

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	53.98	103.59	10/1/2009
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	53.58	106.36	10/1/2009
10040		ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	65.49	74.43	10/1/2009
10060		DRAINAGE OF ABSCESS	69.47	80.14	10/1/2009
10061		DRAINAGE OF ABSCESS	123.86	137.99	10/1/2009
10080		INCISION AND DRAINAGE OF PILONIDAL CYST;	71.00	118.30	10/1/2009
10081		INCISION AND DRAINAGE OF PILONIDAL CYST;	124.44	186.74	10/1/2009
10120		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	68.12	97.83	10/1/2009
10121		INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;	139.47	190.81	10/1/2009
10140		DRAINAGE OF BLOOD EFFUSION	89.00	112.65	10/1/2009
10160		PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	71.67	91.56	10/1/2009
10180		INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	131.34	169.12	10/1/2009
11000		SURGICAL CLEANSING OF SKIN	25.28	39.70	10/1/2009
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH AD	12.74	16.78	10/1/2009
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	452.66	452.66	10/1/2009
11005		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	590.74	590.74	10/1/2009
11006		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FC	558.93	558.93	10/1/2009
11008		REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NE	212.95	212.95	10/1/2009
11042		DEBRIDEMENT;	36.17	54.91	10/1/2009
11043		DEBRIDEMENT;	175.81	200.33	10/1/2009
11044		DEBRIDEMENT;	241.91	273.65	10/1/2009
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	18.15	35.45	10/1/2009
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	25.60	43.48	10/1/2009
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR	33.24	52.56	10/1/2009
11100		BIOPSY OF SKIN LESION	37.38	75.17	10/1/2009
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (II	19.24	24.72	10/1/2009
11200		REMOVAL OF SKIN TAGS	50.51	59.46	10/1/2009
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA; E	12.89	14.05	10/1/2009
11300		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	22.84	49.09	10/1/2009
11301		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	38.83	67.67	10/1/2009
11302		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	48.15	81.03	10/1/2009
11303		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARM	56.48	95.13	10/1/2009
11305		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	28.91	50.82	10/1/2009
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	43.79	70.32	10/1/2009
11307		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	51.63	83.07	10/1/2009
11308		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP,	62.11	93.55	10/1/2009
11310		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	33.07	61.33	10/1/2009
11311		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	48.44	78.14	10/1/2009
11312		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	55.62	90.23	10/1/2009
11313		SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE,	74.41	113.06	10/1/2009
11400		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS	55.14	83.40	10/1/2009
11401		REMOVAL OF SKIN LESION	73.54	102.96	10/1/2009
11402		REMOVAL OF SKIN LESION	81.45	114.91	10/1/2009
11403		REMOVAL SKIN LESION	103.63	132.48	10/1/2009
11404		AMB SURG EXC BEN LESIONS TRUNK ARM LEGS 3.0 TO 4.0	115.44	150.91	10/1/2009
11406		AMB SURG EXC BEN LESION TRUNK ARM LEG OVER 4.0 CM	173.07	213.73	10/1/2009
11420		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS	59.78	84.58	10/1/2009
11421		REMOVAL OF SKIN LESION	80.92	110.06	10/1/2009
11422		REMOVAL OF SKIN LESION	97.58	122.96	10/1/2009
11423		AMB SURG EXC BEN LESION SCALP NECK HAND 2.0 TO 3.0	113.97	143.39	10/1/2009
11424		AMB SURG EXC BEN LESION SCALP NECK HAND 3.0 TO 4.0	131.51	165.55	10/1/2009
11426		AMB SURG EXC BEN LESION SCALP NECK HAND OVER 4.0	201.28	238.20	10/1/2009
11440		EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED E	71.45	92.51	10/1/2009
11441		REMOVAL OF SKIN LESION	94.04	117.69	10/1/2009
11442		EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED E	105.00	132.69	10/1/2009
11443		AMB SURG EXC BEN LESION FACE EARS NOSE 2.0 TO 3.0	130.02	159.72	10/1/2009
11444		AMB SURG EXC BEN LESION FACE EARS NOSE 3.0 TO 4.0	167.04	201.94	10/1/2009
11446		EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	236.78	275.72	10/1/2009
11450		EXC SKIN FOR HIDRADENITIS PRIMARY SUTURE/AXILLARY.	172.11	251.42	10/1/2009
11451		EXC SKIN FOR HIDRADENITIS W OTHER CLOSURE/AXILLARY	227.73	329.25	10/1/2009
11462		EXC SKIN FOR HIDRADENITIS W PRIM SUTURE/INGUINAL	165.44	247.92	10/1/2009
11463		EXC SKIN FOR HIDRADENITIS W OTH CLOSURE/INGUINAL	232.25	338.39	10/1/2009
11470		EXC SKIN FOR HIDRADENITIS W PRIMARY CLOSURE	196.15	276.32	10/1/2009
11471		EXC SKIN FOR HIDRADENITIS WITH OTHER CLOSURE	247.10	347.76	10/1/2009
11600		REMOVAL OF SKIN LESION	83.26	128.82	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
11601		REMOVAL OF SKIN LESION	107.75	159.38	10/1/2009
11602		REMOVAL OF SKIN LESION	118.60	175.13	10/1/2009
11603		EXCISION MALIGNANT LESION TRUCK ARMS OR LEGS DIAME	141.16	199.42	10/1/2009
11604		AMB SURG EXCISION MALIGNANT LESION 3.0 TO 4.0 CM	155.16	220.35	10/1/2009
11606		AMB SURG EXCISION MALIGNANT LESION OVER 4.0 CM	230.43	311.18	10/1/2009
11620		REMOVAL OF SKIN LESION	84.52	131.53	10/1/2009
11621		REMOVAL OF SKIN LESION	108.93	160.84	10/1/2009
11622		REMOVAL OF SKIN LESION	125.67	182.20	10/1/2009
11623		EXCISION MALIGNANT LESION DIAMETER 2 TO 3 CM.	155.03	213.29	10/1/2009
11624		AMB SURG EXC MALIGNANT LESION 3.0 TO 4.0 SCALP ETC	176.35	240.09	10/1/2009
11626		AMB SURG EXC MALIGNANT LESION 4.0 SCALP NECK	220.87	292.68	10/1/2009
11640		REMOVAL OF SKIN LESION	89.03	137.48	10/1/2009
11641		REMOVAL OF SKIN LESION	116.27	169.34	10/1/2009
11642		REMOVAL OF SKIN LESION	137.25	195.50	10/1/2009
11643		AMB SURG EXC MALIGNANT LESION FACE EARS 2.0 TO 3.0	171.64	230.48	10/1/2009
11644		AMB SURG EXC MALIGNANT LESION FACE EARS 3.0 TO 4.0	214.04	284.70	10/1/2009
11646		AMB SURG EXC MALIGNANT LESION FACE EARS OVER 4.0	301.44	376.14	10/1/2009
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	13.36	22.88	10/1/2009
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	22.83	32.93	10/1/2009
11730		REMOVAL OF NAIL	46.29	72.54	10/1/2009
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIO	24.06	33.86	10/1/2009
11740		EVACUATION OF SUBUNGUAL HEMATOMA	23.86	32.81	10/1/2009
11750		REMOVAL OF NAIL BED	131.67	157.05	10/1/2009
11752		EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	196.76	223.58	10/1/2009
11755		BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL	65.53	97.54	10/1/2009
11760		RECONSTRUCTION OF NAIL BED	97.88	145.75	10/1/2009
11762		RECONSTRUCTION OF NAIL BED	151.21	197.06	10/1/2009
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	50.25	92.37	10/1/2009
11770		AMB SURG EXC PILONIDAL CYST/SINUS SIMPLE	132.65	188.02	10/1/2009
11771		AMB SURG EXC PILONIDAL CYST/SINUS EXTENSIVE	307.22	386.82	10/1/2009
11772		AMB SURG EXC PILONIDAL CYST/SINUS COMPLICATED	400.21	469.42	10/1/2009
11900		INJECTION INTO SKIN LESIONS	23.82	41.12	10/1/2009
11901		INJECTION, INTRALESIONAL;	37.07	52.36	10/1/2009
11960		INSERTION OF TISSUE EXPENDER.	676.63	676.63	10/1/2009
11970		REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	445.22	445.22	10/1/2009
11971		REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	219.47	328.20	10/1/2009
11975		INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULE	64.50	98.83	10/1/2009
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULE	75.51	111.27	10/1/2009
11980		SUBCUTANEOUS HORMONE PELLETT (IMPLANTATION OF ESTRADIOL AND/O	63.43	79.29	10/1/2009
12001		REPAIR OF RECENT WOUND	77.94	107.64	10/1/2009
12002		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-7.5	86.49	114.76	10/1/2009
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	101.73	135.47	10/1/2009
12005		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	126.86	168.97	10/1/2009
12006		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	160.31	209.91	10/1/2009
12007		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	183.24	237.75	10/1/2009
12011		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5 CM	80.58	114.32	10/1/2009
12013		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 2.5-5.0	91.90	126.22	10/1/2009
12014		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 5.0-7.5	110.71	149.08	10/1/2009
12015		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 7.5-12.5	138.98	187.44	10/1/2009
12016		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 12.5-20.0	169.68	224.19	10/1/2009
12017		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND 20.0-30.0	202.03	202.03	10/1/2009
12018		AMB SURG SIMPLE REPAIR SUPERFICIAL WOUND OVER 30.0	249.70	249.70	10/1/2009
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE.	140.16	194.38	10/1/2009
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACKING.	101.67	115.81	10/1/2009
12031		AMB SURG CLOSURE WOUND UP TO 2.5 EXCLUD HAND/FEET	117.45	171.67	10/1/2009
12032		AMB SURG CLOSURE WOUND 2.5-7.5 EXCLUD HAND & FEET	144.25	220.68	10/1/2009
12034		AMB SURG REPAIR SIMPLE LACERATIONS 7.5 TO 12.5	151.12	218.32	10/1/2009
12035		AMB SURG CLOSURE WOUND 12.5 TO 20.0	177.27	266.09	10/1/2009
12036		AMB SURG CLOSURE WOUND 20.0 TO 30.0	204.66	292.34	10/1/2009
12037		AMB SURG CLOSURE WOUND OVER 30 CM SCALP AXILLAE	238.28	329.99	10/1/2009
12041		AMB SURG CLOSURE WOUND UP TO 2.5 CM NECK/HAND/FEET	125.86	180.09	10/1/2009
12042		AMB SURG CLOSURE WOUND 2.5-7.5 NECK/HAND/FEET	147.10	209.97	10/1/2009
12044		AMB SURG CLOSURE WOUND 7.5 T O 12.5 CM NECK/HAND	158.67	242.31	10/1/2009
12045		AMB SURG CLOSURE WOUND 12.5-20.0 NECK/FEET/GENTALI	184.21	268.71	10/1/2009
12046		AMB SURG CLOSURE WOUND 20.0-30.0 NECK/FEET/GENTALI	217.04	318.28	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
12047		AMB SURG CLOSURE WOUND 30.0 CM NECK/HAND/FEET/GENI	237.52	341.63	10/1/2009
12051		AMB SURG CLOSURE WOUND UP TO 2.5 FACE/EYELID/NOSE	134.66	193.49	10/1/2009
12052		AMB SURG CLOSURE WOUND 2.5-5.0 FACE/EARS/EYELIDS	157.89	219.32	10/1/2009
12053		AMB SURG CLOSURE WOUND 5.0-7.5 FACE/EARS/EYELIDS	160.71	241.18	10/1/2009
12054		LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	170.94	255.45	10/1/2009
12055		AMB SURG CLOSURE WOUND 12.5-20.0 FACE/EARS/EYELIDS	208.76	308.26	10/1/2009
12056		AMB SURG CLOSURE WOUND 20.0 TO 30.0 FACE/EARS/EYE	254.67	363.98	10/1/2009
12057		AMB SURG CLOSURE WOUND OVER 30 CM FACE/EARS/EYELID	291.52	406.89	10/1/2009
13100		AMB SURG REPAIR COMPLEX TRUNK 1.0 TO 2.5 CM	175.72	229.95	10/1/2009
13101		AMB SURG REPAIR COMPLEX 2.5-7.5 CM TRUNK	213.62	290.34	10/1/2009
13102		COMPLEX REPAIR TRUNK EACH ADDITIONAL	57.38	79.02	10/1/2009
13120		AMB SURG REPAIR COMPLEX 1.0-2.5 SCLAP/ARMS/LEGS	183.65	239.02	10/1/2009
13121		AMB SURG REPAIR COMPLEX 2.5-7.5 SCALP/ARM/LEG	242.11	321.43	10/1/2009
13122		EACH ADDITIONAL -COMPLEX REPAIR TO SCALP,ARMS AND / OR LEGS	65.75	88.53	10/1/2009
13131		REPAIR OF WOUND OR LESION	207.26	264.08	10/1/2009
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	349.40	423.52	10/1/2009
13133		EACH ADDITIONAL-COMPLEX REPAIR TO FOREHEAD,CHEEKS,CHIN,MOUTH	102.13	125.49	10/1/2009
13150		REPAIR COMPLEX, EYE, NOSE, EAR AND/OR LIPS UP TO 1.0	206.30	263.11	10/1/2009
13151		REPAIR OF WOUND OR LESION	240.08	300.06	10/1/2009
13152		REPAIR COMPLEX,EYE,NOSE,EAR AND LIPS 2.5 TO 75.CM.	323.55	413.82	10/1/2009
13153		EACH ADDITIONAL -COMPLEX REPAIR TO EYELIDS,NOSE,EARS AND /OR LIF	110.67	137.79	10/1/2009
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE.	606.98	606.98	10/1/2009
14000		AMB SURG ADJACENT TISSUE TRANSFER TRUNK UP TO 10	370.22	447.79	10/1/2009
14001		AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	491.96	583.10	10/1/2009
14020		AMB SURG ADJACENT TISSUE TRANSFER UP TO 10 SQ CM	423.61	504.37	10/1/2009
14021		AMB SURG ADJACENT TISSUE TRANSFER 10-30 SQ CM	548.18	640.19	10/1/2009
14040		AMB SURG ADJACENT TISSUE TRANSF 10 SQ CM CHEEK ETC	482.49	561.52	10/1/2009
14041		AMB SURG ADJACENT TISSUE TRANSF DEFECT 10-30 SQ CM	596.21	698.89	10/1/2009
14060		AMB SURG ADJACENT TISSUE TRANSF UP TO 10 SQ CM	509.66	571.96	10/1/2009
14061		AMB SURG ADJACENT TISSUE TRANS 10-30 SQ CM EYELIDS	635.74	748.52	10/1/2009
14300		AMB SURG ADJ TISSUE TRANSFER MORE THAN 30 SQ CM	712.67	811.88	10/1/2009
14350		AMB SURG FULLETED FINGER/TOE FLAP INC PREP RECIPIE	563.72	563.72	10/1/2009
15002		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	173.39	244.04	10/1/2009
15003		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	35.19	53.07	10/1/2009
15004		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	216.78	296.38	10/1/2009
15005		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION (	69.81	89.71	10/1/2009
15050		AMB SURG PINCH GRAFT SINGLE OR MULT COVER SM ULCER	324.35	392.13	10/1/2009
15100		SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR	532.90	632.11	10/1/2009
15101		SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACI	85.78	138.27	10/1/2009
15120		SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAF	584.72	687.40	10/1/2009
15121		SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	131.32	195.63	10/1/2009
15200		AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM TRUNK	487.96	586.89	10/1/2009
15201		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR S	61.35	107.79	10/1/2009
15220		AMB SURG FULL THICKNESS GRAFT UP TO 20 SQ CM	460.61	557.51	10/1/2009
15221		SKIN GRAFT PROCEDURE	56.13	100.25	10/1/2009
15240		AMB SURG FULL THICKNESS GRAFT UP TO 20 CM	588.46	670.37	10/1/2009
15241		SKIN GRAFT PROCEDURE	87.63	134.64	10/1/2009
15260		AMB SURG FULL THICKNESS GRAFT 20 CM NOSE/EYELID	638.44	727.56	10/1/2009
15261		SKIN GRAFT PROCEDURE	110.02	157.03	10/1/2009
15400		XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK	261.80	288.91	10/1/2009
15401		XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH A	44.33	69.13	10/1/2009
15570		PEDICLE FLAP GRAFT; TRUNK	533.25	645.44	10/1/2009
15572		PEDICLE FLAP GRAFT; SCALP, ARMS, OR LEGS	539.58	626.67	10/1/2009
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	570.06	661.20	10/1/2009
15576		PEDICLE FLAP; EYELIDS, NOSE, EARS, LIPS, INTRAORAL	500.55	587.37	10/1/2009
15600		AMB SURG SKIN GRAFT PROCEDURE AT TRUNK	147.47	234.28	10/1/2009
15610		AMB SURG SKIN GRAFT PROCEDURE SCALP/ARMS OR LEGS	174.76	236.48	10/1/2009
15620		AMB SURG SKIN GRAFT PROCEDURE EXCEPT 15625	232.27	314.47	10/1/2009
15630		AMB SURG SKIN GRAFT PROCEDURE EYELIDS/NOSE/EAR/LIP	253.90	332.63	10/1/2009
15650		AMB SURG TRANSFER PEDICLE FLAP ANY LOCATION INTERM	286.51	371.59	10/1/2009
15731		FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL	758.88	834.43	10/1/2009
15732		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK	990.06	1106.58	10/1/2009
15734		MUSCLE FLAP, TRUNK	1014.53	1136.24	10/1/2009
15736		MUSCLE FLAP, UPPER EXTREMITY	876.14	1005.92	10/1/2009
15738		MUSCLE FLAP, LOWER EXTREMITY	955.43	1075.12	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
15740		SKIN GRAFT PROCEDURE	643.15	744.10	10/1/2009
15750		SKIN GRAFT PROCEDURE	682.54	682.54	10/1/2009
15760		AMB SURG GRAFT ISLAND PEDICLE FLAP INC PRIM CLOSUR	527.44	617.99	10/1/2009
15770		SKIN GRAFT PROCEDURE	488.21	488.21	10/1/2009
15780		ABRASION TREATMENT OF SKIN	481.60	606.49	10/1/2009
15781		ABRASION SKIN REMOVAL TATTOOS LESS TOTAL FACE	315.84	387.94	10/1/2009
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	302.73	408.87	10/1/2009
15783		SUPERFICIAL DERMABRASION	273.79	352.82	10/1/2009
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	103.59	172.81	10/1/2009
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY	14.54	35.31	10/1/2009
15788		CHEMICAL PEEL, FACIAL;	172.90	304.41	10/1/2009
15789		CHEMICAL PEEL, FACIAL;	314.81	411.14	10/1/2009
15792		CHEMICAL PEEL, NONFACIAL;	189.20	299.08	10/1/2009
15793		CHEMICAL PEEL, NONFACIAL;	260.72	341.48	10/1/2009
15819		CERVICOPLASTY	550.06	550.06	10/1/2009
15820		AMB SURG BLEPHAROPLASTY LOWER EYELIDS	354.40	390.16	10/1/2009
15821		AMB SURG BLEPHAROPLASTY WITH EXTEN HERNIATE PADS	376.04	415.27	10/1/2009
15822		BLEPHAROPLASTY, UPPER EYELID	271.09	305.12	10/1/2009
15823		BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEIGHTING LID	446.78	483.98	10/1/2009
15830		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPE	877.01	877.01	10/1/2009
15832		REMOVAL OF SKIN FURROWS	665.76	665.76	10/1/2009
15833		REMOVAL OF SKIN FURROWS	627.58	627.58	10/1/2009
15834		REMOVAL OF SKIN FURROWS	625.39	625.39	10/1/2009
15835		REMOVAL OF SKIN FURROWS	661.43	661.43	10/1/2009
15836		REMOVAL OF SKIN FURROWS	550.94	550.94	10/1/2009
15837		REMOVAL OF SKIN FURROWS	498.62	567.55	10/1/2009
15838		EXCISION EXCESS SKIN SUBMENTAL FAT PAD	429.50	429.50	10/1/2009
15839		EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	540.28	627.67	10/1/2009
15840		AMB SURG GRAFT FACIAL NERVE PARALYSIS	758.28	758.28	10/1/2009
15841		FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	1270.48	1270.48	10/1/2009
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSUR	2007.18	2007.18	10/1/2009
15845		SKIN AND MUSCLE REPAIR, FACE	711.33	711.33	10/1/2009
15850		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME :	33.10	66.55	10/1/2009
15851		REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHEF	35.50	68.09	10/1/2009
15852		DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHE	36.96	36.96	10/1/2009
15860		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCUL	86.91	86.91	10/1/2009
15920		AMB SURG COCCYGECTOMY PRIMARY SUTURE	436.47	436.47	10/1/2009
15922		REMOVAL OF TAIL BONE	554.41	554.41	10/1/2009
15931		EXCISION SACRAL DECUBITIS ULCER PRIMARY SUTURE	498.22	498.22	10/1/2009
15933		EXC SACRAL DECUBITUS ULCER WITH OSTECTOMY/PRIMARY	612.37	612.37	10/1/2009
15934		EXCISION SACRAL DECUBITUS ULCER W SKIN FLAP CLOSUR	683.67	683.67	10/1/2009
15935		EXC SACRAL PRESSURE ULCER LOCAL SKIN FLAP.	812.82	812.82	10/1/2009
15936		EXC SACRAL PRESSURE ULCER OTHER FLAP CLOSURE.	662.78	662.78	10/1/2009
15937		EXC SACRAL PRESSURE ULCER WITH OSTECTOMY.	774.53	774.53	10/1/2009
15940		REMOVAL OF PRESSURE SORE.	512.15	512.15	10/1/2009
15941		EXCISION SACRAL DECUBITUS ULCER WITH OSTECTOMY	663.93	663.93	10/1/2009
15944		EXC ISCHIAL PRESSURE ULCER LOCAL SKIN FLAP CLOSURE	654.28	654.28	10/1/2009
15945		EXC ISCHIAL PRESSURE ULCER WITH OSTECTOMY	726.74	726.74	10/1/2009
15946		EXC ISCHIAL PRESSURE ULCER W MUSCLE FLAP/OSTECTOMY	1217.17	1217.17	10/1/2009
15950		REMOVAL OF PRESSURE SORE	423.50	423.50	10/1/2009
15951		EXCISION TROCHANTERIC DECUDITUS ULCER W OSTECTOMY	604.12	604.12	10/1/2009
15952		REMOVAL OF PRESSURE SORE	635.40	635.40	10/1/2009
15953		REMOVAL OF PRESSURE SORE	707.45	707.45	10/1/2009
15956		EXC TROCHANTERIC PRESSURE ULCER MYOCUTANEOUS FLAP	852.45	852.45	10/1/2009
15958		EXC TROCHANTERIC ULCER MYOCUTAN FLAP W OSTECTOMY	869.30	869.30	10/1/2009
16000		INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	36.25	50.96	10/1/2009
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	42.68	59.40	10/1/2009
16025		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	87.69	108.45	10/1/2009
16030		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIA	99.59	129.58	10/1/2009
16035		ESCHAROTOMY; INITIAL INCISION	164.93	164.93	10/1/2009
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITI	65.72	65.72	10/1/2009
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	40.11	57.13	10/1/2009
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SU	3.53	5.55	10/1/2009
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY	101.32	128.72	10/1/2009
