CANAL, LUMBAR WITH CONTRAST	\$ 73.83	\$ 73.83
72156		MRI; SPINAL CANAL, WO THEN W CONTRAST; C	\$ 654.96	\$ 654.96
72156	26	MRI; SPINAL CANAL, WO THEN W CONTRAST; C	\$ 106.14	\$ 106.14
72157		MRI; SPINAL CANAL, WO THEN W CONTRAST; T	\$ 622.51	\$ 622.51
72157	26	MRI; SPINAL CANAL, WO THEN W CONTRAST; T	\$ 106.42	\$ 106.42
72158		MRI; SPINAL CANAL,WO THEN W CONTRAST; LU	\$ 645.89	\$ 645.89
72158	26	MRI; SPINAL CANAL,WO THEN W CONTRAST; LU	\$ 97.35	\$ 97.35
72158	TC	MRI; SPINAL CANAL,WO THEN W CONTRAST; LU	\$ 548.54	\$ 548.54
72159		MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	\$ 501.14	\$ 501.14
72159	26	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	\$ 73.98	\$ 73.98
72159	TC	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	\$ 427.16	\$ 427.16
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	\$ 19.98	\$ 19.98
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	\$ 7.01	\$ 7.01
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	\$ 12.98	\$ 12.98
72190		X-RAY EXAM OF PELVIS	\$ 30.25	\$ 30.25
72190	26	X-RAY EXAM OF PELVIS	\$ 8.78	\$ 8.78
72192		COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CON	\$ 209.68	\$ 209.68
72192	26	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CON	\$ 45.40	\$ 45.40
72193		COMPUTERIZED TOMOGRAPHY PELVIS W CONTRAS	\$ 250.81	\$ 250.81
72193	26	COMPUTERIZED TOMOGRAPHY PELVIS W CONTRAS	\$ 48.07	\$ 48.07
72194		COMPUTERIZED TOMOGRAPHY PELVIS W/O CONTR	\$ 319.42	\$ 319.42
72194	26	COMPUTERIZED TOMOGRAPHY PELVIS W/O CONTR	\$ 50.45	\$ 50.45
72195		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 435.25	\$ 435.25
72195	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 375.11	\$ 375.11
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 482.62	\$ 482.62
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 71.76	\$ 71.76
72197		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 661.13	\$ 661.13
72198		MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	\$ 464.82	\$ 464.82
72198	26	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	\$ 74.72	\$ 74.72

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

72198	TC	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	\$ 390.10	\$ 390.10
72200		X-RAY EXAM SACROILIAC JOINTS	\$ 22.22	\$ 22.22
72200	26	X-RAY EXAM SACROILIAC JOINTS	\$ 7.01	\$ 7.01
72202		X-RAY EXAM SACROILIAC JOINTS	\$ 26.85	\$ 26.85
72202	26	X-RAY EXAM SACROILIAC JOINTS	\$ 7.90	\$ 7.90
72202	TC	X-RAY EXAM SACROILIAC JOINTS	\$ 18.95	\$ 18.95
72220		X-RAY EXAM OF TAILBONE	\$ 22.61	\$ 22.61
72220	26	X-RAY EXAM OF TAILBONE	\$ 7.01	\$ 7.01
72220	TC	X-RAY EXAM OF TAILBONE	\$ 15.60	\$ 15.60
72240		CONTRAST X-RAY OF NECK SPINE	\$ 122.33	\$ 122.33
72240	26	CONTRAST X-RAY OF NECK SPINE	\$ 37.52	\$ 37.52
72255		CONTRAST X-RAY CHEST SPINE	\$ 111.96	\$ 111.96
72255	26	CONTRAST X-RAY CHEST SPINE	\$ 36.69	\$ 36.69
72265		CONTRAST X-RAY LOWER SPINE	\$ 113.73	\$ 113.73
72265	26	CONTRAST X-RAY LOWER SPINE	\$ 34.27	\$ 34.27
72270		MYELOGRAPHY, TWO OR MORE REGIONS (EG, LU	\$ 177.51	\$ 177.51
72270	26	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LU	\$ 55.08	\$ 55.08
73000		X-RAY EXAM OF COLLARBONE	\$ 21.08	\$ 21.08
73000	26	X-RAY EXAM OF COLLARBONE	\$ 6.71	\$ 6.71
73000	TC	X-RAY EXAM OF COLLARBONE	\$ 14.37	\$ 14.37
73010		X-RAY EXAM OF SHOULDER BLADE	\$ 21.66	\$ 21.66
73010	26	X-RAY EXAM OF SHOULDER BLADE	\$ 7.01	\$ 7.01
73020		X-RAY EXAM OF SHOULDER	\$ 17.98	\$ 17.98
73020	26	X-RAY EXAM OF SHOULDER	\$ 6.13	\$ 6.13
73030		X-RAY EXAM OF SHOULDER	\$ 22.90	\$ 22.90
73030	26	X-RAY EXAM OF SHOULDER	\$ 7.60	\$ 7.60
73030	TC	X-RAY EXAM OF SHOULDER	\$ 15.32	\$ 15.32
73040		CONTRAST X-RAY OF SHOULDER	\$ 81.96	\$ 81.96
73040	26	CONTRAST X-RAY OF SHOULDER	\$ 22.31	\$ 22.31
73050		X-RAY EXAM OF SHOULDER	\$ 27.43	\$ 27.43

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

73050	26	X-RAY EXAM OF SHOULDER	\$ 8.49	\$ 8.49
73060		X-RAY EXAM OF HUMERUS	\$ 22.32	\$ 22.32
73060	26	X-RAY EXAM OF HUMERUS	\$ 7.01	\$ 7.01
73060	TC	X-RAY EXAM OF HUMERUS	\$ 15.32	\$ 15.32
73070		RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 20.50	\$ 20.50
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 6.13	\$ 6.13
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 14.37	\$ 14.37
73080		X-RAY EXAM OF ELBOW	\$ 26.24	\$ 26.24
73080	26	X-RAY EXAM OF ELBOW	\$ 7.01	\$ 7.01
73080	TC	X-RAY EXAM OF ELBOW	\$ 19.24	\$ 19.24
73085		X-RAY EXAM OF JOINT	\$ 74.13	\$ 74.13
73085	26	X-RAY EXAM OF JOINT	\$ 22.03	\$ 22.03
73090		RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 20.81	\$ 20.81
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 6.42	\$ 6.42
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 14.37	\$ 14.37
73092		X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	\$ 21.36	\$ 21.36
73092	26	X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	\$ 6.42	\$ 6.42
73100		RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$ 21.64	\$ 21.64
73100	26	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$ 6.71	\$ 6.71
73100	TC	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$ 14.94	\$ 14.94
73110		X-RAY EXAM OF WRIST	\$ 25.86	\$ 25.86
73110	26	X-RAY EXAM OF WRIST	\$ 7.01	\$ 7.01
73110	TC	X-RAY EXAM OF WRIST	\$ 18.85	\$ 18.85
73115		RADIOLOGIC EXAMINATION WRIST ARTHROGRAPH	\$ 78.50	\$ 78.50
73115	26	RADIOLOGIC EXAMINATION WRIST ARTHROGRAPH	\$ 22.31	\$ 22.31
73120		X-RAY EXAM OF HAND	\$ 20.53	\$ 20.53
73120	26	X-RAY EXAM OF HAND	\$ 6.42	\$ 6.42
73120	TC	X-RAY EXAM OF HAND	\$ 14.08	\$ 14.08
73130		X-RAY EXAM OF HAND	\$ 23.62	\$ 23.62
73130	26	X-RAY EXAM OF HAND	\$ 7.01	\$ 7.01

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

73130	TC	X-RAY EXAM OF HAND	\$ 16.62	\$ 16.62
73140		X-RAY EXAM OF FINGER(S)	\$ 21.85	\$ 21.85
73140	26	X-RAY EXAM OF FINGER(S)	\$ 5.53	\$ 5.53
73140	TC	X-RAY EXAM OF FINGER(S)	\$ 16.33	\$ 16.33
73200		COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WI	\$ 209.09	\$ 209.09
73200	26	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WI	\$ 45.11	\$ 45.11
73201		COMPUTERIZED TOMOGRAPHY EXTREMITY WITH C	\$ 250.69	\$ 250.69
73201	26	COMPUTERIZED TOMOGRAPHY EXTREMITY WITH C	\$ 48.07	\$ 48.07
73202		COMPUTERIZED TOMOGRAPHY UPPER EXTREMITY	\$ 320.34	\$ 320.34
73202	26	COMPUTERIZED TOMOGRAPHY UPPER EXTREMITY	\$ 50.45	\$ 50.45
73218		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 435.25	\$ 435.25
73218	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 379.83	\$ 379.83
73219		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 478.15	\$ 478.15
73220		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 657.39	\$ 657.39
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 412.03	\$ 412.03
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 55.69	\$ 55.69
73221	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 356.34	\$ 356.34
73222		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 454.65	\$ 454.65
73223		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 628.86	\$ 628.86
73225		MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	\$ 488.55	\$ 488.55
73225	26	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	\$ 71.02	\$ 71.02
73225	TC	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	\$ 417.53	\$ 417.53
73501		X-RAY EXAM HIP UNI 1 VIEW	\$ 24.36	\$ 24.36
73501	26	X-RAY EXAM HIP UNI 1 VIEW	\$ 8.08	\$ 8.08
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	\$ 16.28	\$ 16.28
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 33.61	\$ 33.61
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 9.59	\$ 9.59
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 24.02	\$ 24.02
73503		X-RAY EXAM HIP UNI 4/> VIEWS	\$ 41.98	\$ 41.98
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 12.23	\$ 12.23

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 29.75	\$ 29.75
73521		X-RAY EXAM HIPS BI 2 VIEWS	\$ 32.47	\$ 32.47
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	\$ 9.88	\$ 9.88
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	\$ 22.59	\$ 22.59
73522		X-RAY EXAM HIPS BI 3-4 VIEWS	\$ 39.73	\$ 39.73
73522	26	X-RAY EXAM HIPS BI 3-4 VIEWS	\$ 12.85	\$ 12.85
73522	TC	X-RAY EXAM HIPS BI 3-4 VIEWS	\$ 26.89	\$ 26.89
73523		X-RAY EXAM HIPS BI 5/> VIEWS	\$ 46.08	\$ 46.08
73523	26	X-RAY EXAM HIPS BI 5/> VIEWS	\$ 13.75	\$ 13.75
73523	TC	X-RAY EXAM HIPS BI 5/> VIEWS	\$ 32.33	\$ 32.33
73525		X-RAY EXAM JOINT	\$ 74.04	\$ 74.04
73525	26	X-RAY EXAM JOINT	\$ 22.50	\$ 22.50
73551		X-RAY EXAM OF FEMUR 1	\$ 22.60	\$ 22.60
73551	26	X-RAY EXAM OF FEMUR 1	\$ 7.17	\$ 7.17
73551	TC	X-RAY EXAM OF FEMUR 1	\$ 15.42	\$ 15.42
73552		X-RAY EXAM OF FEMUR 2/>	\$ 26.36	\$ 26.36
73552	26	X-RAY EXAM OF FEMUR 2/>	\$ 8.08	\$ 8.08
73552	TC	X-RAY EXAM OF FEMUR 2/>	\$ 18.29	\$ 18.29
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 21.66	\$ 21.66
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 7.01	\$ 7.01
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 14.66	\$ 14.66
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 25.99	\$ 25.99
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 7.60	\$ 7.60
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 18.39	\$ 18.39
73564		RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	\$ 30.27	\$ 30.27
73564	26	RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	\$ 9.08	\$ 9.08
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	\$ 21.19	\$ 21.19
73565		RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	\$ 23.07	\$ 23.07
73565	TC	RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	\$ 15.77	\$ 15.77
73565		RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	\$ 23.07	\$ 23.07

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

73565	26	RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	\$ 7.29	\$ 7.29
73580		CONTRAST X-RAY OF KNEE JOINT	\$ 92.04	\$ 92.04
73580	26	CONTRAST X-RAY OF KNEE JOINT	\$ 22.50	\$ 22.50
73590		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 20.83	\$ 20.83
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 7.01	\$ 7.01
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 13.81	\$ 13.81
73592		X-RAY EXAM OF LEG INFANT	\$ 21.36	\$ 21.36
73592	26	X-RAY EXAM OF LEG INFANT	\$ 6.42	\$ 6.42
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 20.53	\$ 20.53
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 6.42	\$ 6.42
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 14.08	\$ 14.08
73610		X-RAY EXAM OF ANKLE	\$ 23.62	\$ 23.62
73610	26	X-RAY EXAM OF ANKLE	\$ 7.01	\$ 7.01
73610	TC	X-RAY EXAM OF ANKLE	\$ 16.62	\$ 16.62
73615		RADIOLOGIC EXAM ANKLE ANTEROPOSTERIOR AN	\$ 76.00	\$ 76.00
73615	26	RADIOLOGIC EXAM ANKLE ANTEROPOSTERIOR AN	\$ 22.22	\$ 22.22
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 19.96	\$ 19.96
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 6.42	\$ 6.42
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 13.53	\$ 13.53
73630		X-RAY EXAM OF FOOT	\$ 23.34	\$ 23.34
73630	26	X-RAY EXAM OF FOOT	\$ 7.01	\$ 7.01
73630	TC	X-RAY EXAM OF FOOT	\$ 16.33	\$ 16.33
73650		X-RAY EXAM OF HEEL	\$ 20.24	\$ 20.24
73650	26	X-RAY EXAM OF HEEL	\$ 6.42	\$ 6.42
73660		X-RAY EXAM OF TOE(S)	\$ 20.74	\$ 20.74
73660	26	X-RAY EXAM OF TOE(S)	\$ 5.25	\$ 5.25
73660	TC	X-RAY EXAM OF TOE(S)	\$ 15.49	\$ 15.49
73700		COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WI	\$ 209.36	\$ 209.36
73700	26	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WI	\$ 45.11	\$ 45.11
73701		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	\$ 252.36	\$ 252.36

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

73701	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	\$ 48.35	\$ 48.35
73702		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	\$ 321.18	\$ 321.18
73702	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	\$ 50.73	\$ 50.73
73706		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER	\$ 403.86	\$ 403.86
73706	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER	\$ 79.70	\$ 79.70
73706	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER	\$ 324.16	\$ 324.16
73718		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 427.69	\$ 427.69
73718	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 372.00	\$ 372.00
73719		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 473.11	\$ 473.11
73720		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 657.12	\$ 657.12
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 419.02	\$ 419.02
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 55.69	\$ 55.69
73722		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 458.29	\$ 458.29
73723		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 627.45	\$ 627.45
74018	26	X-ray exam abdomen 1 view	\$ 7.67	\$ 7.67
74018	TC	X-ray exam abdomen 1 view	\$ 14.63	\$ 14.63
74018		X-ray exam abdomen 1 view	\$ 22.29	\$ 22.29
74019	26	X-ray exam abdomen 2 views	\$ 9.75	\$ 9.75
74019	TC	X-ray exam abdomen 2 views	\$ 17.51	\$ 17.51
74019		X-ray exam abdomen 2 views	\$ 27.26	\$ 27.26
74021	26	X-ray exam abdomen 3+ views	\$ 11.46	\$ 11.46
74021	TC	X-ray exam abdomen 3+ views	\$ 20.39	\$ 20.39
74021		X-ray exam abdomen 3+ views	\$ 31.85	\$ 31.85
74022		RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 37.41	\$ 37.41
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 13.22	\$ 13.22
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 24.17	\$ 24.17
74150		COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CO	\$ 211.68	\$ 211.68
74150	26	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CO	\$ 49.26	\$ 49.26
74160		COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTR	\$ 281.18	\$ 281.18
74160	26	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTR	\$ 52.99	\$ 52.99

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

74170		COMPUTER TOMOGRAPHY ABDOMEN W/O CONTRAST	\$ 367.86	\$ 367.86
74170	26	COMPUTER TOMOGRAPHY ABDOMEN W/O CONTRAST	\$ 58.04	\$ 58.04
74175		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOME	\$ 410.58	\$ 410.58
74175	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOME	\$ 79.14	\$ 79.14
74175	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOME	\$ 331.44	\$ 331.44
74176		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 174.38	\$ 174.38
74176	26	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 68.89	\$ 68.89
74176	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 105.49	\$ 105.49
74177		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 273.51	\$ 273.51
74177	26	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 72.25	\$ 72.25
74177	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 201.27	\$ 201.27
74178		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 345.93	\$ 345.93
74178	26	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 79.91	\$ 79.91
74178	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	\$ 266.02	\$ 266.02
74181		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 394.68	\$ 394.68
74182		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 523.47	\$ 523.47
74183		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 661.70	\$ 661.70
74185		MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	\$ 463.71	\$ 463.71
74185	26	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	\$ 74.72	\$ 74.72
74185	TC	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	\$ 388.99	\$ 388.99
74190		PERITONEOGRAM (EG, AFTER INJECTION OF AI	\$ 59.48	\$ 59.48
74190	26	PERITONEOGRAM (EG, AFTER INJECTION OF AI	\$ 19.94	\$ 19.94
74210		CONTRAST XRAY EXAM OF THROAT	\$ 58.86	\$ 58.86
74210	26	CONTRAST XRAY EXAM OF THROAT	\$ 15.19	\$ 15.19
74220		CONTRAST XRAY EXAM, ESOPHAGUS	\$ 66.93	\$ 66.93
74220	26	CONTRAST XRAY EXAM, ESOPHAGUS	\$ 19.05	\$ 19.05
74230		SWALLOWING FUNCTION, WITH CINERADIOGRAPH	\$ 68.95	\$ 68.95
74230	26	SWALLOWING FUNCTION, WITH CINERADIOGRAPH	\$ 22.01	\$ 22.01
74235		REMOVAL OF FOREIGN BODY, ESOPHAGEAL	\$ 128.29	\$ 128.29
74235	26	REMOVAL OF FOREIGN BODY, ESOPHAGEAL	\$ 50.37	\$ 50.37