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	209.17	253.01	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
17107		DESTRUCTION VASCULAR PROLIFERATION LESION 10SQ LES	276.62	335.17	10/1/2009
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	361.00	428.77	10/1/2009
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY	49.85	78.99	10/1/2009
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIO:	62.31	94.04	10/1/2009
17250		CHEMICAL CAUTERIZATION OF WOUND	27.45	53.69	10/1/2009
17260		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	50.27	69.30	10/1/2009
17261		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 0.6-1.0 CM	67.80	102.98	10/1/2009
17262		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 1.1-2.0 CM	86.83	125.77	10/1/2009
17263		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 2.1-3.0 CM	96.18	138.87	10/1/2009
17264		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; 3.1-4.0 CM	102.78	148.64	10/1/2009
17266		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS; OVER 4. CM	119.77	169.10	10/1/2009
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	73.34	107.09	10/1/2009
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	82.59	118.35	10/1/2009
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	95.84	135.64	10/1/2009
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	108.24	151.50	10/1/2009
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	132.96	179.69	10/1/2009
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	160.09	208.54	10/1/2009
17280		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURG	66.65	100.39	10/1/2009
17281		DESTRUCTION MALIGNANT LESION FACE 0.6-1.0 CM	93.13	128.60	10/1/2009
17282		DESTRUCTION MALIGNANT LESION FACE 1.1-2.0 CM	108.21	149.16	10/1/2009
17283		DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS,	135.58	180.58	10/1/2009
17284		DESTRUCTION MALIGNANT LESION FACE 3.1-4.0 CM	161.83	210.28	10/1/2009
17286		DESTRUCTION MALIGNANT LESION FACE OVER 4.0 CM	217.71	266.74	10/1/2009
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	292.08	505.21	10/1/2009
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	155.36	301.87	10/1/2009
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	262.22	460.92	10/1/2009
17314		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	144.22	279.77	10/1/2009
17315		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS T	40.99	60.60	10/1/2009
17340		CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	35.35	36.51	10/1/2009
17360		ACNE THERAPY	75.21	96.84	10/1/2009
19000		PUNCTURE ASPIRATION OF CYST OF BREAST;	36.43	83.44	10/1/2009
19001		PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIC	18.21	21.39	10/1/2009
19020		INCISION OF BREAST LESION	210.87	313.27	10/1/2009
19030		INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOC	65.92	128.51	10/1/2009
19100		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING	53.44	102.47	10/1/2009
19101		BIOPSY OF BREAST; OPEN, INCISIONAL	160.55	234.10	10/1/2009
19102		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUII	86.18	168.38	10/1/2009
19103		BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR	158.19	421.51	10/1/2009
19110		NIPPLE EXPLORATION W/WO EXCISION.	238.33	325.72	10/1/2009
19112		EXCISION OF LACTIFEROUS DUCT FISTULA.	213.73	304.00	10/1/2009
19120		EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT T	293.14	339.86	10/1/2009
19125		EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	325.41	376.46	10/1/2009
19126		EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT	123.39	123.39	10/1/2009
19260		REMOVAL CHEST WALL LESION.	896.20	896.20	10/1/2009
19271		REMOVAL OF CHEST WALL LESION	1213.49	1213.49	10/1/2009
19272		REMOVAL OF CHEST WALL LESION	1345.69	1345.69	10/1/2009
19290		PRE-OP PLACEMENT OF NEEDLE LOCALIZATION, BREAST	54.54	124.33	10/1/2009
19291		PRE-OP PLACEMENT NEEDLE, BREAST, EACH ADDITIONAL	27.06	53.89	10/1/2009
19295		IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEO	67.97	67.98	10/1/2009
19296		PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INT(	158.37	2845.50	10/1/2009
19297		PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INT(	71.70	71.70	10/1/2009
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHE	261.05	977.18	10/1/2009
19300		MASTECTOMY FOR GYNECOMASTIA	283.93	360.64	10/1/2009
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTC	455.18	455.18	10/1/2009
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTC	651.50	651.50	10/1/2009
19303		MASTECTOMY, SIMPLE, COMPLETE	704.29	704.29	10/1/2009
19304		MASTECTOMY, SUBCUTANEOUS	406.26	406.26	10/1/2009
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMF	812.17	812.17	10/1/2009
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND	850.90	850.90	10/1/2009
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, V	855.87	855.87	10/1/2009
19316		MASTOPEXY	580.41	580.41	10/1/2009
19318		REDUCTION MAMMAPLASTY	854.51	854.51	10/1/2009
19324		MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	354.03	354.03	10/1/2009
19325		MAMMAPLASTY AUGMENTATION WITH PROSTHETIC IMPLANT	479.99	479.99	10/1/2009
19328		REMOVAL INTACT MAMMARY IMPLANT.	361.92	361.92	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
19330		REMOVAL OF IMPLANT MATERIAL.	465.89	465.89	10/1/2009
19340		IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTECTOMY	304.24	304.24	10/1/2009
19342		DELAYED INSERTION BREAST PROTHESIS FOLLOWING MASTECTOMY OR II	685.17	685.17	10/1/2009
19350		NIPPLE/AREOLA RECONSTRUCTION	504.59	621.39	10/1/2009
19355		CORRECTION OF INVERTED NIPPLES	418.75	517.39	10/1/2009
19357		BREAST RECONSTRUCTION IMMEDIATE OR DELAYED,WITH TISSUE EXPANSION	1150.56	1150.56	10/1/2009
19361		BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP WITH OR W/O IN	1237.77	1237.77	10/1/2009
19364		BREAST RECONSTRUCTION WITH FREE FLAP.	2119.10	2119.10	10/1/2009
19366		BREAST RECONSTRUCTION WITH OTHER TECHNIQUE.	1047.14	1047.14	10/1/2009
19367		BREAST RECONSTRUCTION WITH TRAM SINGLE PEDICLE, INCLUDING CLOSURE	1369.23	1369.23	10/1/2009
19368		BREAST RECONSTRUCTION TRAM SINGLE PEDICLE, INCLUDING CLOSURE	1698.52	1698.52	10/1/2009
19369		BREAST RECONSTRUCTION TRAM DOUBLE PEDICLE, INCLUDING CLOSURE	1548.67	1548.67	10/1/2009
19370		OPEN PERIPROSTHETIC CAPSULOTOMY BREAST.	504.81	504.81	10/1/2009
19371		PERIPROSTHETIC CAPSULECTOMY BREAST.	582.45	582.45	10/1/2009
19380		REVISION OF RECONSTRUCTED BREAST.	569.75	569.75	10/1/2009
20005		INCISION OF ABSCESS	180.34	224.19	10/1/2009
20200		AMB SURG BIOPSY MUSCLE SUPERFICIAL	71.13	138.90	10/1/2009
20205		MUSCLE BIOPSY	113.25	190.25	10/1/2009
20206		BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	49.84	191.45	10/1/2009
20220		BONE BIOPSY	62.23	132.90	10/1/2009
20225		BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	94.38	497.58	10/1/2009
20240		BONE BIOPSY	173.19	173.19	10/1/2009
20245		BONE BIOPSY	472.67	472.67	10/1/2009
20250		BONE BIOPSY	284.30	284.30	10/1/2009
20251		BONE BIOPSY	315.22	315.22	10/1/2009
20500		INJECTION OF SINUS TRACT;	71.92	86.91	10/1/2009
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	32.85	96.88	10/1/2009
20520		REMOVAL OF FOREIGN BODY	106.59	139.18	10/1/2009
20525		REMOVAL OF FOREIGN BODY	187.30	337.85	10/1/2009
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), C/	44.85	56.68	10/1/2009
20550		INJECTION; TENDON SHEATH, LIGAMENT, GANGLION CYST	32.95	43.91	10/1/2009
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	33.62	43.43	10/1/2009
20553		INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MU	31.68	44.07	10/1/2009
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	31.39	41.20	10/1/2009
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION;	32.59	44.13	10/1/2009
20610		DRAINAGE OF JOINT OR BURSA	38.92	56.80	10/1/2009
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	33.61	43.99	10/1/2009
20615		ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	120.66	160.17	10/1/2009
20650		INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	118.96	146.08	10/1/2009
20660		APPLICATION OF TONGS OR CALIPER INCLUDING REMOVAL	182.53	192.91	10/1/2009
20661		FIXATION PROCEDURE	345.75	345.75	10/1/2009
20662		APPLICATION OF HALO, INCLUDING REMOVAL;	359.40	359.40	10/1/2009
20663		APPLICATION OF HALO, INCLUDING REMOVAL;	332.54	332.54	10/1/2009
20664		APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS F	569.00	569.00	10/1/2009
20665		REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	76.38	90.51	10/1/2009
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	111.75	283.64	10/1/2009
20680		REMOVAL OF BURIED SUPPORT	311.55	433.54	10/1/2009
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	411.16	411.16	10/1/2009
20692		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIXATION SYSTEM	768.81	768.81	10/1/2009
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	344.82	344.82	10/1/2009
20694		REMOVAL UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	251.71	311.69	10/1/2009
20802		REPLANTATION OF ARM	1890.19	1890.19	10/1/2009
20805		REPLANTATION FOREARM, COMPLETE AMPUTATION	2315.10	2315.10	10/1/2009
20808		REIMPLANTATION OF HAND	3126.24	3126.24	10/1/2009
20816		REIMPLANTATION OF DIGIT	1724.94	1724.94	10/1/2009
20822		REPLANTATION DIGIT EXCL THUMB, COMPLETE AMPUTATION	1462.36	1462.36	10/1/2009
20824		REPLANTATION THUMB, COMPLETE AMPUTATION	1718.36	1718.36	10/1/2009
20827		REPLANTATION THUMB, COMPLETE AMPUTATION	1519.47	1519.47	10/1/2009
20838		REPLANTATION FOOT COMPLETE	1908.09	1908.09	10/1/2009
20900		BONE GRAFT, ANY DONOR AREA;	199.80	308.53	10/1/2009
20902		BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	276.66	276.66	10/1/2009
20910		CARTILAGE GRAFT; COSTOCHONDRAL	323.75	323.75	10/1/2009
20912		CARTILAGE GRAFT;	363.79	363.79	10/1/2009
20920		FASCIA LATA GRAFT;	306.63	306.63	10/1/2009
20922		REMOVAL OF TISSUE FOR GRAFT	375.93	451.49	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
20924		REMOVAL OF TENDON FOR GRAFT.	379.47	379.47	10/1/2009
20926		TISSUE GRAFTS, OTHER (E.G., PARATENON, FAT, DERMIS)	327.59	327.59	10/1/2009
20950		MONITOR INTERSTITIAL PRESSURE	69.20	178.21	10/1/2009
20955		FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	1957.55	1957.55	10/1/2009
20962		RIB GRAFT W/MICROVASCULAR ANASTOMOSIS	1999.92	1999.92	10/1/2009
20969		FREE OSTEOCUTANEOUS FLAP W MICROVASCULAR ANASTOMOS	2169.08	2169.08	10/1/2009
20970		OSTEOCUTANEOUS GRAFT W/MICROVASCULAR ANASTOMOSIS	2179.12	2179.12	10/1/2009
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	1994.35	1994.35	10/1/2009
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	2093.80	2093.80	10/1/2009
20974		BIO-OSTEGEN SYSTEM	36.22	48.33	10/1/2009
20979		LOW INTENSITY ULTRASOUND STIMLATION TO AID BONE HEALING, NON-IN'	28.03	39.86	10/1/2009
20982		ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOOMA, METASTASIS) RADIOI	324.24	2736.23	10/1/2009
21010		ARTHROTOMY, TEMPOROMANDIBULAR JOINT	550.13	550.13	10/1/2009
21015		RADICAL RESECTION OF TUMOR SOFT FACE OR SCALP	319.65	319.65	10/1/2009
21025		EXCISION OF BONE, MANDIBLE	561.11	654.26	10/1/2009
21026		REMOVAL OF ELONGATED STYLOID PROCESS (FACIAL BONE)	359.09	430.90	10/1/2009
21029		REMOVAL BY CONTOURING BENIGN TUMOR FACIAL BONE	469.94	551.27	10/1/2009
21030		EXCISION BENIGN TUMOR OF CYST OF FACIAL BONE OTHER	298.77	360.78	10/1/2009
21031		EXCISION OF TORUS MANDIBULARIS	213.80	276.97	10/1/2009
21032		EXCISION OF MAXILLARY TORUS PALATINUS	210.77	280.57	10/1/2009
21034		EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	886.60	990.73	10/1/2009
21040		AMB SURG EXCISION BENIGN CYST/TUMOR MANDIBLE SIMP	297.04	363.66	10/1/2009
21044		EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	662.77	662.77	10/1/2009
21045		EXC MALIGNANCY MANDIBLE RADICAL	924.99	924.99	10/1/2009
21046		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-O	814.98	814.98	10/1/2009
21047		EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-C	989.76	989.76	10/1/2009
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-OR,	826.20	826.20	10/1/2009
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-OF	956.86	956.86	10/1/2009
21050		ARTHRECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	649.59	649.59	10/1/2009
21060		MENISECTOMY TEMPOROMANDIBULAR JOINT UNILATERAL	593.86	593.86	10/1/2009
21070		CORONOIDECTOMY	482.22	482.22	10/1/2009
21100		APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION,	295.70	514.31	10/1/2009
21110		APPLICATION OF INTERDENTAL FIXATION DEVICE/OTHER THAN FRACTURE	464.45	543.19	10/1/2009
21116		INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAP	33.94	108.93	10/1/2009
21120		GENIOPLASTY; AUGMENTATION	365.30	451.53	10/1/2009
21121		GENIOPLASTY; AUGMENTATION SLIDING OSTEOOTOMY SINGLE	486.00	565.90	10/1/2009
21122		GENIOPLASTY; AUGMENTATION 2 OR MORE OSTEOOTOMIES	535.86	535.86	10/1/2009
21123		GENIOPLASTY; AUGMENTATION SLIDING INTERPOSITIONAL	642.85	642.85	10/1/2009
21125		AUGMENTATION MANDIBULAR BODY OR ANGLE PROSTHETIC	562.91	2184.06	10/1/2009
21127		AUGMENTATION MANDIBULAR BODY ANGLE W/ BONE GRAFT	657.70	2599.29	10/1/2009
21137		REDUCTION FOREHEAD; CONTOURING ONLY	542.37	542.37	10/1/2009
21138		REDUCTION FOREHEAD CONTOURING & APPLICATION GRAFT	677.52	677.52	10/1/2009
21139		REDUCTION FOREHEAD CONTOURING, SETBACK SINUS WALL	760.74	760.74	10/1/2009
21145		RECONSTRUCTION MIDFACE SINGLE REQUIRING BONE GRAFT	1173.55	1173.55	10/1/2009
21146		RECONSTRUCTION MIDFACE 2 PIECES REQUIRING BONE GRAFT	1252.41	1252.41	10/1/2009
21147		RECONSTRUCT MIDFACE 3 OR MORE PIECES WITH BONE GRAFT	1289.71	1289.71	10/1/2009
21150		RECONSTRUCTION MIDFACE ANTERIOR INTRUSION	1280.40	1280.40	10/1/2009
21151		RECONSTRUCT MIDFACE ANY DIRECTION REQ BONE GRAFT	1545.94	1545.94	10/1/2009
21154		RECONSTRUCT MIDFACE ANY TYPE REQUIRING BONE GRAFT	1563.32	1563.32	10/1/2009
21155		RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W LEFORT I	1774.05	1774.05	10/1/2009
21159		RECONSTRUCT MIDFACE, LEFORT III, W BONE GRAFTS	2146.32	2146.32	10/1/2009
21160		RECONSTRUCT MIDFACE, LEFORT III W/ LEFORT I, GRAFT	2210.23	2210.23	10/1/2009
21172		RECONSTRUCT ORBITAL RIM/FOREHEAD W/WO GRAFTS	1358.59	1358.59	10/1/2009
21175		RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREHEAD, GRAFT	1640.42	1640.42	10/1/2009
21179		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH GRAFTS	1123.44	1123.44	10/1/2009
21180		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH AUTOGRAFT	1280.73	1280.73	10/1/2009
21181		REMOVAL BY CONTOURING OF BENIGN TUMOR CRANIAL BONE	534.72	534.72	10/1/2009
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1558.78	1558.78	10/1/2009
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1743.30	1743.30	10/1/2009
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID	1864.62	1864.62	10/1/2009
21188		RECONSTR. MIDFACE, OSTEOOTOMIES, W BONE GRAFTS	1232.60	1232.60	10/1/2009
21193		RECONSTRUCT MANDIBULAR RAMUS, OSTEOOTOMY, W/O GRAFT	942.74	942.74	10/1/2009
21194		RECONSTR. MANDIBULAR RAMUS, OSTEOOTOMY W BONE GRAFT	1076.58	1076.58	10/1/2009
21195		RECONSTRUCTION MANDIBULAR RAMUS W/O INTERNAL RIGID FIXATION	1010.15	1010.15	10/1/2009
21196		RECONSTR. MANDIBULAR RAMUS W INTER. RIGID FIXATION	1100.92	1100.92	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	865.01	865.01	10/1/2009
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEME	785.93	785.93	10/1/2009
21206		OSTEOTOMY, MAXILLA, SEGMENTAL	852.17	852.17	10/1/2009
21208		AUGMENTATION OSTEOPLASTY OF FACIAL BONES	620.12	1249.72	10/1/2009
21209		REDUCTION OSTEOPLASTY OF FACIAL BONES	475.35	596.77	10/1/2009
21210		BONE GRAFT	619.95	1492.40	10/1/2009
21215		BONE GRAFT	646.53	2527.54	10/1/2009
21230		CARTILAGE GRAFT	578.87	578.87	10/1/2009
21235		CARTILAGE GRAFT	422.83	530.70	10/1/2009
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT W/WO GRAFT	836.99	836.99	10/1/2009
21242		ARTHROPLASTY TEMPOROMANDIBULAR JOINT W ALLOPLASTIC	766.54	766.54	10/1/2009
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	1259.29	1259.29	10/1/2009
21244		RECONSTRUCTION OF MANDIBLE	781.86	781.86	10/1/2009
21247		RECONST. MANDIBULAR CONDYLE W BONE/CARTILAGE GRAFT	1225.65	1225.65	10/1/2009
21255		RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W BONE/CART	1080.93	1080.93	10/1/2009
21256		RECONST. ORBIT W OSTEOTOMIES AND BONE GRAFTS	885.15	885.15	10/1/2009
21260		ORBITAL HYPERTELOLISM CORRECTION OSTEOTOMIES	995.40	995.40	10/1/2009
21261		ORBITAL HYPERTELOLISM COMB WITH INTRA AND EXTRACRA	1707.11	1707.11	10/1/2009
21263		ORBITAL HYPERTELOLISM WITH FOREHEAD ADVANCEMENT	1536.47	1536.47	10/1/2009
21267		ORBITAL REPOSITIONING	1161.72	1161.72	10/1/2009
21268		ORBITAL REPOSITIONING INTRA AND EXTERNAL APPROACH	1445.23	1445.23	10/1/2009
21270		MALAR AUGMENTATION, BONE OR ALLOPLASTIC MATERIAL	528.26	671.90	10/1/2009
21275		SECONDARY REV ORBITOCRANIOFACIAL RECONSTRUCTION	608.52	608.52	10/1/2009
21280		MEDIAL CANTHOPLASTY	391.64	391.64	10/1/2009
21282		LATERAL CANTHOPEXY	258.17	258.17	10/1/2009
21295		REDUCTION MASSETER MUSCLE EXTRAORAL APPROACH	128.84	128.84	10/1/2009
21296		REDUCTION MASSETER MUSCLE INTRAORAL APPROACH	313.55	313.55	10/1/2009
21310		TREATMENT OF CLOSED OR OPEN NASAL FRACTURE MANIPUL	22.53	76.76	10/1/2009
21315		TREATMENT OF NOSE FRACTURE	109.89	188.34	10/1/2009
21320		MANIPULATION IMSTRUMENTAL COMPLICATED NASAL FRACTURE	103.08	181.54	10/1/2009
21325		AMB SURG OPEN REDUCT NASAL FRACTURE COMPLICATED	343.28	343.28	10/1/2009
21330		AMB SURG OPEN REDUCT NASAL FRAC COMPLIC INT/EXTERN	422.36	422.36	10/1/2009
21335		REPAIR OF NOSE FRACTURE	548.26	548.26	10/1/2009
21336		OPEN TX NASAL SEPTAL FX, W/WO STABILIZATION	471.81	471.81	10/1/2009
21337		TREATMENT CLOSED SEPTAL FRACTURE	210.43	283.11	10/1/2009
21338		OPEN TREATMENT NASOETHMOID FRACTURE W/O EXTERNAL FIXATION	539.33	539.33	10/1/2009
21339		OPEN TREATMENT NASEOTHMOID FRACTURE W EXTERNAL FIX	602.44	602.44	10/1/2009
21340		TR CLOSED/OPEN NASOETH COM FR W SPLINT WIRE HEADCA	605.86	605.86	10/1/2009
21343		OPEN TREATMENT OF DEPRESSED FRONTAL SINUS	857.20	857.20	10/1/2009
21344		OPEN TX OF FRONTAL SINUS FRACTURE	1130.98	1130.98	10/1/2009
21345		TR NASOMAX COMP FR WITH INTERDENTAL WIRE FIX OR FI	491.15	590.94	10/1/2009
21346		OP TR NASOMAX COM FR W WIRING A/O LOCAL FIXATION	709.35	709.35	10/1/2009
21347		OP TR NASOMAC COM FR W WIR A/O LO FI W MUL APROACH	822.89	822.89	10/1/2009
21348		OPEN TX NASOMAXILLARY FX WITH BONE GRAFTING	878.33	878.33	10/1/2009
21355		REPAIR CHEEK BONE FRACTURE	242.07	319.36	10/1/2009
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	277.63	357.53	10/1/2009
21360		OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED FX INC	395.62	395.62	10/1/2009
21365		REPAIR CHEEK BONE FRACTURE	832.20	832.20	10/1/2009
21366		OPEN TX MALAR AREA FX INC ZYGOMATIC ARCH W/GRAFT	925.19	925.19	10/1/2009
21385		REPAIR EYE SOCKET FRACTURE	533.91	533.91	10/1/2009
21386		OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	499.30	499.30	10/1/2009
21387		OPEN TREATMENT OF ORBITAL FLOOR	557.24	557.24	10/1/2009
21390		REPAIR EYE SOCKET FRACTURE	577.81	577.81	10/1/2009
21395		OPEN TX ORBITAL FLOOR FX; PERIORBITAL APPROACH.	730.04	730.04	10/1/2009
21400		TX OF FX OF ORBIT, WO MANIPULATION.	105.83	128.05	10/1/2009
21401		CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT";	218.33	340.90	10/1/2009
21406		OPEN TX OF FX OF ORBIT,WO IMPLANT.	403.87	403.87	10/1/2009
21407		OPEN TREATMENT OF FRACTURE ORBIT, EXCEPT BLOWOUT; WITH IMPLAN	478.67	478.67	10/1/2009
21408		OPEN TX OF FX ORBIT EXCEPT "BLOWOUT" W/BONE GRAFT	659.14	659.14	10/1/2009
21421		TX PAL/ALV RI FX,CLOSED MANIPULATION W WIRE FIX.	452.53	527.24	10/1/2009
21422		TX PAL/ALV RI FX,OPEN TX W WIRE FIXATION.	500.04	500.04	10/1/2009
21423		OPEN TX OF PALATAL OR MAXILLARY FX, MULT APPROACH	594.96	594.96	10/1/2009
21431		REPAIR UPPER JAW FRACTURE	543.29	543.29	10/1/2009
21432		OPEN RX CRANIOFACIAL SEPARATION	498.82	498.82	10/1/2009
21433		DP TR CRANIOE SEP W WI/LOC FIX COMPLICATED	1287.79	1287.79	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
21435		OPEN TX CRANIOFACIAL SEPARATION (LEFORTE III TYPE);COMPLICATED	1014.55	1014.55	10/1/2009
21436		OPEN TX CRANIOFACIAL SEPARATION W/BONE GRAFT	1493.91	1493.91	10/1/2009
21440		REPAIR DENTAL RIDGE FX.	318.30	381.46	10/1/2009
21445		REPAIR DENTAL RIDGE FRACTURE.	452.35	544.36	10/1/2009
21450		TREAT LOWER JAW FRACTURE	333.81	397.54	10/1/2009
21451		TREATMENT CLOSED OR OPEN MANDIBULAR FRACTURE WITH	450.34	526.48	10/1/2009
21452		TREATMENT OF OPEN MANDIBULAR FRACTURE WITHOUT MANI	240.56	428.60	10/1/2009
21453		RX OPEN MANDIBULAR FRACTURE WITH MANIPULATION	542.97	609.59	10/1/2009
21454		OPEN RX CLOSED/OPEN MANDIBULAR FX W EXTERNAL FIX.	411.95	411.95	10/1/2009
21461		OPEN TX CLOSED/OPEN MAND FX WO INTERDENTAL FIX.	673.07	1370.45	10/1/2009
21462		OPEN TX CLOSED/OPEN MAND FX W INTERDENTAL FIXATION	747.09	1483.12	10/1/2009
21465		OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	684.76	684.76	10/1/2009
21470		REPAIR LOWER JAW FRACTURE	894.31	894.31	10/1/2009
21480		RESET DISLOCATED JAW	25.40	65.48	10/1/2009
21485		COMPLICATED MANIPULATIVE TREATMENT OF TEMPOROMANDI	403.22	470.13	10/1/2009
21490		RESET DISLOCATED JAW	693.66	693.66	10/1/2009
21495		REPAIR HYOID BONE FRACTURE	499.71	499.71	10/1/2009
21497		INTERDENTAL WIRING FOR CONDITION OTHER THAN FRACTURE	407.33	474.54	10/1/2009
21501		INCISION/DRAINAGE DEEP ABCESS OR HEMATOMA	233.57	316.63	10/1/2009
21502		DRAINAGE OF RIB ABSCESS	392.16	392.16	10/1/2009
21510		INC DEEP OPENING OF BONE CORTEX OSTEOMYELITIS BONE	345.80	345.80	10/1/2009
21550		EXCISIONAL BIOPSY SOFT TISSUE	119.06	185.69	10/1/2009
21555		EXCISION BENIGN TUMOR SUBCUTANEOUS	246.90	313.52	10/1/2009
21556		EXCISION DEEP SUBFACIAL INTRAMUSCULAR	308.95	308.95	10/1/2009
21557		RADICAL RESECTION OF SOFT TISSUE TUMOR	439.04	439.04	10/1/2009
21600		EXCISION OF RIB PARTIAL	412.93	412.93	10/1/2009
21610		PARTIAL REMOVAL OF RIB	806.94	806.94	10/1/2009
21615		EXCISION FIRST AND/OR CERVICAL RIB;	510.19	510.19	10/1/2009
21616		EXC FIRST A/O CERV RIB F OUTLET COMP SYND OTH CAUS	650.32	650.32	10/1/2009
21620		PARTIAL REMOVAL STERNUM	393.17	393.17	10/1/2009
21627		STERNAL DEBRIDEMENT	412.47	412.47	10/1/2009
21630		RADICAL RESECTION OF STERNUM;	964.35	964.35	10/1/2009
21632		RADICAL RESECTION OF STERNUM W MEDIASTINAL LYMPHAD	955.08	955.08	10/1/2009
21685		HYOID MYOTOMY AND SUSPENSION	752.29	752.29	10/1/2009
21700		REVISION OF NECK MUSCLE	319.40	319.40	10/1/2009
21705		REVISION OF NECK MUSCLE	491.66	491.66	10/1/2009
21720		DIVISION STERNOCLEIDOMASTOID FOR TORTICOLLIS,OPEN	307.95	307.95	10/1/2009
21725		DIVISION STERNOCLEIDOMASTOID OPEN OP W CAST APPLIC	399.31	399.31	10/1/2009
21740		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARIN	832.39	832.39	10/1/2009
21750		CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBI	551.66	551.66	10/1/2009
21800		TREATMENT OF RIB FRACTURE(S)	72.14	70.98	10/1/2009
21805		TX OF RIB FX OPEN, EACH	190.56	190.56	10/1/2009
21810		TX OF RIB FX; OPEN/CLOSED W EXTERNAL FIXATION.	375.67	375.67	10/1/2009
21820		TX STERNUM FX; CLOSED	95.92	94.77	10/1/2009
21825		TREATMENT OF STERNUM FRACTURE OPEN	426.30	426.30	10/1/2009
21920		BIOPSY, SOFT TISSUE OF BACK OR FLANK;	118.96	185.29	10/1/2009
21925		BIOPSY, SOFT TISSUE OF BACK OR FLANK;	250.90	307.14	10/1/2009
21930		EXCISION TUMOR, SOFT TISSUE OF BACK	278.10	342.71	10/1/2009
21935		RADICAL RECTION OF TUMOR, SOFT TISSUE OF BACK.	882.25	882.25	10/1/2009
22100		REMOVAL PART VERTEBRA; CERVICAL	610.64	610.64	10/1/2009
22101		REMOVAL PART OF VERTEBRA; THORACIC.	609.16	609.16	10/1/2009
22102		REMOVAL PART OF VERTEBRA; LUMBAR.	606.84	606.84	10/1/2009
22110		PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, W	759.31	759.31	10/1/2009
22112		REMOVAL PART OF VERTEBRA	735.99	735.99	10/1/2009
22114		REMOVAL PART OF VERTEBRA	754.60	754.60	10/1/2009
22210		OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ON	1329.86	1329.86	10/1/2009
22212		POSTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1099.76	1099.76	10/1/2009
22214		POSTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1106.37	1106.37	10/1/2009
22220		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, S	1197.53	1197.53	10/1/2009
22222		ANTERIOR APPROACH OSTEOTOMY SPINE, THORACIC	1095.75	1095.75	10/1/2009
22224		ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBAR	1185.77	1185.77	10/1/2009
22305		CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	125.92	136.02	10/1/2009
22310		CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIF	197.62	211.17	10/1/2009
22315		CLOSED TX VERTEBRAL FX,W/O ANES BY MANIPULATION.	561.21	628.11	10/1/2009
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVIC	1196.05	1196.05	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE (CERVIC	1315.04	1315.04	10/1/2009
22325		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; LUMBAR.	1047.23	1047.23	10/1/2009
22326		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; CERVICAL.	1091.92	1091.92	10/1/2009
22327		OPEN TX VERTEBRAL FX AND/OR DISLOCATION; THORACIC	1083.52	1083.52	10/1/2009
22505		MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	93.11	93.11	10/1/2009
22520		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	449.13	1678.62	10/1/2009
22521		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	423.21	1634.25	10/1/2009
22522		PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL	198.44	198.44	10/1/2009
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	1306.34	1306.34	10/1/2009
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	1231.27	1231.27	10/1/2009
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMA	286.46	286.46	10/1/2009
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVL	1389.94	1389.94	10/1/2009
22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	959.80	959.80	10/1/2009
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	1245.88	1245.88	10/1/2009
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	1146.36	1146.36	10/1/2009
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL D	264.60	264.60	10/1/2009
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	1153.39	1153.39	10/1/2009
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	1095.09	1095.09	10/1/2009
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	938.24	938.24	10/1/2009
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	926.22	926.22	10/1/2009
22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LE	1201.51	1201.51	10/1/2009
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINEC	1154.42	1154.42	10/1/2009
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1019.88	1019.88	10/1/2009
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C	1623.94	1623.94	10/1/2009
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C/	1542.65	1542.65	10/1/2009
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT C/	1687.77	1687.77	10/1/2009
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION (	1701.22	1701.22	10/1/2009
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION (	1959.58	1959.58	10/1/2009
22830		EXPLORATION OF SPINAL FUSION	607.36	607.36	10/1/2009
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD	602.70	602.70	10/1/2009
22842		POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL	604.03	604.03	10/1/2009
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	576.49	576.49	10/1/2009
22849		REINSERTION OF SPINAL FIXATION DEVICE	986.95	986.95	10/1/2009
22850		HARRINGTON ROD REMOVAL	537.16	537.16	10/1/2009
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	513.53	513.53	10/1/2009
22855		DWYER INSTRUMENT REMOVAL	834.99	834.99	10/1/2009
22865		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR A	1611.60	1611.60	10/1/2009
22900		EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	307.99	307.99	10/1/2009
23000		REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	265.71	383.96	10/1/2009
23020		RELEASE SHOULDER JOINT	517.54	517.54	10/1/2009
23030		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	192.36	306.28	10/1/2009
23031		INCISION AND DRAINAGE INFECTED BURSA	159.18	278.87	10/1/2009
23035		INCISION DEEP WITH OPENING OF CORTEX FOR OSTEOMYEL	513.10	513.10	10/1/2009
23040		INCISION OF SHOULDER JOINT	538.97	538.97	10/1/2009
23044		INCISION, COLLARBONE JOINT	427.04	427.04	10/1/2009
23065		BIOPSY,SOFT TISSUE SHOULDER; SUPERFICIAL	124.65	156.37	10/1/2009
23066		BIOPSY SOFT TISSUES DEEP	251.30	365.22	10/1/2009
23075		EXCISION TUMOR SHOULDER; SUBCUTANEOUS.	132.62	187.71	10/1/2009
23076		EXCISION, TUMOR, SHOULDER AREA;	421.21	421.21	10/1/2009
23077		RADICAL RESECTION OF TUMOR; SOFT TUSSUE SHOULDER.	897.53	897.53	10/1/2009
23100		INCISION SHOULDER JOINT	362.73	362.73	10/1/2009
23101		INCISION OF SHOULDER JOINT	333.53	333.53	10/1/2009
23105		ARTHROTOMY FOR SYNOVECTOMY; GLENOHUMERAL JNT.	476.20	476.20	10/1/2009
23106		ARTHROTOMY FOR SYNOVECTOMY, STERNOCLAVICULAR JNT	354.07	354.07	10/1/2009
23107		ARTHROTOMY,GLENOHUMERAL JNT,W EXPLORATION.	494.93	494.93	10/1/2009
23120		AMB SURG CLAVICULECTOMY PARTIAL	427.41	427.41	10/1/2009
23125		CLAVICULECTOMY; TOTAL	526.99	526.99	10/1/2009
23130		ACROMIONECTOMY PARTIAL OR TOTAL	449.62	449.62	10/1/2009
23140		REMOVAL BONE LESION	383.84	383.84	10/1/2009
23145		EXCISION OF BONE CYST CLAVICE, SCAPULA	517.23	517.23	10/1/2009
23146		EXCISION OF BONE LESION OF SCAPULA WITH ALLOGRAFT.	449.08	449.08	10/1/2009
23150		REMOVAL BONE LESION	489.36	489.36	10/1/2009
23155		REMOVAL BONE CYST; HUMERUS W AUTOGRAFT.	593.26	593.26	10/1/2009
23156		REMOVAL BONE CYST; HUMERUS,W ALLOGRAFT.	503.77	503.77	10/1/2009
23170		SEQUESTRECTOMY FOR OSTEOMYELITIS BONE ABCESS CLAVI	395.80	395.80	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
23172		SEQUESTRECTOMY FOR OSTEOMYELITIS OF BONE ABCESS SC	405.68	405.68	10/1/2009
23174		SEQUESTREC FOR OSTEMYELITIS OR BONE ABCESS HUMER	563.08	563.08	10/1/2009
23180		PARTIAL EXCISION OF BONE FOR OSTEOMYELITIS CLAVICL	512.08	512.08	10/1/2009
23182		REMOVAL BONE LESION	493.93	493.93	10/1/2009
23184		REMOVAL BONE LESION	558.04	558.04	10/1/2009
23190		PARTIAL REMOVAL OF SHOULDER	415.56	415.56	10/1/2009
23195		REMOVAL OF HEAD OF HUMERUS	564.49	564.49	10/1/2009
23200		REMOVAL OF COLLARBONE	667.35	667.35	10/1/2009
23210		REMOVAL OF SHOULDERBLADE	697.91	697.91	10/1/2009
23220		RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;	808.76	808.76	10/1/2009
23221		PARTIAL REMOVAL OF HUMERUS	945.13	945.13	10/1/2009
23222		PARTIAL REMOVAL OF HUMERUS	1287.47	1287.47	10/1/2009
23330		REMOVAL FOREIGN BODY, SUBCUTANEOUS, SHOULDER.	110.35	161.69	10/1/2009
23331		REMOVAL OF PROSTHETIC DEVICE	438.08	438.08	10/1/2009
23332		REMOVAL OF FOREIGN BODY, SHOULDER; COMPLICATED (EG, TOTAL SHOI	667.18	667.18	10/1/2009
23350		INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED	43.03	116.30	10/1/2009
23395		MUSCLE TRANSFER ANY TYPE FOR PARALYSIS OF SHOULDER	973.04	973.04	10/1/2009
23397		MUSCLE TRANSFERS, MULTIPLE	872.03	872.03	10/1/2009
23400		SCAPULOPEXY	738.33	738.33	10/1/2009
23405		TENOMYOTOMY SINGLE	473.78	473.78	10/1/2009
23406		TENOMYOTOMY MULTIPLE THRU SAME INCISION	593.04	593.04	10/1/2009
23410		REPAIR OF RUPTURED SUPRASPINATUS TENDON, ACUTE	628.67	628.67	10/1/2009
23412		REPAIR OF RUPTURED SUPRASPINATU TENDON; CHRONIC.	657.13	657.13	10/1/2009
23415		RELEASE OF SHOULDER LIGAMENT.	522.83	522.83	10/1/2009
23420		REPAIR OF SHOULDER INJURY	736.68	736.68	10/1/2009
23430		REPAIR RUPTURED TENDON.	557.43	557.43	10/1/2009
23440		REMOVAL/TRANSPLANT TENDON	575.33	575.33	10/1/2009
23450		CAPSULORRHAPHY REPAIR SHOULDER.	722.70	722.70	10/1/2009
23455		REPAIR SHOULDER CAPSULE	771.02	771.02	10/1/2009
23460		REPAIR SHOULDER CAPSULE.	834.42	834.42	10/1/2009
23462		REPAIR SHOULDER CAPSULE.	819.00	819.00	10/1/2009
23465		REPAIR SHOULDER CAPSULE.	854.24	854.24	10/1/2009
23466		CAPSULORRHAPHY FOR RECURRENT DISLOCATION.	841.11	841.11	10/1/2009
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	929.80	929.80	10/1/2009
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID ANI	1152.41	1152.41	10/1/2009
23480		AMB SURG OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	620.45	620.45	10/1/2009
23485		OSTEOTOMY CLAVICLE, WITH BONE GRAFT.	733.78	733.78	10/1/2009
23490		PROPHLACTIC TX OF CLAVICALE.	633.75	633.75	10/1/2009
23491		PROPHYLACTIC TX PROXIMAL HUMEROUS/HUMERAL HEAD.	772.38	772.38	10/1/2009
23500		TREATMENT CLAVICLE FRACTURE	149.06	149.92	10/1/2009
23505		TREATMENT CLAVICLE FRACTURE	235.38	247.78	10/1/2009
23515		REPAIR CLAVICLE FRACTURE	526.06	526.06	10/1/2009
23520		TREATMENT OF CLAVICLE DISLOCATION.	156.38	155.52	10/1/2009
23525		TREATMENT CLAVICLE DISLOCATION W MANIPULATION	227.35	242.35	10/1/2009
23530		OPEN TX CLAVICLE DISLOCATION.	403.20	403.20	10/1/2009
23532		OPEN TX OF CLOSED/OPEN STERNOCLAV DISLOCATION.	463.22	463.22	10/1/2009
23540		TX CLOSED CLAVICLE DISLOCATION.	151.81	153.83	10/1/2009
23545		TX CLOSED CLAVICLE DISLOCATION W MANIPULATION.	205.61	222.34	10/1/2009
23550		OPEN REPAIR CLAVICLE DISLOCATION.	427.23	427.23	10/1/2009
23552		OPEN REPAIR CLAVICLE DISLOCATION	492.21	492.21	10/1/2009
23570		TX OF CLOSED SCAPULAR FX.	162.43	160.41	10/1/2009
23575		REPAIR SCAPULA FX W MANIPULATION.	259.52	274.52	10/1/2009
23585		REPAIR SCAPULA FRACTURE	716.02	716.02	10/1/2009
23600		TX HUMEROUS FRACTURE	207.72	223.87	10/1/2009
23605		REPAIR HUMERUS FRACTURE	307.92	332.14	10/1/2009
23615		REPAIR HUMERUS FX W/WO TUBEROSITY	654.21	654.21	10/1/2009
23616		OPEN TX PROXIMAL HUMERAL FX PROSTHETIC REPLACE	978.31	978.31	10/1/2009
23620		TX HUMERUS FRACTURE.	174.30	184.40	10/1/2009
23625		REPAIR HUMERUS FRACTURE	253.59	269.17	10/1/2009
23630		REPAIR HUMERUS FRACTURE	561.62	561.62	10/1/2009
23650		REPAIR SHOULDER DISLOCATION.	192.79	209.81	10/1/2009
23655		REPAIR SHOULDER DISLOCATION	279.44	279.44	10/1/2009
23660		REPAIR SHOULDER DISLOCATION	433.09	433.09	10/1/2009
23665		REPAIR DISLOCATION/FRACTURE	283.06	299.80	10/1/2009
23670		REPAIR DISLOCATION/FRACTURE	631.76	631.76	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	NON-		EFFECTIVE DATE
			FACILITY	FACILITY	
23675		REPAIR DISLOCATION/FRACTURE	364.53	392.22	10/1/2009
23680		REPAIR DISLOCATION/FRACTURE	684.10	684.10	10/1/2009
23700		FIXATION OF SHOULDER	145.57	145.57	10/1/2009
23800		FUSION OF SHOULDER JNT	777.29	777.29	10/1/2009
23802		FUSION OF SHOULDER JOINT	944.85	944.85	10/1/2009
23900		AMPUTATION OF ARM	1011.29	1011.29	10/1/2009
23920		AMPUTATION OF ARM	817.73	817.73	10/1/2009
23921		DISARTICULATION OF SHOULDER;	295.60	295.60	10/1/2009
23930		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	161.64	254.52	10/1/2009
23931		INCISION AND DRAINAGE INFECTED BURSA.	115.91	197.52	10/1/2009
23935		INCISION DEEP W/OPENING OF CORTEX FOR OSTEOMYELITI	368.82	368.82	10/1/2009
24000		INCISION OF ELBOW JOINT	350.72	350.72	10/1/2009
24006		ARTHROTOMY ELBOW W/CAPSULAR RELEASE	532.35	532.35	10/1/2009
24065		BIOPSY SOFT TISSUES SUPERFICIAL.	123.63	181.61	10/1/2009
24066		BIOPSY SOFT TISSUES, DEEP.	295.76	422.66	10/1/2009
24075		EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCU	230.87	341.91	10/1/2009
24076		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	353.22	353.22	10/1/2009
24077		RADICAL RESECTION SOFT TISSUE TUMOR, ARM/ELBOW.	613.59	613.59	10/1/2009
24100		ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY	298.98	298.98	10/1/2009
24101		EXPLORATION OF ELBOW JOINT	368.53	368.53	10/1/2009
24102		EXPLORATION ELBOW JOINT.	458.64	458.64	10/1/2009
24105		AMB SURG EXCISION OLECRANON BURSA	246.18	246.18	10/1/2009
24110		REMOVAL OF BONE LESION	433.26	433.26	10/1/2009
24115		REMOVAL OF BONE LESION/GRAFT	548.62	548.62	10/1/2009
24116		REMOVAL OF BONE LESION/GRAFT	652.21	652.21	10/1/2009
24120		AMB SURG EXC BONE CYST/BENIGN TUMOR/OLECRANON	387.86	387.86	10/1/2009
24125		REMOVAL OF BONE LESION/GRAFT	448.68	448.68	10/1/2009
24126		REMOVAL OF BONE LESION/GRAFT	476.29	476.29	10/1/2009
24130		REMOVAL OF HEAD OF RADUIS	374.20	374.20	10/1/2009
24134		SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS S	564.22	564.22	10/1/2009
24136		SEQUES FOR OSTEO/BONE ABSCESS RADIAL HEAD OR NECK	446.69	446.69	10/1/2009
24138		SEQUES FOR OSTEO/BONE ABSCESS OLECRANON PROCESS	491.86	491.86	10/1/2009
24140		PARTIAL REMOVAL OF BONE	537.01	537.01	10/1/2009
24145		PARTIAL REMOVAL OF BONE	449.67	449.67	10/1/2009
24147		PARTIAL REMOVAL OF BONE	466.49	466.49	10/1/2009
24150		REMOVAL HUMERUS LESION.	735.67	735.67	10/1/2009
24151		REMOVAL OF HUMERUS LESION	846.36	846.36	10/1/2009
24152		REMOVAL RADIUS LESION.	552.73	552.73	10/1/2009
24153		RADICAL RESECTION TUMOR RADIAL HEAD/NECK GRAFT.	592.93	592.93	10/1/2009
24155		REMOVAL OF ELBOW JOINT	640.37	640.37	10/1/2009
24160		REMOVAL PROSTHETIC DEVICE	451.10	451.10	10/1/2009
24164		IMPLANT REMOVAL RADIAL HEAD	368.30	368.30	10/1/2009
24200		REMOVAL OF FOREIGN BODY SUBCUTANEOUS	100.41	141.94	10/1/2009
24201		REMOVAL OF FOREIGN BODY DEEP	269.30	395.91	10/1/2009
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	56.85	128.08	10/1/2009
24300		MANIPULATIOIN, ELBOW, UNDER ANESTHESIA	285.49	285.49	10/1/2009
24301		MUSCLE OR TENDON TRANSFER ANY TYPE SINGLE	565.57	565.57	10/1/2009
24305		TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	430.80	430.80	10/1/2009
24310		REVISION OF ARM TENDON	352.35	352.35	10/1/2009
24320		REPAIR OF ARM TENDON	582.98	582.98	10/1/2009
24330		REVISION OF ARM MUSCLES	537.33	537.33	10/1/2009
24331		REVISION OF ARM MUSCLES	594.65	594.65	10/1/2009
24332		TENOLYSIS, TRICEPS	449.43	449.43	10/1/2009
24340		REPAIR OF RUPTURED TENDON	457.35	457.35	10/1/2009
24342		REPAIR OF RUPTURED TENDON	591.12	591.12	10/1/2009
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	522.86	522.86	10/1/2009
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDI	818.17	818.17	10/1/2009
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	519.60	519.60	10/1/2009
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDO	819.88	819.88	10/1/2009
24360		REPAIR ELBOW JOINT	680.02	680.02	10/1/2009
24361		ARTHROPLASTY ELBOW W HUMERAL PROTHETIC REPLACEMENT	763.08	763.08	10/1/2009
24362		REPAIR OF ELBOW JOINT	807.54	807.54	10/1/2009
24363		ARTHROPLASTY W HUMERUS/ULNAR PROSTHETIC REPLACE.	1134.95	1134.95	10/1/2009
24365		REPAIR OF HEAD OF RADIUS	478.95	478.95	10/1/2009
24366		REPAIR OF HEAD OF RADIUS W IMPLANT.	513.42	513.42	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
24400		REVISION OF HUMERUS	620.09	620.09	10/1/2009
24410		MULTIPLE OSTEOTOMIES HUMERUS.	794.04	794.04	10/1/2009
24420		REPAIR OF HUMERUS	744.54	744.54	10/1/2009
24430		REPAIR NONUNION HUMEROUS	792.08	792.08	10/1/2009
24435		REPAIR/GRAFT OF HUMERUS	802.58	802.58	10/1/2009
24470		REVISION OF ELBOW JOINT	472.95	472.95	10/1/2009
24495		DECOMPRESSION OF FOREARM	490.35	490.35	10/1/2009
24498		PROPHYLACTIC TX HUMERUS.	659.45	659.45	10/1/2009
24500		TREATMENT HUMERUS FRACTURE	221.78	243.69	10/1/2009
24505		TREATMENT HUMERUS FRACTURE	326.64	355.49	10/1/2009
24515		REPAIR HUMERUS FRACTURE	660.51	660.51	10/1/2009
24516		OPEN TX HUMERAL SHAFT FX W INTRAMEDULLARY IMPLANT	653.83	653.83	10/1/2009
24530		TREATMENT HUMERUS FX W/WO INTERCONDYLAR EXTENSION	238.81	262.46	10/1/2009
24535		REPAIR HUMERUS FRACTURE	416.84	445.97	10/1/2009