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

74240		X-RAY EXAM STOMACH/INTESTINE	\$ 83.12	\$ 83.12
74240	26	X-RAY EXAM STOMACH/INTESTINE	\$ 28.71	\$ 28.71
74241		X-RAY UPPER GI DELAY W/KUB	\$ 88.43	\$ 88.43
74241	26	X-RAY UPPER GI DELAY W/KUB	\$ 28.44	\$ 28.44
74245		RADIOLOGIC EXAMINATION, GASTROINTESTINAL	\$ 132.34	\$ 132.34
74245	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL	\$ 37.80	\$ 37.80
74246		X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	\$ 94.98	\$ 94.98
74246	26	X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	\$ 28.71	\$ 28.71
74247		X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	\$ 104.12	\$ 104.12
74247	26	X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	\$ 28.71	\$ 28.71
74249		RADIOLOGICAL EXAMINATION, GASTROINTESTIN	\$ 141.77	\$ 141.77
74249	26	RADIOLOGICAL EXAMINATION, GASTROINTESTIN	\$ 37.80	\$ 37.80
74250		RADIOLOGIC EXAMINATION, SMALL INTESTINE,	\$ 77.76	\$ 77.76
74250	26	RADIOLOGIC EXAMINATION, SMALL INTESTINE,	\$ 19.36	\$ 19.36
74251		RADIOLOGIC EXAMINATION, SMALL BOWEL, INC	\$ 241.56	\$ 241.56
74251	26	RADIOLOGIC EXAMINATION, SMALL BOWEL, INC	\$ 28.71	\$ 28.71
74260		X-RAY EXAM SMALL BOWEL DUODENOGRAPHY HYP	\$ 201.12	\$ 201.12
74260	26	X-RAY EXAM SMALL BOWEL DUODENOGRAPHY HYP	\$ 20.54	\$ 20.54
74270		RADIOLOGIC EXAMINATION, COLON; BARIUM EN	\$ 111.68	\$ 111.68
74270	26	RADIOLOGIC EXAMINATION, COLON; BARIUM EN	\$ 28.71	\$ 28.71
74280		AIR CONTRAST WITH BARIUM WITH OR WITHOUT	\$ 154.62	\$ 154.62
74280	26	AIR CONTRAST WITH BARIUM WITH OR WITHOUT	\$ 41.06	\$ 41.06
74283		THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR	\$ 162.02	\$ 162.02
74283	26	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR	\$ 83.52	\$ 83.52
74290		CONTRAST X-RAY GALLBLADDER	\$ 49.71	\$ 49.71
74290	26	CONTRAST X-RAY GALLBLADDER	\$ 13.22	\$ 13.22
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 42.60	\$ 42.60
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 14.91	\$ 14.91
74328		ENDOSCOPIC CATH OF BILIARY DUCT SYS FLUR	\$ 125.34	\$ 125.34
74328	26	ENDOSCOPIC CATH OF BILIARY DUCT SYS FLUR	\$ 29.29	\$ 29.29

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

74329	26	ENDOSCOPIC CATH PANCREATIC DUCT SYS FLUR	\$ 29.29	\$ 29.29
74330		COMBINED ENDOSCOPIC CATH BILIARY AND PAN	\$ 133.14	\$ 133.14
74330	26	COMBINED ENDOSCOPIC CATH BILIARY AND PAN	\$ 37.50	\$ 37.50
74340		INTRODUCTION OF LONG GASTROINTESTINAL TU	\$ 102.73	\$ 102.73
74340	26	INTRODUCTION OF LONG GASTROINTESTINAL TU	\$ 22.31	\$ 22.31
74340	TC	INTRODUCTION OF LONG GASTROINTESTINAL TU	\$ 81.15	\$ 81.15
74400		CONTRAST X-RAY URINARY TRACT	\$ 84.18	\$ 84.18
74400	26	CONTRAST X-RAY URINARY TRACT	\$ 20.24	\$ 20.24
74410		CONTRAST X-RAY URINARY TRACT	\$ 88.65	\$ 88.65
74410	26	CONTRAST X-RAY URINARY TRACT	\$ 20.53	\$ 20.53
74415		CONTRAST X-RAY URINARY TRACT	\$ 101.43	\$ 101.43
74415	26	CONTRAST X-RAY URINARY TRACT	\$ 20.24	\$ 20.24
74420		CONTRAST X-RAY URINARY TRACT	\$ 95.47	\$ 95.47
74420	26	CONTRAST X-RAY URINARY TRACT	\$ 15.19	\$ 15.19
74425		UROGRAPHY CONTRAST X-RAY URINARY TRACT	\$ 54.74	\$ 54.74
74425	26	UROGRAPHY CONTRAST X-RAY URINARY TRACT	\$ 15.19	\$ 15.19
74430		CYSTOGRAPHY CONTRAST OR CHAIN	\$ 60.17	\$ 60.17
74430	26	CYSTOGRAPHY CONTRAST OR CHAIN	\$ 13.42	\$ 13.42
74440		X-RAY EXAM MALE GENITOURINARY TRACT	\$ 64.78	\$ 64.78
74440	26	X-RAY EXAM MALE GENITOURINARY TRACT	\$ 15.79	\$ 15.79
74445		CORPORA CAVERNOSOGRAPHY SUPERVIS/INTERPR	\$ 80.57	\$ 80.57
74445	26	CORPORA CAVERNOSOGRAPHY SUPERVIS/INTERPR	\$ 48.40	\$ 48.40
74450		URETHROCYSTOGRAPHY RETROGRADE	\$ 58.45	\$ 58.45
74450	26	URETHROCYSTOGRAPHY RETROGRADE	\$ 14.00	\$ 14.00
74455		URETHROCYSTOGRAPHY VOIDING	\$ 69.64	\$ 69.64
74455	26	URETHROCYSTOGRAPHY VOIDING	\$ 14.00	\$ 14.00
74470		X-RAY EXAM OF KIDNEY AREA	\$ 60.22	\$ 60.22
74470	26	X-RAY EXAM OF KIDNEY AREA	\$ 22.59	\$ 22.59
74710		X-RAY MEASUREMENT OF PELVIS	\$ 33.92	\$ 33.92
74710	26	X-RAY MEASUREMENT OF PELVIS	\$ 14.30	\$ 14.30

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

74740		HYSTEOSALPINOGRAPHY, RADIOLOGICAL SUPER	\$ 61.55	\$ 61.55
74775		PERINEOGRAM	\$ 70.03	\$ 70.03
74775	26	PERINEOGRAM	\$ 25.75	\$ 25.75
75557		CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 398.53	\$ 398.53
75557	26	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 100.97	\$ 100.97
75557	TC	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 297.56	\$ 297.56
75561		CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 536.42	\$ 536.42
75561	26	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 111.52	\$ 111.52
75561	TC	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	\$ 424.90	\$ 424.90
75600		CONTRAST X-RAY EXAM OF AORTA	\$ 245.60	\$ 245.60
75600	26	CONTRAST X-RAY EXAM OF AORTA	\$ 21.63	\$ 21.63
75605		AORTOGRAPHY THORACIC BY SERIALOGRAPHY	\$ 211.29	\$ 211.29
75605	26	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	\$ 48.87	\$ 48.87
75625		AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY	\$ 208.39	\$ 208.39
75625	26	AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY	\$ 47.66	\$ 47.66
75630		AORTOGRAPHY ABDOMINAL PLUS BILATERAL ILE	\$ 242.93	\$ 242.93
75630	26	AORTOGRAPHY ABDOMINAL PLUS BILATERAL ILE	\$ 76.11	\$ 76.11
75635		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMI	\$ 467.69	\$ 467.69
75635	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMI	\$ 101.27	\$ 101.27
75635	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMI	\$ 366.41	\$ 366.41
75705		ARTERY X-RAYS SPINE	\$ 261.62	\$ 261.62
75705	26	ARTERY X-RAYS SPINE	\$ 91.93	\$ 91.93
75710		ARTERY X-RAYS, ARM/LEG	\$ 220.34	\$ 220.34
75710	26	ARTERY X-RAYS, ARM/LEG	\$ 47.85	\$ 47.85
75716		ARTERY X-RAYS ARMS/LEGS	\$ 245.90	\$ 245.90
75716	26	ARTERY X-RAYS ARMS/LEGS	\$ 54.95	\$ 54.95
75726		ANGIOGRAPHY VISCERAL	\$ 217.99	\$ 217.99
75726	26	ANGIOGRAPHY VISCERAL	\$ 47.74	\$ 47.74
75731		ARTERY X-RAYS ADRENAL GLAND	\$ 225.46	\$ 225.46
75731	26	ARTERY X-RAYS ADRENAL GLAND	\$ 50.17	\$ 50.17

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

75733		ARTERY X-RAYS ADRENAL GLAND	\$ 255.50	\$ 255.50
75733	26	ARTERY X-RAYS ADRENAL GLAND	\$ 58.40	\$ 58.40
75736		ARTERY X-RAYS PELVIS	\$ 219.86	\$ 219.86
75736	26	ARTERY X-RAYS PELVIS	\$ 48.22	\$ 48.22
75741		ANGIOGRAPHY PULMONARY UNILATERAL	\$ 211.58	\$ 211.58
75741	26	ANGIOGRAPHY PULMONARY UNILATERAL	\$ 55.04	\$ 55.04
75743		ANGIOGRAPHY PULMONARY BILATERAL	\$ 232.15	\$ 232.15
75743	26	ANGIOGRAPHY PULMONARY BILATERAL	\$ 70.01	\$ 70.01
75746		ARTERY X-RAYS LUNG	\$ 213.24	\$ 213.24
75746	26	ARTERY X-RAYS LUNG	\$ 47.46	\$ 47.46
75756		ANGIOGRAPHY INTERNAL MAMMARY	\$ 226.19	\$ 226.19
75756	26	ANGIOGRAPHY INTERNAL MAMMARY	\$ 50.63	\$ 50.63
75801		LYMPH VESSEL X-RAY, ARM/LEG	\$ 200.81	\$ 200.81
75801	26	LYMPH VESSEL X-RAY, ARM/LEG	\$ 33.02	\$ 33.02
75803		LYMPH VESSEL X-RAY, ARMS/LEGS	\$ 213.78	\$ 213.78
75803	26	LYMPH VESSEL X-RAY, ARMS/LEGS	\$ 48.94	\$ 48.94
75805		LYPHANGIOGRAPHY PELVIC ABDOMINAL UNILATE	\$ 221.53	\$ 221.53
75805	26	LYPHANGIOGRAPHY PELVIC ABDOMINAL UNILATE	\$ 34.12	\$ 34.12
75807		LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATE	\$ 233.00	\$ 233.00
75807	26	LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATE	\$ 48.94	\$ 48.94
75809		SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	\$ 67.32	\$ 67.32
75809	26	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	\$ 19.36	\$ 19.36
75809	TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	\$ 47.96	\$ 47.96
75810		VEIN X-RAY, SPLEEN/LIVER	\$ 434.82	\$ 434.82
75810	26	VEIN X-RAY, SPLEEN/LIVER	\$ 48.02	\$ 48.02
75820		VEIN X-RAY, ARM/LEG	\$ 92.56	\$ 92.56
75820	26	VEIN X-RAY, ARM/LEG	\$ 29.58	\$ 29.58
75820	TC	VEIN X-RAY, ARM/LEG	\$ 62.98	\$ 62.98
75822		VEIN X-RAY, ARMS/LEGS	\$ 113.72	\$ 113.72
75822	26	VEIN X-RAY, ARMS/LEGS	\$ 43.93	\$ 43.93

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

75825		VENOGRAPHY CAVAL INFERIOR	\$ 201.03	\$ 201.03
75825	26	VENOGRAPHY CAVAL INFERIOR	\$ 47.30	\$ 47.30
75827		VENOGRAPHY CAVAL SUPERIOR	\$ 200.64	\$ 200.64
75827	26	VENOGRAPHY CAVAL SUPERIOR	\$ 46.35	\$ 46.35
75831		VENOGRAPHY RENAL UNILATERAL	\$ 203.36	\$ 203.36
75831	26	VENOGRAPHY RENAL UNILATERAL	\$ 47.37	\$ 47.37
75833		VENOGRAPHY RENAL BILATERAL	\$ 227.40	\$ 227.40
75833	26	VENOGRAPHY RENAL BILATERAL	\$ 61.34	\$ 61.34
75840		VENOGRAPHY ADRENAL UNILATERAL	\$ 201.60	\$ 201.60
75840	26	VENOGRAPHY ADRENAL UNILATERAL	\$ 46.73	\$ 46.73
75842		VENOGRAPHY ADRENAL BILATERAL	\$ 228.68	\$ 228.68
75842	26	VENOGRAPHY ADRENAL BILATERAL	\$ 62.07	\$ 62.07
75860		VENOGRAPHY, VENOUS SINUS (EG, PETROSAL A	\$ 207.45	\$ 207.45
75860	26	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL A	\$ 48.40	\$ 48.40
75870		VENOGRAPHY SUPERIOR SIGITTAL SINUS	\$ 205.69	\$ 205.69
75870	26	VENOGRAPHY SUPERIOR SIGITTAL SINUS	\$ 47.19	\$ 47.19
75872		VENOGRAPHY EPIDURAL; SUPERVISION/INTERP	\$ 224.20	\$ 224.20
75872	26	VENOGRAPHY EPIDURAL; SUPERVISION/INTERP	\$ 49.75	\$ 49.75
75880		VEIN X-RAY EYE SOCKET	\$ 93.40	\$ 93.40
75880	26	VEIN X-RAY EYE SOCKET	\$ 28.46	\$ 28.46
75885		PERCUTANEOUS TRANSHEPATIC PORTO W HEMODY	\$ 216.90	\$ 216.90
75885	26	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODY	\$ 60.36	\$ 60.36
75887		PERCUT TRANSHEP PORTOG WO HEMODYNAMIC EV	\$ 218.58	\$ 218.58
75887	26	PERCUT TRANSHEP PORTOG WO HEMODYNAMIC EV	\$ 60.36	\$ 60.36
75889		HEPATIC VENOGRAPHY WEDGE OR FREE HEMODYN	\$ 204.01	\$ 204.01
75889	26	HEPATIC VENOGRAPHY WEDGE OR FREE HEMODYN	\$ 47.74	\$ 47.74
75891		HEPATIC VENO WEDGE FREE WITHOUT HEMO EVA	\$ 204.01	\$ 204.01
75891	26	HEPATIC VENO WEDGE FREE WITHOUT HEMO EVA	\$ 47.74	\$ 47.74
75893		VENOUS SAMPLING THRU CATH WITHOUT ANGIOG	\$ 178.29	\$ 178.29
75893	26	VENOUS SAMPLING THRU CATH WITHOUT ANGIOG	\$ 22.31	\$ 22.31

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

75894		TRANSCATH THERAPY EMBOLINCLUD ANGIO INTE	\$ 798.82	\$ 798.82
75894	26	TRANSCATH THERAPY EMBOLINCLUD ANGIO INTE	\$ 54.86	\$ 54.86
75898		IMAGING OF BLOOD VESSEL	\$ 98.07	\$ 98.07
75898	26	IMAGING OF BLOOD VESSEL	\$ 69.43	\$ 69.43
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 72.29	\$ 72.29
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 16.09	\$ 16.09
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 56.20	\$ 56.20
75970		TRANSCATH BIOPSY SUPERVISION; INTERP ONL	\$ 379.81	\$ 379.81
75970	26	TRANSCATH BIOPSY SUPERVISION; INTERP ONL	\$ 34.82	\$ 34.82
75984		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	\$ 88.81	\$ 88.81
75984	26	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	\$ 30.19	\$ 30.19
75984	TC	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	\$ 58.62	\$ 58.62
75989		RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	\$ 112.67	\$ 112.67
75989	26	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	\$ 49.54	\$ 49.54
76000	26	IMAGING GUIDANCE FOR PROCEDURE, UP TO 1	\$ 7.01	\$ 7.01
76001		IMAGING GUIDANCE FOR PROCEDURE, MORE THA	\$ 106.52	\$ 106.52
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECT	\$ 21.69	\$ 21.69
76010	26	RADIOLOGIC EXAMINATION FROM NOSE TO RECT	\$ 7.60	\$ 7.60
76080		RADIOLOGIC EXAMINATION, ABSCESS, FISTULA	\$ 49.76	\$ 49.76
76080	26	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA	\$ 22.59	\$ 22.59
76100		X-RAY EXAM OF BODY SECTION	\$ 103.66	\$ 103.66
76100	26	X-RAY EXAM OF BODY SECTION	\$ 23.99	\$ 23.99
76101		RAD EXAM COMPLEX MOTION BODY SECT NOT KI	\$ 143.03	\$ 143.03
76101	26	RAD EXAM COMPLEX MOTION BODY SECT NOT KI	\$ 23.71	\$ 23.71
76102		RAD EXAM COMPLEX MOTION BODY SECT NOT KI	\$ 191.44	\$ 191.44
76102	26	RAD EXAM COMPLEX MOTION BODY SECT NOT KI	\$ 23.44	\$ 23.44
76120		CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT	\$ 58.35	\$ 58.35
76120	26	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT	\$ 15.51	\$ 15.51
76140		X-RAY CONSULTATION	\$ 31.06	\$ 31.06
76380		COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZE	\$ 159.19	\$ 159.19

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

76380	26	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZE	\$ 40.48	\$ 40.48
76506		ECHOENCEPHALOGRAPHY B-MODE INCLUDING A-M	\$ 89.72	\$ 89.72
76506	26	ECHOENCEPHALOGRAPHY B-MODE INCLUDING A-M	\$ 26.64	\$ 26.64
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 75.95	\$ 75.95
76511	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 39.36	\$ 39.36
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 71.30	\$ 71.30
76512	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 39.45	\$ 39.45
76516		ECHO EXAM OF EYE	\$ 52.27	\$ 52.27
76516	26	ECHO EXAM OF EYE	\$ 22.41	\$ 22.41
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 55.91	\$ 55.91
76519	26	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 22.68	\$ 22.68
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 33.23	\$ 33.23
76529		ECHO EXAM OF EYE	\$ 53.01	\$ 53.01
76529	26	ECHO EXAM OF EYE	\$ 23.78	\$ 23.78
76536		ULTRASOUND, SOFT TISSUES OF HEAD AND NEC	\$ 85.44	\$ 85.44
76536	TC	ULTRASOUND, SOFT TISSUES OF HEAD AND NEC	\$ 62.81	\$ 62.81
76604		ULTRASOUND, CHEST, REAL TIME WITH IMAGE	\$ 67.04	\$ 67.04
76604	26	ULTRASOUND, CHEST, REAL TIME WITH IMAGE	\$ 22.61	\$ 22.61
76641		ULTRASOUND BREAST COMPLETE	\$ 87.90	\$ 87.90
76641	26	ULTRASOUND BREAST COMPLETE	\$ 30.68	\$ 30.68
76641	TC	ULTRASOUND BREAST COMPLETE	\$ 57.22	\$ 57.22
76642		ULTRASOUND BREAST LIMITED	\$ 72.33	\$ 72.33
76642	26	ULTRASOUND BREAST LIMITED	\$ 28.57	\$ 28.57
76642	TC	ULTRASOUND BREAST LIMITED	\$ 43.76	\$ 43.76
76700		ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	\$ 105.98	\$ 105.98
76700	26	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	\$ 33.38	\$ 33.38
76700	TC	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	\$ 72.61	\$ 72.61
76705		ECHO EXAM OF ABDOMEN	\$ 80.37	\$ 80.37
76705	26	ECHO EXAM OF ABDOMEN	\$ 24.57	\$ 24.57
76705	TC	ECHO EXAM OF ABDOMEN	\$ 55.80	\$ 55.80