24538		FIXATION HUMERAL FX W/WO INTERCONDYLAR EXTENSION	555.91	555.91	10/1/2009
24545		REPAIR HUMERUS FX W/O INTERCONDYLAR EXTENSION	688.08	688.08	10/1/2009
24546		OPEN TX HUMERAL SUPRA/TRANSCONDYLAR FX; W/WO FIX.	799.54	799.54	10/1/2009
24560		TREAT HUMERUS FRACTURE	195.09	218.74	10/1/2009
24565		REPAIR HUMERUS FRACTURE	340.46	366.42	10/1/2009
24566		PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTU	519.99	519.99	10/1/2009
24575		REPAIR HUMERUS FRACTURE	551.86	551.86	10/1/2009
24576		TREAT HUMERUS FRACTURE	207.47	229.97	10/1/2009
24577		REPAIR HUMERUS FRACTURE	353.22	381.20	10/1/2009
24579		REPAIR HUMERUS FRACTURE	628.00	628.00	10/1/2009
24582		PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE	580.18	580.18	10/1/2009
24586		REPAIR ELBOW FRACTURE	831.90	831.90	10/1/2009
24587		REPAIR ELBOW FX WITH IMPLANT	828.40	828.40	10/1/2009
24600		TREATMENT OF CLOSED ELBOW DISLOCATION;	237.06	258.99	10/1/2009
24605		TREATMENT OF CLOSED ELBOW DISLOCATION;	335.88	335.88	10/1/2009
24615		REPAIR ELBOW DISLOCATION	537.74	537.74	10/1/2009
24620		TREAT ELBOW FRACTURE	406.85	406.85	10/1/2009
24635		REPAIR ELBOW FRACTURE	562.12	562.12	10/1/2009
24640		TREAT ELBOW DISLOCATION	63.20	85.11	10/1/2009
24650		TREAT RADIUS FRACTURE	160.93	177.37	10/1/2009
24655		TREAT RADIUS FRACTURE	283.59	308.11	10/1/2009
24665		REPAIR RADIUS FRACTURE	482.60	482.60	10/1/2009
24666		REPAIR RADIUS FRACTURE	549.14	549.14	10/1/2009
24670		TREAT ULNA FRACTURE	180.03	199.64	10/1/2009
24675		TREAT ULNA FRACTURE	301.20	325.72	10/1/2009
24685		REPAIR ULNA FRACTURE	484.75	484.75	10/1/2009
24800		FUSION OF ELBOW JOINT	597.62	597.62	10/1/2009
24802		FUSION/GRAFT OF ELBOW JOINT	757.39	757.39	10/1/2009
24900		AMPUTATION OF ARM	539.69	539.69	10/1/2009
24920		AMPUTATION OF ARM	536.33	536.33	10/1/2009
24925		AMPUTATION, ARM THROUGH HUMERUS;	414.86	414.86	10/1/2009
24930		AMPUTATION FOLLOW-UP SURGERY	569.06	569.06	10/1/2009
24931		AMPUTATION FOLLOW-UP SURGERY	638.89	638.89	10/1/2009
24935		REVISION OF AMPUTATION	775.49	775.49	10/1/2009
24940		AMPUTATION OF ARM	890.70	890.70	10/1/2009
25000		INCISION OF TENDON SHEATH	254.84	254.84	10/1/2009
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	242.13	242.13	10/1/2009
25020		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EX	422.85	422.85	10/1/2009
25023		DECOMP FASCIOTOMY FLEX/EXTEN COMP W DEBR NONVIABLE	818.75	818.75	10/1/2009
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND E	574.61	574.61	10/1/2009
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND E	889.03	889.03	10/1/2009
25028		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	376.52	376.52	10/1/2009
25031		INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	277.48	277.48	10/1/2009
25035		INCISION DEEP W OPENING OF CORTEX FOR OSTEOMYELITI	480.82	480.82	10/1/2009
25040		EXPLORTION OF WRIST JOINT	426.82	426.82	10/1/2009
25065		BIOPSY SOFT TISSUES SUPERFICIAL.	121.88	180.13	10/1/2009
25066		BIOPSY SOFT TISSUES DEEP	277.96	277.96	10/1/2009
25075		EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBC	243.52	243.52	10/1/2009
25076		REMOVAL OF FOREARM LESION	328.79	328.79	10/1/2009
25077		RADICAL RESECTION SOFT TISSUE TUMOR,FOREARM/WRIST	560.56	560.56	10/1/2009
25085		CAPSULOTOMY WRIST	343.00	343.00	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
25100		BIOPSY OF WRIST JOINT	254.20	254.20	10/1/2009
25101		ARTHROTOMY WITH JOINT EXPLORATION	299.90	299.90	10/1/2009
25105		EXPLORATION OF WRIST JOINT	364.84	364.84	10/1/2009
25107		ARTHROTOMY DIST RADIOULINAR JOINT EXCISION TRIANGU	453.86	453.86	10/1/2009
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR,	388.50	388.50	10/1/2009
25110		AMB SURG EXCISION LESION TENDON SHEATH	266.09	266.09	10/1/2009
25111		AMB SURG EXCISION GANGLION WRIST PRIMARY	230.79	230.79	10/1/2009
25112		EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR);	282.96	282.96	10/1/2009
25115		AMB SURG EXCISION BURSA WRIST/FOREARM	598.44	598.44	10/1/2009
25116		REMOVAL WRIST/ROREARM LESION.	482.77	482.77	10/1/2009
25118		EXPLORE WRIST TENDON SHEATH.	283.35	283.35	10/1/2009
25119		SYNOVECTOMY WRIST W RESECTION OF ULNA.	375.88	375.88	10/1/2009
25120		REMOVAL OF FOREARM LESION	411.70	411.70	10/1/2009
25125		REMOVAL OF FOREARM LESION	479.88	479.88	10/1/2009
25126		REMOVAL OF FOREARM LESION	484.78	484.78	10/1/2009
25130		REMOVAL OF WRIST LESION	332.81	332.81	10/1/2009
25135		REMOVAL OF WRIST LESION	416.28	416.28	10/1/2009
25136		REMOVAL OF WRIST LESION	367.87	367.87	10/1/2009
25145		SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE ABSCESS	422.91	422.91	10/1/2009
25150		PARTIAL EXC BONE FOR OSTEOMYELITIS ULNA	431.78	431.78	10/1/2009
25151		PARTIAL REMOVAL RADIUS/ULNA	476.82	476.82	10/1/2009
25170		REMOVAL RADIUS/ULNA LESION.	665.35	665.35	10/1/2009
25210		REMOVAL OF WRIST BONE	365.15	365.15	10/1/2009
25215		REMOVAL OF WRIST BONES	471.14	471.14	10/1/2009
25230		PARTIAL REMOVAL OF RADIUS	323.30	323.30	10/1/2009
25240		AMB SURG EXCISION DISTAL ULNA (DURRACH PROCEDURE)	327.59	327.59	10/1/2009
25246		INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	62.56	130.34	10/1/2009
25248		EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY	326.05	326.05	10/1/2009
25250		REMOVAL OF WRIST PROSTHESIS SEPARATE PROCEDURE.	388.84	388.84	10/1/2009
25251		REMOVAL WRIST PROTHESIS COMPLICATED TOTAL WRIST.	532.41	532.41	10/1/2009
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	286.33	286.33	10/1/2009
25260		AMB SURG REPAIR TENDON/MUSCLE PRIMARY SINGLE	505.45	505.45	10/1/2009
25263		REPAIR ADDITIONAL TENDON	504.70	504.70	10/1/2009
25265		REPAIR TENDON OR MUSCLE SECONDARY WITH FREE GRAFT	600.34	600.34	10/1/2009
25270		REPAIR TENDON OR MUSCLE EXTENSOR PRIMARY SINGLE EA	405.29	405.29	10/1/2009
25272		REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST;	456.74	456.74	10/1/2009
25274		REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SEC	542.13	542.13	10/1/2009
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FR	500.77	500.77	10/1/2009
25280		LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TE	462.92	462.92	10/1/2009
25290		TENOTOMY OPEN SINGLE FLEXOR OR EXTENSOR TENDON EAC	390.65	390.65	10/1/2009
25295		TENOLYSIS SING FLEXOR OR EXTENSOR TENDON EACH TEND	430.64	430.64	10/1/2009
25300		FUSION OF WRIST TENDONS	510.02	510.02	10/1/2009
25301		FUSION OF WRIST TENDONS	485.71	485.71	10/1/2009
25310		TRANSPLANT WRIST TENDON	501.35	501.35	10/1/2009
25312		TRANSPLANT WRIST TENDON	581.52	581.52	10/1/2009
25315		REVISE PALSY HAND	623.81	623.81	10/1/2009
25316		REVISE PALSY HAND	722.59	722.59	10/1/2009
25320		REPAIR WRIST JOINT	717.78	717.78	10/1/2009
25332		REPAIR WRIST JOINT W INTERNAL FIXATION	635.42	635.42	10/1/2009
25335		CENTRALZATION OF HAND ON ULNA	721.52	721.52	10/1/2009
25337		RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA	660.78	660.78	10/1/2009
25350		OSTEOTOMY RADIUS	552.54	552.54	10/1/2009
25355		OSTEOTOMY RADIUS	622.00	622.00	10/1/2009
25360		REVISION ULNA	536.03	536.03	10/1/2009
25365		REVISION RADIUS/ULNA	731.87	731.87	10/1/2009
25370		REVISION RADIUS OR ULNA	797.72	797.72	10/1/2009
25375		REVISION RADIUS AND ULNA	769.86	769.86	10/1/2009
25390		REVISE RADIUS OR ULNA	625.82	625.82	10/1/2009
25391		REVISE RADIUS OR ULNA	796.82	796.82	10/1/2009
25392		REVISE RADIUS & ULNA	808.91	808.91	10/1/2009
25393		REVISE/GRAFT RADIUS/ULNA	909.65	909.65	10/1/2009
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	583.69	583.69	10/1/2009
25400		REPAIR NONUNION/MALUNION RADIUS OR ULNA	656.69	656.69	10/1/2009
25405		REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT	836.18	836.18	10/1/2009
25415		REPAIR RADIUS AND ULNA	785.10	785.10	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
25420		REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAF	935.76	935.76	10/1/2009
25425		REPAIR/GRAFT RADIUS OR ULNA	807.08	807.08	10/1/2009
25426		REPAIR/GRAFT RADIUS AND ULNA	849.09	849.09	10/1/2009
25430		INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARI PROCET	531.73	531.73	10/1/2009
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID I	589.53	589.53	10/1/2009
25440		REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR V	585.58	585.58	10/1/2009
25441		ARTHROPLASTY PROSTHETIC REPLACE DISTAL RADIUS	710.41	710.41	10/1/2009
25442		ARTHROPLASTY W PROSTHETIC REPLACEMENT DISTAL ULNA	604.77	604.77	10/1/2009
25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (N	580.05	580.05	10/1/2009
25444		ARTHROPLASTY W PROSTHETIC REPLACEMENT LUNATE	619.03	619.03	10/1/2009
25445		ARTHROPLASTY W PROTHETIC REPLACEMENT TRAPEZIUM	541.74	541.74	10/1/2009
25446		ARTHROPLASTY W PROSTHETIC REPLACE DISTAL RAD/CARP	894.39	894.39	10/1/2009
25447		INTERPOSITION ARTHROPLASTY INTERCARPAL/CARPOMETA	611.18	611.18	10/1/2009
25449		ARTHROPLASTY W REMOVAL OF IMPLANT	783.08	783.08	10/1/2009
25450		REVISION OF WRIST JOINT	453.55	453.55	10/1/2009
25455		REVISION OF WRIST JOINT	517.53	517.53	10/1/2009
25490		PROPHYLACTIC TREATMENT RADIUS	569.31	569.31	10/1/2009
25491		PROPHYLACTIC TX ULNA	600.75	600.75	10/1/2009
25492		PROPHYLACTIC TX RADIUS AND ULNA	725.03	725.03	10/1/2009
25500		TREAT FRACTURE OF RADIUS	166.80	182.37	10/1/2009
25505		REPAIR FRACTURE OF RADIUS	331.29	357.25	10/1/2009
25515		REPAIR FRACTURE OF RADIUS	498.96	498.96	10/1/2009
25520		CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATME	377.68	395.27	10/1/2009
25525		OPEN TX RADIAL SHAFT FX & CLOSED TX RADIOULNAR JNT	603.09	603.09	10/1/2009
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/OR	740.60	740.60	10/1/2009
25530		TREAT FRACTURE OF ULNA	158.84	176.14	10/1/2009
25535		REPAIR FRACTURE OF ULNA	325.71	346.47	10/1/2009
25545		REPAIR FRACTURE OF ULNA	466.35	466.35	10/1/2009
25560		TREAT FRACTURE RADIUS & ULNA	165.91	184.66	10/1/2009
25565		REPAIR FRACTURE RADIUS/ULNA	344.37	374.37	10/1/2009
25574		OPEN TX RADIAL/ULNAR SHAFT FXS	490.87	490.87	10/1/2009
25575		REPAIR FRACTURE RADIUS/ULNA	668.79	668.79	10/1/2009
25600		TREAT FRACTURE RADIUS/ULNA	182.45	201.19	10/1/2009
25605		REPAIR FRACTURE RADIUS/ULNA	418.04	440.54	10/1/2009
25606		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EF	490.31	490.31	10/1/2009
25607		OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EI	530.98	530.98	10/1/2009
25608		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EP	606.29	606.29	10/1/2009
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EP	774.56	774.56	10/1/2009
25622		RX CLOSED CARPAL SCAPHOID FX WITHOUT MANIPULATION	186.27	206.17	10/1/2009
25624		CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE;	300.11	327.22	10/1/2009
25628		OPEN RX CLOSED OR OPEN CARPAL SCAPHOID FRACTURE	533.56	533.56	10/1/2009
25630		TREAT WRIST FRACTURE(S)	191.99	211.60	10/1/2009
25635		REPAIR WRIST FRACTURE(S)	278.01	309.75	10/1/2009
25645		OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SC	420.66	420.66	10/1/2009
25650		TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	203.95	220.68	10/1/2009
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	347.25	347.25	10/1/2009
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	458.33	458.33	10/1/2009
25660		REPAIR WRIST DISLOCATION	290.14	290.14	10/1/2009
25670		OPNE RX OF CLOSED OR OPEN RADIOCARPAL OR INTERCARP	454.08	454.08	10/1/2009
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATIC	382.37	382.37	10/1/2009
25675		REPAIR WRIST DISLOCATION	282.94	305.71	10/1/2009
25676		REPAIR WRIST DISLOCATION	470.13	470.13	10/1/2009
25680		REPAIR WRIST FRACTURE	336.22	336.22	10/1/2009
25685		REPAIR WRIST FRACTURE	547.84	547.84	10/1/2009
25690		REPAIR WRIST DISLOCATION	338.76	338.76	10/1/2009
25695		REPAIR WRIST DISLOCATION	472.01	472.01	10/1/2009
25800		FUSION OF WRIST	558.45	558.45	10/1/2009
25805		FUSION/GRAFT OF WRIST	644.03	644.03	10/1/2009
25810		FUSION/GRAFT OF WRIST	650.20	650.20	10/1/2009
25820		INTERCARPAL FUSION WO BONE GRAFT	455.28	455.28	10/1/2009
25825		INTERCARPAL FUSION W AUTOGENOUS BONE GRAFT	561.53	561.53	10/1/2009
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION	699.37	699.37	10/1/2009
25900		AMPUTATION FOREARM THROUGH RADIUS AND ULNA	559.46	559.46	10/1/2009
25905		AMPUTATION OF FOREARM	553.41	553.41	10/1/2009
25907		AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	482.54	482.54	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
25909		AMPUTATION FOLLOW-UP SURGERY	544.03	544.03	10/1/2009
25915		AMPUTATION OF FOREARM	954.76	954.76	10/1/2009
25920		DISARTICULATION THROUGH WRIST	511.88	511.88	10/1/2009
25922		DISARTICULATION W SECONDARY CLOSURE REVISION	432.59	432.59	10/1/2009
25924		REAMPUTATION	499.82	499.82	10/1/2009
25927		TRANSMETACARPAL AMPUTATION	578.80	578.80	10/1/2009
25929		TRANSMETACARP AMPUT SEC CLOSURE OR SCAR REVISION	419.25	419.25	10/1/2009
25931		TRANSMETACARPAL REAMPUTATION	526.96	526.96	10/1/2009
26010		DRAINAGE OF FINGER ABSCESS	96.90	179.10	10/1/2009
26011		DRAINAGE OF FINGER ABSCESS;	135.42	272.99	10/1/2009
26020		DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	312.16	312.16	10/1/2009
26025		DRAINAGE OF PALM BURSA	305.30	305.30	10/1/2009
26030		DRAINAGE OF PALM BURSAS	361.38	361.38	10/1/2009
26034		INC DEEP W/OPEN CORTEX FOR OSTEO/BONE ABSCESS HAND	391.33	391.33	10/1/2009
26035		DECOMPRESSION FINGER/HAND	611.75	611.75	10/1/2009
26037		DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	422.55	422.55	10/1/2009
26040		FASCIOTOMY PALMAR FOR DUPUYTREN CONTRACTURE OPEN P	223.44	223.44	10/1/2009
26045		RELEASE PALM CONTRACTURE	341.86	341.86	10/1/2009
26055		AMB SURG TENDON SHEATH INCISION FOR TRIGGER FINGER	213.65	398.53	10/1/2009
26060		TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	191.20	191.20	10/1/2009
26070		EXPLORATION OF HAND JOINT	218.66	218.66	10/1/2009
26075		ARTHROTOMY WITH EXPLORATION METACARPOPHALANGEAL JO	231.41	231.41	10/1/2009
26080		EXPLORATION OF FINGER JOINT	278.78	278.78	10/1/2009
26100		BIOPSY OF HAND JOINT	234.22	234.22	10/1/2009
26105		ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	239.62	239.62	10/1/2009
26110		BIOPSY OF FINGER JOINT	229.94	229.94	10/1/2009
26115		EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	260.50	438.74	10/1/2009
26116		EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND	351.31	351.31	10/1/2009
26117		RADICAL RESECTION SOFT TISSUE TUMOR HAND/FINGER	481.72	481.72	10/1/2009
26121		FASCIECTOMY PALMAR W/WO Z-PLASTY OR SKIN GRAFTING	442.11	442.11	10/1/2009
26123		FASCIECTOMY, PALMAR WITH RELEASE OF SINGLE DIGIT.	605.43	605.43	10/1/2009
26125		FASCIECTOMY, PALMER W/ RELEASE ADDITIONAL DIGITS.	218.41	218.41	10/1/2009
26130		EXPLORATION HAND JOINT	334.22	334.22	10/1/2009
26135		EXPLORATION FINGER JOINT	407.60	407.60	10/1/2009
26140		AMB SURG SYNOVECTOMY INTERPHALANGEAL JOINT	370.20	370.20	10/1/2009
26145		TENDON EXCISION PALM/DIGIT	376.44	376.44	10/1/2009
26160		EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, I	233.22	399.93	10/1/2009
26170		REMOVAL OF PALM TENDON	295.44	295.44	10/1/2009
26180		REMOVAL OF FINGER TENDON	323.00	323.00	10/1/2009
26200		AMB SURG EXCISION/CURRETTAGE BONE CYST METACARPAL	332.08	332.08	10/1/2009
26205		REMOVAL/GRAFT JOINT LESION	446.94	446.94	10/1/2009
26210		REMOVAL OF FINGER LESION	321.40	321.40	10/1/2009
26215		REMOVAL/GRAFT FINGER LESION	409.61	409.61	10/1/2009
26230		PARTIAL REMOVAL OF HAND BONE	372.04	372.04	10/1/2009
26235		PARTIAL REMOVAL FINGER BONE	365.34	365.34	10/1/2009
26236		PARTIAL REMOVAL FINGER BONE	323.32	323.32	10/1/2009
26250		REMOVAL OF HAND BONE	432.05	432.05	10/1/2009
26255		REMOVAL/GRAFT OF HAND BONE	660.06	660.06	10/1/2009
26260		RADICAL RESECTION FOR TUMOR OF FINGER	404.56	404.56	10/1/2009
26261		PARTIAL REMOVAL/GRAFT FINGER	502.24	502.24	10/1/2009
26262		RADICAL RESECTION FOR TUMOR OF FINGER	337.36	337.36	10/1/2009
26320		REMOVAL OF IMPLANT HAND	251.21	251.21	10/1/2009
26340		MANIPULATION FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	223.51	223.51	10/1/2009
26350		REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLE;	517.97	517.97	10/1/2009
26352		REMOVAL/GRAFT TENDON	590.75	590.75	10/1/2009
26356		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR	772.02	772.02	10/1/2009
26357		FLEXOR TENDON REPAIR SECONDARY EACH TENDON	635.17	635.17	10/1/2009
26358		REPAIR/GRAFT TENDON	671.81	671.81	10/1/2009
26370		REPAIR TENDON	562.09	562.09	10/1/2009
26372		REPAIR/GRAFT TENDON	652.97	652.97	10/1/2009
26373		PROFUNDUS TENDON REPAIR SECONDARY WITHOUT FREE GRA	620.24	620.24	10/1/2009
26390		EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR	611.27	611.27	10/1/2009
26392		REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAF	713.75	713.75	10/1/2009
26410		AMB SURG EXTENSOR TENDON REPAIR DORSUM OF HAND	411.56	411.56	10/1/2009
26412		REPAIR/GRAFT TENDON	501.30	501.30	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
26415		EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC RO	530.76	530.76	10/1/2009
26416		REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GR	569.23	569.23	10/1/2009
26418		REPAIR TENDON	412.44	412.44	10/1/2009
26420		REPAIR/GRAFT TENDON	521.37	521.37	10/1/2009
26426		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTON	421.21	421.21	10/1/2009
26428		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTON	548.19	548.19	10/1/2009
26432		AMB SURG REPAIR MULLET FINGER DEFORMITY	359.90	359.90	10/1/2009
26433		REPAIR TENDON	386.68	386.68	10/1/2009
26434		REPAIR/GRAFT TENDON	465.38	465.38	10/1/2009
26437		EXTENSOR TENDON REALIGNMENT	453.29	453.29	10/1/2009
26440		AMB SURG TENOLYSIS FLEXOR TENDON HAND	453.53	453.53	10/1/2009
26442		RELEASE TENDON PALM & FINGER	690.83	690.83	10/1/2009
26445		TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	420.18	420.18	10/1/2009
26449		RELEASE TENDON FOREARM	556.14	556.14	10/1/2009
26450		INCISION OF TENDON	292.31	292.31	10/1/2009
26455		INCISION OF TENDON	290.31	290.31	10/1/2009
26460		TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	282.09	282.09	10/1/2009
26471		FUSION OF TENDONS	446.54	446.54	10/1/2009
26474		FUSION OF TENDON	427.92	427.92	10/1/2009
26476		TENDON LENGTHENING EXTENSOR SINGLE EACH	416.65	416.65	10/1/2009
26477		TENDON SHORTENING EXTENSOR SINGLE EACH	420.15	420.15	10/1/2009
26478		TENDON LENGTHENING FLEXOR HAND/FINGER	456.61	456.61	10/1/2009
26479		TENDON SHORTENING FLEXOR HAND/FINGER	451.68	451.68	10/1/2009
26480		TENDON TRANSPLANT	548.77	548.77	10/1/2009
26483		TENDON TRANSPLANT	621.28	621.28	10/1/2009
26485		TENDON TRANSPLANT	594.66	594.66	10/1/2009
26489		TENDON TRANSPLANT & GRAFT	645.85	645.85	10/1/2009
26490		TENDON TRANSFER	576.73	576.73	10/1/2009
26492		TENDON TRANSFER WITH GRAFT	643.33	643.33	10/1/2009
26494		TENDON/MUSCLE TRANSFER	583.74	583.74	10/1/2009
26496		REPAIR THUMB TENDON	634.13	634.13	10/1/2009
26497		SUBLIMIS TRANSFER TO CORRECT CLAW FINGER IV AND V	634.45	634.45	10/1/2009
26498		SUBLIMIS TRANSFER TO CORRECT CLAW FINGER 2/3/4/5	850.44	850.44	10/1/2009
26499		CORRECTION CLAW FINGER, OTHER METHODS	605.92	605.92	10/1/2009
26500		TENDON RECONSTRUCTION	456.12	456.12	10/1/2009
26502		TENDON RECONSTRUCTION/GRAFT	515.92	515.92	10/1/2009
26508		RELEASE THUMB CONTRACTURE	458.69	458.69	10/1/2009
26510		CROSS INTRINSIC TRANSFER, EACH TENDON	434.25	434.25	10/1/2009
26516		FUSION OF KNUCKLE JOINT	514.49	514.49	10/1/2009
26517		FUSION OF KNUCKLE JOINTS	606.91	606.91	10/1/2009
26518		FUSION OF KNUCKLE JOINTS	612.79	612.79	10/1/2009
26520		RELEASE KNUCKLE CONTRACTURE	474.23	474.23	10/1/2009
26525		RELEASE FINGER CONTRACTURE	476.23	476.23	10/1/2009
26530		REPAIR KNUCKLE	395.15	395.15	10/1/2009
26531		REPAIR KNUCKLE WITH IMPLANT	460.30	460.30	10/1/2009
26535		REPAIR FINGER JOINT	296.67	296.67	10/1/2009
26536		REPAIR FINGER JOINT-IMPLANT	489.43	489.43	10/1/2009
26540		RECONSTRUCTION COLLATERAL LIGAMENT METACARPOPHALAN	482.36	482.36	10/1/2009
26541		RECONSTRUCT COLLATERAL LIG METACARPO JT WITH TENDO	591.30	591.30	10/1/2009
26542		PRIM REPAIR COLLATERAL LIGAMENT W/ LOCAL TISSUE	499.06	499.06	10/1/2009
26545		RECONSTRUCT FINGER JOINT	508.08	508.08	10/1/2009
26548		REPAIR/RECONSTRUCT FINGER VOLAR PLATE	560.36	560.36	10/1/2009
26550		CONSTRUCT THUMB REPLACEMENT	1115.65	1115.65	10/1/2009
26555		TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR AT	1019.25	1019.25	10/1/2009
26560		AMB SURG REPAIR SYNDACTYLY FINGERS	415.11	415.11	10/1/2009
26561		REPAIR WEB FINGER	670.68	670.68	10/1/2009
26562		REPAIR WEB FINGER COMPLEX	977.29	977.29	10/1/2009
26565		AMB SURG OSTEOTOMY CORRECTION DEFORMITY METACARPAL	494.53	494.53	10/1/2009
26567		AMB SURG OSTEOTOMY CORRECT DEFORMITY PHALANX	499.54	499.54	10/1/2009
26568		OSTEOPLASTY FOR LENGTHENING OF METACARPAL/PHALANX	657.96	657.96	10/1/2009
26580		REPAIR HAND DEFORMITY	1042.62	1042.62	10/1/2009
26587		RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	715.92	715.92	10/1/2009
26590		REPAIR MACRODACTYLIA, EACH DIGIT	951.07	951.07	10/1/2009
26591		REPAIR INTRINSIC MUSCLES OF HAND	315.72	315.72	10/1/2009
26593		RELEASE INTRINSIC MUSCLES OF HAND	432.93	432.93	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
26596		EXCISION OF CONSTRICTING RING W Z-PLASTICS	542.26	542.26	10/1/2009
26600		TREAT METACARPAL FRACTURE	177.85	191.98	10/1/2009
26605		CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE;	203.12	221.87	10/1/2009
26607		CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, V	321.12	321.12	10/1/2009
26608		PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH I	346.77	346.77	10/1/2009
26615		AMB SURG OPEN REDUCTION METACARPAL FRACTURE	403.48	403.48	10/1/2009
26641		TREATMENT CARPOMETACARP DISLOC THUMB W/MANIPULATIO	235.13	256.18	10/1/2009
26645		REPAIR THUMB DISLOCATION	270.87	292.50	10/1/2009
26650		AMB SURG CLOSED REDUCTION BENNETT FX PIN FIXATION	346.53	346.53	10/1/2009
26665		REPAIR THUMB DISLOCATION	448.12	448.12	10/1/2009
26670		CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN	209.98	231.61	10/1/2009
26675		REPAIR HAND DISLOCATION	289.55	312.05	10/1/2009
26676		PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATIC	363.34	363.34	10/1/2009
26685		OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN TH	413.80	413.80	10/1/2009
26686		OPEN TREAT CLO/OPEN CARPOMETACA DISLO CMPL/MUL/DEL	459.54	459.54	10/1/2009
26700		REPAIR FINGER DISLOCATION	206.88	221.30	10/1/2009
26705		CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE	263.84	286.04	10/1/2009
26706		TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATIO	315.70	315.70	10/1/2009
26715		REPAIR FINGER DISLOCATION	404.09	404.09	10/1/2009
26720		TREAT FINGER FRACTURES	122.07	133.02	10/1/2009
26725		RX CLOSED PHALANGEAL SHAFT FX PROX OR MID PHALANX	215.39	238.75	10/1/2009
26727		REPAIR FINGER FRACTURES	340.77	340.77	10/1/2009
26735		REPAIR FINGER FRACTURES	421.08	421.08	10/1/2009
26740		CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOF	145.75	154.99	10/1/2009
26742		TX CLOSED ARTICULAR FX OF FINGERS W MANIPULATION	239.20	261.99	10/1/2009
26746		OPEN RX CLOSED OR OPEN ARTICULAR FX EACH	516.87	516.87	10/1/2009
26750		TREAT FINGER FRACTURE	121.48	124.65	10/1/2009
26755		CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THL	192.17	219.29	10/1/2009
26756		TX OF CLOSED DISTAL PHALANGEAL FX W PINNING	299.90	299.90	10/1/2009
26765		OPEN RX CLOSED OR OPEN DISTAL PHALANGEAL FX FINGER	341.90	341.90	10/1/2009
26770		REPAIR FINGER DISLOCATION	172.30	187.58	10/1/2009
26775		CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	240.44	266.39	10/1/2009
26776		TX OF CLOSED INTERPHALANGEAL JOINT DISLOCATION	319.35	319.35	10/1/2009
26785		OPEN RX CLOSED OR OPEN INTERPHALANGEAL JOINT DISLO	373.45	373.45	10/1/2009
26820		THUMB FUSION WITH GRAFT	577.59	577.59	10/1/2009
26841		THUMB FUSION	533.66	533.66	10/1/2009
26842		THUMB FUSION WITH GRAFT	580.96	580.96	10/1/2009
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, E/	537.60	537.60	10/1/2009
26844		AMB SURG ARTHRODESIS FINGERS (26843-26860)	600.47	600.47	10/1/2009
26850		AMB SURG ARTHRODESIS FINGERS (26843-26860)	508.94	508.94	10/1/2009
26852		AMB SURG ARTHRODESIS FINGERS (26843-26860)	584.68	584.68	10/1/2009
26860		AMB SURG ARTHRODESIS FINGERS	406.26	406.26	10/1/2009
26861		ARTHRODESIS EACH ADDITIONAL INTERPHALANGEAL JOINT	82.37	82.37	10/1/2009
26862		AMB SURG ARTHRODESIS WITH AUTOGENOUS GRAFT	530.88	530.88	10/1/2009
26863		ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FI	183.69	183.69	10/1/2009
26910		AMPUTATION METACARPAL BONE	523.38	523.38	10/1/2009
26951		AMB SURG AMPUTATION FINGER/ANY JOINT PRIMARY/SECON	450.52	450.52	10/1/2009
26952		AMPUTATION OF FINGER	472.93	472.93	10/1/2009
26990		INCISION/DRAINAGE ABSCESS OR HEMATOMA	458.34	458.34	10/1/2009
26991		INCISION/DRAINAGE INFECTED BURSA	387.80	508.35	10/1/2009
26992		INCIS W/OPEN BONE CORT EX FOR OSTEOMYELITIS OR BON	724.82	724.82	10/1/2009
27000		AMB SURG TENOTOMY ADDUCTOR UNILATERAL HIP	332.84	332.84	10/1/2009
27001		AMB SURG TENOTOP ADDUCTOR OPEN HIP	404.11	404.11	10/1/2009
27003		INCISION OF HIT TENDON	434.12	434.12	10/1/2009
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	548.94	548.94	10/1/2009
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE	554.48	554.48	10/1/2009
27025		INCISION OF HIP FASCIA	672.71	672.71	10/1/2009
27030		DRAINAGE OF HIP JOINT	717.96	717.96	10/1/2009
27033		EXPLORATION OF HIP JOINT	743.28	743.28	10/1/2009
27035		HIP JOINT DEVERATION FEMORAL OR OBTURATOR NERVES	834.88	834.88	10/1/2009
27040		BIOPSY SOFT TISSUE SUPERFICIAL	152.55	246.86	10/1/2009
27041		BIOPSY SOFT TISSUE DEEP	519.76	519.76	10/1/2009
27047		EXCISION BENIGN TUMOR SUBCUTANEOUS	387.77	457.85	10/1/2009
27048		EXCISION BENIGN TUMOR DEEP	355.40	355.40	10/1/2009
27049		RADICAL RESECTION SOFT TISSUE TUMOR PELVIS/HIP	757.12	757.12	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27050		BIOPSY OF SACROILIAC JOINT	259.81	259.81	10/1/2009
27052		BIOPSY OF HIP JOINT	414.44	414.44	10/1/2009
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	509.46	509.46	10/1/2009
27060		REMOVAL OF ISCHIAL BURSA	320.63	320.63	10/1/2009
27062		REMOVAL OF FEMUR LESION	334.16	334.16	10/1/2009
27065		REMOVAL OF HIP BONE LESION	373.05	373.05	10/1/2009
27066		EXCISION OF BONE CYST OR TUMOR DEEP WITH OR WITHOUT	607.99	607.99	10/1/2009
27067		EXCISION BENIGN TUMOR W/BONE GRAFT REQ SEPERATE IN	772.34	772.34	10/1/2009
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS)	636.44	636.44	10/1/2009
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS)	683.14	683.14	10/1/2009
27075		RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIS	1772.02	1772.02	10/1/2009
27076		PARTIAL REMOVAL OF HIP BONE	1219.96	1219.96	10/1/2009
27077		REMOVAL OF HIP BONE	2047.94	2047.94	10/1/2009
27078		PARTIAL REMOVAL OF HIP BONES	769.11	769.11	10/1/2009
27079		RADICAL RESECTION OF TUMOR OR INFECTION;	738.20	738.20	10/1/2009
27080		COCCYGECTOMY PRIMARY	368.84	368.84	10/1/2009
27086		REMOVAL FOREIGN BODY SUBCTANEOUS TISSUE	110.31	176.64	10/1/2009
27087		REMOVAL OF FOREIGN BODY DEEP TISSUE	474.79	474.79	10/1/2009
27090		REMOVAL OF HIP PROSTHESIS	628.87	628.87	10/1/2009
27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PRO	1222.48	1222.48	10/1/2009
27093		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY;	57.52	143.18	10/1/2009
27095		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITH ANES	65.68	172.69	10/1/2009
27096		INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHOGRAPHY AND/OR I	55.33	131.76	10/1/2009
27097		HAMSTRING RESECTION PROXIMAL	501.23	501.23	10/1/2009
27098		ADDUCT TRANSF TO ISHIUM	468.88	468.88	10/1/2009
27100		TRANSFER OF ABDOMINAL MUSCLE	617.89	617.89	10/1/2009
27105		TRANSFER OF SPINAL MUSCLE	647.21	647.21	10/1/2009
27110		TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	723.80	723.80	10/1/2009
27111		TRANSFER ILIOPSOAS TO FEMORAL NECK	646.24	646.24	10/1/2009
27120		RECONSTRUCTION OF HIP	983.09	983.09	10/1/2009
27122		ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PRO	840.98	840.98	10/1/2009
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIP	856.65	856.65	10/1/2009
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REI	1106.00	1106.00	10/1/2009
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY,	1293.03	1293.03	10/1/2009
27134		REVISION OF TOTAL HIP, BOTH COMPONENTS	1501.64	1501.64	10/1/2009
27137		REVISION OF TOTAL HIP, ACETABULAR COMPONENT ONLY	1143.28	1143.28	10/1/2009
27138		REVISION OF TOTAL HIP, FEMORAL COMPONENT ONLY	1190.23	1190.23	10/1/2009
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPA	681.79	681.79	10/1/2009
27146		INCISION OF HIP BONE	963.68	963.68	10/1/2009
27147		OSTEOTOMY WITH OPEN REDUCTION OF HIP	1123.28	1123.28	10/1/2009
27151		INCISION OF HIP BONES	1172.86	1172.86	10/1/2009
27156		REVISION OF HIP BONES	1311.78	1311.78	10/1/2009
27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)	1054.04	1054.04	10/1/2009
27161		INCISION OF NECK OF FEMUR	931.29	931.29	10/1/2009
27165		OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL FIXATION	1040.82	1040.82	10/1/2009
27170		REPAIR/GRAFT FEMUR	901.82	901.82	10/1/2009
27175		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	500.22	500.22	10/1/2009
27176		TREATMENT OF SLIPPED FEMORAL EPIPHYSIS;	691.45	691.45	10/1/2009
27177		REPAIR SLIPPED EPIPHYSIS	844.42	844.42	10/1/2009
27178		OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MANIP W/SINGL	684.37	684.37	10/1/2009
27179		REVISION OF NECK OF FEMUR	737.48	737.48	10/1/2009
27181		FIXATION SLIPPED EPIPHYSIS	822.02	822.02	10/1/2009
27185		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCH	521.42	521.42	10/1/2009
27187		PROPHYLACTIC TX FEMORAL NECK AND PROXIMAL FEMUR	756.04	756.04	10/1/2009
27193		CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	347.62	344.74	10/1/2009
27194		CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASI	539.28	539.28	10/1/2009
27200		REPAIR TAIL BONE FRACTURE	127.00	124.41	10/1/2009
27202		REPAIR TAIL BONE FRACTURE	475.72	475.72	10/1/2009
27215		OPEN TX OF ILIAC SPINE S/INTERNAL FIXATION	558.49	558.49	10/1/2009
27216		PERCUTANEOUS SKELETAL FX POST PELVIC RING FX/DISLOCATION	817.50	817.50	10/1/2009
27217		OPEN TX ANT. RING FX/DISLOCATION W/INTERNAL FIX	773.13	773.13	10/1/2009
27218		OPEN TX POST RING FX/DISLOCATION W/INTERNAL FIX.	1058.45	1058.45	10/1/2009
27220		TREATMENT HIP/SHOULDER FRACTURE	385.84	388.44	10/1/2009
27222		REPAIR HIP/SHOULDER FRACTURE	741.23	741.23	10/1/2009
27226		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	790.23	790.23	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
27227		OPEN TREATMENT ACETABULAR FX W/INTERNAL FIX.	1280.74	1280.74	10/1/2009
27228		OPEN TX ACETABULAR FX W/INTERNAL FIXATION	1467.52	1467.52	10/1/2009
27230		TREATMENT FRACTURE OF FEMUR	340.69	345.01	10/1/2009
27232		REPAIR FRACTURE OF FEMUR	590.10	590.10	10/1/2009
27235		FIXATION OF FEMUR FRACTURE	691.25	691.25	10/1/2009
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTER	905.83	905.83	10/1/2009
27238		CLSD TRTMTN INTEROCHANTERIC,PERTROCHANTERIC,SUBTROCHANTERI	333.91	333.91	10/1/2009
27240		RX CLOSED INTERTROCHANTERIC OR PERTRO FEMORAL FX W	723.48	723.48	10/1/2009
27244		FIXATION OF FEMUR FRACTURE	931.99	931.99	10/1/2009
27245		OPEN TX FEMORAL FX; W/INTRAMEDULLARY IMPLANT	964.99	964.99	10/1/2009
27246		TREATMENT OF FEMUR FRACTURE	283.23	282.66	10/1/2009
27248		REPAIR OF FEMUR FRACTURE	571.06	571.06	10/1/2009
27250		REPAIR OF HIP DISLOCATION	180.97	180.97	10/1/2009
27252		REPAIR OF HIP DISLOCATION	571.73	571.73	10/1/2009
27253		REPAIR OF HIP DISLOCATION	718.54	718.54	10/1/2009
27254		REPAIR OF HIP DISLOCATION	972.93	972.93	10/1/2009
27256		TREATMENT OF HIP DISLOCATION	187.18	219.47	10/1/2009
27257		REPAIR OF HIP DISLOCATION	256.01	256.01	10/1/2009
27258		REPAIR OF HIP DISLOCATION	843.22	843.22	10/1/2009
27259		OPEN RX CLOSED/OPEN ACETAB FX W/FEMORAL SHAFT SHOR	1184.15	1184.15	10/1/2009
27265		TX ATRAUMATIC HIP DISLOCATION W/O ANESTHESIA	289.76	289.76	10/1/2009
27266		TX ATRAUMATIC HIP DISLOCATION W/ GEN ANESTHESIA	433.08	433.08	10/1/2009
27275		MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	134.20	134.20	10/1/2009
27280		FUSION OF SACROILIAC JOINT	779.45	779.45	10/1/2009
27282		FUSION OF PUBIC BONES	611.47	611.47	10/1/2009
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);	1192.68	1192.68	10/1/2009
27286		FUSION OF HIP JOINT	1256.61	1256.61	10/1/2009
27290		AMPUTATION OF LEG AT HIP	1201.36	1201.36	10/1/2009
27295		AMPUTATION OF LEG AT HIP	970.01	970.01	10/1/2009
27301		INCISION AND DRAINAGE DEEP ABSCESS INFECTED BURSA	369.27	480.03	10/1/2009
27303		INCISION DEEP W/OPENING BONE CORTEX FOR OSTEOMYE O	478.21	478.21	10/1/2009
27305		INCISION OF TENDON & FASCIA	348.28	348.28	10/1/2009
27306		INCISION OF TENDON	281.22	281.22	10/1/2009
27307		INCISION OF TENDONS	346.86	346.86	10/1/2009
27310		EXPLORATION OF KNEE JOINT	545.81	545.81	10/1/2009
27323		BIOPSY SOFT TISSUES SUPERFICIAL	132.70	192.11	10/1/2009
27324		AMB SURG BIOPSY SOFT TISSUE DEEP	283.67	283.67	10/1/2009
27325		NEURECTOMY, HAMSTRING MUSCLE	393.74	393.74	10/1/2009
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	362.89	362.89	10/1/2009
27327		EXCISION BENIGN TUMOR SUBCUTANEOUS	259.14	327.21	10/1/2009
27328		EXC BENIGN TUMOR DEEP	313.26	313.26	10/1/2009
27329		RACICAL RESECTION SOFT TISSUE TUMOR THIGH/KNEE	786.35	786.35	10/1/2009
27330		BIOPSY OF KNEE	296.96	296.96	10/1/2009
27331		EXPLORATION OF KNEE JOINT	351.00	351.00	10/1/2009
27332		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL OR	477.21	477.21	10/1/2009
27333		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE MEDIAL AND	431.92	431.92	10/1/2009
27334		ARTHROTOMY KNEE FOR SYNOVECTOMY ANTERIOR OR POSTER	508.48	508.48	10/1/2009
27335		ARTHROTOMY KNEE ANTERIOR AND POSTERIOR INCLUDING P	575.82	575.82	10/1/2009
27340		REMOVAL OF KNEECAP BURSA	267.83	267.83	10/1/2009
27345		REMOVAL OF KNEE CYST	355.33	355.33	10/1/2009
27347		EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), K	381.43	381.43	10/1/2009
27350		REMOVAL OF KNEECAP	485.65	485.65	10/1/2009
27355		REMOVAL OF FEMUR LESION	450.05	450.05	10/1/2009
27356		REMOVAL & GRAFT FEMUR LESION	552.86	552.86	10/1/2009
27357		REMOVAL & GRAFT FEMUR LESION	613.08	613.08	10/1/2009
27358		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; I	225.41	225.41	10/1/2009
27360		PARTIAL REMOVAL LEG BONE(S)	637.69	637.69	10/1/2009
27365		RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE	933.10	933.10	10/1/2009
27370		INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	41.90	122.08	10/1/2009
27372		REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	299.68	429.18	10/1/2009
27380		REPAIR KNEECAP TENDON	439.68	439.68	10/1/2009
27381		REPAIR/GRAFT KNEECAP TENDON	601.52	601.52	10/1/2009
27385		REPAIR OF THIGH MUSCLE	471.29	471.29	10/1/2009
27386		REPAIR/GRAFT OF THIGH MUSCLE	623.71	623.71	10/1/2009
27390		INCISION THIGH TENDON	325.95	325.95	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27391		INCISION THIGH TENDONS	425.73	425.73	10/1/2009
27392		INCISION THIGH TENDONS	525.98	525.98	10/1/2009
27393		LENGTHNING OF THIGH TENDON	377.27	377.27	10/1/2009
27394		LENGTHENING OF THIGH TENDONS	488.61	488.61	10/1/2009
27395		LENGTHENING OF THIGH TENDONS	662.94	662.94	10/1/2009
27396		TRANSPLANT OF THIGH TENDON	458.88	458.88	10/1/2009
27397		TRANSPLANTS OF THIGH TENDONS	677.61	677.61	10/1/2009
27400		REVISION OF THIGH MUSCLES	511.77	511.77	10/1/2009
27403		ARTHROTOMY WITH OPEN MENISCUS REPAIR	480.70	480.70	10/1/2009
27405		REPAIR OF KNEE LIGAMENT	506.50	506.50	10/1/2009
27407		REPAIR OF KNEE LIGAMENT	579.86	579.86	10/1/2009
27409		REPAIR OF KNEE LIGAMENTS	729.75	729.75	10/1/2009
27418		ANTERIOR TIBIAL TUBERCLE PLASTY CHONDROMALA PATELL	628.87	628.87	10/1/2009
27420		REPAIR OF UNSTABLE KNEECAP	562.73	562.73	10/1/2009
27422		REPAIR OF UNSTABLE KNEECAP	560.39	560.39	10/1/2009
27424		REVISION/REMOVAL OF KNEECAP	561.90	561.90	10/1/2009
27425		AMB SURG LATERAL RETINACULAR RELEASE KNEE	325.76	325.76	10/1/2009
27427		RECONSTRUCTION KNEE EXTRA-ARTICULAR	539.37	539.37	10/1/2009
27428		RECONSTRUCTION KNEE INTRA-ARTICULAR	832.02	832.02	10/1/2009
27429		RECONSTRUCTION KNEE INTRA AND EXTRA-ARTICULAR	932.01	932.01	10/1/2009
27430		REPAIR OF THIGH MUSCLES	556.90	556.90	10/1/2009
27435		INCISION OF KNEE JOINT	597.04	597.04	10/1/2009
27437		ARTHROPLASTY PATELLA W/O PROSTHESIS	494.81	494.81	10/1/2009
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	635.59	635.59	10/1/2009
27440		REPAIR OF KNEE JOINT	581.06	581.06	10/1/2009
27441		REPAIR OF KNEE JOINT	600.23	600.23	10/1/2009
27442		REPAIR OF KNEE JOINT	658.52	658.52	10/1/2009
27443		REPAIR OF KNEE JOINT	616.18	616.18	10/1/2009
27445		ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	962.99	962.99	10/1/2009
27446		TOTAL KNEE REPLACEMENT	853.53	853.53	10/1/2009
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL CC	1184.01	1184.01	10/1/2009
27448		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W/O FIXATIO	620.87	620.87	10/1/2009
27450		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR WITH FIXATI	774.35	774.35	10/1/2009
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, I	978.97	978.97	10/1/2009
27455		OSTEOTOMY PROXIMAL TIBIA UNILATERAL BEFORE EPIPHYS	715.13	715.13	10/1/2009
27457		OSTEOTOMY PROXIMAL TIBIA AFTER EPIPHYSEAL CLOSURE	737.45	737.45	10/1/2009
27465		REVISION OF FEMUR	930.85	930.85	10/1/2009
27466		REVISION OF FEMUR	901.41	901.41	10/1/2009
27468		OSTEOPLASTY, FEMUR;	1022.29	1022.29	10/1/2009
27470		REPAIR OF FEMUR	898.55	898.55	10/1/2009
27472		REPAIR/GRAFT OF FEMUR	972.14	972.14	10/1/2009
27475		ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYDIODESIS); DISTAL FEMUI	492.24	492.24	10/1/2009
27477		REPAIR LOWER LEG EPIPHYSES	552.48	552.48	10/1/2009
27479		REPAIR OF LEG EPIPHYSES	712.37	712.37	10/1/2009
27485		ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA	503.86	503.86	10/1/2009
27486		REVISION OF TOTAL KNEE ARTHROPLASTY, ONE COMPONENT	1079.70	1079.70	10/1/2009
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAF	1363.84	1363.84	10/1/2009
27488		REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYI	912.41	912.41	10/1/2009
27495		PROPHYLACTIC TREATMENT FEMUR	864.20	864.20	10/1/2009
27496		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, 1 COMPART.	375.18	375.18	10/1/2009
27497		DECOMPRESSION FASCIOTOMY, THIGH/KNEE W/ DEBRIDEMENT	408.75	408.75	10/1/2009
27498		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, MULTIPLE	445.95	445.95	10/1/2009
27499		DECOMPRESSION FASCIOTOMY; THIGH/KNEE W/ DEBRIDEMENT	494.40	494.40	10/1/2009
27500		TREATMENT OF FEMUR FRACTURE	351.93	376.74	10/1/2009
27501		CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORA	365.99	370.90	10/1/2009
27502		TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE WITH MA	595.23	595.23	10/1/2009
27503		CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; S/MANIPULA.	605.10	605.10	10/1/2009
27506		REPAIR FEMUR FX W/INSERTION INTRAMEDULLARY IMPLANT	1014.30	1014.30	10/1/2009
27507		OPEN TX FEM SHAFT FX WITH PLATE SCREWS	751.67	751.67	10/1/2009
27508		TREATMENT OF FEMUR FRACTURE	359.30	379.49	10/1/2009
27509		PERCUTANEOUS SKELETAL FIX FEM FX W/WO INTERCON EXT	479.01	479.01	10/1/2009
27510		REPAIR OF FEMUR FRACTURE	525.30	525.30	10/1/2009
27511		OPEN TX FEMORAL FX WO INTERCONDYLAR EXTENSION	778.57	778.57	10/1/2009