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

76706		US ABDL AORTA SCREEN AAA	\$ 77.36	\$ 77.36
76706	26	US ABDL AORTA SCREEN AAA	\$ 23.69	\$ 23.69
76706	TC	US ABDL AORTA SCREEN AAA	\$ 53.67	\$ 53.67
76770		ULTRASOUND, RETROPERITONEAL (EG, RENAL,	\$ 101.44	\$ 101.44
76770	26	ULTRASOUND, RETROPERITONEAL (EG, RENAL,	\$ 30.51	\$ 30.51
76770	TC	ULTRASOUND, RETROPERITONEAL (EG, RENAL,	\$ 70.94	\$ 70.94
76775		ECHOGRAPHY RETROPERITONEAL B-SCAN LIMITE	\$ 86.23	\$ 86.51
76775	26	ECHOGRAPHY RETROPERITONEAL B-SCAN LIMITE	\$ 24.28	\$ 24.55
76800		ULTRASOUND, SPINAL CANAL AND CONTENTS	\$ 96.26	\$ 96.26
76800	26	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$ 44.09	\$ 44.09
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 102.11	\$ 102.11
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 40.50	\$ 40.50
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 58.11	\$ 58.11
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.70	\$ 33.70
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 113.58	\$ 113.58
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 40.23	\$ 40.23
76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 73.36	\$ 73.36
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 78.82	\$ 78.82
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.64	\$ 39.64
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 160.60	\$ 160.60
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 76.25	\$ 76.25
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 84.34	\$ 84.34
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 157.23	\$ 157.23
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 71.31	\$ 71.31
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 85.91	\$ 85.91
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 100.04	\$ 100.04
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 46.72	\$ 46.72
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 53.32	\$ 53.32
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 65.48	\$ 65.48
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.29	\$ 39.29

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 26.18	\$ 26.18
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 70.72	\$ 70.72
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 26.39	\$ 26.39
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 86.94	\$ 86.94
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 34.31	\$ 34.31
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 52.62	\$ 52.62
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 78.97	\$ 78.97
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 30.25	\$ 30.25
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 48.70	\$ 48.70
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 94.50	\$ 94.50
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 42.22	\$ 42.22
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 52.27	\$ 52.27
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 73.06	\$ 73.06
76819	26	FETAL BIOPHYS PROFIL W/O NST	\$ 31.14	\$ 31.14
76820		DOPPLER VELOCIMETRY, FETAL; UMBILICAL AR	\$ 42.33	\$ 42.33
76820	26	UMBILICAL ARTERY ECHO	\$ 20.17	\$ 20.17
76830		ULTRASOUND, TRANSVAGINAL	\$ 93.02	\$ 93.02
76830	26	ULTRASOUND, TRANSVAGINAL	\$ 28.16	\$ 28.16
76830	TC	ULTRASOUND, TRANSVAGINAL	\$ 64.86	\$ 64.86
76831		SALINE INFUSION SONOHYSTEROGRAPHY (SIS),	\$ 93.09	\$ 93.09
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 93.59	\$ 93.59
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 28.44	\$ 28.44
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 65.15	\$ 65.15
76857	TC	ECHOGRAPHY, PELVIC; LIMITED OR FOLLOW-UP	\$ 61.58	\$ 61.58
76857		ECHOGRAPHY, PELVIC; LIMITED OR FOLLOW-UP	\$ 77.65	\$ 77.65
76857	26	ECHOGRAPHY, PELVIC; LIMITED OR FOLLOW-UP	\$ 16.07	\$ 16.07
76870		ULTRASOUND, SCROTUM AND CONTENTS	\$ 92.64	\$ 92.64
76870	26	ULTRASOUND, SCROTUM AND CONTENTS	\$ 26.65	\$ 26.65
76870	TC	ULTRASOUND, SCROTUM AND CONTENTS	\$ 65.98	\$ 65.98
76872		ULTRASOUND, TRANSRECTAL	\$ 110.28	\$ 110.28

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

76872	26	ULTRASOUND, TRANSRECTAL	\$ 29.47	\$ 29.47
76873		ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	\$ 140.08	\$ 140.08
76873	26	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	\$ 64.27	\$ 64.27
76873	TC	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	\$ 75.81	\$ 75.81
76882		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	\$ 24.34	\$ 24.34
76882	26	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	\$ 16.27	\$ 16.27
76882	TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	\$ 8.07	\$ 8.07
76930		ULTRASONIC GUIDANCE FOR PERICARDIOCENTES	\$ 76.55	\$ 76.55
76930	26	ULTRASONIC GUIDANCE FOR PERICARDIOCENTES	\$ 29.59	\$ 29.59
76932		ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL B	\$ 77.04	\$ 77.04
76932	26	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL B	\$ 29.59	\$ 29.59
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 28.07	\$ 28.07
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 12.73	\$ 12.73
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 15.35	\$ 15.35
76942		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	\$ 143.05	\$ 143.05
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	\$ 27.83	\$ 27.83
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, I	\$ 34.77	\$ 34.77
76965	26	ULTRASONIC GUIDANCE FOR INTERSTITIAL RAD	\$ 56.33	\$ 56.33
76965	TC	ULTRASONIC GUIDANCE FOR INTERSTITIAL RAD	\$ 59.00	\$ 59.00
76970	26	FOLLOW UP ECHO EXAM	\$ 15.84	\$ 15.84
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,	\$ 79.33	\$ 79.33
76975	26	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,	\$ 33.94	\$ 33.94
77001		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	\$ 80.47	\$ 80.47
77001	26	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	\$ 15.60	\$ 15.60
77001	TC	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	\$ 64.86	\$ 64.86
77002		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEME	\$ 55.27	\$ 55.27
77002	26	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEME	\$ 21.75	\$ 21.75
77003		FLUOROGUIDE FOR SPINE INJECT	\$ 46.36	\$ 46.36
77003	26	FLUOROGUIDE FOR SPINE INJECT	\$ 22.92	\$ 22.91
77003	TC	FLUOROGUIDE FOR SPINE INJECT	\$ 23.44	\$ 23.44

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 154.04	\$ 154.04
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 48.35	\$ 48.35
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 105.68	\$ 105.68
77014		COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	\$ 143.69	\$ 143.69
77014	26	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	\$ 34.58	\$ 34.58
77014	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	\$ 109.10	\$ 109.10
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 59.00	\$ 59.00
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 14.91	\$ 14.91
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 44.09	\$ 44.09
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 79.46	\$ 79.46
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 18.75	\$ 18.75
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 60.71	\$ 60.71
77065		DX MAMMO INCL CAD UNI	\$ 66.54	\$ 66.54
77065	26	DX MAMMO INCL CAD UNI	\$ 29.02	\$ 29.02
77065	TC	DX MAMMO INCL CAD UNI	\$ 37.52	\$ 37.52
77066		DX MAMMO INCL CAD BI	\$ 84.38	\$ 84.38
77066	26	DX MAMMO INCL CAD BI	\$ 36.04	\$ 36.04
77066	TC	DX MAMMO INCL CAD BI	\$ 48.34	\$ 48.34
77067		SCR MAMMO BI INCL CAD	\$ 63.93	\$ 63.93
77067	26	SCR MAMMO BI INCL CAD	\$ 29.02	\$ 29.02
77067	TC	SCR MAMMO BI INCL CAD	\$ 34.91	\$ 34.91
77072		BONE AGE STUDIES	\$ 18.35	\$ 18.35
77072	26	BONE AGE STUDIES	\$ 7.90	\$ 7.90
77072	TC	BONE AGE STUDIES	\$ 10.45	\$ 10.45
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,	\$ 29.18	\$ 29.18
77073	26	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,	\$ 11.16	\$ 11.16
77073	TC	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM,	\$ 18.02	\$ 18.02
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 53.48	\$ 53.48
77074	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 18.75	\$ 18.75
77074	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 34.73	\$ 34.73

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 77.28	\$ 77.28
77075	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 22.31	\$ 22.31
77075	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	\$ 54.97	\$ 54.97
77076		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	\$ 72.51	\$ 72.51
77076	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	\$ 27.91	\$ 27.91
77076	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	\$ 44.60	\$ 44.60
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOI	\$ 33.01	\$ 33.01
77077	26	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOI	\$ 12.83	\$ 12.83
77077	TC	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOI	\$ 20.18	\$ 20.18
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 54.54	\$ 54.54
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 8.20	\$ 8.20
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 46.35	\$ 46.35
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 446.83	\$ 446.83
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 66.52	\$ 66.52
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 380.31	\$ 380.31
77085		DXA BONE DENSITY STUDY	\$ 45.79	\$ 45.79
77085	26	DXA BONE DENSITY STUDY	\$ 12.91	\$ 12.91
77085	TC	DXA BONE DENSITY STUDY	\$ 32.88	\$ 32.88
77086		FRACTURE ASSESSMENT VIA DXA	\$ 28.90	\$ 28.90
77086	26	FRACTURE ASSESSMENT VIA DXA	\$ 7.47	\$ 7.47
77086	TC	FRACTURE ASSESSMENT VIA DXA	\$ 21.42	\$ 21.42
77261		THERAPEUTIC RAD TREATMT PLANNING SIMPLE	\$ 57.65	\$ 57.65
77262		THERAPEUTIC RAD TREATMT PLANNING INTERME	\$ 86.63	\$ 86.63
77263		THERAPEUTIC RAD TREATMT PLANNING COMPLEX	\$ 128.53	\$ 128.53
77280		RADIATION THER SIMULATOR AIDED FIELD SET	\$ 142.61	\$ 142.61
77280	26	RADIATION THER SIMULATOR AIDED FIELD SET	\$ 28.65	\$ 28.65
77280	TC	RADIATION THER SIMULATOR AIDED FIELD SET	\$ 113.96	\$ 113.96
77285		RADIATION THER SIMULATOR AIDED FIELD SET	\$ 245.49	\$ 245.49
77285	26	RADIATION THER SIMULATOR AIDED FIELD SET	\$ 42.79	\$ 42.79
77285	TC	RADIATION THER SIMULATOR AIDED FIELD SET	\$ 202.70	\$ 202.70

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77290		RADIATION THERAPY SIMULATOR AIDED FIELD	\$ 381.06	\$ 381.06
77290	26	RADIATION THERAPY SIMULATOR AIDED FIELD	\$ 63.54	\$ 63.54
77290	TC	RADIATION THERAPY SIMULATOR AIDED FIELD	\$ 317.53	\$ 317.53
77293		RESPIRATOR MOTION MGMT SIMUL	\$ 337.18	\$ 337.18
77293	26	RESPIRATOR MOTION MGMT SIMUL	\$ 82.67	\$ 82.67
77293	TC	RESPIRATOR MOTION MGMT SIMUL	\$ 254.52	\$ 254.52
77295		THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	\$ 531.59	\$ 531.59
77295	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	\$ 185.69	\$ 185.69
77295	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	\$ 345.90	\$ 345.90
77300		BASIC RADIATION DOSIMETRY CALCULATION, C	\$ 55.92	\$ 55.92
77300	26	BASIC RADIATION DOSIMETRY CALCULATION, C	\$ 25.20	\$ 25.20
77300	TC	BASIC RADIATION DOSIMETRY CALCULATION, C	\$ 30.72	\$ 30.72
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 1,674.53	\$ 1,674.53
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 325.42	\$ 325.42
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 1,349.11	\$ 1,349.11
77306		TELETHX ISODOSE PLAN SIMPLE	\$ 118.26	\$ 118.26
77306	26	TELETHX ISODOSE PLAN SIMPLE	\$ 59.62	\$ 59.62
77306	TC	TELETHX ISODOSE PLAN SIMPLE	\$ 58.65	\$ 58.65
77307		TELETHX ISODOSE PLAN CPLX	\$ 231.01	\$ 231.01
77307	26	TELETHX ISODOSE PLAN CPLX	\$ 123.69	\$ 123.69
77307	TC	TELETHX ISODOSE PLAN CPLX	\$ 107.33	\$ 107.33
77316		BRACHYTX ISODOSE PLAN SIMPLE	\$ 150.85	\$ 150.85
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	\$ 59.85	\$ 59.85
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	\$ 91.01	\$ 91.01
77317		BRACHYTX ISODOSE INTERMED	\$ 197.50	\$ 197.50
77317	26	BRACHYTX ISODOSE INTERMED	\$ 78.72	\$ 78.72
77317	TC	BRACHYTX ISODOSE INTERMED	\$ 118.78	\$ 118.78
77318		BRACHYTX ISODOSE COMPLEX	\$ 285.31	\$ 285.31
77318	26	BRACHYTX ISODOSE COMPLEX	\$ 124.16	\$ 124.16
77318	TC	BRACHYTX ISODOSE COMPLEX	\$ 161.16	\$ 161.16

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77321		SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	\$ 95.55	\$ 95.55
77321	26	SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	\$ 38.64	\$ 38.64
77321	TC	SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	\$ 56.90	\$ 56.90
77331		SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	\$ 49.85	\$ 49.85
77331	26	SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	\$ 35.47	\$ 35.47
77331	TC	SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	\$ 14.37	\$ 14.37
77332		TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 60.77	\$ 60.77
77332	26	TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 21.94	\$ 21.94
77332	TC	TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 38.83	\$ 38.83
77333		TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 54.58	\$ 54.58
77333	26	TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 34.28	\$ 34.28
77333	TC	TREATMENT DEVICES DESIGN & CONSTRUCTION	\$ 20.29	\$ 20.29
77334		TREATMENT DEVICE DESIGN & CONSTRUCTION C	\$ 123.88	\$ 123.88
77334	26	TREATMENT DEVICE DESIGN & CONSTRUCTION C	\$ 50.40	\$ 50.40
77334	TC	TREATMENT DEVICE DESIGN & CONSTRUCTION C	\$ 73.48	\$ 73.48
77336		CONTINUING MEDICAL PHYSICS CONSULTATION,	\$ 47.27	\$ 47.27
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSUL	\$ 89.89	\$ 89.89
77371		RADIATION TREATMENT DELIVERY, STEREOTACT	\$ 648.45	\$ 648.45
77372		RADIATION TREATMENT DELIVERY, STEREOTACT	\$ 648.45	\$ 648.45
77373		STEREOTACTIC BODY RADIATION THERAPY, TRE	\$ 1,203.95	\$ 1,203.95
77385		NTSTY MODUL RAD TX DLVR SMPL	\$ 412.11	\$ 412.11
77386		NTSTY MODUL RAD TX DLVR CPLX	\$ 412.11	\$ 412.11
77387		GUIDANCE FOR RADIAJ TX DLVR	\$ 90.38	\$ 90.38
77401		RADIATION TREATMENT DELIVERY, SUPERFICIA	\$ 24.21	\$ 24.21
77402		RADIATION TREATMENT DELIVERY	\$ 104.22	\$ 104.22
77407		RADIATION TREATMENT DELIVERY	\$ 163.45	\$ 163.45
77412		RADIATION TREATMENT DELIVERY	\$ 158.32	\$ 158.32
77417		RADIOLOGY PORT IMAGES(S)	\$ 12.23	\$ 12.23
77427		RADIATION TREATMENT MANAGEMENT, FIVE TRE	\$ 152.93	\$ 152.93
77431		RADIATION THERAPY MGMT, COMPLETE COURSE,	\$ 78.02	\$ 78.02

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77432		STEREOTACTIC RADIATION TREATMENT MANAGEM	\$ 325.17	\$ 325.17
77435		STEREOTACTIC BODY RADIATION THERAPY, TRE	\$ 539.18	\$ 539.18
77470		SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	\$ 200.01	\$ 200.01
77470	26	SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	\$ 85.19	\$ 85.19
77470	TC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	\$ 114.82	\$ 114.82
77600		HYPERTHERMIA, EXT; SUPERFICIAL.	\$ 287.33	\$ 287.33
77600	26	HYPERTHERMIA, EXT; SUPERFICIAL.	\$ 63.54	\$ 63.54
77600	TC	HYPERTHERMIA, EXT; SUPERFICIAL.	\$ 223.80	\$ 223.80
77605		HYPERTHERMIA, EXT; DEEP	\$ 512.51	\$ 512.51
77605	26	HYPERTHERMIA, EXT; DEEP	\$ 83.06	\$ 83.06
77605	TC	HYPERTHERMIA, EXT; DEEP	\$ 429.45	\$ 429.45
77615		HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	\$ 676.06	\$ 676.06
77615	26	HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	\$ 84.90	\$ 84.90
77615	TC	HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	\$ 591.16	\$ 591.16
77620		INTRACAVITY HYPERTHERMIA	\$ 300.84	\$ 300.84
77620	26	INTRACAVITY HYPERTHERMIA	\$ 63.88	\$ 63.88
77620	TC	INTRACAVITY HYPERTHERMIA	\$ 236.94	\$ 236.94
77750		INFUSION OR INSTILLATION OF RADIOELEMENT	\$ 271.36	\$ 271.36
77750	26	INFUSION OR INSTILLATION OF RADIOELEMENT	\$ 201.21	\$ 201.21
77750	TC	INFUSION OR INSTILLATION OF RADIOELEMENT	\$ 70.17	\$ 70.17
77761		INTRACAVITARY RADIATION SOURCE APPLICATI	\$ 278.24	\$ 278.24
77761	26	INTRACAVITARY RADIATION SOURCE APPLICATI	\$ 154.42	\$ 154.42
77761	TC	INTRACAVITARY RADIATION SOURCE APPLICATI	\$ 123.82	\$ 123.82
77762		INTRACAVITARY RADIOELEMENT APPLICATION I	\$ 380.58	\$ 380.58
77762	26	INTRACAVITARY RADIOELEMENT APPLICATION I	\$ 233.41	\$ 233.41
77762	TC	INTRACAVITARY RADIOELEMENT APPLICATION I	\$ 147.17	\$ 147.17
77763		INTRACAVITARY RADIOELEMENT APPLICATION C	\$ 539.65	\$ 539.65
77763	26	INTRACAVITARY RADIOELEMENT APPLICATION C	\$ 350.32	\$ 350.32
77763	TC	INTRACAVITARY RADIOELEMENT APPLICATION C	\$ 189.33	\$ 189.33
77767		HDR RDNCL SKN SURF BRACHYTX	\$ 183.54	\$ 183.54