27513		OPEN TX FEMORAL FX W/INTERCONDYLAR EXTENSION	980.16	980.16	10/1/2009
27514		REPAIR OF FEMUR FRACTURE	785.79	785.79	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27516		TREATMENT OF FEMUR EPIPHYSIS	335.34	354.37	10/1/2009
27517		REPAIR OF FEMUR EPIPHYSIS	503.11	503.11	10/1/2009
27519		REPAIR OF FEMUR EPIPHYSIS	710.57	710.57	10/1/2009
27520		TREATMENT KNEECAP FRACTURE	201.88	222.07	10/1/2009
27524		REPAIR OF KNEECAP FRACTURE	568.48	568.48	10/1/2009
27530		TREATMENT OF KNEE FRACTURE	261.22	279.69	10/1/2009
27532		REPAIR OF KNEE FRACTURE	427.89	450.68	10/1/2009
27535		OPEN TX FIBIAL FX, PROXIMAL; UNICONDYLAR	694.60	694.60	10/1/2009
27536		TX TIBIAL FX BICONDYLAR	903.65	903.65	10/1/2009
27538		TREATMENT OF KNEE FRACTURE	315.44	335.34	10/1/2009
27540		REPAIR KNEE FRACTURE	628.38	628.38	10/1/2009
27550		REPAIR KNEE DISLOCATION	332.95	356.03	10/1/2009
27552		REPAIR KNEE DISLOCATION	462.73	462.73	10/1/2009
27556		OPEN RX CLOSED OR OPEN KNEE DISLOC W/O PRIMARY LIG	698.63	698.63	10/1/2009
27557		OSTEOTOMY PROXIMAL TIBIA BILATERAL WITH PRIMARY LI	836.98	836.98	10/1/2009
27558		OPEN TX KNEE DISLOCATION; W/LIG REPAIR	940.44	940.44	10/1/2009
27560		REPAIR KNEECAP DISLOCATION	236.46	259.53	10/1/2009
27562		CLOSED TREATMENT OF PATELLAR DISLOCATION;	341.18	341.18	10/1/2009
27566		REPAIR KNEECAP DISLOCATION	678.08	678.08	10/1/2009
27570		AMB SURG MANIPULATION OF KNEE UNDER ANESTHESIA	109.26	109.26	10/1/2009
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	1100.62	1100.62	10/1/2009
27590		AMPUTATION OF LEG	633.11	633.11	10/1/2009
27591		AMPUTATION THIGH THRU FEM IMMED FIT TECH INCLUD FI	699.16	699.16	10/1/2009
27592		AMPUTATION OF LEG	536.00	536.00	10/1/2009
27594		AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	385.90	385.90	10/1/2009
27596		AMPUTATION FOLLOW-UP SURGERY	560.96	560.96	10/1/2009
27598		AMPUTATION OF LOWER LEG	569.60	569.60	10/1/2009
27600		DECOMPRESSION OF LEG	320.46	320.46	10/1/2009
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	331.67	331.67	10/1/2009
27602		DECOMPRESSION OF LEG	393.95	393.95	10/1/2009
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	289.63	379.91	10/1/2009
27604		INCISION AND DRAINAGE INFECTED BURSA	255.20	333.36	10/1/2009
27605		AMB SURG ARCHILLES TENOTOMY LOCAL ANESTHESIA	153.30	264.05	10/1/2009
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	225.23	225.23	10/1/2009
27607		INCISION DEEP W/OPENING BN CORTEX FOR OSTEOMYELITI	463.71	463.71	10/1/2009
27610		EXPLORATION OF ANKLE JOINT	494.92	494.92	10/1/2009
27612		EXPLORATION OF ANKLE JOINT	432.16	432.16	10/1/2009
27613		BIOPSY SOFT TISSUES SUPERFICIAL	124.72	180.39	10/1/2009
27614		BIOPSY SOFT TISSUE DEEP	309.97	408.61	10/1/2009
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	668.24	668.24	10/1/2009
27618		EXC BENIGN TUMOR SUBSQ	286.98	357.06	10/1/2009
27619		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR INTRAMUSC	446.27	570.29	10/1/2009
27620		BIOPSY OF ANKLE JOINT	347.38	347.38	10/1/2009
27625		EXPLORATION OF ANKLE JOINT	450.96	450.96	10/1/2009
27626		AMB SURG SYNOVECTOMY ANKLE INCLUD TENOSYNOVECTOMY	486.91	486.91	10/1/2009
27630		AMB SURG EXCISION LESION OF TENDON SHEATH LEG	279.48	389.08	10/1/2009
27635		REMOVAL OF BONE LESION	447.30	447.30	10/1/2009
27637		REMOVAL/GRAFT OF BONE LESION	567.66	567.66	10/1/2009
27638		REMOVAL/GRAFT OF BONE LESION	592.38	592.38	10/1/2009
27640		PARTIAL REMOVAL OF TIBIA	656.32	656.32	10/1/2009
27641		PARITAL REMOVAL OF FIBULA	526.05	526.05	10/1/2009
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	796.50	796.50	10/1/2009
27646		REMOVAL OF FIBULA	704.68	704.68	10/1/2009
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	626.09	626.09	10/1/2009
27648		INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	41.61	117.74	10/1/2009
27650		REPAIR ACHILLES TENDON	511.06	511.06	10/1/2009
27652		REPAIR/GRAFT ACHILLES TENDON	564.46	564.46	10/1/2009
27654		REPAIR ACHILLES TENDON	550.86	550.86	10/1/2009
27656		REPAIR FASCIAL DEFECT OF LEG	264.11	390.73	10/1/2009
27658		REPAIR OF LEG TENDON	289.54	289.54	10/1/2009
27659		REPAIR OF LEG TENDON	381.39	381.39	10/1/2009
27664		REPAIR OF LEG TENDON	275.64	275.64	10/1/2009
27665		REPAIR OF LEG TENDON	316.18	316.18	10/1/2009
27675		REPAIR FOR DISLOCATING PERONEAL TENDONS W/O FIBULA	389.01	389.01	10/1/2009
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	471.76	471.76	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
27680		RELEASE OF LEG TENDON	328.41	328.41	10/1/2009
27681		AMB SURG TENOLYSIS MULTIPLE ANKLE FLEXOR	391.40	391.40	10/1/2009
27685		LENGTHENING OR SHORTENING OF TENDON SINGLE	362.75	463.69	10/1/2009
27686		LENGTHENING OR SHORTENING OF TENDON MULTIPLE EACH	427.41	427.41	10/1/2009
27687		GASTROCNEMIUS RESECTION	351.75	351.75	10/1/2009
27690		REVISION OF LEG TENDON	485.05	485.05	10/1/2009
27691		REVISION OF LEG TENDON	568.68	568.68	10/1/2009
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECT)	87.41	87.41	10/1/2009
27695		REPAIR OF ANKLE LIGAMENT	374.16	374.16	10/1/2009
27696		REPAIR OF ANKLE LIGAMENTS	448.28	448.28	10/1/2009
27698		SUTURE SECONDARY REPAIR LIGAMENT ANKLE COLLATERAL	503.48	503.48	10/1/2009
27700		REPAIR OF ANKLE	477.45	477.45	10/1/2009
27702		ARTHROPLASTY ANKLE WITH IMPLANT	760.81	760.81	10/1/2009
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	881.10	881.10	10/1/2009
27704		REMOVAL OF ANKLE IMPLANT	429.85	429.85	10/1/2009
27705		INCISION OF TIBIA	583.21	583.21	10/1/2009
27707		INCISION OF FIBULA	294.17	294.17	10/1/2009
27709		INCISION OF TIBIA & FIBULA	854.76	854.76	10/1/2009
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (	832.37	832.37	10/1/2009
27715		REVISION OF LOWER LEG	813.00	813.00	10/1/2009
27720		REPAIR OF LOWER LEG	667.27	667.27	10/1/2009
27722		REPAIR/GRAFT OF LOWER LEG	665.95	665.95	10/1/2009
27724		REPAIR/GRAFT OF LOWER LEG	983.42	983.42	10/1/2009
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	912.97	912.97	10/1/2009
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	743.05	743.05	10/1/2009
27730		REPAIR OF TIBIA EPIPHYSIS	443.03	443.03	10/1/2009
27732		REPAIR OF FIBULA EPIPHYSIS	301.19	301.19	10/1/2009
27734		REPAIR LOWER LEG EPIPHYSES	453.45	453.45	10/1/2009
27740		REPAIR LOWER LEG EPIPHYSES	502.98	502.98	10/1/2009
27742		REPAIR OF LEG EPIPHYSES	530.80	530.80	10/1/2009
27745		PROPHYLACTIC TREATMENT TIBIA	572.13	572.13	10/1/2009
27750		TREATMENT OF TIBIA FRACTURE	221.25	240.29	10/1/2009
27752		REPAIR OF TIBIA FRACTURE	364.86	389.67	10/1/2009
27756		REPAIR OF TIBIA FRACTURE	424.43	424.43	10/1/2009
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	672.68	672.68	10/1/2009
27759		OPEN TX TIBIAL SHAFT FX BY INTERMEDULLARY IMPLANT	763.09	763.09	10/1/2009
27760		TREATMENT OF ANKLE FRACTURE	210.82	231.29	10/1/2009
27762		REPAIR OF ANKLE FRACTURE	323.16	348.25	10/1/2009
27766		REPAIR OF ANKLE FRACTURE	456.67	456.67	10/1/2009
27780		TREATMENT OF FIBULA FRACTURE	188.09	206.83	10/1/2009
27781		REPAIR OF FIBULA FRACTURE	281.85	301.18	10/1/2009
27784		REPAIR OF FIBULA FRACTURE	519.55	519.55	10/1/2009
27786		TREATMENT OF ANKLE FRACTURE	198.17	219.23	10/1/2009
27788		REPAIR OF ANKLE FRACTURE	281.31	303.80	10/1/2009
27792		REPAIR OF ANKLE FRACTURE	525.17	525.17	10/1/2009
27808		TREATMENT OF ANKLE FRACTURE	206.54	229.04	10/1/2009
27810		REPAIR OF ANKLE FRACTURE	315.05	340.72	10/1/2009
27814		REPAIR OF ANKLE FRACTURE	586.14	586.14	10/1/2009
27816		TREATMENT OF ANKLE FRACTURE	196.54	217.31	10/1/2009
27818		REPAIR OF ANKLE FRACTURE	322.55	351.68	10/1/2009
27822		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	640.86	640.86	10/1/2009
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	731.17	731.17	10/1/2009
27824		CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR POR	211.06	218.85	10/1/2009
27825		CLOSED TX FX ST BEARING PORTION TIBIA; WITH SKEL TRAC	370.73	401.30	10/1/2009
27826		OPEN TX FX DISTAL TIBIA W FIXATION OF FIBULA ONLY	615.27	615.27	10/1/2009
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	820.90	820.90	10/1/2009
27828		OPEN TX FX TIBIA W FIX FIBULA ONLY/TIBIA & FIBULA	983.44	983.44	10/1/2009
27829		OPEN TX TIBIOFIBULAR JNT	491.21	491.21	10/1/2009
27830		REPAIR LOWER LEG DISLOCATION	239.45	254.74	10/1/2009
27831		CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION;	279.32	279.32	10/1/2009
27832		REPAIR LOWER LEG DISLOCATION	530.32	530.32	10/1/2009
27840		REPAIR ANKLE DISLOCATION	258.19	258.19	10/1/2009
27842		REPAIR ANKLE DISLOCATION	361.36	361.36	10/1/2009
27846		REPAIR ANKLE DISLOCATION	559.69	559.69	10/1/2009
27848		REPAIR ANKLE DISLOCATION	633.75	633.75	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-	EFFECTIVE	
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
27860		MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPL	134.93	134.93	10/1/2009
27870		AMB SURG ARTHRODESIS ANKLE ANY METHOD	800.56	800.56	10/1/2009
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	524.43	524.43	10/1/2009
27880		AMPUTATION OF LOWER LEG	711.28	711.28	10/1/2009
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	683.07	683.07	10/1/2009
27882		AMPUTATION OF LOWER LEG	481.88	481.88	10/1/2009
27884		AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;	447.23	447.23	10/1/2009
27886		AMPUTATION FOLLOW-UP SURGERY	510.22	510.22	10/1/2009
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME	539.17	539.17	10/1/2009
27889		ANKLE DISARTICULATION	528.08	528.08	10/1/2009
27892		DECOMPRESSION FASCIOTOMY, LEG: ANT &/OR LAT COMPAR	413.52	413.52	10/1/2009
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	418.34	418.34	10/1/2009
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	643.39	643.39	10/1/2009
28001		INCISION AND DRAINAGE, BURSA, FOOT	140.72	197.82	10/1/2009
28002		DEEP INFEC REQ DISSEC SING BURSAL SPACE	296.68	370.22	10/1/2009
28003		DRAINAGE OF FOOT	438.19	512.60	10/1/2009
28005		DRAINAGE OF FOOT	476.43	476.43	10/1/2009
28008		AMB SURG FASCIOTOMY PLANTAR AND/OR TOE	237.81	312.79	10/1/2009
28010		INCISION OF TOE TENDON	164.14	174.81	10/1/2009
28011		INCISION OF TOE TENDON	231.71	247.87	10/1/2009
28020		EXPLORATION OF A FOOT JOINT	278.71	370.72	10/1/2009
28022		EXPLORATION OF A FOOT JOINT	258.06	342.28	10/1/2009
28024		EXPLORATION OF A TOE JOINT	244.48	325.23	10/1/2009
28035		TARSAL TUNNEL RELEASE	281.39	373.11	10/1/2009
28043		EXCISION BENIGN TUMOR SUBCUTANEOUS.	201.76	249.06	10/1/2009
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	256.93	348.65	10/1/2009
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	527.14	639.05	10/1/2009
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	242.26	327.35	10/1/2009
28052		ARTHROTOMY FOR SYNOVIAL BIOPSY;	220.52	301.85	10/1/2009
28054		ARTHROTOMY FOR SYNOVIAL BIOPSY;	200.68	282.88	10/1/2009
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	309.75	309.75	10/1/2009
28060		AMB SURG FASCIOTOMY PLANTAR	282.89	368.27	10/1/2009
28062		AMB SURG FASCIOTOMY PLANTAR	332.61	434.12	10/1/2009
28070		AMB SURG SYNOVECTOMY INTERTARSAL/TARSOMETATARSAL	276.81	365.06	10/1/2009
28072		AMB SURG SYNOVECTOMY METATARSOPHALANGEAL JOINT	267.11	358.83	10/1/2009
28080		AMB SURG EXCISION MORTON NEUROMA SINGLE EACH	269.64	352.12	10/1/2009
28086		SYNOVECTOMY, TENDON SHEATH, FOOT;	278.97	384.81	10/1/2009
28088		AMB SURG SYNOVECTOMY TENDON SHEATH EXTENSOR FOOT	232.00	326.03	10/1/2009
28090		AMB SURG SYNOVECTOMY FOOT TENDON/FIBROUS TISSUE	243.59	330.40	10/1/2009
28092		AMB SURG SYNOVECTOMY TOES	213.29	297.50	10/1/2009
28100		REMOVAL OF HEEL LESION	316.27	426.15	10/1/2009
28102		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR C	431.58	431.58	10/1/2009
28103		REMOVAL/GRAFT HEEL LESION	349.14	349.14	10/1/2009
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR	277.13	366.26	10/1/2009
28106		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL	369.49	369.49	10/1/2009
28107		REMOVAL/GRAFT FOOT LESION	302.34	406.17	10/1/2009
28108		REMOVAL OF TOE LESIONS	228.56	307.87	10/1/2009
28110		OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE)	227.99	322.59	10/1/2009
28111		AMB SURG OSTECTOMY COMP EXCISION 1ST METATARS HEAD	267.06	367.99	10/1/2009
28112		AMB SURG OSTECTOMY COMPL EXCISION OTH METATAR HEAD	249.37	347.71	10/1/2009
28113		AMB SURG OSTECTOMY COMP EXCISION 5TH METATARS HEAD	325.57	416.72	10/1/2009
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTI	630.31	759.81	10/1/2009
28116		REVISION OF FOOT	448.79	544.54	10/1/2009
28118		PARTIAL REMOVAL OF HEEL	324.00	420.04	10/1/2009
28119		AMB SURG OSTECTOMY FOR SPUR W/WO PLANTAR FAC RELEA	286.73	374.41	10/1/2009
28120		AMB SURG PARTIAL EXC BONE-SEQUESTRECTOMY	308.17	414.60	10/1/2009
28122		AMB SURG PARTIAL EXC TARSAL/METATARSAL BONE	396.12	484.37	10/1/2009
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY	264.10	342.54	10/1/2009
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	198.34	275.93	10/1/2009
28130		REMOVAL OF BONE OF ANKLE	492.26	492.26	10/1/2009
28140		AMB SURG METATARSECTOMY	360.82	455.71	10/1/2009
28150		AMB SURG PHALANGECTOMY SINGLE EACH	226.66	307.99	10/1/2009
28153		RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	206.01	286.77	10/1/2009
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PRO	214.67	294.27	10/1/2009
28171		RADICAL RESECTION FOR TUMOR TARSAL	483.97	483.97	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
28173		RADICAL RESECTION FOR TUMOR METATARSAL	441.60	544.56	10/1/2009
28175		RADICAL RESECTION FOR TUMOR PLHALANX	310.93	398.32	10/1/2009
28190		REMOVAL OF FOREIGN BODY, FOOT;	105.31	175.10	10/1/2009
28192		AMB SURG REMOVAL FOREIGN BODY FOOT DEEP	252.32	338.55	10/1/2009
28193		REMOVAL OF FOREIGN BODY, FOOT;	300.52	389.35	10/1/2009
28200		AMB SURG REPAIR/SUTURE OF TENDON FOOT FLEXOR SINGL	251.64	338.46	10/1/2009
28202		REPAIR/GRAFT OF FOOT TENDON	352.38	451.89	10/1/2009
28208		REPAIR OF FOOT TENDON	241.57	325.79	10/1/2009
28210		REPAIR/GRAFT OF FOOT TENDON	328.93	420.93	10/1/2009
28220		AMB SURG TENOLYSIS FLEXOR SINGLE	244.05	322.21	10/1/2009
28222		RELEASE OF FOOT TENDONS	291.08	373.28	10/1/2009
28225		AMB SURG TENOLYSIS EXTENSOR SINGLE	202.04	279.33	10/1/2009
28226		RELEASE OF FOOT TENDONS	252.04	335.96	10/1/2009
28230		INCISION OF FOOT TENDONS	232.00	309.29	10/1/2009
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PF	196.69	273.41	10/1/2009
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	205.63	283.21	10/1/2009
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EX	395.79	496.16	10/1/2009
28240		RELEASE OF BIG TOE	238.07	318.25	10/1/2009
28250		REVISION OF FOOT FASCIA	316.27	405.68	10/1/2009
28260		RELEASE OF MIDFOOT JOINT	409.15	497.70	10/1/2009
28261		AMB SURG CAPSULOTOMY WITH TENDON LENGTHENING	624.21	724.29	10/1/2009
28262		REVISION OF FOOT AND ANKLE	872.77	1010.63	10/1/2009
28264		AMB SURG CAPSULOTOMY MIDTARSAL REYMAN TYPE PROC	548.25	645.74	10/1/2009
28270		AMB SURG CAPSULOTOMY FOR CONTRACTURE METATARSOPHAL	263.48	344.24	10/1/2009
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROC)	205.54	281.11	10/1/2009
28280		AMB SURG WEBBING OPERATION FOR SOFT CORN	286.54	377.68	10/1/2009
28285		CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR	252.98	333.44	10/1/2009
28286		REVISION OF HAMMER TOE	243.26	326.03	10/1/2009
28288		OSTECTOMY PART EXOTECTOMY CONDYLEC SINGLE 2-5	328.98	417.53	10/1/2009
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND C	429.07	529.72	10/1/2009
28290		AMB SURG HALLUX VALGUS (BUNIONECTOMY)	313.39	411.73	10/1/2009
28292		AMB SURG KELLER/MCBRIDE/MAYO TYPE BUNIONECTOMY	461.77	563.00	10/1/2009
28293		AMB SURG RESECTION OF JOINT WITH IMPLANT	559.94	750.00	10/1/2009
28294		REVISION OF BUNION	427.63	544.72	10/1/2009
28296		AMB SURG BUNIONECTOMY WITH METATARSAL OSTEOTOMY	424.46	533.77	10/1/2009
28297		HALLUX VALGUS CORRECTION, LAPIDUS TYPE PROCEDURE	477.02	603.06	10/1/2009
28298		INCISION OF TOE	406.35	520.56	10/1/2009
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDE	550.94	671.21	10/1/2009
28300		AMB SURG OSTEOTOMY CALCANEUS DWYER/CHAMBERS PROC	514.09	514.09	10/1/2009
28302		AMB SURG OSTEOTOMY TALUS	509.43	509.43	10/1/2009
28304		INCISION OF MIDFOOT BONES	469.07	579.23	10/1/2009
28305		INCISION/GRAFT MIDFOOT BONES	539.11	539.11	10/1/2009
28306		INCISION OF METATARSALS	316.82	431.60	10/1/2009
28307		OSTEOTOMY, 1ST METATARSAL, WITH AUTOGRAFT	356.62	507.46	10/1/2009
28308		INCISION OF METATARSALS	290.27	390.93	10/1/2009
28309		INCISION OF METATARSALS	695.85	695.85	10/1/2009
28310		AMB SURG OSTEOTOMY PHALANGES	283.63	385.44	10/1/2009
28312		OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION;	252.21	352.00	10/1/2009
28313		RECONSTRUCTION, DEFORMITY OF TOE. SOFT TISSUE PROC	288.43	370.34	10/1/2009
28315		AMB SURG SESAMOIDECTOMY FIRST TOE	258.12	340.61	10/1/2009
28320		REPAIR OF FOOT BONES	486.55	486.55	10/1/2009
28322		REPAIR OF METATARSALS	448.84	561.61	10/1/2009
28340		RECONSTRUCT TOE, MACRODACTYLY; SOFT TISSUE RESECTION	350.90	448.09	10/1/2009
28341		RECONSTRUCT TOE, MACRODACTYLY; REQUIRING BONE RESECTION	415.88	517.40	10/1/2009
28344		RECONSTRUCT TOE(S); POLYDACTYLY	244.84	341.45	10/1/2009
28345		RECONSTRUCT TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S)/V	320.80	413.96	10/1/2009
28360		RECONSTRUCTION CLEFT FOOT	749.84	749.84	10/1/2009
28400		TREATMENT OF HEEL FRACTURE	160.35	173.91	10/1/2009
28405		REPAIR OF HEEL FRACTURE	269.54	286.56	10/1/2009
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	393.77	393.77	10/1/2009
28415		REPAIR OF HEEL FRACTURE	870.25	870.25	10/1/2009
28420		REPAIR/GRAFT HEEL FRACTURE	917.38	917.38	10/1/2009
28430		TREATMENT OF ANKLE FRACTURE	145.82	162.84	10/1/2009
28435		REPAIR OF ANKLE FRACTURE	215.06	231.21	10/1/2009
28436		TREATMENT OF CLOSED TALUS FX W/MANIP AND PINNING	314.73	314.73	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
28445		REPAIR OF ANKLE FRACTURE	821.81	821.81	10/1/2009
28450		TREATMENT MIDFOOT FRACTURE	135.55	150.55	10/1/2009
28455		REPAIR MIDFOOT FRACTURE	196.90	210.16	10/1/2009
28456		PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FX. WITH MANIPUL	201.16	201.16	10/1/2009
28465		REPAIR MIDFOOT FRACTURE(S)	466.78	466.78	10/1/2009
28470		TREAT METATARSAL FRACTURES	136.33	150.46	10/1/2009
28475		REPAIR METATARSAL FRACTURES	178.31	192.15	10/1/2009
28476		TREATMENT OF CLOSED METATARSAL FX W/MANIP, PINNING	249.20	249.20	10/1/2009
28485		REPAIR METATARSAL FRACTURES	402.31	402.31	10/1/2009
28490		TREAT BIG TOE FRACTURE	84.98	96.52	10/1/2009
28495		CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGE:	109.26	122.53	10/1/2009
28496		TREATMENT OF CLOSED TOE FX W/MANIP AND PLANNING.	167.29	293.90	10/1/2009
28505		REPAIR OF BIG TOE FRACTURE	370.72	476.86	10/1/2009
28510		TREATMENT OF TOE FRACTURE	82.68	84.12	10/1/2009
28515		CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER TH	102.53	110.89	10/1/2009
28525		REPAIR OF TOE FRACTURE	294.14	399.98	10/1/2009
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	75.38	81.14	10/1/2009
28531		OPEN TX SESAMOID FX	145.55	260.62	10/1/2009
28540		REPAIR FOOT DISLOCATION	135.51	144.45	10/1/2009
28545		REPAIR FOOT DISLOCATION	164.31	177.58	10/1/2009
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	221.57	331.45	10/1/2009
28555		REPAIR OF FOOT DISLOCATION	497.86	623.90	10/1/2009
28570		REPAIR FOOT DISLOCATION	112.64	124.46	10/1/2009
28575		REPAIR FOOT DISLOCATION	224.03	238.75	10/1/2009
28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC	264.07	264.07	10/1/2009
28585		REPAIR OF FOOT DISLOCATION	560.44	667.45	10/1/2009
28600		REPAIR FOOT DISLOCATION	135.62	150.04	10/1/2009
28605		CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION;	182.56	194.67	10/1/2009