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

77767	26	HDR RDNCL SKN SURF BRACHYTX	\$ 46.14	\$ 46.14
77767	TC	HDR RDNCL SKN SURF BRACHYTX	\$ 137.39	\$ 137.39
77768		HDR RDNCL SKN SURF BRACHYTX	\$ 287.02	\$ 287.02
77768	26	HDR RDNCL SKN SURF BRACHYTX	\$ 61.18	\$ 61.18
77768	TC	HDR RDNCL SKN SURF BRACHYTX	\$ 225.84	\$ 225.84
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 262.94	\$ 262.94
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 85.19	\$ 85.19
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 177.75	\$ 177.75
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 490.17	\$ 490.17
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 166.43	\$ 166.43
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 323.74	\$ 323.74
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 746.91	\$ 746.91
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 236.01	\$ 236.01
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 510.90	\$ 510.90
77778		INTERSTITIAL RADIOELEMENT APPLICATION CO	\$ 655.10	\$ 655.10
77778	26	INTERSTITIAL RADIOELEMENT APPLICATION CO	\$ 458.00	\$ 458.00
77778	TC	INTERSTITIAL RADIOELEMENT APPLICATION CO	\$ 197.08	\$ 197.08
77789		APPLY SURF LDR RADIONUCLIDE	\$ 82.73	\$ 82.73
77789	26	APPLY SURF LDR RADIONUCLIDE	\$ 46.54	\$ 46.54
77789	TC	APPLY SURF LDR RADIONUCLIDE	\$ 36.19	\$ 36.19
77790		SUPERVISION, HANDLING, LOADING OF RADIAT	\$ 69.47	\$ 69.47
77790	26	SUPERVISION, HANDLING, LOADING OF RADIAT	\$ 42.79	\$ 42.79
77790	TC	SUPERVISION, HANDLING, LOADING OF RADIAT	\$ 26.68	\$ 26.68
78015		THYROID CA METAS/IMAGING/NECK/CHEST ONLY	\$ 156.13	\$ 156.13
78015	26	THYROID CA METAS/IMAGING/NECK/CHEST ONLY	\$ 27.83	\$ 27.83
78016		THYROID CA METAS/IMG/NECK/CHEST W ADD ST	\$ 236.69	\$ 236.69
78016	26	THYROID CA METAS/IMG/NECK/CHEST W ADD ST	\$ 34.05	\$ 34.05
78018		THYROID CARCINOMA METASTASES IMAGING WHO	\$ 238.79	\$ 238.79
78018	26	THYROID CARCINOMA METASTASES IMAGING WHO	\$ 35.73	\$ 35.73
78070		IMAGING OF PARATHYROID	\$ 132.86	\$ 132.86

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

78070	26	IMAGING OF PARATHYROID	\$ 34.24	\$ 34.24
78075		ADRENAL IMAGING	\$ 309.68	\$ 309.68
78075	26	ADRENAL IMAGING	\$ 30.79	\$ 30.79
78102		NUCLEAR SCAN OF BONE MARROW	\$ 122.83	\$ 122.83
78102	26	NUCLEAR SCAN OF BONE MARROW	\$ 22.89	\$ 22.89
78103	26	BONE MARROW IMAGING MULTIPLE AREAS	\$ 31.09	\$ 31.09
78104	26	BONE MARROW IMAGING WHOLE BODY	\$ 33.45	\$ 33.45
78110		PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUM	\$ 58.57	\$ 58.57
78110	26	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUM	\$ 7.90	\$ 7.90
78111		NUCLEAR EXAM, PLASMA VOLUME	\$ 74.71	\$ 74.71
78111	26	NUCLEAR EXAM, PLASMA VOLUME	\$ 9.37	\$ 9.37
78120		ISOTOPE STUDY RBC VOLUME	\$ 66.61	\$ 66.61
78120	26	ISOTOPE STUDY RBC VOLUME	\$ 9.66	\$ 9.66
78121		NUCLEAR EXAM OF BLOOD VOLUME	\$ 80.82	\$ 80.82
78121	26	NUCLEAR EXAM OF BLOOD VOLUME	\$ 13.22	\$ 13.22
78130		ISOTOPE STUDY	\$ 117.39	\$ 117.39
78130	26	ISOTOPE STUDY	\$ 25.45	\$ 25.45
78135		RED CELL SURVIVAL STUDY PLUS SPLENIC AND	\$ 243.49	\$ 243.49
78135	26	RED CELL SURVIVAL STUDY PLUS SPLENIC AND	\$ 26.65	\$ 26.65
78140		NUCLEAR EXAM,RED BLOOD CELLS	\$ 113.69	\$ 113.69
78140	26	NUCLEAR EXAM,RED BLOOD CELLS	\$ 25.45	\$ 25.45
78185		SCANNING SPLEEN	\$ 141.98	\$ 141.98
78185	26	SCANNING SPLEEN	\$ 16.67	\$ 16.67
78191		PLATELET SURVIVAL	\$ 152.01	\$ 152.01
78191	26	PLATELET SURVIVAL	\$ 25.17	\$ 25.17
78195		LYMPHATICS AND LYMPH NODES IMAGING	\$ 254.84	\$ 254.84
78195	26	LYMPHATICS AND LYMPH NODES IMAGING	\$ 50.03	\$ 50.03
78201		LIVER IMAGING STATIC	\$ 131.16	\$ 131.16
78201	26	LIVER IMAGING STATIC	\$ 17.89	\$ 17.89
78202		LIVER IMAGING W/VASCULAR FLOW	\$ 151.38	\$ 151.38

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

78202	26	LIVER IMAGING W/VASCULAR FLOW	\$ 20.85	\$ 20.85
78205	26	NUCLEAR SCAN OF LIVER 3D	\$ 29.60	\$ 29.60
78215		LIVER/SPLEEN IMAGING STATIC	\$ 140.15	\$ 140.15
78215	26	LIVER/SPLEEN IMAGING STATIC	\$ 20.24	\$ 20.24
78216		LIVER/SPLEEN IMAGING W/VASCULAR FLOW	\$ 106.40	\$ 106.40
78216	26	LIVER/SPLEEN IMAGING W/VASCULAR FLOW	\$ 23.49	\$ 23.49
78226	TC	HEPATOBILIARY SYSTEM IMAGING, INCLUDING	\$ 164.31	\$ 164.31
78227	TC	HEPATOBILIARY SYSTEM IMAGING, INCLUDING	\$ 228.18	\$ 228.18
78230		NUCLEAR SCAN SALIVARY GLANDS	\$ 119.44	\$ 119.44
78230	26	NUCLEAR SCAN SALIVARY GLANDS	\$ 18.47	\$ 18.47
78231	26	SALIVARY GLAND IMGAING W/SERIAL VIEWS	\$ 21.43	\$ 21.43
78232		SALIVARY GLAND FUNCTION STUDY	\$ 103.94	\$ 103.94
78232	26	SALIVARY GLAND FUNCTION STUDY	\$ 19.63	\$ 19.63
78261		GASTRIC MUCOSA IMAGING	\$ 183.73	\$ 183.73
78261	26	GASTRIC MUCOSA IMAGING	\$ 28.71	\$ 28.71
78262		GASTROESOPHAGEAL REFLEX STUDY	\$ 181.19	\$ 181.19
78262	26	GASTROESOPHAGEAL REFLEX STUDY	\$ 27.86	\$ 27.86
78264		GASTRIC EMPTYING IMAG STUDY	\$ 208.55	\$ 208.55
78264	26	GASTRIC EMPTYING IMAG STUDY	\$ 32.28	\$ 32.28
78265		GASTRIC EMPTYING IMAG STUDY	\$ 334.01	\$ 334.01
78265	26	GASTRIC EMPTYING IMAG STUDY	\$ 41.12	\$ 41.12
78265	TC	GASTRIC EMPTYING IMAG STUDY	\$ 292.89	\$ 292.89
78266		GASTRIC EMPTYING IMAG STUDY	\$ 396.08	\$ 396.08
78266	26	GASTRIC EMPTYING IMAG STUDY	\$ 45.59	\$ 45.59
78266	TC	GASTRIC EMPTYING IMAG STUDY	\$ 350.49	\$ 350.49
78270		VITAMIN B-12 ABSORPTION STUDY W/O INTRIN	\$ 60.47	\$ 60.47
78270	26	VITAMIN B-12 ABSORPTION STUDY W/O INTRIN	\$ 8.20	\$ 8.20
78271		VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	\$ 61.03	\$ 61.03
78271	26	VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	\$ 7.92	\$ 7.92
78272		VITAMIN B-12 ABSORPTION STUDY COMBINED W	\$ 69.32	\$ 69.32

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

78272	26	VITAMIN B-12 ABSORPTION STUDY COMBINED W	\$ 10.59	\$ 10.59
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGIN	\$ 251.47	\$ 251.47
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGIN	\$ 41.06	\$ 41.06
78282		GASTROINTESTINAL PROTEIN LOSS	\$ 55.60	\$ 55.60
78282	26	GASTROINTESTINAL PROTEIN LOSS	\$ 15.79	\$ 15.79
78290		INTESTINE IMAGING (EG, ECTOPIC GASTRIC M	\$ 224.52	\$ 224.52
78290	26	INTESTINE IMAGING (EG, ECTOPIC GASTRIC M	\$ 28.41	\$ 28.41
78291		PERITONEAL-VEINUS SHUNT PATENCY TEST	\$ 183.48	\$ 183.48
78291	26	PERITONEAL-VEINUS SHUNT PATENCY TEST	\$ 36.62	\$ 36.62
78300		SCANNING OR IMAGING BONE	\$ 128.88	\$ 128.88
78300	26	SCANNING OR IMAGING BONE	\$ 25.75	\$ 25.75
78305		NUCLEAR SCAN OF BONES	\$ 171.35	\$ 171.35
78305	26	NUCLEAR SCAN OF BONES	\$ 34.27	\$ 34.27
78306		NUCLEAR SCAN OF SKELETON	\$ 189.63	\$ 189.63
78306	26	NUCLEAR SCAN OF SKELETON	\$ 35.73	\$ 35.73
78320		NUCLEAR SCAN OF BONE 3D	\$ 194.83	\$ 194.83
78320	26	NUCLEAR SCAN OF BONE 3D	\$ 43.13	\$ 43.13
78414		PROBE TECHNIQUE VENTRIC EJECT FRACTION D	\$ 64.86	\$ 64.86
78414	26	PROBE TECHNIQUE VENTRIC EJECT FRACTION D	\$ 17.62	\$ 17.62
78428		CARDIAC SHUNT DETECTION	\$ 149.75	\$ 149.75
78428	26	CARDIAC SHUNT DETECTION	\$ 33.68	\$ 33.68
78445	26	NON-CARDIAC VASCULAR FLOW IMAGING (IE, A	\$ 20.24	\$ 20.24
78458		VENOUS THROMBOSIS IMAGING BILATERAL EG V	\$ 159.30	\$ 159.30
78458	26	VENOUS THROMBOSIS IMAGING BILATERAL EG V	\$ 37.50	\$ 37.50
78466		NUCLEAR SCAN, HEART MUSCLE	\$ 137.71	\$ 137.71
78466	26	NUCLEAR SCAN, HEART MUSCLE	\$ 29.56	\$ 29.56
78468		NUCLEAR SCAN, HEART MUSCLE	\$ 173.61	\$ 173.61
78468	26	NUCLEAR SCAN, HEART MUSCLE	\$ 35.12	\$ 35.12
78469	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR	\$ 39.59	\$ 39.59
78473		CARDIAC BLOOD POOL IMAGING, GATED EQUILI	\$ 274.96	\$ 274.96

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

78473	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILI	\$ 63.80	\$ 63.80
78580		PULMONARY PERFUSION IMAGING PARTICULATE	\$ 159.01	\$ 159.01
78580	26	PULMONARY PERFUSION IMAGING PARTICULATE	\$ 30.79	\$ 30.79
78600		SCANNING BRAIN	\$ 131.64	\$ 131.64
78600	26	SCANNING BRAIN	\$ 18.45	\$ 18.45
78601		BRAIN IMAG LIM PROCED W/VASC FLOW	\$ 156.62	\$ 156.62
78601	26	BRAIN IMAG LIM PROCED W/VASC FLOW	\$ 21.13	\$ 21.13
78605		BRAIN IMAG COMPL STATIC	\$ 146.60	\$ 146.60
78605	26	BRAIN IMAG COMPL STATIC	\$ 22.29	\$ 22.29
78606		BRAIN IMAG COMPL W/VASC FLOW	\$ 229.30	\$ 229.30
78606	26	BRAIN IMAG COMPL W/VASC FLOW	\$ 26.65	\$ 26.65
78610		BRAIN IMAG VASC FLO STUD ONLY	\$ 132.60	\$ 132.60
78610	26	BRAIN IMAG VASC FLO STUD ONLY	\$ 12.90	\$ 12.90
78630		CEREBROSP FLD FL IMAG CISTERN	\$ 243.41	\$ 243.41
78630	26	CEREBROSP FLD FL IMAG CISTERN	\$ 28.41	\$ 28.41
78635		CEREBROSPFLD FLO IMAG VENTRICULOG	\$ 221.55	\$ 221.55
78635	26	CEREBROSPFLD FLO IMAG VENTRICULOG	\$ 25.55	\$ 25.55
78645		CEREBROSP FLD FLO IMAG SHUNT EVAL	\$ 224.18	\$ 224.18
78645	26	CEREBROSP FLD FLO IMAG SHUNT EVAL	\$ 23.78	\$ 23.78
78650		CEREBROSPINAL FLUID LEAKAGE DETECTION AN	\$ 237.36	\$ 237.36
78650	26	CEREBROSPINAL FLUID LEAKAGE DETECTION AN	\$ 25.45	\$ 25.45
78660		RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$ 124.19	\$ 124.19
78660	26	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$ 22.01	\$ 22.01
78700		NUCLEAR SCAN OF KIDNEY	\$ 130.64	\$ 130.64
78700	26	NUCLEAR SCAN OF KIDNEY	\$ 18.75	\$ 18.75
78701		KIDNEY IMAG W/VASC FLOW	\$ 156.30	\$ 156.30
78701	26	KIDNEY IMAG W/VASC FLOW	\$ 20.24	\$ 20.24
78707		KIDNEY IMAGING WITH VASCULAR FLOW AND FU	\$ 182.77	\$ 182.77
78707	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FU	\$ 39.87	\$ 39.87
78730	26	URINARY BLADDER RESIDUAL STUDY	\$ 7.16	\$ 7.16

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

78740		URETERAL REFLUX STUDY (RADIOPHARMACEUTIC	\$ 155.52	\$ 155.52
78740	26	URETERAL REFLUX STUDY (RADIOPHARMACEUTIC	\$ 23.97	\$ 23.97
78761		TESTICULAR IMAGING WITH VASCULAR FLOW	\$ 156.24	\$ 156.24
78761	26	TESTICULAR IMAGING WITH VASCULAR FLOW	\$ 29.60	\$ 29.60
78800		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 139.72	\$ 139.72
78800	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 27.16	\$ 27.16
78801		TUMOR LOCALIZATION MULTIPLE AREAS	\$ 186.86	\$ 186.86
78801	26	TUMOR LOCALIZATION MULTIPLE AREAS	\$ 32.97	\$ 32.97
78802		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 244.30	\$ 244.30
78802	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 35.73	\$ 35.73
78803		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 269.48	\$ 269.48
78803	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 45.40	\$ 45.40
78805		RADIOPHARMACEUTICAL LOCALIZATION OF INFL	\$ 140.24	\$ 140.24
78805	26	RADIOPHARMACEUTICAL LOCALIZATION OF INFL	\$ 30.21	\$ 30.21
78806		ABSCESS LOCALIZATION WHOLE BODY	\$ 255.62	\$ 255.62
78806	26	ABSCESS LOCALIZATION WHOLE BODY	\$ 35.73	\$ 35.73
78807		RADIOPHARMACEUTICAL LOCALIZATION OF ABSC	\$ 269.85	\$ 269.85
78807	26	RADIOPHARMACEUTICAL LOCALIZATION OF ABSC	\$ 45.48	\$ 45.48
79200		RADIOPHARMACEUTICAL THERAPY, BY INTRACAV	\$ 138.45	\$ 138.45
79200	26	RADIOPHARMACEUTICAL THERAPY, BY INTRACAV	\$ 82.90	\$ 82.90
79300		RADIOPHARMACEUTICAL THERAPY, BY INTERSTI	\$ 175.42	\$ 175.42
79300	26	RADIOPHARMACEUTICAL THERAPY, BY INTERSTI	\$ 67.11	\$ 67.11
79440		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	\$ 128.19	\$ 128.19
79440	26	RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	\$ 82.70	\$ 82.70
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 26.73	\$ 26.73
80048		BASIC METABOLIC PANEL	\$ 9.88	\$ 9.88
80050		GENERAL HEALTH SCREEN PANEL	\$ 11.16	\$ 11.38
80051		ELECTROLYTE PANEL	\$ 8.51	\$ 8.51
80053		COMPREHENSIVE METABOLIC PANEL	\$ 10.42	\$ 10.42
80055		OBSTETRIC PANEL	\$ 27.81	\$ 27.81