28606		TREAT CLSD TARS/METATARS DISLOC W/PERCUT SKEL FIX	292.30	292.30	10/1/2009
28615		REPAIR FOOT DISLOCATION	586.60	586.60	10/1/2009
28630		REPAIR OF TOE DISLOCATION	84.40	107.76	10/1/2009
28635		CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION;	105.11	128.48	10/1/2009
28636		PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT	155.72	210.81	10/1/2009
28645		REPAIR OF TOE DISLOCATION	362.27	452.26	10/1/2009
28660		REPAIR OF TOE DISLOCATION	64.33	78.46	10/1/2009
28665		CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION;	104.57	114.94	10/1/2009
28666		PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLO	149.12	149.12	10/1/2009
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	301.14	409.00	10/1/2009
28705		AMB SURG PANTALAR ARTHRODESIS	1015.48	1015.48	10/1/2009
28715		TRIPLE ARTHRODESIS	750.59	750.59	10/1/2009
28725		AMB SURG ARTHRODESIS SUBTALAR	618.13	618.13	10/1/2009
28730		AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	645.81	645.81	10/1/2009
28735		FUSION OF FOOT BONES	618.46	618.46	10/1/2009
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTAF	548.72	548.72	10/1/2009
28740		AMB SURG ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL	484.05	617.29	10/1/2009
28750		AMB SURG ARTHRODESIS GREAT TOE	460.11	599.99	10/1/2009
28755		AMB SURG ARTHRODESIS GREAT TOE	261.70	360.62	10/1/2009
28760		AMB SURG ARTHRODESIS GREAT TOE	454.95	569.74	10/1/2009
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	442.99	442.99	10/1/2009
28805		AMPUTATION THRU METATARSAL	585.37	585.37	10/1/2009
28810		AMPUTATION TOE & METATARSAL	340.85	340.85	10/1/2009
28820		AMB SURG AMPUTATION TOE METATARSOPHALANGEAL JOINT	268.36	381.13	10/1/2009
28825		AMB SURG AMPUTATION TOE INTERPHALANGEAL JOINT	306.21	414.08	10/1/2009
29000		APPLICATION OF BODY CAST	129.02	193.05	10/1/2009
29010		APPLICATION OF BODY CAST	118.98	176.09	10/1/2009
29015		APPLICATION OF BODY CAST	122.50	171.82	10/1/2009
29020		APPLICATION OF BODY CAST	109.97	163.90	10/1/2009
29025		APPLICATION OF BODY CAST	133.72	186.20	10/1/2009
29035		APPLICATION OF BODY CAST	105.42	171.18	10/1/2009
29040		APPLICATION OF BODY CAST	118.45	166.61	10/1/2009
29044		APPLICATION OF BODY CAST, SHOULDER TO HIPS;	122.91	186.08	10/1/2009
29046		APPLICATION OF BODY CAST, SHOULDER TO HIPS;	140.84	203.42	10/1/2009
29049		APPLICATION, CAST; FIGURE-OF-EIGHT	46.18	62.04	10/1/2009
29055		APPLICATION;	101.52	147.67	10/1/2009
29058		APPLICATION;	63.25	80.54	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
29065		APPLICATION;	50.86	67.29	10/1/2009
29075		APPLICATION CAST FIGURE 8 ELBOW TO FINGER	45.90	62.34	10/1/2009
29085		APPLICATION CAST: HAND AND LOWER FOREARM	49.50	66.52	10/1/2009
29086		APPLICATION, CAST; FINGER (EG, CONTRACTURE)	36.29	50.71	10/1/2009
29105		APPLICATION OF LONG ARM CAST	44.78	61.80	10/1/2009
29125		APPLICATION OF SHORT ARM SPLINT	31.90	47.76	10/1/2009
29126		APPLICATION OF SHORT ARM DYNAMIC	39.24	55.10	10/1/2009
29130		APPLICATION OF FINGER SPLINT	22.26	29.47	10/1/2009
29131		APPLICATION OF FINGER SPLINT DYNAMIC	24.95	36.20	10/1/2009
29200		STRAPPING;	30.87	38.94	10/1/2009
29220		STRAPPING;	32.00	40.07	10/1/2009
29240		STRAPPING: SHOULDER	34.28	43.52	10/1/2009
29260		STRAPPING: ELBOW OR WRIST	28.23	37.46	10/1/2009
29280		STRAPPING: HAND OR FINGER	26.59	36.11	10/1/2009
29305		APPLICATION OF HIP CAST	118.38	166.83	10/1/2009
29325		APPLICATION OF HIP SPICA CAST; 1 & 1/2 SPICA OR BOTH LEGS	133.89	185.80	10/1/2009
29345		APPLICATION OF LONG LEG CAST (THIGH TO TOES);	76.95	97.13	10/1/2009
29355		APPLICATION OF LONG LEG CAST (THIGH TO TOES);	81.97	100.72	10/1/2009
29358		APPLICATION LONG LEG CLAST BRACE	78.37	108.95	10/1/2009
29365		APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	66.70	86.90	10/1/2009
29405		APPLICATION OF SHORT LEG CAST	48.90	63.90	10/1/2009
29425		APPLICATION OF SHORT LEG CAST-WALKING	54.07	69.35	10/1/2009
29435		APPLICATION PATELLAR TENDON BEARING CAST	65.26	84.88	10/1/2009
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	26.85	38.10	10/1/2009
29445		APPLICATION OF RIGID TOTAL CONTACT LEG CAST	87.09	107.27	10/1/2009
29450		APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	97.02	113.74	10/1/2009
29505		APPLICATION OF LONG LEG CAST	36.07	54.25	10/1/2009
29515		APPLICATION OF SHORT LEG CAST	37.81	51.08	10/1/2009
29520		STRAPPING;	28.10	36.46	10/1/2009
29530		STRAPPING OF KNEE	28.86	38.08	10/1/2009
29540		STRAPPING OF ANKLE	25.74	31.50	10/1/2009
29550		STRAPPING;	24.21	30.55	10/1/2009
29580		STRAPPING;	28.34	38.43	10/1/2009
29590		DENIS-BROWNE SPLINT STRAPPING	33.26	41.62	10/1/2009
29700		REMOVAL/REVISION OF CAST	27.15	46.17	10/1/2009
29705		REMOVAL OF FULL ARM OR LEG CAST	37.23	49.05	10/1/2009
29710		REMOVAL OR BIVALVING;	63.90	85.82	10/1/2009
29715		REMOVAL/REVISION OF CAST	43.78	65.12	10/1/2009
29720		REPAIR OF CAST	34.24	57.03	10/1/2009
29730		WINDOWING OF CAST	35.85	47.67	10/1/2009
29740		WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	52.33	68.48	10/1/2009
29750		REVISION OF CAST	59.88	74.87	10/1/2009
29800		ARTHROSCOPY, TM JOINT WITH OR W/O SYNOVIAL BIOPSY	387.75	387.75	10/1/2009
29804		ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	482.28	482.28	10/1/2009
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BI	350.73	350.73	10/1/2009
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	806.56	806.56	10/1/2009
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	785.42	785.42	10/1/2009
29819		ARTHROSCOPY SHOULDER SURGICAL WITH REMOVAL OF FB	440.33	440.33	10/1/2009
29820		ARTHROSCOPY SYNOVECTOMY PARTIAL	406.47	406.47	10/1/2009
29821		ARTHROSCOPY SYNOVECTOMY COMPLETE	443.93	443.93	10/1/2009
29822		ARTHROSCOPY DEBRIDEMENT LIMITED	431.02	431.02	10/1/2009
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	471.68	471.68	10/1/2009
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUD	502.66	502.66	10/1/2009
29825		ARTHROSCOPY WITH LYSIS OF ADHESIONS	439.76	439.76	10/1/2009
29826		ARTHROSCOPY SHOULDER W/ DECOMPR SUBACROMIAL SPACE	505.19	505.19	10/1/2009
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	827.22	827.22	10/1/2009
29830		ARTHROSCOPY ELBOW DIAGNOSTIC	338.57	338.57	10/1/2009
29834		ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL OF FB	368.98	368.98	10/1/2009
29835		ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	378.80	378.80	10/1/2009
29836		ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	435.60	435.60	10/1/2009
29837		ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	397.33	397.33	10/1/2009
29838		ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	444.18	444.18	10/1/2009
29840		ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	331.64	331.64	10/1/2009
29843		SURGICAL ARTHROSCOPY FOR INFECTION	356.53	356.53	10/1/2009
29844		SURGICAL ARTHROSCOPY FOR PARTIAL SYNOVECTOMY	370.71	370.71	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
29845		SURGICAL ARTHROSCOPY FOR COMPLETE SYNOVECTOMY	423.77	423.77	10/1/2009
29846		SURGICAL ARTHROSCOPY FOR EXCISION FIBROCARILAGE	390.07	390.07	10/1/2009
29847		SURGICAL ARTHROSCOPY FOR FIXATION OF FRACTURE	405.17	405.17	10/1/2009
29848		ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL	368.46	368.46	10/1/2009
29850		ARTHROSCOPICALLY AIDED TX OF FX KNEE	430.89	430.89	10/1/2009
29851		ARTHROSCOPICALLY AIDED TX FX OF KNEE	709.53	709.53	10/1/2009
29855		ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	593.19	593.19	10/1/2009
29856		ARTHROSCOPICALLY AIDED TX OF TIBIAL FX	760.53	760.53	10/1/2009
29860		ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (S	488.56	488.56	10/1/2009
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOR	542.41	542.41	10/1/2009
29862		ARTHROSCOPY, HIP, SURGICAL, WITH DEBRIDEMENT/SHAVING OF ARTICU	605.37	605.37	10/1/2009
29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	599.11	599.11	10/1/2009
29870		ARTHROSCOPY KNEE DIAGNOSTIC	304.19	304.19	10/1/2009
29871		ARTHROSCOPY KNEE SURGICAL	382.91	382.91	10/1/2009
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	381.18	381.18	10/1/2009
29874		ARTHROSCOPY KNEE WITH REMOVAL OF FOREIGN BODY	401.95	401.95	10/1/2009
29875		ARTHROSCOPY KNEE SYNOVECTOMY LIMITED	370.40	370.40	10/1/2009
29876		ARTHROSCOPY KNEE SYNOVECTOMY MAJOR	487.59	487.59	10/1/2009
29877		ARTHROSCOPY KNEE DEBRIDEMENT/SHAVING	461.12	461.12	10/1/2009
29879		ARTHROSCOPY KNEE ABRASION ARTHROPLASTY	493.75	493.75	10/1/2009
29880		ARTHROSCOPY W/MENISCECTOMY, KNEE	515.72	515.72	10/1/2009
29881		ARTHROSCOPY KNEE WITH MENISCECTOMY	480.28	480.28	10/1/2009
29882		ARTHROSCOPY KNEE WITH MENISCUS REPAIR	520.71	520.71	10/1/2009
29883		ARTHROSCOPY W/MENISCUS REPAIR, KNEE	636.07	636.07	10/1/2009
29884		ARTHROSCOPY KNEE WITH LYSIS OF ADHESIONS	459.71	459.71	10/1/2009
29885		SURGICAL ARTHROSCOPY W/BONE GRAFTING, KNEE	558.26	558.26	10/1/2009
29886		ARTHROSCOPY KNEE DRILLING	470.32	470.32	10/1/2009
29887		ARTHROSCOPY KNEE DRILLING WITH INTERNAL FIXATION	555.05	555.05	10/1/2009
29888		LIGAMENT REPAIR BY ARTHROSCOPY, ANTERIOR	754.92	754.92	10/1/2009
29889		LIGAMENT REPAIR BY ARTHROSCOPY, POSTERIOR	921.85	921.85	10/1/2009
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFE	523.49	523.49	10/1/2009
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSEC	535.95	535.95	10/1/2009
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	329.22	432.18	10/1/2009
29894		ARTHROSCOPY ANKLE SURGICAL	393.30	393.30	10/1/2009
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	380.46	380.46	10/1/2009
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	398.24	398.24	10/1/2009
29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	445.79	445.79	10/1/2009
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	802.22	802.22	10/1/2009
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES	340.90	340.90	10/1/2009
29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRI	374.06	374.06	10/1/2009
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUC	400.23	400.23	10/1/2009
30000		DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	87.39	164.10	10/1/2009
30020		DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	87.96	158.91	10/1/2009
30100		BIOPSY, INTRANASAL	53.19	99.91	10/1/2009
30110		AMB SURG-REMOVAL OF NASAL POLYP(S)	97.48	161.22	10/1/2009
30115		EXCISION NASAL POLYPS, EXTENSIVE	315.70	315.70	10/1/2009
30117		EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL	244.22	585.41	10/1/2009
30118		REMOVAL OF NOSE LESION	574.52	574.52	10/1/2009
30120		REVISION OF NOSE	333.61	379.75	10/1/2009
30124		EXCISION DERMOID CYST, NOSE;	200.62	200.62	10/1/2009
30125		REMOVAL OF NOSE LESION	456.74	456.74	10/1/2009
30130		EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	274.54	274.54	10/1/2009
30140		SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, /	312.69	312.69	10/1/2009
30150		PARTIAL REMOVAL OF NOSE	587.00	587.00	10/1/2009
30160		REMOVAL OF NOSE	590.79	590.79	10/1/2009
30200		INJECTION INTO TURBINATE(S), THERAPEUTIC	45.41	80.02	10/1/2009
30210		DISPLACEMENT THERAPY (PROETZ TYPE)	73.28	105.30	10/1/2009
30220		INSERTION NASAL SEPTAL PROSTHESIS (BUTTON)	93.41	205.89	10/1/2009
30300		REMOVAL FOREIGN BODY, INTRANASAL;	88.56	159.51	10/1/2009
30310		AMB SURG REMOVE FOREIGN BODY ANESTHESIA REQUIRED	149.98	149.98	10/1/2009
30320		REMOVE FOREIGN BODY, NOSE	331.30	331.30	10/1/2009
30400		AMB SURG RHINOPLASTY PRIMARY	763.44	763.44	10/1/2009
30410		RHINOPLASTY, COMPLETE	907.80	907.80	10/1/2009
30420		RHINOPLASTY, INCLUDING MAJOR SEPTAL REPAIR	1022.95	1022.95	10/1/2009
30430		AMB SURG RHINOPLASTY SECONDARY MINOR REVISION	664.59	664.59	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
30435		RHINOPLASTY, INTERMEDIATE REVISION	881.84	881.84	10/1/2009
30450		AMB SURG RHINOPLASTY SECONDARY MAJOR REVISION	1177.92	1177.92	10/1/2009
30460		RHINOPLASTY FOR NASAL DEFORMITY, TIP ONLY	572.10	572.10	10/1/2009
30462		RHINOPLASTY FOR NASAL DEFORMITY; TIP, SEPTUM, OSTEOTOMIES	1149.97	1149.97	10/1/2009
30520		REPAIR OF NASAL SEPTUM	445.33	445.33	10/1/2009
30540		REPAIR NASAL LESION	497.58	497.58	10/1/2009
30545		REPAIR NASAL LESION	720.58	720.58	10/1/2009
30560		LYSIS INTRANASAL SYNECHIA	101.01	188.98	10/1/2009
30580		AMB SURG REPAIR FISTULA OROMAXILLARY	375.46	463.14	10/1/2009
30600		REPAIR MOUTH/NOSE FISTULA	333.17	425.75	10/1/2009
30620		RECONSTRUCTION INNER NOSE	452.24	452.24	10/1/2009
30630		AMB SURG REPAIR SEPTAL PERFORATION	461.75	461.75	10/1/2009
30801		CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATE	96.38	158.97	10/1/2009
30802		CAUTERY/ABLATION MUCOSA OF TURBINATES; INTRAMURAL	138.61	206.96	10/1/2009
30901		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE	49.13	77.10	10/1/2009
30903		CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX ANY METHOD	63.85	139.70	10/1/2009
30905		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PA	82.09	174.09	10/1/2009
30906		CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	106.88	200.61	10/1/2009
30915		LIGATION NASAL SINUS ARTERY	430.43	430.43	10/1/2009
30920		LIGATION UPPER JAW ARTERY	620.74	620.74	10/1/2009
30930		FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	89.58	89.58	10/1/2009
31000		LAVAGE BY CANNULATION; MAXILLARY SINUS	77.49	127.38	10/1/2009
31002		LAVAGE BY CANNULATION;	147.36	147.36	10/1/2009
31020		SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	255.86	344.69	10/1/2009
31030		SINUSOTOMY, MAXILLARY; RADICAL W/O REMOVAL POLYPS	386.87	505.98	10/1/2009
31032		SINUSOTOMY, MAXILLARY; RADICAL WITH REMOVAL OF POLYPS	422.82	422.82	10/1/2009
31040		EXPLORATION BEHIND UPPER JAW	559.21	559.21	10/1/2009
31050		AMB SURG SINUSOTOMY SPHENOID	364.16	364.16	10/1/2009
31051		SINUSOTOMY W/ MUCOSAL STRIPPING OR POLYP REMOVAL	476.33	476.33	10/1/2009
31070		AMB SURG SINUSOTOMY FRONTAL TREPHINE	319.00	319.00	10/1/2009
31075		AMB SURG SINUSOTOMY FRONTAL	583.06	583.06	10/1/2009
31080		AMB SURG SINUSOTOMY FRONTAL	754.19	754.19	10/1/2009
31081		AMB SURG SINUSOTOMY FRONTAL	919.09	919.09	10/1/2009
31084		AMB SURG SINUSOTOMY FRONTAL	880.85	880.85	10/1/2009
31085		AMB SURG SINUSOTOMY FRONTAL	931.50	931.50	10/1/2009
31086		NONOBLITERATIVE W OSTEOPLASTIC FLAP BROW INCISION	834.13	834.13	10/1/2009
31087		NONOBLITERATIVE W OSTEOPLASTIC FLAP CORONAL INCIS	827.56	827.56	10/1/2009
31090		AMB SURG SINUSOTOMY COMBINED THREE OR MORE SINUSES	738.81	738.81	10/1/2009
31200		AMB SURG ETHMOIDECTOMY	391.56	391.56	10/1/2009
31201		AMB SURG ETHMOIDECTOMY	542.81	542.81	10/1/2009
31205		AMB SURG ETHMOIDECTOMY	637.63	637.63	10/1/2009
31225		REMOVAL OF UPPER JAW	1382.75	1382.75	10/1/2009
31230		REMOVAL OF UPPER JAW	1552.17	1552.17	10/1/2009
31231		NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE	59.44	137.02	10/1/2009
31233		NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	107.69	194.50	10/1/2009
31235		NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	128.69	223.87	10/1/2009
31237		NASAL/SINUS ENDOSCOPY, SURGICAL;	143.44	241.50	10/1/2009
31238		NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORF	155.73	249.17	10/1/2009
31239		NASAL/SINUS ENDOSCOPY, SURGICAL;	501.93	501.93	10/1/2009
31240		NASAL/SINUS ENDOSCOPY, SURGICAL;	127.36	127.36	10/1/2009
31254		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ETHMOIDECTOMY,PARTIAL	218.46	218.46	10/1/2009
31255		NASAL/SINUS ENDOSCOPY, SURGICAL, W/ETHMOIDECTOMY,ANTERIOR & P	322.84	322.84	10/1/2009
31256		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY	158.13	158.13	10/1/2009
31267		MAXILLARY SINUS ENDOSCOPY, SURGICAL; W/ REMOVAL MUCOUS MEMBR	254.93	254.93	10/1/2009
31276		NASAL/SINUS ENDOSCOPY W/FRONTAL SINUS EXPLORATION W/WO TISSUI	407.16	407.16	10/1/2009
31287		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	185.86	185.86	10/1/2009
31288		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	215.62	215.62	10/1/2009
31290		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	896.37	896.37	10/1/2009
31291		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL	944.70	944.70	10/1/2009
31292		NASAL/SINUS ENDOSCOPY, SURGICAL;	775.24	775.24	10/1/2009
31293		NASAL/SINUS ENDOSCOPY, SURGICAL;	844.90	844.90	10/1/2009
31294		NASAL/SINUS ENDOSCOPY, SURGICAL;	970.70	970.70	10/1/2009
31300		REMOVAL OF LARYNX LESION	942.41	942.41	10/1/2009
31320		INCISION OF LARYNX	474.46	474.46	10/1/2009
31360		REMOVAL OF LARYNX	1514.55	1514.55	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
31365		REMOVAL OF LARYNX	1899.08	1899.08	10/1/2009
31367		PARTIAL REMOVAL OF LARYNX	1633.21	1633.21	10/1/2009
31368		PARTIAL REMOVAL OF LARYNX	1825.05	1825.05	10/1/2009
31370		PARTIAL REMOVAL OF LARYNX	1533.70	1533.70	10/1/2009
31375		PARTIAL REMOVAL OF LARYNX	1450.52	1450.52	10/1/2009
31380		PARTIAL REMOVAL OF LARYNX	1429.30	1429.30	10/1/2009
31382		PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTICAL	1566.67	1566.67	10/1/2009
31390		REMOVAL OF LARYNX & PHARYNX	2114.48	2114.48	10/1/2009
31395		RECONSTRUCT LARYNX & PHARYNX	2240.68	2240.68	10/1/2009
31400		REVISION OF LARYNX	746.97	746.97	10/1/2009
31420		REMOVAL OF EPIGLOTTIS	630.38	630.38	10/1/2009
31500		INSERTION OF WINDPIPE AIRWAY	89.28	89.28	10/1/2009
31502		TRACHEOSTOMY CHANGE	28.17	28.17	10/1/2009
31505		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	37.31	60.96	10/1/2009
31510		LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE);	94.75	156.47	10/1/2009
31511		LARYNGOSCOPY INDIRECT WITH REMOVAL FOREIGN BODY	101.97	157.34	10/1/2009
31512		LARYNGOSCOPY INDIRECT WITH REMOVAL LESION	102.13	155.20	10/1/2009
31513		LARYNGOSCOPY INDIRECT WITH VOCA CORD INJECTION	104.02	104.02	10/1/2009
31515		AMB SURG LARYNGOSCOPY	86.58	154.35	10/1/2009
31520		AMB SURG LARYNGOSCOPY	121.27	121.27	10/1/2009
31525		AMB SURG LARYNGOSCOPY	125.95	186.80	10/1/2009
31526		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTI	124.95	124.95	10/1/2009
31527		AMB SURG LARYNGOSCOPY	152.95	152.95	10/1/2009
31528		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA	114.00	114.00	10/1/2009
31529		LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILA	128.57	128.57	10/1/2009
31530		AMB SURG LARYNGOSCOPY	157.56	157.56	10/1/2009
31531		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WI	169.56	169.56	10/1/2009
31535		AMB SURG LARYNGOSCOPY	150.68	150.68	10/1/2009
31536		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MI	168.33	168.33	10/1/2009
31540		AMB SURG LARYNGOSCOPY	193.53	193.53	10/1/2009
31541		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OF	211.69	211.69	10/1/2009
31545		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OF	286.80	286.80	10/1/2009
31546		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OF	437.34	437.34	10/1/2009
31560		AMB SURG LARYNGOSCOPY	250.82	250.82	10/1/2009
31561		LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OI	274.90	274.90	10/1/2009
31570		AMB SURG LARYNGOSCOPY	181.28	260.60	10/1/2009
31571		LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAP	199.74	199.74	10/1/2009
31575		LARYNGOSCOPY FLEXIBLE FIBERSCOPIC DIAGNOSTIC	59.44	86.26	10/1/2009
31576		LARYNGOSCOPY FLEXIBLE FIBERSCOPIC WITH BIOPSY	97.07	167.16	10/1/2009
31577		LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL FOREIGN BO	118.08	181.24	10/1/2009
31578		LARYNGOSCOPY FLEX FIBERSCOPIC W/REMOVAL OF LESION	134.34	210.48	10/1/2009
31579		LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	110.66	163.44	10/1/2009
31580		REVISION OF LARYNX	898.34	898.34	10/1/2009
31582		REVISION OF LARYNX	1428.24	1428.24	10/1/2009
31584		REPAIR OF LARYNX	1147.56	1147.56	10/1/2009
31587		LARYNGOPLASTY, CRICOID SPLIT	753.64	753.64	10/1/2009
31588		LARYNGOPLASTY NOS	849.71	849.71	10/1/2009