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

80061		LIPID PROFILE	\$ 16.53	\$ 16.53
80069		RENAL FUNCTION PANEL	\$ 9.88	\$ 9.88
80074		ACUTE HEPATITIS PANEL	\$ 57.47	\$ 57.47
80076		HEPATIC FUNCTION PANEL	\$ 9.88	\$ 9.88
80155		DRUG ASSAY CAFFEINE	\$ 16.69	\$ 16.69
80159		DRUG ASSAY CLOZAPINE	\$ 21.83	\$ 21.83
80163		ASSAY OF DIGOXIN FREE	\$ 16.88	\$ 16.88
80165		DIPROPYLACETIC ACID FREE	\$ 17.04	\$ 17.04
80169		DRUG ASSAY EVEROLIMUS	\$ 16.20	\$ 16.20
80171		DRUG SCREEN QUANT GABAPENTIN	\$ 15.65	\$ 15.65
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$ 15.65	\$ 15.65
80177		DRUG SCRNM QUAN LEVETIRACETAM	\$ 15.65	\$ 15.65
80180		DRUG SCRNM QUAN MYCOPHENOLATE	\$ 21.31	\$ 21.31
80183		DRUG SCRNM QUANT OXCARBAZEPIN	\$ 15.65	\$ 15.65
80184		PHENOBARBITAL	\$ 14.13	\$ 14.13
80185		PHENTOIN: TOTAL	\$ 16.34	\$ 16.34
80195		SIROLIMUS	\$ 16.92	\$ 16.92
80199		DRUG SCREEN QUANT TIAGABINE	\$ 21.31	\$ 21.31
80203		DRUG SCREEN QUANT ZONISAMIDE	\$ 15.65	\$ 15.65
80299		QUANTITATIVE ASSAY DRUG	\$ 16.89	\$ 16.89
80305		DRUG TEST PRSMV DIR OPT OBS	\$ 13.61	\$ 13.61
80306		DRUG TEST PRSMV INSTRMNT	\$ 18.51	\$ 18.51
80307		DRUG TEST PRSMV CHEM ANALYZR	\$ 72.63	\$ 72.63
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 3.91	\$ 3.91
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 3.91	\$ 3.91
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$ 3.15	\$ 3.15
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$ 2.77	\$ 2.77
81005		URINE TESTS	\$ 2.68	\$ 2.68
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$ 3.17	\$ 3.17
81015		MICROSCOPIC URINE EXAM	\$ 3.74	\$ 3.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$ 4.55	\$ 4.55
81025		UA PREG. TEST - COLOR COMPARISON METHOD	\$ 7.80	\$ 7.80
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	\$ 3.70	\$ 3.70
82043		ALBUMIN; URINE, MICR, QUANTITATIVE	\$ 7.14	\$ 7.14
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$ 3.53	\$ 3.53
82045		ALBUMIN; ISCHEMIA MODIFIED	\$ 41.87	\$ 41.87
82075		ALCOHOL BREATH	\$ 14.86	\$ 14.86
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION	\$ 79.43	\$ 79.43
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$ 4.64	\$ 4.64
82150		AMYLASE	\$ 7.99	\$ 7.99
82232		BETA-2 MICROGLOBULIN	\$ 19.96	\$ 19.96
82247		BILIRUBIN; TOTAL	\$ 6.20	\$ 6.20
82248		BILIRUBIN; DIRECT	\$ 6.20	\$ 6.20
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.01	\$ 4.01
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.01	\$ 4.01
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.01	\$ 4.01
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$ 19.61	\$ 19.61
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	\$ 36.51	\$ 36.51
82310		CALCIUM; TOTAL	\$ 6.35	\$ 6.35
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIME	\$ 6.42	\$ 6.42
82365		CALCULUS QUANTITATIVE INFRARED SPECTROSC	\$ 15.90	\$ 15.90
82374		CARBON DIOXIDE	\$ 6.03	\$ 6.03
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	\$ 23.40	\$ 23.40
82390		CERULOPLASMIN	\$ 13.25	\$ 13.25
82465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	\$ 5.36	\$ 5.36
82525		COPPER	\$ 15.31	\$ 15.31
82533		CORTISOL; TOTAL	\$ 20.11	\$ 20.11
82542		COL CHROMOTOGRAPHY QUAL/QUAN	\$ 22.27	\$ 22.27
82550		CREATINE KINASE (CK), (CPK); TOTAL	\$ 8.03	\$ 8.03
82552		CPK ISOENZYME (QUALITATIVE)	\$ 16.52	\$ 16.52

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

82553		CPK; MB FRACTION ONLY	\$ 14.24	\$ 14.24
82565		CREATININE; BLOOD	\$ 6.32	\$ 6.32
82570		CREATININE; OTHER SOURCE	\$ 6.38	\$ 6.38
82607		CYANOCOBALAMIN (VITAMIN B-12)	\$ 18.59	\$ 18.59
82610		CYSTATIN C	\$ 16.77	\$ 16.77
82652		DIHYDROXYVITAMIN D	\$ 47.47	\$ 47.47
82656		ELASTASE, PANCREATIC (EL-1), FECAL, QUAL	\$ 14.13	\$ 14.13
82664		ELECTROPHORETIC TECH	\$ 42.37	\$ 42.37
82670		ESTRADIOL	\$ 29.37	\$ 29.37
82679		ESTRONE	\$ 30.79	\$ 30.79
82705		FECAL FAT SCREEN	\$ 6.28	\$ 6.28
82726		VERY LONG CHAIN FATTY ACIDS	\$ 22.27	\$ 22.27
82728		FERRITIN SPECIFY METHOD	\$ 16.80	\$ 16.80
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRET	\$ 79.43	\$ 79.43
82746		FOLIC ACID	\$ 18.13	\$ 18.13
82747		FOLIC ACID; RBC	\$ 18.59	\$ 18.59
82784		GAMMA GLOBULIN	\$ 11.47	\$ 11.47
82785		GAMMAGLOBULIN; IGE	\$ 20.31	\$ 20.31
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO	\$ 35.00	\$ 35.00
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$ 4.84	\$ 4.84
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$ 4.84	\$ 4.84
82948		GLUCOSE BLOOD STICK TEST	\$ 3.91	\$ 3.91
82950		GLUCOSE POST GLUCOSE DOSE	\$ 5.86	\$ 5.86
82951		GLUCOSE TOLERANCE	\$ 15.88	\$ 15.88
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$ 4.84	\$ 4.84
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$ 2.89	\$ 2.89
82977		G G T	\$ 8.88	\$ 8.88
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	\$ 22.92	\$ 22.92
83002		LUTEINIZING HORMONE (LH)	\$ 22.84	\$ 22.84
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	\$ 83.07	\$ 83.07

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

83013		HELICOBACTER PYLORI; BREATH TEST ANALYSI	\$ 83.07	\$ 83.07
83014		HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$ 9.69	\$ 9.69
83020	26	HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$ 15.02	\$ 15.02
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 11.97	\$ 11.97
83050		METHEMOGLOBIN QUANTITATIVE	\$ 9.03	\$ 9.03
83518		IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIB	\$ 9.43	\$ 9.43
83525		INSULIN; TOTAL	\$ 14.10	\$ 14.10
83540		IRON	\$ 7.99	\$ 7.99
83550		IBC	\$ 10.78	\$ 10.78
83615		LACTATE DEHYDROGENASE (LD), (LDH)	\$ 7.45	\$ 7.45
83630		LACTOFERRIN, FECAL; QUALITATIVE	\$ 25.30	\$ 25.30
83655		LEAD	\$ 14.93	\$ 14.93
83690		LIPASE	\$ 8.49	\$ 8.49
83695		LIPOPROTEIN (A)	\$ 15.97	\$ 15.97
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$ 13.88	\$ 13.88
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$ 30.61	\$ 30.61
83704		LIPOPROTEIN BLD QUAN PART	\$ 33.64	\$ 33.64
83718		LIPOPROTEIN, DIRECT MEASUREMENT; (HDL CH	\$ 10.10	\$ 10.10
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$ 11.77	\$ 11.77
83735		MAGNESIUM	\$ 8.26	\$ 8.26
83789		MASS SPECTROMETRY QUAL/QUAN	\$ 22.27	\$ 22.27
83874		MYOGLOBIN	\$ 15.93	\$ 15.93
83876		MYELOPEROXIDASE (MPO)	\$ 16.69	\$ 16.69
83880		NATRIURETIC PEPTIDE	\$ 41.87	\$ 41.87
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$ 83.01	\$ 83.01
83970		PARATHORMONE	\$ 50.91	\$ 50.91
83986		PH BODY FLUID EXCEPT BLOOD	\$ 4.41	\$ 4.41
83993		CALPROTECTIN, FECAL	\$ 24.20	\$ 24.20
84075		PHOSPHATASE ALKALINE	\$ 6.38	\$ 6.38
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	\$ 5.85	\$ 5.85

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

84132		POTASSIUM SERUM	\$ 5.66	\$ 5.66
84144		PROGESTERONE	\$ 25.73	\$ 25.73
84145		PROCALCITONIN (PCT)	\$ 24.50	\$ 24.50
84146		PROLACTIN	\$ 23.90	\$ 23.90
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$ 22.69	\$ 22.69
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$ 4.52	\$ 4.52
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$ 4.52	\$ 4.52
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (P	\$ 10.79	\$ 10.79
84165		PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$ 13.19	\$ 13.19
84165	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$ 14.74	\$ 14.74
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$ 22.00	\$ 22.00
84166	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$ 14.74	\$ 14.74
84181	26	PROTEIN; WESTERN BLOT, W REPORT & INTERP	\$ 14.74	\$ 14.74
84182	26	PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	\$ 15.21	\$ 15.21
84270		SHBG	\$ 26.80	\$ 26.80
84295		SODIUM BLOOD	\$ 5.94	\$ 5.94
84300		SODIUM URINE	\$ 5.99	\$ 5.99
84302		SODIUM; OTHER SOURCE	\$ 5.99	\$ 5.99
84315		SPECIFIC GRAVITY CEXCE PT URINE	\$ 3.09	\$ 3.09
84402		TESTOSTERONE; FREE	\$ 31.40	\$ 31.40
84403		TESTOSTERONE; TOTAL	\$ 31.85	\$ 31.85
84410		TESTOSTERONE BIOAVAILABLE	\$ 31.85	\$ 31.85
84432		THYROGLOBULIN	\$ 19.81	\$ 19.81
84436		THYROXINE; TOTAL	\$ 7.11	\$ 7.11
84439		THYROXINE; FREE	\$ 11.13	\$ 11.13
84443		TSH	\$ 20.10	\$ 20.10
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	\$ 6.37	\$ 6.37
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$ 6.53	\$ 6.53
84466		TRANSFERRIN	\$ 15.74	\$ 15.74
84478		TRIGLYCERIDES	\$ 7.10	\$ 7.10

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

84479		THYROID HORMONE (T3 OR T4) UPTAKE OR THY	\$ 7.35	\$ 7.35
84480		TRIIODOTHYRONINE T3; TOTAL (TT-3)	\$ 17.49	\$ 17.49
84481		TRIDOTHYRONINE (T-3); FREE	\$ 20.89	\$ 20.89
84520		UREA NITROGEN; QUANTITATIVE	\$ 4.86	\$ 4.86
84550		URIC ACID; BLOOD	\$ 5.57	\$ 5.57
84560		URIC ACID; OTHER SOURCE	\$ 5.86	\$ 5.86
84630		ZINC	\$ 14.05	\$ 14.05
84681		C-PEPTIDE ANY METHOD	\$ 19.59	\$ 19.59
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	\$ 10.79	\$ 10.79
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$ 9.26	\$ 9.26
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	\$ 10.79	\$ 10.79
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$ 7.98	\$ 7.98
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.25	\$ 4.25
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$ 2.92	\$ 2.92
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$ 2.92	\$ 2.92
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$ 2.92	\$ 2.92
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 9.58	\$ 9.58
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	\$ 7.98	\$ 7.98
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$ 5.31	\$ 5.31
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$ 5.31	\$ 5.31
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$ 4.94	\$ 4.94
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$ 3.13	\$ 3.13
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$ 5.52	\$ 5.52
85055		RETICULATED PLATELET ASSAY	\$ 33.02	\$ 33.02
85060	26	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	\$ 13.09	\$ 13.09
85097	26	BONE MARROW, SMEAR INTERPRETATION	\$ 29.48	\$ 59.20
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS AN	\$ 14.61	\$ 14.61
85379		FDP, D-DIMER; QUANTITATIVE	\$ 11.36	\$ 11.36
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$ 11.36	\$ 11.36
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	\$ 15.02	\$ 15.02

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$ 29.58	\$ 29.58
85576		PLATELET; AGGREGATION (IN VITRO), EACH A	\$ 26.49	\$ 26.49
85610		PROTHROMBIN TIME	\$ 4.85	\$ 4.85
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUT	\$ 4.37	\$ 4.37
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	\$ 3.33	\$ 3.33
85730		PTT	\$ 7.40	\$ 7.40
86000		AGGLUTINS FEBRILE EA	\$ 8.60	\$ 8.60
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR S	\$ 6.44	\$ 6.44
86008		Allg spec ige recomb ea	\$ 6.44	\$ 6.44
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$ 14.91	\$ 14.91
86063		ANTISTREPTOLYSIN SCREEN	\$ 7.12	\$ 7.12
86140		CRP	\$ 6.38	\$ 6.38
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	\$ 15.97	\$ 15.97
86162		COMPLEMENT TOTAL	\$ 25.06	\$ 25.06
86171		COMPLEMENT FIXATION TEST, EACH	\$ 12.36	\$ 12.36
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$ 15.97	\$ 15.97
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NA	\$ 16.95	\$ 16.95
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	\$ 22.12	\$ 22.12
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$ 14.86	\$ 14.86
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$ 15.02	\$ 15.02
86256		FLOURESCENT ANTIBODY TITER	\$ 14.86	\$ 14.86
86256	26	FLOURESCENT ANTIBODY TITER	\$ 15.02	\$ 15.02
86280		HEMAGGLUTINATION INHIBITON	\$ 10.10	\$ 10.10
86294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATI	\$ 24.19	\$ 24.19
86300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	\$ 25.66	\$ 25.66
86304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	\$ 25.66	\$ 25.66
86308		HETEROPHILE ANTIBODIES; SCREENING	\$ 6.38	\$ 6.38
86309		HETEROPHILE ANTIBODIES; TITER	\$ 7.98	\$ 7.98
86310		HETEROPHILE ABSORPTION	\$ 9.09	\$ 9.09
86316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANT	\$ 25.66	\$ 25.66

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$ 17.90	\$ 17.90
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$ 15.97	\$ 15.97
86320		IMMUNOELECTROPHORESIS; SERUM	\$ 27.65	\$ 27.65
86320	26	IMMUNOELECTROPHORESIS; SERUM	\$ 15.02	\$ 15.02
86325	26	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	\$ 14.74	\$ 14.74
86327	26	IMMUNOELECTROPHORESIS SERUM EACH SPECIME	\$ 17.29	\$ 17.29
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	\$ 17.31	\$ 17.31
86334	26	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$ 15.02	\$ 15.02
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$ 36.19	\$ 36.19
86335	26	IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$ 14.74	\$ 14.74
86355		B CELLS, TOTAL COUNT	\$ 46.52	\$ 46.52
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	\$ 33.02	\$ 33.02
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$ 46.52	\$ 46.52
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$ 46.52	\$ 46.52
86376		MICROSOMAL ANTIBODIES (EG, THRYOID OR LI	\$ 17.09	\$ 17.09
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$ 12.57	\$ 12.57
86430		RHEUMATOID FACTOR; QUALITATIVE	\$ 7.00	\$ 7.00
86431		RHEUMATOID FACTOR; QUANTITATIVE	\$ 7.00	\$ 7.00
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$ 76.44	\$ 76.44
86486		SKIN TEST; UNLISTED ANTIGEN, EACH	\$ 3.74	\$ 3.74
86580		SENSITIVITY TEST TUBERCULOSIS	\$ 5.42	\$ 5.42
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	\$ 5.26	\$ 5.26
86663		ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	\$ 16.18	\$ 16.18
86664		ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	\$ 17.90	\$ 17.90
86665		ANTIBODY; EPSTEIN-BARR VIRAL CAPSID	\$ 20.04	\$ 20.04
86677		ANTIBODY; HELICOBACTER PYLOUI	\$ 17.90	\$ 17.90
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$ 14.50	\$ 14.50
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$ 13.25	\$ 13.25
86708		HEPATITIS A ANTIBODY	\$ 15.28	\$ 15.28
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$ 17.43	\$ 17.43

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$ 15.90	\$ 15.90
86780		TREPONEMA PALLIDUM	\$ 16.74	\$ 16.74
86788		ANTIBODY; WEST NILE VIRUS, IGM	\$ 17.90	\$ 17.90
86789		ANTIBODY; WEST NILE VIRUS	\$ 17.72	\$ 17.72
86794		Zika virus igm antibody	\$ 17.90	\$ 17.90
86800		THYROGLOBULIN ANTIBODY	\$ 19.61	\$ 19.61
86803		HEPATITIS C ANTIBODY;	\$ 17.61	\$ 17.61
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 48.02	\$ 48.02
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 36.02	\$ 36.02
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 97.25	\$ 97.25
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 83.36	\$ 83.36
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 152.83	\$ 152.83
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 138.93	\$ 138.93
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 430.71	\$ 430.71
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 389.03	\$ 389.03
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$ 11.63	\$ 11.63
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$ 10.62	\$ 10.62
87071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBI	\$ 11.63	\$ 11.63
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	\$ 9.96	\$ 9.96
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$ 7.11	\$ 7.11
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$ 9.95	\$ 9.95
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	\$ 9.98	\$ 9.98
87101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION	\$ 9.51	\$ 9.51
87109		CULTURE MYCOPLASM ANY SOURCE	\$ 18.98	\$ 18.98
87110		CULTURE, CHLAMYDIA, ANY SOURCE	\$ 24.16	\$ 24.16
87140		CULTURE, TYPING; IMMUNOFLUORESCENT METHO	\$ 6.88	\$ 6.88
87164	26	DARKFIELD EXAMINATION	\$ 14.74	\$ 14.74
87177		OVA AND PARASITES	\$ 10.97	\$ 10.97
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$ 8.50	\$ 8.50
87205		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 5.26	\$ 5.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

87206		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 6.63	\$ 6.63
87207		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 7.39	\$ 7.39
87207	26	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 15.02	\$ 15.02
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 22.16	\$ 22.16
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 4.70	\$ 4.70
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$ 5.26	\$ 5.26
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$ 30.14	\$ 30.14
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$ 14.13	\$ 14.13
87280		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$ 14.13	\$ 14.13
87305		ASPERGILLUS AG IA	\$ 14.13	\$ 14.13
87329		GIARDIA AG IA	\$ 14.13	\$ 14.13
87340		HEPATITIS B SURFACE AG IA	\$ 11.48	\$ 11.48
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$ 29.61	\$ 29.61
87400		INFLUENZA A/B AG IA	\$ 14.13	\$ 14.13
87420		RESP SYNCYTIAL AG IA	\$ 14.13	\$ 14.13
87430		STREP A AG IA	\$ 14.13	\$ 14.13
87449		AG DETECT NOS IA MULT	\$ 14.13	\$ 14.13
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74
87483		CNS DNA AMP PROBE TYPE 12-25	\$ 243.45	\$ 243.45
87490		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87498		DETECTION TEST FOR ENTEROVIRUS (INTESTIN	\$ 30.24	\$ 30.24
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87502		INFLUENZA DNA AMP PROBE	\$ 66.04	\$ 66.04
87505		NFCT AGENT DETECTION GI	\$ 89.56	\$ 89.56
87506		IADNA-DNA/RNA PROBE TQ 6-11	\$ 135.68	\$ 135.68
87507		IADNA-DNA/RNA PROBE TQ 12-25	\$ 250.98	\$ 250.98
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

87590		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87623		HPV LOW-RISK TYPES	\$ 31.18	\$ 31.18
87624		HPV HIGH-RISK TYPES	\$ 31.18	\$ 31.18
87625		HPV TYPES 16 & 18 ONLY	\$ 31.18	\$ 31.18
87631		RESP VIRUS 3-5 TARGETS	\$ 86.87	\$ 86.87
87632		RESP VIRUS 6-11 TARGETS	\$ 131.61	\$ 131.61
87633		RESP VIRUS 12-25 TARGETS	\$ 243.45	\$ 243.45
87634		Rsv dna/rna amp probe	\$ 30.24	\$ 30.24
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 40.17	\$ 40.17
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 30.24	\$ 30.24
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.74	\$ 24.74
87661		TRICHOMONAS VAGINALIS AMPLIF	\$ 28.94	\$ 28.94
87662		Zika virus dna/rna amp probe	\$ 30.24	\$ 30.24
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 49.46	\$ 49.46
87801		DETECT AGNT MULT DNA AMPLI	\$ 60.48	\$ 60.48
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$ 30.53	\$ 30.53
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 14.13	\$ 14.13
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$ 14.13	\$ 14.13
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$ 100.45	\$ 100.45
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	\$ 16.42	\$ 16.42
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$ 94.69	\$ 94.69

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$ 94.69	\$ 94.69
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 24.99	\$ 24.99
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 13.03	\$ 13.03
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 26.35	\$ 26.35
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 32.05	\$ 32.05
88184		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$ 60.54	\$ 60.54
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$ 35.92	\$ 35.92
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 M	\$ 52.80	\$ 52.80
88188		FLOW CYTOMETRY, INTERPRETATION; 9 TO 15	\$ 65.01	\$ 65.01
88189		FLOW CYTOMETRY, INTERPRETATION; 16 OR MO	\$ 83.02	\$ 83.02
88304		LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$ 47.80	\$ 47.80
88304	26	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$ 8.81	\$ 8.81
88304	TC	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$ 38.98	\$ 38.98
88305		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$ 81.65	\$ 81.65
88305	26	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$ 30.25	\$ 30.25
88305	TC	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$ 51.40	\$ 51.40
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$ 54.64	\$ 54.64
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$ 18.32	\$ 18.32
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$ 36.32	\$ 36.32
88344		IMMUNOHISTO ANTIBODY SLIDE	\$ 95.19	\$ 95.19
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$ 33.68	\$ 33.68
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$ 61.52	\$ 61.52
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$ 59.04	\$ 59.04
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	\$ 24.08	\$ 24.08
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	\$ 34.96	\$ 34.96
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$ 70.72	\$ 70.72
88360		MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$ 93.83	\$ 93.83
88360	26	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$ 43.65	\$ 43.65
88360	TC	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$ 50.18	\$ 50.18
88364		INSITU HYBRIDIZATION (FISH)	\$ 78.93	\$ 78.93

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

88364	26	INSITU HYBRIDIZATION (FISH)	\$ 22.85	\$ 22.85
88364	TC	INSITU HYBRIDIZATION (FISH)	\$ 56.07	\$ 56.07
88366		INSITU HYBRIDIZATION (FISH)	\$ 121.97	\$ 121.97
88366	26	INSITU HYBRIDIZATION (FISH)	\$ 53.02	\$ 53.02
88366	TC	INSITU HYBRIDIZATION (FISH)	\$ 68.95	\$ 68.95
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 185.98	\$ 185.98
88367	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 50.27	\$ 50.27
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 135.71	\$ 135.71
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 164.10	\$ 164.10
88368	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 53.01	\$ 53.01
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$ 111.09	\$ 111.09
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$ 60.03	\$ 60.03
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 48.93	\$ 48.93
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 165.98	\$ 165.98
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 38.03	\$ 38.03
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 127.94	\$ 127.94
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 174.43	\$ 174.43
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 55.37	\$ 55.37
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$ 119.07	\$ 119.07
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$ 6.23	\$ 6.23
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$ 6.34	\$ 6.34
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 6.47	\$ 6.47
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 6.47	\$ 6.47
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (E	\$ 5.84	\$ 5.84
89051		SYNOVIAL FLUID DIFF	\$ 6.42	\$ 6.42
89055		LEUKOCYTE ASSESSMENT FECAL	\$ 5.26	\$ 5.26
89060		CRYSTAL ID, SYNOVIAL FLUID	\$ 8.82	\$ 8.82
89125		FAT STAIN, FECES, URINE, OR RESPIRATORY	\$ 5.33	\$ 5.33
89160		MEAT FIBERS FECES	\$ 4.55	\$ 4.55
89190		NASAL SMEAR FOR EOSINOPHILS	\$ 5.74	\$ 5.74

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

89310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT	\$ 10.34	\$ 10.34
89320		SEMEN ANALYSIS COMPLETE	\$ 14.86	\$ 14.86
89325		SPERM AGGLUTINATION WITH ANTIBODY TITER	\$ 13.16	\$ 13.16
90291		CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGI	\$ 22.70	\$ 22.70
90371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMA	\$ 114.50	\$ 114.50
90375		RABIES IMMUNE GLOBULIN (RIG), 2ML,HUMAN,	\$ 64.74	\$ 64.74
90376		RABIES IMMUNE GLOBULIN, HEAT-TREATED (RI	\$ 74.52	\$ 74.52
90389		TETANUS IMMUNE GLOBULIN (TIG)250UNITS/1M	\$ 133.57	\$ 133.57
90396		VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN,	\$ 105.38	\$ 105.38
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 13.30	\$ 13.30
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 13.30	\$ 13.30
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) F	\$ 111.57	\$ 111.57
90620		MENINGOCOCCAL RECOMBINANT PROTEIN	\$ 171.74	\$ 171.74
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VA	\$ 123.63	\$ 123.63
90630		FLU VACC IIV4 NO PRESERV ID	\$ 22.01	\$ 22.01
90632		HEPA VACCINE ADULT IM	\$ 43.71	\$ 43.71
90633		HEPA VACC PED/ADOL 2 DOSE IM	\$ 23.57	\$ 23.57
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEP	\$ 88.61	\$ 88.61
90647		HIB PRP-OMP VACC 3 DOSE IM	\$ 19.48	\$ 19.48
90648		HIB PRP-T VACCINE 4 DOSE IM	\$ 20.79	\$ 20.79
90649		4VHPV VACCINE 3 DOSE IM	\$ 134.37	\$ 134.37
90650		2VHPV VACCINE 3 DOSE IM	\$ 131.92	\$ 131.92
90651		9VHPV VACCINE 3 DOSE IM	\$ 175.87	\$ 175.87
90656		IIV3 VACC NO PRSV 0.5 ML IM	\$ 16.58	\$ 16.58
90657		IIV3 VACCINE SPLT 0.25 ML IM	\$ 6.31	\$ 6.31
90658		IIV3 VACCINE SPLT 0.5 ML IM	\$ 12.62	\$ 12.62
90670		PCV13 VACCINE IM	\$ 131.44	\$ 131.44
90674		INFLUENZA VIRUS VACCINE, QUADRIVALENT (C	\$ 21.73	\$ 21.73

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	\$ 145.59	\$ 145.59
90680		RV5 VACC 3 DOSE LIVE ORAL	\$ 74.56	\$ 74.56
90681		RV1 VACC 2 DOSE LIVE ORAL	\$ 109.88	\$ 109.88
90686		IIV4 VACC NO PRSV 0.5 ML IM	\$ 18.21	\$ 18.21
90688		IIV4 VACCINE SPLT 0.5 ML IM	\$ 15.80	\$ 15.80
90696		DTAP-IPV VACCINE 4-6 YRS IM	\$ 50.90	\$ 50.90
90698		DTAP-IPV/HIB VACCINE IM	\$ 77.48	\$ 77.48
90700		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLUL	\$ 14.20	\$ 14.20
90702		DT VACCINE UNDER 7 YRS IM	\$ 23.82	\$ 23.82
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	\$ 40.61	\$ 40.61
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA V	\$ 132.90	\$ 132.90
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	\$ 24.54	\$ 24.54
90714		TD VACC NO PRESV 7 YRS+ IM	\$ 19.06	\$ 19.06
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULA	\$ 39.10	\$ 39.10
90716		VAR VACCINE LIVE SUBQ	\$ 85.56	\$ 85.56
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR P	\$ 71.90	\$ 71.90
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	\$ 31.21	\$ 31.21
90733		MPSV4 VACCINE SUBQ	\$ 89.60	\$ 89.60
90734		MCV4 MENACWY VACCINE IM	\$ 105.80	\$ 105.80
90736		HZV VACCINE LIVE SUBQ	\$ 202.93	\$ 202.93
90740		HEPB VACC 3 DOSE IMMUNSUP IM	\$ 109.31	\$ 109.31
90744		HEPB VACC 3 DOSE PED/ADOL IM	\$ 23.12	\$ 23.12
90746		HEPB VACCINE 3 DOSE ADULT IM	\$ 54.65	\$ 54.65
90747		HEPB VACC 4 DOSE IMMUNSUP IM	\$ 109.31	\$ 109.31
90785		INTERACTIVE COMPLEXITY	\$ 2.76	\$ 2.76
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 68.55	\$ 87.68
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	\$ 70.82	\$ 72.75
90832		PSYTX W PT 30 MINUTES	\$ 28.75	\$ 36.48
90833		PSYTX W PT W E/M 30 MIN	\$ 24.10	\$ 24.29
90834		PSYTX W PT 45 MINUTES	\$ 43.16	\$ 47.22

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

90836		PSYTX W PT W E/M 45 MIN	\$ 39.46	\$ 39.46
90837		PSYTX W PT 60 MINUTES	\$ 65.10	\$ 69.15
90838		PSYTX W PT W E/M 60 MIN	\$ 63.34	\$ 63.54
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	\$ 113.90	\$ 121.52
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	\$ 63.45	\$ 63.45
90845		PSYCHOANALYSIS	\$ 65.81	\$ 67.22
90846		FAMILY PSYTX W/O PT 50 MIN	\$ 69.82	\$ 71.50
90847		FAMILY PSYTX W/PT 50 MIN	\$ 83.74	\$ 88.78
90849		MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$ 24.38	\$ 26.63
90853		GROUP PSYCHOTHERAPY (OTHER THAN OF A MUL	\$ 23.91	\$ 25.31
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECE	\$ 69.94	\$ 109.94
90935		HEMODIALYSIS PROCEDURE WITH ONE PHYSICIA	\$ 53.89	\$ 53.89
90945		DIALYSIS PROCEDURE (OTHER THAN HEMODIALY	\$ 55.99	\$ 55.99
90951		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	\$ 782.62	\$ 782.62
90952		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	\$ 363.83	\$ 363.83
90953		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	\$ 246.46	\$ 246.46
90954		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	\$ 642.60	\$ 642.60
90955		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	\$ 363.83	\$ 363.83
90956		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	\$ 246.45	\$ 246.45
90957		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	\$ 515.77	\$ 515.77
90958		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	\$ 347.97	\$ 347.97
90959		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	\$ 228.36	\$ 228.36
90960		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	\$ 228.75	\$ 228.75
90961		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	\$ 184.68	\$ 184.68
90962		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	\$ 133.55	\$ 133.55
90963		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 442.10	\$ 442.10
90964		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 368.92	\$ 368.92
90965		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 350.91	\$ 350.91
90966		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 182.72	\$ 182.72
90967		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 15.81	\$ 15.81

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

90968		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 12.34	\$ 12.34
90969		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 12.04	\$ 12.04
90970		END-STAGE RENAL DISEASE (ESRD) RELATED S	\$ 6.38	\$ 6.38
90989		DIALYSIS TRAINING, INC HELPER, COMPLETED	\$ 500.00	\$ 500.00
90993		DIALYSIS TRAINING, INC HELPER, PER SESSI	\$ 20.00	\$ 20.00
91030		ISOPHAGUS ACID PERFUSION (BERNSTEIN) TEST	\$ 105.89	\$ 105.89
91034		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 151.66	\$ 151.66
91034	26	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 41.95	\$ 41.95
91034	TC	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 109.70	\$ 109.70
91035		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 409.26	\$ 409.26
91035	26	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 67.55	\$ 67.55
91035	TC	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	\$ 341.70	\$ 341.70
91037		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 122.00	\$ 122.00
91037	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 42.52	\$ 42.52
91037	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 79.49	\$ 79.49
91038		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 108.03	\$ 108.03
91038	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 48.12	\$ 48.12
91038	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	\$ 59.90	\$ 59.90
91040		ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	\$ 287.33	\$ 287.33
91040	26	ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	\$ 43.63	\$ 43.63
91040	TC	ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	\$ 243.70	\$ 243.70
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION	\$ 49.70	\$ 49.70
91065	26	BREATH HYDROGEN TEST (EG, FOR DETECTION	\$ 8.49	\$ 8.49
91065	TC	BREATH HYDROGEN TEST (EG, FOR DETECTION	\$ 41.23	\$ 41.23
91120		RECTAL SENSATION, TONE, AND COMPLIANCE T	\$ 294.41	\$ 294.41
91120	26	RECTAL SENSATION, TONE, AND COMPLIANCE T	\$ 39.63	\$ 39.63
91120	TC	RECTAL SENSATION, TONE, AND COMPLIANCE T	\$ 254.79	\$ 254.79
91122		ANORECTAL MANOMETRY	\$ 178.14	\$ 178.14
91122	26	ANORECTAL MANOMETRY	\$ 73.37	\$ 73.37
91122	TC	ANORECTAL MANOMETRY	\$ 104.77	\$ 104.77

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

91200		LIVER ELASTOGRAPHY	\$ 29.70	\$ 29.70
91200	26	LIVER ELASTOGRAPHY	\$ 12.57	\$ 12.57
92002		EYE EXAM & TREATMENT, INITIAL	\$ 35.39	\$ 53.85
92004		EYE EXAM & TREATMENT, INITIAL	\$ 73.44	\$ 101.69
92019		OPHTHALMOL EXAM/EVAL UNDER GEN ANESTHESIA	\$ 51.94	\$ 51.94
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	\$ 24.68	\$ 24.68
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	\$ 14.41	\$ 14.41
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	\$ 10.26	\$ 10.26
92502		EAR AND THROAT EXAMINATION	\$ 73.77	\$ 73.77
92504		SPECIAL EAR EXAMINATION	\$ 7.60	\$ 21.58
92511		VISUALIZATION NOSE & THROAT	\$ 45.56	\$ 113.82
92512		NASAL FUNCTION STUDIES	\$ 22.33	\$ 45.56
92520		LARYNGEAL FUNCTION STUDIES (IE, AERODYNA	\$ 31.37	\$ 46.75
92531		SPONTANEOUS NYSTAGMUS TEST	\$ 17.51	\$ 17.51
92532		POSITIONAL NYSTAGMUS TEST	\$ 17.86	\$ 17.86
92533		INNER EAR TEST	\$ 11.38	\$ 11.38
92534		OPTOKINETIC NYSTAGMUS TEST	\$ 33.63	\$ 33.63
92537		CALORIC VSTBLR TEST W/REC	\$ 33.81	\$ 33.81
92537	26	CALORIC VSTBLR TEST W/REC	\$ 26.98	\$ 26.98
92537	TC	CALORIC VSTBLR TEST W/REC	\$ 6.83	\$ 6.83
92538		CALORIC VSTBLR TEST W/REC	\$ 17.17	\$ 17.17
92538	26	CALORIC VSTBLR TEST W/REC	\$ 13.49	\$ 13.49
92538	TC	CALORIC VSTBLR TEST W/REC	\$ 3.68	\$ 3.68
92541		SPECIAL EYE TEST	\$ 44.76	\$ 44.76
92542		SPECIAL EYE TEST	\$ 46.37	\$ 46.37
92544		SPECIAL EYE TEST	\$ 37.25	\$ 37.25
92545		SPECIAL EYE TEST	\$ 34.95	\$ 34.95
92551		HEARING TEST	\$ 8.02	\$ 8.02
92552		HEARING TEST	\$ 16.15	\$ 16.15
92553		HEARING TEST	\$ 21.57	\$ 21.57

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALU	\$ 33.31	\$ 35.27
92560		HEARING TEST, SCREENING	\$ 16.98	\$ 16.98
92561		SPECIAL HEARING TEST	\$ 21.02	\$ 21.02
92562		SPECIAL HEARING TEST	\$ 16.99	\$ 16.99
92563		SPECIAL HEARING TEST	\$ 15.32	\$ 15.32
92564		SPECIAL HEARING TEST	\$ 14.67	\$ 14.67
92565		SPECIAL HEARING TEST	\$ 9.44	\$ 9.44
92567		TYMPANOMETRY	\$ 12.23	\$ 13.64
92568		ACOUSTIC REFLEX TESTING; THRESHOLD	\$ 14.29	\$ 14.29
92571		SPECIAL HEARING TEST	\$ 12.23	\$ 12.23
92572		SPECIAL HEARING TEST	\$ 13.07	\$ 13.07
92575		SPECIAL HEARING TEST	\$ 26.40	\$ 26.40
92576		SPECIAL HEARING TEST	\$ 15.78	\$ 15.78
92577		SPECIAL HEARING TEST	\$ 12.80	\$ 12.80
92582		SPECIAL HEARING TEST	\$ 30.81	\$ 30.81
92583		SPECIAL HEARING TEST	\$ 24.75	\$ 24.75
92584		ELECTROCOCHLEOGRAPHY	\$ 50.19	\$ 50.19
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (S	\$ 29.18	\$ 29.18
92590		HEARING AID EXAMINATION AND SELECTION MO	\$ 34.46	\$ 34.46
92591		HEARING AID EXAM AND SELECTION BINAURAL	\$ 51.76	\$ 51.76
92592		HEARING AID CHECK MONAURAL	\$ 15.08	\$ 15.08
92593		HEARING AID CHECK BINAURAL	\$ 22.80	\$ 22.80
92594		ELECTROACOUSTIC EVALUATION FOR HEARING A	\$ 16.65	\$ 16.65
92595		ELECTROACOUSTIC EVALUATION FOR HEARING A	\$ 24.89	\$ 24.89
92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	\$ 26.04	\$ 26.04
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	\$ 22.21	\$ 22.21
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	\$ 61.75	\$ 61.75
92950		HEART-LUNG RESUSCITATION	\$ 143.49	\$ 215.67
92960		RESTORATION HEART RHYTHM	\$ 108.00	\$ 202.28
92961		CARDIOVERSION, ELECTIVE, ELECTRICAL CONV	\$ 211.25	\$ 211.25

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

92970		CIRCULATORY ASSIST	\$ 147.56	\$ 147.56
92971		CIRCULATORY ASSIST	\$ 83.78	\$ 83.78
92986		PERCUTANEOUS BALLOON VALVULOPLASTY; AORT	\$ 1,117.24	\$ 1,117.24
92987		PERCUTANEOUS BALLOON VALVULOPLASTY; MITR	\$ 1,156.35	\$ 1,156.35
92990		PERCUTAN. BALLOON VALVULOPLASTY; PULMONA	\$ 889.97	\$ 889.97
92992		ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVE	\$ 869.23	\$ 869.23
92993		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	\$ 869.23	\$ 869.23
93000		ELECTROCARDIOGRAM, COMPLETE	\$ 16.34	\$ 16.34
93005		ELECTROCARDIOGRAM, TRACING	\$ 9.06	\$ 9.06
93010		ELECTROCARDIOGRAM REPORT	\$ 7.29	\$ 7.29
93015		EXERCISE OR DRUG-INDUCED HEART AND BLOOD	\$ 78.24	\$ 78.24
93016		EXERCISE OR DRUG-INDUCED HEART AND BLOOD	\$ 19.87	\$ 19.87
93017		ELECTROCARDIOGRAM TRACING	\$ 45.19	\$ 45.19
93018		TREADMILL EKG-INTERP ONLY	\$ 13.18	\$ 13.18
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESMEN	\$ 165.80	\$ 165.80
93040		ELECTROCARDIOGRAM REPORT	\$ 10.53	\$ 10.54
93041		RHYTHM ECG TRACING	\$ 4.10	\$ 4.10
93042		RHYTHM STRIP-INTERP ONLY	\$ 6.43	\$ 6.43
93224		HEART RHYTHM TRACING, ANALYSIS, AND INTE	\$ 91.67	\$ 91.67
93225		24 HR ECG, RECORDING ONLY	\$ 27.00	\$ 27.00
93227		HEART RHYTHM TRACING, ANALYSIS, AND INTE	\$ 23.11	\$ 23.10
93228		HEART RHYTHM TRACING, COMPUTER ANALYSIS,	\$ 20.86	\$ 20.86
93229		HEART RHYTHM TRACING, COMPUTER ANALYSIS,	\$ 20.86	\$ 20.86
93260		PRGRMG DEV EVAL IMPLTBL SYS	\$ 54.60	\$ 54.60
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	\$ 37.76	\$ 37.76
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	\$ 16.85	\$ 16.85
93268		HEART RHYTHM SYMPTOM-RELATED TRACING AND	\$ 204.62	\$ 204.62
93270		PATIENT DEMAND SINGLE OR MULTI EVENT REC	\$ 16.08	\$ 16.08
93271		PATIENT DEMAND SINGLE OR MULTIPLE EVENT	\$ 166.28	\$ 166.28
93272		HEART RHYTHM SYMPTOM-RELATED INTERPRETAT	\$ 22.26	\$ 22.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

93279		EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 44.31	\$ 44.31
93279	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 29.27	\$ 29.27
93279	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 15.04	\$ 15.04
93280		EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 52.51	\$ 52.51
93280	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 35.14	\$ 35.14
93280	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 17.36	\$ 17.36
93281		EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 61.38	\$ 61.38
93281	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 41.03	\$ 41.03
93281	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 20.35	\$ 20.35
93282		PRGRMG EVAL IMPLANTABLE DFB	\$ 56.71	\$ 56.71
93282	26	PRGRMG EVAL IMPLANTABLE DFB	\$ 38.31	\$ 38.31
93282	TC	PRGRMG EVAL IMPLANTABLE DFB	\$ 18.39	\$ 18.39
93283		PRGRMG EVAL IMPLANTABLE DFB	\$ 69.09	\$ 69.09
93283	26	PRGRMG EVAL IMPLANTABLE DFB	\$ 48.19	\$ 48.19
93283	TC	PRGRMG EVAL IMPLANTABLE DFB	\$ 20.91	\$ 20.91
93284		PRGRMG EVAL IMPLANTABLE DFB	\$ 81.02	\$ 81.02
93284	26	PRGRMG EVAL IMPLANTABLE DFB	\$ 57.32	\$ 57.32
93284	TC	PRGRMG EVAL IMPLANTABLE DFB	\$ 23.71	\$ 23.71
93285		EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 38.14	\$ 38.14
93285	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 23.95	\$ 23.95
93285	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	\$ 14.19	\$ 14.19
93286		EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	\$ 21.59	\$ 21.59
93286	26	EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	\$ 12.25	\$ 12.25
93286	TC	EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	\$ 9.34	\$ 9.34
93287		PERI-PX DEVICE EVAL & PRGR	\$ 28.56	\$ 28.56
93287	26	PERI-PX DEVICE EVAL & PRGR	\$ 17.99	\$ 17.99
93287	TC	PERI-PX DEVICE EVAL & PRGR	\$ 10.55	\$ 10.55
93288		EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 34.11	\$ 34.11
93288	26	EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 19.63	\$ 19.63
93288	TC	EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 14.47	\$ 14.47

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

93289		INTERROG DEVICE EVAL HEART	\$ 52.81	\$ 52.81
93289	26	INTERROG DEVICE EVAL HEART	\$ 35.44	\$ 35.44
93289	TC	INTERROG DEVICE EVAL HEART	\$ 17.36	\$ 17.36
93290		EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 25.35	\$ 25.35
93290	26	EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 17.30	\$ 17.30
93290	TC	EVALUATION OF PARAMETERS OF SINGLE, DUAL	\$ 8.04	\$ 8.04
93291		EVALUATION OF IMPLANTABLE HEART RECORDER	\$ 32.71	\$ 32.71
93291	26	EVALUATION OF IMPLANTABLE HEART RECORDER	\$ 19.83	\$ 19.83
93291	TC	EVALUATION OF IMPLANTABLE HEART RECORDER	\$ 12.89	\$ 12.89
93292		EVALUATION OF WEARABLE DEFIBRILLATOR SYS	\$ 29.63	\$ 29.63
93292	26	EVALUATION OF WEARABLE DEFIBRILLATOR SYS	\$ 19.63	\$ 19.63
93292	TC	EVALUATION OF WEARABLE DEFIBRILLATOR SYS	\$ 10.00	\$ 10.00
93293		TELEPHONIC EVALUATION OF SINGLE, DUAL, O	\$ 46.03	\$ 46.03
93293	26	TELEPHONIC EVALUATION OF SINGLE, DUAL, O	\$ 13.70	\$ 13.70
93293	TC	TELEPHONIC EVALUATION OF SINGLE, DUAL, O	\$ 32.32	\$ 32.32
93294		REMOTE EVALUATION OF SINGLE, DUAL, OR MU	\$ 29.75	\$ 29.75
93295		DEV INTERROG REMOTE 1/2/MLT	\$ 53.78	\$ 53.78
93296		PM/ICD REMOTE TECH SERV	\$ 28.17	\$ 28.17
93297		REMOTE EVALUATION OF IMPLANTABLE HEART M	\$ 20.86	\$ 20.86
93298		REMOTE EVALUATION OF IMPLANTABLE HEART R	\$ 23.95	\$ 23.95
93299		INTERROGATION DEVICE EVALUATION(S), (REM	\$ 23.94	\$ 23.94
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 207.28	\$ 207.28
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 58.27	\$ 58.27
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 149.01	\$ 149.01
93307	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 40.43	\$ 40.43
93355		ECHO TRANSESOPHAGEAL (TEE)	\$ 192.40	\$ 192.40
93503		PLACEMENT OF FLOW DIRECTED CATHETER	\$ 91.85	\$ 91.85
93505		ENDOCARDIAL BIOPSY	\$ 584.97	\$ 584.97
93561		SPECIAL HEART STUDIES	\$ 36.39	\$ 36.39
93562		SPECIAL HEART STUDIES	\$ 16.55	\$ 16.55

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	\$ 820.08	\$ 820.08
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	\$ 1,075.29	\$ 1,075.29
93600		SPECIAL ELECTROCARDIOGRAM	\$ 150.62	\$ 150.62
93602		INTRA ATRIAL RECORDING	\$ 124.02	\$ 124.02
93610		INTRA-ATRIAL PACING	\$ 169.47	\$ 169.47
93612		INTRAVENTRICULAR PACING	\$ 177.61	\$ 177.61
93644		ELECTROPHYSIOLOGY EVALUATION	\$ 251.84	\$ 251.84
93644	26	ELECTROPHYSIOLOGY EVALUATION	\$ 167.52	\$ 167.52
93644	TC	ELECTROPHYSIOLOGY EVALUATION	\$ 84.32	\$ 84.32
93660		EVALUATION OF CARDIOVASCULAR FUNCTION WI	\$ 136.47	\$ 136.47
93740		TEMPERATURE GRADIENT STUDIES	\$ 7.74	\$ 7.74
93750		EVALUATION OF LOWER HEART CHAMBER ASSIST	\$ 28.50	\$ 32.45
93770		VENOUS PRESSURE TEST	\$ 6.91	\$ 6.91
93880		DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT	\$ 190.68	\$ 190.68
93880	TC	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT	\$ 165.61	\$ 165.61
93922		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER	\$ 92.68	\$ 92.68
93925		DUPLEX SCAN LOWER EXTREM. ARTERIES; BILA	\$ 237.08	\$ 237.08
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES	\$ 151.26	\$ 151.26
93971		DUPLEX SCAN OF EXTREMITY VEINS INCLUDING	\$ 128.75	\$ 128.75
93975	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	\$ 75.12	\$ 75.12
93976		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	\$ 168.93	\$ 168.93
93976	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	\$ 49.87	\$ 49.87
93978		DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	\$ 182.88	\$ 182.88
93978	26	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	\$ 26.97	\$ 26.97
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	\$ 126.47	\$ 126.47
93979	26	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	\$ 18.08	\$ 18.08
93990		DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCL	\$ 147.95	\$ 147.95
94002		VENTILATION ASSIST AND MANAGEMENT, INITI	\$ 71.70	\$ 71.70
94003		VENTILATION ASSIST AND MANAGEMENT, INITI	\$ 51.82	\$ 51.82
94004		VENTILATION ASSIST AND MANAGEMENT, INITI	\$ 37.72	\$ 37.72

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	\$ 25.58	\$ 25.58
94010	26	SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	\$ 6.73	\$ 6.73
94060		EVALUATION OF WHEEZING	\$ 44.85	\$ 44.85
94060	26	EVALUATION OF WHEEZING	\$ 11.80	\$ 11.80
94150		VITAL CAPACITY TEST.	\$ 17.32	\$ 17.32
94200		LUNG FUNCTION TEST	\$ 17.32	\$ 17.32
94250		LUNG FUNCTION TEST	\$ 18.82	\$ 18.82
94375		RESPIRATORY FLOW VOLUME LOOP	\$ 28.97	\$ 28.97
94400		BREATHING RESPONSE TO CO2	\$ 40.95	\$ 40.95
94450		BREATHING RESPONSE TO HYPOXIA	\$ 39.44	\$ 39.44
94610		ADMINISTRATION OF MEDICATION THROUGH BRE	\$ 50.42	\$ 50.42
94617	26	Exercise tst brncspsm	\$ 28.12	\$ 28.12
94617	TC	Exercise tst brncspsm	\$ 50.29	\$ 50.29
94617		Exercise tst brncspsm	\$ 78.41	\$ 78.41
94618	26	Pulmonary stress testing	\$ 19.24	\$ 19.24
94618	TC	Pulmonary stress testing	\$ 9.15	\$ 9.15
94618		Pulmonary stress testing	\$ 28.39	\$ 28.39
94621		PULMONARY STRESS TESTING; COMPLEX (INCLU	\$ 126.59	\$ 126.59
94621	TC	PULMONARY STRESS TESTING; COMPLEX (INCLU	\$ 69.34	\$ 69.34
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	\$ 10.18	\$ 10.18
94642		AEROSOL INHALATION PENTAMIDINE PROPHYLAX	\$ 8.92	\$ 8.92
94644		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 26.12	\$ 26.12
94645		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 10.18	\$ 10.18
94660		CONT POSITIVE AIRWAY VENT INIATION/MANAG	\$ 29.35	\$ 44.74
94662		CONT NEGATIVE PRESSURE VENT INIATION/MAN	\$ 29.16	\$ 29.16
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	\$ 11.12	\$ 11.13
94667		MANIPULATION CHEST WALL	\$ 15.51	\$ 15.51
94668		MANIPULATION CHEST WALL SUBSEQUENT	\$ 14.66	\$ 14.66
94680		EXHALED AIR ANALYSIS	\$ 44.46	\$ 44.46
94681		EXHALED AIR ANALYSIS	\$ 47.99	\$ 47.99

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

94690		EXHALED AIR ANALYSIS	\$ 38.61	\$ 38.61
94726		PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$ 30.24	\$ 30.24
94726	26	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$ 7.05	\$ 7.05
94726	TC	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	\$ 23.18	\$ 23.18
94727		GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$ 23.80	\$ 23.80
94727	26	GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$ 7.05	\$ 7.05
94727	TC	GAS DILUTION OR WASHOUT FOR DETERMINATIO	\$ 16.74	\$ 16.74
94728		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$ 23.80	\$ 23.80
94728	26	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$ 7.05	\$ 7.05
94728	TC	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	\$ 16.74	\$ 16.74
94729		DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	\$ 30.01	\$ 30.01
94729	26	DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	\$ 4.69	\$ 4.69
94729	TC	DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	\$ 25.33	\$ 25.33
94750		PULMONARY COMPLIANCE STUDY (EG, PLETHYSM	\$ 54.63	\$ 54.63
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OX	\$ 2.07	\$ 2.07
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	\$ 3.95	\$ 3.95
94770		EXHALED CARBON DIOXIDE TEST	\$ 27.90	\$ 27.90
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$ 4.41	\$ 4.41
95017		ALLERGY TESTING WITH VENOMS INTO SKIN, I	\$ 2.98	\$ 6.92
95018		ALLERGY TESTING WITH DRUGS OR BIOLOGICAL	\$ 5.75	\$ 17.06
95024		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$ 5.25	\$ 5.25
95027		INJECTION OF ALLERGENIC EXTRACTS FOR AIR	\$ 3.58	\$ 3.58
95044		PATCH OR APPLICATION TEST(S) (SPECIFY NU	\$ 4.67	\$ 4.67
95056		PHOTOSENSITIVITY TESTS	\$ 26.49	\$ 26.49
95060		ALLERGY EYE TESTS	\$ 17.72	\$ 17.72
95065		ALLERGY NOSE TEST	\$ 16.13	\$ 16.13
95070		ALLERGY BRONCHIAL TESTS	\$ 32.83	\$ 32.83
95071		INHALA BRONCH CHALLENGE TESTING W/ANTIGE	\$ 40.66	\$ 40.66
95076		INGEST CHALLENGE INI 120 MIN	\$ 41.74	\$ 67.25
95079		INGESTION OF TEST ITEMS FOR ALLERGIES, A	\$ 38.53	\$ 47.62

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

95115		IMMUNOTHERAPY, ONE INJECTION	\$ 7.93	\$ 7.93
95117		PROFESSIONAL SERVICES FOR ALLERGEN IMMUN	\$ 9.61	\$ 9.61
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	\$ 2.57	\$ 9.00
95180		RAPID DESENSITIZATION PROCEDURE, EACH HO	\$ 85.61	\$ 111.92
95782		SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 607.08	\$ 607.08
95782	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 103.39	\$ 103.39
95782	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 708.33	\$ 708.33
95783		SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 635.71	\$ 635.71
95783	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 112.95	\$ 112.95
95783	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	\$ 753.46	\$ 753.46
95824		ELECTROENCEPHALOGRAM	\$ 48.40	\$ 48.40
95827		ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	\$ 289.77	\$ 289.77
95827	26	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	\$ 43.14	\$ 43.14
95829		ELECTROCORTICOGRAM AT SURGERY	\$ 938.46	\$ 938.46
95829	26	ELECTROCORTICOGRAM AT SURGERY	\$ 252.95	\$ 252.95
95832		MUSCLE TESTING HAND	\$ 11.95	\$ 18.94
95833		MUSCLE TESTING TOTAL EVALUATION OF BODY	\$ 19.08	\$ 28.02
95851		RANGE OF MOTION EVALUATION	\$ 6.42	\$ 12.86
95851	26	RANGE OF MOTION EVALUATION	\$ 4.83	\$ 10.36
95852		RANGE OF MOTION MEASUREMENTS AND REPORT	\$ 4.64	\$ 9.95
95852	26	RANGE OF MOTION MEASUREMENTS AND REPORT	\$ 1.15	\$ 2.49
95857		TENSILON TEST FOR MYASTHENIA GRAVIS	\$ 21.73	\$ 32.64
95857	26	TENSILON TEST FOR MYASTHENIA GRAVIS	\$ 5.43	\$ 8.16
95863	26	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITI	\$ 76.18	\$ 76.18
95867	26	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE S	\$ 32.30	\$ 32.30
95868	26	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE S	\$ 48.11	\$ 48.11
95869	26	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASP	\$ 15.21	\$ 15.21
95875	26	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL	\$ 44.58	\$ 44.58
95925		SHORT-LATENCY SOMATOSENSORY EVOKED POTEN	\$ 90.42	\$ 90.42
95925	26	SHORT-LATENCY SOMATOSENSORY EVOKED POTEN	\$ 22.14	\$ 22.14

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAG	\$ 49.69	\$ 49.69
95933	26	ORBISULARIS OCCULI REFLEX BY ELECTRODIAG	\$ 24.20	\$ 24.20
95937		MEUROMUSCULAR JUNCTION TESTING EACH NERV	\$ 44.51	\$ 44.51
95937	26	MEUROMUSCULAR JUNCTION TESTING EACH NERV	\$ 27.34	\$ 27.34
95955		ELECTROENCEPHALOGRAM DURING SURGERY	\$ 106.38	\$ 106.38
95970		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$ 17.82	\$ 38.80
95971		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$ 32.21	\$ 45.08
95972		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$ 61.20	\$ 80.50
95974		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$ 120.10	\$ 136.32
95978		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$ 140.92	\$ 161.90
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	\$ 29.47	\$ 68.37
96040		MEDICAL GENETICS AND GENETIC COUNSELING	\$ 31.09	\$ 31.09
96110		DEVELOPMENTAL SCREEN W/SCORE	\$ 8.49	\$ 8.49
96111		DEVELOPMENTAL TESTING; EXTENDED (INCLUDE	\$ 103.06	\$ 105.30
96127		BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.25	\$ 4.25
96150		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	\$ 18.39	\$ 18.67
96151		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	\$ 17.79	\$ 18.07
96152		HEALTH AND BEHAVIOR INTERVENTION (ONE UN	\$ 16.67	\$ 16.67
96160		PT-FOCUSED HLTH RISK ASSMT	\$ 3.74	\$ 3.74
96161		CAREGIVER HEALTH RISK ASSMT	\$ 3.74	\$ 3.74
96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	\$ 43.70	\$ 43.70
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	\$ 12.72	\$ 12.72
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 53.30	\$ 53.30
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 17.12	\$ 17.12
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 26.94	\$ 26.94
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 15.98	\$ 15.98
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 116.05	\$ 116.05
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 12.37	\$ 12.37
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 56.14	\$ 56.14
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 16.53	\$ 16.53

4/1/2017

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 14.19	\$ 14.19
96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 42.30	\$ 42.30
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 18.34	\$ 18.34
96377		APPLICATON ON-BODY INJECTOR	\$ 16.53	\$ 16.53
96401		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOU	\$ 52.71	\$ 52.71
96402		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOU	\$ 28.89	\$ 28.89
96409		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS	\$ 86.75	\$ 86.75
96411		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS	\$ 49.44	\$ 49.44
96413		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	\$ 114.35	\$ 114.35
96415		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	\$ 25.84	\$ 25.84
96416		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	\$ 124.55	\$ 124.55
96417		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	\$ 56.94	\$ 56.94
96450		CHEMOTHERAPY ADMINISTRATION, INTO CNS (E	\$ 70.95	\$ 164.10
96523		IRRIGATION OF IMPLANTED VENOUS ACCESS DE	\$ 19.58	\$ 19.58
96542		CHEMOTHERAPY INJECTION, SUBARACHNOID OR	\$ 36.34	\$ 105.16
96567		PHOTODYNAMIC THERAPY BY EXTERNAL APPLICA	\$ 90.29	\$ 90.29
96900		ULTRAVIOLET LIGHT THERAPY	\$ 14.94	\$ 14.94
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOEC	\$ 48.33	\$ 48.33
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET	\$ 61.94	\$ 61.94
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 51.67	\$ 126.65
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 51.34	\$ 124.08
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 91.69	\$ 184.57
97010		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 3.68	\$ 3.68
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$ 6.21	\$ 6.21
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$ 13.73	\$ 13.73
97024		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 4.25	\$ 4.25
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$ 3.97	\$ 3.97
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULT	\$ 4.85	\$ 4.85
97032		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 13.07	\$ 13.07
97035		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 9.34	\$ 9.34

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS	\$ 22.67	\$ 22.67
97161		PT EVAL LOW COMPLEX 20 MIN	\$ 67.46	\$ 67.46
97162		PT EVAL MOD COMPLEX 30 MIN	\$ 67.46	\$ 67.46
97163		PT EVAL HIGH COMPLEX 45 MIN	\$ 67.46	\$ 67.46
97164		PT RE-EVAL EST PLAN CARE	\$ 45.71	\$ 45.71
97165		OT EVAL LOW COMPLEX 30 MIN	\$ 65.44	\$ 65.44
97166		OT EVAL MOD COMPLEX 45 MIN	\$ 65.44	\$ 65.44
97167		OT EVAL HIGH COMPLEX 60 MIN	\$ 65.44	\$ 65.44
97168		OT RE-EVAL EST PLAN CARE	\$ 43.18	\$ 43.18
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND	\$ 25.77	\$ 46.20
97598		DEBRIDEMENT, OPEN WOUND, WOUND ASSESSMEN	\$ 34.39	\$ 57.33
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	\$ 23.22	\$ 23.22
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INC	\$ 25.65	\$ 25.65
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER	\$ 22.94	\$ 22.94
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	\$ 26.48	\$ 26.48
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	\$ 26.48	\$ 26.48
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	\$ 26.48	\$ 26.48
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 17.65	\$ 17.65
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 9.47	\$ 9.47
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	\$ 9.42	\$ 9.42
99082		UNUSUAL TRAVEL	\$ 0.82	\$ 0.82
99100		ANESTHESIA FOR PATIENT OF EXTREME AGE, U	\$ 17.36	\$ 17.36
99151		MOD SED SAME PHYS/QHP <5 YRS	\$ 20.01	\$ 63.40
99152		MOD SED SAME PHYS/QHP 5/>YRS	\$ 10.47	\$ 42.07
99153		MOD SED SAME PHYS/QHP EA	\$ 8.85	\$ 8.85
99155		MOD SED OTH PHYS/QHP <5 YRS	\$ 78.57	\$ 78.57
99156		MOD SED OTH PHYS/QHP 5/>YRS	\$ 64.37	\$ 64.37
99157		MOD SED OTHER PHYS/QHP EA	\$ 48.82	\$ 48.82
99170		ANOGENITAL EXAMINATION WITH COLPOSCOPIC	\$ 76.28	\$ 113.49
99175		INDUCED VOMITING	\$ 19.26	\$ 19.26

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

99183		MANAGEMENT AND SUPERVISION OF OXYGEN CHA	\$ 91.75	\$ 150.78
99190		MONITORING SERVICES	\$ 89.74	\$ 89.74
99191		MONITORING SERVICES	\$ 57.63	\$ 57.63
99192		MONITORING SERVICES	\$ 41.73	\$ 41.73
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 20.82	\$ 32.18
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 40.14	\$ 55.81
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 60.58	\$ 80.86
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 101.72	\$ 125.39
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 132.38	\$ 158.51
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 7.70	\$ 16.32
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 20.51	\$ 32.50
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 40.13	\$ 54.26
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 62.08	\$ 81.76
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 88.14	\$ 110.58
99217		HOSPITAL OBSERVATION CARE DISCHARGE	\$ 59.48	\$ 59.48
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	\$ 56.10	\$ 56.10
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	\$ 92.91	\$ 92.91
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	\$ 130.30	\$ 130.30
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 80.56	\$ 80.56
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 109.94	\$ 109.94
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 161.88	\$ 161.88
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	\$ 22.59	\$ 22.59
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	\$ 40.13	\$ 40.13
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	\$ 60.00	\$ 60.00
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 33.27	\$ 33.27
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 59.96	\$ 59.96
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 85.87	\$ 85.87
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	\$ 113.65	\$ 113.65
99235		OBSERV/HOSP SAME DATE	\$ 149.29	\$ 149.29
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	\$ 185.55	\$ 185.55

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	\$ 59.28	\$ 59.28
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	\$ 86.15	\$ 86.15
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	\$ 26.74	\$ 38.78
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	\$ 56.43	\$ 72.65
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	\$ 78.66	\$ 99.91
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	\$ 124.91	\$ 148.40
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	\$ 155.81	\$ 182.39
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 39.60	\$ 39.60
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 61.36	\$ 61.35
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 93.15	\$ 93.14
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 134.72	\$ 134.72
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 164.15	\$ 164.15
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	\$ 16.52	\$ 16.52
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	\$ 32.14	\$ 32.14
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	\$ 49.81	\$ 49.81
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	\$ 93.26	\$ 93.26
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	\$ 138.64	\$ 138.64
99288		PHYSICIAN DIRECTION OF EMERGENCY ADVANCE	\$ 43.29	\$ 43.29
99291		CRITICAL CARE, EVALUATION AND MANAGEMENT	\$ 195.83	\$ 232.59
99292		CRITICAL CARE, EVALUATION AND MANAGEMENT	\$ 94.92	\$ 102.31
99304		INITIAL NURSING FACILITY INITIAL VISIT,	\$ 71.78	\$ 71.78
99305		INITIAL NURSING FACILITY VISIT, TYPICALL	\$ 100.36	\$ 100.36
99306		INITIAL NURSING FACILITY VISIT, TYPICALL	\$ 128.96	\$ 128.96
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 35.42	\$ 35.42
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 54.16	\$ 54.16
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 71.84	\$ 71.84
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 106.22	\$ 106.22
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 51.83	\$ 51.83
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 67.72	\$ 67.72
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	\$ 75.10	\$ 75.10

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 48.15	\$ 48.15
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 70.13	\$ 70.13
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 115.95	\$ 115.95
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 151.24	\$ 151.24
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 178.04	\$ 178.04
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 49.63	\$ 49.63
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 76.87	\$ 76.87
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 108.25	\$ 108.25
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 155.54	\$ 155.54
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	\$ 48.15	\$ 48.15
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	\$ 70.13	\$ 70.13
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	\$ 112.94	\$ 112.94
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	\$ 148.27	\$ 148.27
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	\$ 178.34	\$ 178.34
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 46.99	\$ 46.99
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 70.95	\$ 70.95
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 103.31	\$ 103.31
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 144.04	\$ 144.04
99354		PROLONG E&M/PSYCTX SERV O/P	\$ 77.73	\$ 82.03
99355		PROLONG E&M/PSYCTX SERV O/P	\$ 76.90	\$ 81.21
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 74.91	\$ 74.91
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 75.43	\$ 75.43
99360		PROLONGED PHYSICIAN STANDBY SERVICE, EAC	\$ 48.44	\$ 48.44
99375		PHYSICIAN SUPERVISION OF PATIENT HOME HE	\$ 84.18	\$ 93.10
99378		PHYSICIAN SUPERVISION OF PATIENT HOSPICE	\$ 87.25	\$ 96.18
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 53.20	\$ 79.65
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 60.70	\$ 86.83
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 60.70	\$ 86.22
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 68.40	\$ 93.93
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 68.40	\$ 93.93

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 83.94	\$ 110.08
99387		NEW PT PHYSICAL EXAM: 65 YEARS AND OVER	\$ 92.07	\$ 120.67
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 45.50	\$ 66.41
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 53.20	\$ 74.12
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 53.20	\$ 73.81
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 60.70	\$ 81.30
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 60.70	\$ 81.61
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 68.40	\$ 89.32
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	\$ 76.54	\$ 100.21
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 10.34	\$ 11.57
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 21.44	\$ 22.36
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 28.58	\$ 29.81
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 57.37	\$ 58.60
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 50.39	\$ 50.39
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	\$ 56.26	\$ 74.40
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	\$ 26.87	\$ 26.87
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 67.42	\$ 67.42
99464		PHYSICIAN ATTENDANCE AT DELIVERY AND STA	\$ 57.72	\$ 57.72
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	\$ 118.05	\$ 118.05
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE	\$ 706.99	\$ 706.99
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL C	\$ 309.61	\$ 309.61
99472		SUBSEQUENT INPATIENT PEDIATRIC CRITICAL	\$ 312.11	\$ 312.11
99477		INITIAL HOSPITAL CARE, PER DAY, FOR THE	\$ 275.20	\$ 275.20
99478		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	\$ 111.89	\$ 111.89
99479		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	\$ 98.54	\$ 98.54
99480		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	\$ 94.77	\$ 94.77
A4570		VIKING SPLINT	\$ 9.26	\$ 9.26
A9500		TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC,	\$ 116.15	\$ 116.15
A9502		TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTI	\$ 115.53	\$ 115.53
A9503		TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC,	\$ 38.41	\$ 38.41
A9505		THALLIUM TL-201 THALLOUS CHLORIDE, DIAGN	\$ 60.13	\$ 60.13

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

A9507		INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNO	\$ 3,226.88	\$ 3,226.88
A9508		IODINE I-131 IOBENGUANE SULFATE, DIAGNOS	\$ 549.94	\$ 549.94
A9509		IODINE I-123 SODIUM IODINE, DIAGNOSTIC,	\$ 121.37	\$ 121.37
A9510		TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC,	\$ 26.90	\$ 26.90
A9512		TECHNETIUM TC-99M PERTECHNETATE, DIAGNOS	\$ 11.95	\$ 11.95
A9516		IODINE I-123 SODIUM IODIDE CAPSULE(S), D	\$ 69.48	\$ 69.48
A9517		IODINE I-131 SODIUM IODIDE CAPSULE(S), T	\$ 156.33	\$ 156.33
A9521		TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTI	\$ 688.95	\$ 688.95
A9524		IODINE I-131 IODINATED SERUM ALBUMIN, DI	\$ 47.24	\$ 47.24
A9528		IODINE I-131 SODIUM IODIDE CAPSULE(S), D	\$ 52.61	\$ 52.61
A9529		IODINE I-131 SODIUM IODIDE SOLUTION, DIA	\$ 142.69	\$ 142.69
A9531		IODINE I-131 SODIUM IODIDE, DIAGNOSTIC,	\$ 52.61	\$ 52.61
A9532		IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC,	\$ 45.33	\$ 45.33
A9537		TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC	\$ 64.92	\$ 64.92
A9538		TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOS	\$ 49.95	\$ 49.95
A9539		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC,	\$ 47.53	\$ 47.53
A9540		TECHNETIUM TC-99M MACROAGGREGATED ALBUMI	\$ 38.41	\$ 38.41
A9541		TECHNETIUM TC-99M SULFUR COLLOID, DIAGNO	\$ 51.45	\$ 51.45
A9542		INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAG	\$ 2,504.28	\$ 2,504.28
A9543		YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERA	\$ 21,679.79	\$21,679.79
A9547		INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC,	\$ 278.32	\$ 278.32
A9548		INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER	\$ 259.81	\$ 259.81
A9550		TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIA	\$ 71.55	\$ 71.55
A9551		TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC (	\$ 120.86	\$ 120.86
A9552		FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC,	\$ 619.38	\$ 619.38
A9553		CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOST	\$ 616.40	\$ 616.40
A9554		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOS	\$ 1,975.66	\$ 1,975.66
A9555		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DO	\$ 29,467.95	\$29,467.95
A9556		GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER M	\$ 44.37	\$ 44.37
A9557		TECHNETIUM TC-99M BICISATE, DIAGNOSTIC,	\$ 878.07	\$ 878.07
A9558		XENON XE-133 GAS, DIAGNOSTIC, PER 10 MCI	\$ 41.57	\$ 41.57
A9560		TECHNETIUM TC-99M LABELED RED BLOOD CELL	\$ 90.90	\$ 90.90

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

A9561		TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC	\$ 40.34	\$ 40.34
A9562		TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC	\$ 247.14	\$ 247.14
A9563		SODIUM PHOSPHATE P-32, THERAPEUTIC, PER	\$ 301.95	\$ 301.95
A9564		CHROMIC PHOSPHATE P-32 SUSPENSION, THERA	\$ 307.73	\$ 307.73
A9567		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC,	\$ 66.28	\$ 66.28
A9569		TECHNETIUM TC-99M EXAMETAZIME LABELED AU	\$ 1,752.54	\$ 1,752.54
A9570		INDIUM IN-111 LABELED AUTOLOGOUS WHITE B	\$ 1,752.54	\$ 1,752.54
A9571		INDIUM IN-111 LABELED AUTOLOGOUS PLATELE	\$ 2,580.77	\$ 2,580.77
A9572		INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC,	\$ 2,862.28	\$ 2,862.28
A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIP	\$ 5.38	\$ 5.38
A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTI	\$ 5.38	\$ 5.38
A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTI	\$ 5.38	\$ 5.38
A9579		GADOLINIUM-BASED MAGNETIC RESONANCE CONT	\$ 2.43	\$ 2.43
A9581		INJECTION, GADOXETATE DISODIUM, 1 ML	\$ 13.01	\$ 13.01
A9582		IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER	\$ 3,607.11	\$ 3,607.11
A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML	\$ 12.34	\$ 12.34
A9584		IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER	\$ 2,040.59	\$ 2,040.59
A9585		INJECTION, GADOBUTROL, 0.1 ML (GADAVIST)	\$ 0.85	\$ 0.85
A9600		STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, P	\$ 853.02	\$ 853.02
A9605		SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC	\$ 1,530.80	\$ 1,530.80
A9606		RADIUM RA223 DICHLORIDE THER	\$ 121.69	\$ 121.69
D0145		ORAL EVALUATION FOR A PATIENT UNDER THRE	\$ 35.26	\$ 35.26
D1206		TOPICAL APPLICATION OF FLUORIDE VARNISH	\$ 15.56	\$ 15.56
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	\$ 17.82	\$ 17.82
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	\$ 9.98	\$ 9.98
G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$ 6.73	\$ 14.85
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$ 19.76	\$ 19.76
G0455		PREPARATION WITH INSTILLATION OF FECAL M	\$ 41.87	\$ 88.17
G0480		DRUG TEST DEF 1-7 CLASSES	\$ 72.75	\$ 72.75
G0481		DRUF TEST DEF 8-14 CLASSES	\$ 111.92	\$ 111.92
G0482		DRUF TEST DEF 15-21 CLASSES	\$ 151.09	\$ 151.09
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$ 195.86	\$ 195.86

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

Q0111		WET MOUNTS, INCLUDING PREPARATION OF VAG	\$ 4.90	\$ 4.90
Q0138		INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$ 0.79	\$ 0.79
Q0139		INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$ 0.79	\$ 0.79
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$ 20.75	\$ 20.75
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$ 475.47	\$ 475.47
Q2050		DOXORUBICIN INJ 10MG	\$ 551.74	\$ 551.74
Q2051		ZOLEDRONIC ACID 1MG INJECTION	\$ 153.59	\$ 153.59
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	\$ 20.61	\$ 20.61
Q3027		INJ BETA INTERFERON IM 1 MCG	\$ 33.20	\$ 33.20
Q3028		INJ BETA INTERFERON SQ 1 MCG	\$ 18.88	\$ 18.88
Q4081		INJECTION, EPOETIN ALFA, 100 UNITS (FOR	\$ 0.87	\$ 0.87
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CE	\$ 27.70	\$ 27.70
Q4104		INTEGRA BMWD	\$ 22.58	\$ 22.58
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE	\$ 33.94	\$ 33.94
Q4116		ALLODERM	\$ 31.44	\$ 31.44
Q4121		THERASKIN, PER SQUARE CENTIMETER	\$ 21.27	\$ 21.27
Q4131		EPIFIX OR EPICORD	\$ 264.74	\$ 264.74
Q5101		INJECTION, FILGRASTIM G-CSF, BIOSIMILAR	\$ 1.02	\$ 1.02
Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES	\$ 59.76	\$ 59.76
Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 M	\$ 1.33	\$ 1.33
Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 M	\$ 0.39	\$ 0.39
Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 M	\$ 0.20	\$ 0.20
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$ 0.58	\$ 0.58
S0080		PENTAMIDINE ISETHIONATE, 300 MG	\$ 40.54	\$ 40.54
S0145		INJECTION, PEGYLATED INTERFERON ALFA-2A,	\$ 321.08	\$ 321.08
S0148		INJECTION, PEGYLATED INTERFERON ALFA-2B,	\$ 100.29	\$ 100.29
S0166		OLANZAPINE INJECTABLE IMMEDIATE-RELEASE	\$ 7.66	\$ 7.66
S0189		TESTOSTERONE PELLET, 75MG	\$ 64.42	\$ 64.42
S2235		IMPLANTATION OF AUDITORY BRAIN STEM IMPL	\$ 796.33	\$ 796.33
33924		REMOVE PULMONARY SHUNT	\$ 229.33	\$ 229.33
11055		TRIM SKIN LESION	\$ 17.61	\$ 34.39
11056		TRIM SKIN LESIONS 2 TO 4	\$ 24.83	\$ 42.18

REPORT: RS04364-R1364 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PHYSICIAN'S ASSISTANTS FEE SCHEDULE AS OF: 05/11/2017

11057		TRIM SKIN LESIONS OVER 4	\$ 32.24	\$ 50.98	
99441 ^a		PHONE E/M PHYS/QHP 5-10 MIN	\$ 10.65	\$ 11.80	2/1/2018
99442 ^a		PHONE E/M PHYS/QHP 11-20 MIN	\$ 21.22	\$ 22.37	2/1/2018
99443 ^a		PHONE E/M PHYS/QHP 21-30 MIN	\$ 31.86	\$ 33.02	2/1/2018

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

Footnotes:
a:The effective date for procedure codes 99441,99442,99443 are 2/1/2018 to 4/30/2018.