31590		LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	656.26	656.26	10/1/2009
31595		SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PRC	572.08	572.08	10/1/2009
31600		INCISION OF WINDPIPE	314.93	314.93	10/1/2009
31601		TRACHEOSTOMY UNDER TWO YEARS	207.49	207.49	10/1/2009
31603		TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHAEL	177.87	177.87	10/1/2009
31605		CRICOTHYROIDOSTOMY	146.91	146.91	10/1/2009
31610		INCISION OF WINDPIPE	534.27	534.27	10/1/2009
31611		CONST TRACH FISTULA W/ INSERT SPEECH PROSTHESIS	398.16	398.16	10/1/2009
31612		TRACHEAL PUNCTURE PERCUTAN FOR ASPIRATION OF MUCOU	38.32	60.82	10/1/2009
31613		TRACHEOSTOMA REVISION;	328.88	328.88	10/1/2009
31614		TRACHEOSTOMY REVISION COMPLEX WITH FLAP ROTATION	547.24	547.24	10/1/2009
31615		VISUALIZATION OF WINDPIPE	100.35	138.41	10/1/2009
31620		ENDBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNC	57.37	212.81	10/1/2009
31622		BRONCHOSCOPY, (RIGID OR FLEXIBLE); DIAGNOSTIC, WITH OR WITHOUT C	117.93	241.65	10/1/2009
31623		BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	119.48	264.26	10/1/2009
31624		BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	119.77	246.09	10/1/2009
31625		AMB SURG BRONCHOSCOPY	139.47	265.79	10/1/2009
31628		BRONCHOSCOPY;	155.78	318.74	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
31629		BRONCHOSCOPY;	166.74	484.28	10/1/2009
31630		AMB SURG BRONCHOSCOPY	166.08	166.08	10/1/2009
31631		BRONCHOSCOPY DIAG W/ TRACHEAL DILATION AND STENT	187.37	187.37	10/1/2009
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	43.17	59.61	10/1/2009
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	54.13	72.01	10/1/2009
31635		AMB SURG BRONCHOSCOPY	154.65	273.47	10/1/2009
31636		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	183.17	183.17	10/1/2009
31637		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	65.10	65.10	10/1/2009
31638		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC	205.53	205.53	10/1/2009
31640		AMB SURG BRONCHOSCOPY	212.70	212.70	10/1/2009
31641		BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OI	210.46	210.46	10/1/2009
31643		BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITAR	144.50	144.50	10/1/2009
31645		AMB SURG BRONCHOSCOPY	131.11	238.40	10/1/2009
31646		AMB SURG BRONCHOSCOPY	113.53	216.21	10/1/2009
31656		AMB SURG BRONCHOSCOPY	91.96	245.12	10/1/2009
31715		TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	45.51	45.51	10/1/2009
31717		CATH WITH BRONCHIAL BRUSH BIOPSY	90.21	230.38	10/1/2009
31720		SUCTION	42.80	42.80	10/1/2009
31725		CATHETER ASPIRATION (SEPARATE PROCEDURE);	77.15	77.15	10/1/2009
31730		TRANSTRACHEAL INTRO DILAT OR /STENT / TUBE FOR OXYGEN	117.82	648.49	10/1/2009
31750		REPAIR OF WINDPIPE	1000.83	1000.83	10/1/2009
31755		REPAIR OF WINDPIPE	1264.04	1264.04	10/1/2009
31760		REPAIR OF WINDPIPE	1097.01	1097.01	10/1/2009
31766		CARINAL RECONSTRUCTION	1434.72	1434.72	10/1/2009
31770		REPAIR/GRAFT OF BRONCHUS	1062.81	1062.81	10/1/2009
31775		REPAIR OF BRONCHUS	1099.34	1099.34	10/1/2009
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICA	926.91	926.91	10/1/2009
31781		EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICO	1125.69	1125.69	10/1/2009
31785		EXCIS TRACHEAL TUMOR OR CARCINOMA CERVICAL	849.17	849.17	10/1/2009
31786		EXCIS TRACHEAL TUMOR OR CARCINOMA THORACIC	1181.81	1181.81	10/1/2009
31800		REPAIR OF WINDPIPE INJURY	524.57	524.57	10/1/2009
31805		REPAIR OF WINDPIPE INJURY	649.96	649.96	10/1/2009
31820		CLOSURE OF WINDPIPE LESION	248.67	318.17	10/1/2009
31825		SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA;	367.12	446.44	10/1/2009
31830		REVISION TRACH SCAR	257.26	320.42	10/1/2009
32035		THORACOSTOMY W/RIB RESECTION	552.93	552.93	10/1/2009
32036		THORACOSTOMY W/OPEN FLAP DRAINING FOR EMPYEMA	599.90	599.90	10/1/2009
32095		BIOPSY THRU CHEST WALL	492.37	492.37	10/1/2009
32100		EXPLORATION/BIOPSY OF CHEST	762.24	762.24	10/1/2009
32110		THORACOTOMY MAJOR W CONT OF TRAM HEM AND OR REPAIR	1150.37	1150.37	10/1/2009
32120		EXPLORATION OF CHEST	682.79	682.79	10/1/2009
32124		EXPLORE CHEST,FREE ADHESIONS	726.37	726.37	10/1/2009
32140		THORACOTOMY MAJOR W CYST REMOVAL W OR WO PLEURAL P	777.30	777.30	10/1/2009
32141		THORACOT MAJOR W/EXC-PLICA BULLAE WWO PLEUR PROCE	1177.73	1177.73	10/1/2009
32150		REMOVAL OF LUNG LESION(S)	783.37	783.37	10/1/2009
32151		THORACOT MAJOR W/REMOVAL INTRAPULMONARY FOR BODY	800.69	800.69	10/1/2009
32160		OPEN CHEST HEART MASSAGE	601.73	601.73	10/1/2009
32200		DRAINAGE OF LUNG LESION	878.65	878.65	10/1/2009
32201		PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CY	172.41	707.12	10/1/2009
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	629.79	629.79	10/1/2009
32220		RELEASE OF LUNG	1260.02	1260.02	10/1/2009
32225		PARTIAL RELEASE OF LUNG	784.11	784.11	10/1/2009
32310		PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)	723.05	723.05	10/1/2009
32320		DECORTICATION/PARIETAL PLEURECTOMY	1263.68	1263.68	10/1/2009
32400		BIOPSY, PLEURA;	74.16	119.44	10/1/2009
32402		BIOPSY, PLEURA;	443.12	443.12	10/1/2009
32405		BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	83.40	83.69	10/1/2009
32420		PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	92.26	92.26	10/1/2009
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	1263.88	1263.88	10/1/2009
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	2358.32	2358.32	10/1/2009
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL	2678.67	2678.67	10/1/2009
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE	1192.97	1192.97	10/1/2009
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1272.11	1272.11	10/1/2009
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1151.49	1151.49	10/1/2009
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1841.01	1841.01	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;	1864.41	1864.41	10/1/2009
32500		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WEDGE RESE	1152.47	1152.47	10/1/2009
32540		REMOVAL OF LUNG LESION	1325.71	1325.71	10/1/2009
32601		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	250.63	250.63	10/1/2009
32602		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	271.94	271.94	10/1/2009
32603		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	352.55	352.55	10/1/2009
32604		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	395.92	395.92	10/1/2009
32605		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	312.54	312.54	10/1/2009
32606		THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE);	378.30	378.30	10/1/2009
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CI	534.61	534.61	10/1/2009
32651		THORACOSCOPY, SURGICAL;	847.00	847.00	10/1/2009
32652		THORACOSCOPY, SURGICAL;	1287.25	1287.25	10/1/2009
32653		THORACOSCOPY, SURGICAL;	820.88	820.88	10/1/2009
32654		THORACOSCOPY, SURGICAL;	907.76	907.76	10/1/2009
32655		THORACOSCOPY, SURGICAL;	748.63	748.63	10/1/2009
32656		THORACOSCOPY, SURGICAL;	640.59	640.59	10/1/2009
32657		THORACOSCOPY, SURGICAL;	631.70	631.70	10/1/2009
32658		THORACOSCOPY, SURGICAL;	577.10	577.10	10/1/2009
32659		THORACOSCOPY, SURGICAL;	586.39	586.39	10/1/2009
32660		THORACOSCOPY, SURGICAL;	829.38	829.38	10/1/2009
32661		THORACOSCOPY, SURGICAL;	645.14	645.14	10/1/2009
32662		THORACOSCOPY, SURGICAL;	722.28	722.28	10/1/2009
32663		THORACOSCOPY, SURGICAL;	1114.79	1114.79	10/1/2009
32664		THORACOSCOPY, SURGICAL;	686.42	686.42	10/1/2009
32665		THORACOSCOPY, SURGICAL;	965.30	965.30	10/1/2009
32800		REPAIR LUNG HERNIA THRU CHEST WALL	738.27	738.27	10/1/2009
32810		CLOSE CHEST WALL FOLL OPEN FLAP DRAIN FOR EMPYEMA	713.88	713.88	10/1/2009
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	2122.57	2122.57	10/1/2009
32820		MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	1063.80	1063.80	10/1/2009
32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	1087.20	1087.20	10/1/2009
32905		THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL	1072.15	1072.15	10/1/2009
32906		THORACOPLASTY WITH CLOSURE BRONCHOPLEURAL FISTULA	1332.29	1332.29	10/1/2009
32940		REVISION OF LUNG	982.37	982.37	10/1/2009
32960		PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	81.30	109.56	10/1/2009
32997		TOTAL LUNG LAVAGE (UNILATERAL)	292.44	292.44	10/1/2009
33010		PERICARDIOCENTESIS, INITIAL	101.45	101.45	10/1/2009
33011		PERICARDIOCENTESIS; SUBSEQUENT	99.34	99.34	10/1/2009
33015		INCISION OF HEART SAC	428.57	428.57	10/1/2009
33020		INCISION OF HEART SAC	695.06	695.06	10/1/2009
33025		INCISION OF HEART SAC	641.64	641.64	10/1/2009
33030		PARTIAL REMOVAL OF HEART SAC	1027.67	1027.67	10/1/2009
33031		PERICARDICTOMY W/O CARDIOPULMONARY BYPASS	1148.27	1148.27	10/1/2009
33050		REMOVAL OF HEART SAC LESION	793.70	793.70	10/1/2009
33120		REMOVAL OF HEART LESION	1255.23	1255.23	10/1/2009
33130		REMOVAL OF HEART LESION	1105.29	1105.29	10/1/2009
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEI	1262.42	1262.42	10/1/2009
33141		TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PEF	122.54	122.54	10/1/2009
33202		INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACO	625.81	625.81	10/1/2009
33203		INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG,	659.64	659.64	10/1/2009
33206		INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSV	381.54	381.54	10/1/2009
33207		INSERTION PERMANENT PACEMAKER VENTRICULAR	408.76	408.76	10/1/2009
33208		INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSV	440.71	440.71	10/1/2009
33210		INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CH	152.02	152.02	10/1/2009
33211		INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAM	152.83	152.83	10/1/2009
33212		INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;	285.29	285.29	10/1/2009
33213		INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY;	325.73	325.73	10/1/2009
33214		UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE	403.73	403.73	10/1/2009
33215		INSERT TRANSVENOUS ELECTRODE; SINGLE CHAMBER (1 ELECTRODE) PE	257.84	257.84	10/1/2009
33216		INSERTION OF A TRANSVENOUS ELECTRODE; SINGLE CHAMBER (ONE ELE	317.19	317.19	10/1/2009
33217		INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS	314.54	314.54	10/1/2009
33218		REPAIR OF PACEMAKER ELECTRODE(S) ONLY; SINGLE CHAMBER, ATRIAL C	327.85	327.85	10/1/2009
33220		REPAIR OF PACEMAKER ELECTRODE(S) ONLY;	330.93	330.93	10/1/2009
33222		REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	288.24	288.24	10/1/2009
33223		REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	349.69	349.69	10/1/2009
33224		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT	428.96	428.96	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
33225		INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT	387.16	387.16	10/1/2009
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (L	414.40	414.40	10/1/2009
33233		REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	201.34	201.34	10/1/2009
33234		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD S	409.85	409.85	10/1/2009
33235		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SY	529.39	529.39	10/1/2009
33236		REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY	626.81	626.81	10/1/2009
33237		REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY	692.04	692.04	10/1/2009
33238		REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTC	747.57	747.57	10/1/2009
33240		INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRIL	391.89	391.89	10/1/2009
33241		REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENE	190.57	190.57	10/1/2009
33243		REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENE	1101.11	1101.11	10/1/2009
33244		REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBR	720.18	720.18	10/1/2009
33249		INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRIL	762.73	762.73	10/1/2009
33250		OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	1180.95	1180.95	10/1/2009
33251		ABLAT SUPRAVENTR ARRHYTH FOCUS WITH CARD-PUL BYPASS	1309.17	1309.17	10/1/2009
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (	1100.81	1100.81	10/1/2009
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSI'	1346.73	1346.73	10/1/2009
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSI'	1606.80	1606.80	10/1/2009
33261		OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH I	1302.95	1302.95	10/1/2009
33265		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUC	1098.50	1098.50	10/1/2009
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUC	1508.63	1508.63	10/1/2009
33282		IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	270.78	270.78	10/1/2009
33284		REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT REC	194.46	194.46	10/1/2009
33300		REPAIR OF HEART WOUND	1873.03	1873.03	10/1/2009
33305		REPAIR OF HEART WOUND	3128.59	3128.59	10/1/2009
33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, AT	941.22	941.22	10/1/2009
33315		CARDIOTOMY EXPLOR WITH BYPASS	1197.50	1197.50	10/1/2009
33320		SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CAR	853.48	853.48	10/1/2009
33321		SUTURE REPAIR OF AORTA OR GREAT VESSELS;	962.53	962.53	10/1/2009
33322		REPAIR MAJOR BLOOD VESSELS	1117.90	1117.90	10/1/2009
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR C	1129.53	1129.53	10/1/2009
33332		INSERTION OF GRAFT, AORTA OR GREAT VESSELS;	1127.12	1127.12	10/1/2009
33335		INSERTION OF HEART GRAFT	1523.78	1523.78	10/1/2009
33400		REPAIR OF AORTIC VALVE	1836.64	1836.64	10/1/2009
33401		VALVULOPLASTY, AORTIC VALVE;	1208.91	1208.91	10/1/2009
33403		VALVULOPLASTY, AORTIC VALVE;	1216.57	1216.57	10/1/2009
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	1443.83	1443.83	10/1/2009
33405		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH I	1872.74	1872.74	10/1/2009
33406		REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH I	2313.82	2313.82	10/1/2009
33410		REPLACEMENT AORTIC VALVE, WITH CARDIOPULMONARY BYPASS;WITH S	2041.58	2041.58	10/1/2009
33411		REPLACEMENT AORTIC VALVE W/ ANNULUS ENLARGEMENT	2668.62	2668.62	10/1/2009
33412		REPLACEMENT AORTIC VALVE, KONNO PROCEDURE	2020.28	2020.28	10/1/2009
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PUI	2628.57	2628.57	10/1/2009
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH	1755.79	1755.79	10/1/2009
33415		REVISION OF AORTIC VALVE	1628.75	1628.75	10/1/2009
33416		VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC STENOSIS	1634.61	1634.61	10/1/2009
33417		REVISION OF AORTIC VALVE	1360.88	1360.88	10/1/2009
33420		VALVOTOMY, MITRAL VALVE; CLOSED HEART	1107.47	1107.47	10/1/2009
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYP	1366.82	1366.82	10/1/2009
33425		REVISION OF MITRAL VALVE	2136.55	2136.55	10/1/2009
33426		VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ PROSTH RING	1935.42	1935.42	10/1/2009
33427		VALVULOPLASTY MV W/ CPB RADICAL RECONSTR WWO RING	2019.41	2019.41	10/1/2009
33430		REPLACEMENT OF MITRAL VALVE	2240.10	2240.10	10/1/2009
33460		VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	1901.57	1901.57	10/1/2009
33463		VALVULOPLASTY, TRICUSPID VALVE;	2403.63	2403.63	10/1/2009
33464		VALVULOPLASTY, TRICUSPID VALVE;	1934.14	1934.14	10/1/2009
33465		REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	2166.28	2166.28	10/1/2009
33468		REVISION OF TRICUSPID VALVE	1522.55	1522.55	10/1/2009
33470		VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR	961.99	961.99	10/1/2009
33471		VALVOTOMY PULMONARY VALVE, CLOSED HEART VIA PULMONARY ARTER	1072.16	1072.16	10/1/2009
33472		VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH INFLOW OCCLUSION	1082.41	1082.41	10/1/2009
33474		REVISION OF TRICUSPID VALVE	1668.20	1668.20	10/1/2009
33475		REPLACEMENT, PULMONARY VALVE	1875.72	1875.72	10/1/2009
33476		REVISION OF HEART CHAMBER	1186.24	1186.24	10/1/2009
33478		REVISION OF HEART CHAMBER	1274.38	1274.38	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH C/	1363.89	1363.89	10/1/2009
33500		REPAIR CORONARY FISTULA W/CARDIO-PULMONARY BYPASS	1279.63	1279.63	10/1/2009
33501		REPAIR OF CORONARY FISTULA; WO CP BYPASS	887.86	887.86	10/1/2009
33502		REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY	1024.87	1024.87	10/1/2009
33503		ANOMALOUS CORONARY ARTERY GRAFT WITHOUT BYPASS	1095.89	1095.89	10/1/2009
33504		ANOMALOUS CORONARY ARTERY GRAFT WITH BYPASS	1171.08	1171.08	10/1/2009
33505		REPAIR OF ANOMALOUS CORONARY ARTERY;	1615.99	1615.99	10/1/2009
33506		REPAIR OF ANOMALOUS CORONARY ARTERY;	1672.75	1672.75	10/1/2009
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S	13.34	13.34	10/1/2009
33510		CORONARY ARTERY BYPASS SINGLE VENOUS GRAFT	1592.32	1592.32	10/1/2009
33511		CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	1738.37	1738.37	10/1/2009
33512		CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	1958.83	1958.83	10/1/2009
33513		CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	2001.71	2001.71	10/1/2009
33514		CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	2121.24	2121.24	10/1/2009
33516		CORONARY ARTERY BYPASS 6 OR MORE VENOUS GRAFTS	2205.25	2205.25	10/1/2009
33517		CORONARY ARTERY BYPASS; SINGLE VEIN GRAFT	152.00	152.00	10/1/2009
33518		CORONARY ARTERY BY PASS; 2 VENOUS GRAFTS	329.17	329.17	10/1/2009
33519		CORONARY ARTERY BYPASS; 3 VENOUS GRAFTS	439.06	439.06	10/1/2009
33521		CORONARY ARTERY BYPASS; 4 VENOUS GRAFTS	531.25	531.25	10/1/2009
33522		CORONARY ARTERY BYPASS; 5 VENOUS GRAFTS	604.12	604.12	10/1/2009
33523		CORONARY ARTERY BYPASS; 6 OR MORE VENOUS GRAFTS	689.41	689.41	10/1/2009
33533		CORONARY ARTERY BYPASS; SINGLE ARTERIAL GRAFT	1550.30	1550.30	10/1/2009
33534		CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFTS	1803.32	1803.32	10/1/2009
33535		CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFTS	2002.94	2002.94	10/1/2009
33536		CORONARY ARTERY BYPASS; 4 OR MORE ARTERIAL GRAFTS	2146.84	2146.84	10/1/2009
33542		REMOVAL OF HEART LESION	2070.81	2070.81	10/1/2009
33545		REPAIR OF HEART DEFECT	2443.62	2443.62	10/1/2009
33572		CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR	192.82	192.82	10/1/2009
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTL	1387.95	1387.95	10/1/2009
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR	1322.78	1322.78	10/1/2009
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSE	1440.50	1440.50	10/1/2009
33608		REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRE	1478.42	1478.42	10/1/2009
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH	1442.88	1442.88	10/1/2009
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR	1587.50	1587.50	10/1/2009
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR	1639.37	1639.37	10/1/2009
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA)	1632.71	1632.71	10/1/2009
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE)	1752.91	1752.91	10/1/2009
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION	2148.90	2148.90	10/1/2009
33641		REPAIR OF HEART DEFECT	1305.23	1305.23	10/1/2009
33645		REVISION OF HEART VEINS	1284.19	1284.19	10/1/2009
33647		REPAIR OF ASD AND VSD, DIRECT OF PATCH CLOSURE	1365.25	1365.25	10/1/2009
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM	1432.01	1432.01	10/1/2009
33665		REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL,	1549.95	1549.95	10/1/2009
33670		REPAIR OF HEART CHAMBERS	1612.60	1612.60	10/1/2009
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	1608.51	1608.51	10/1/2009
33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONAF	1673.60	1673.60	10/1/2009
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL (	1739.53	1739.53	10/1/2009
33681		REPAIR OF HEART DEFECT	1486.11	1486.11	10/1/2009
33684		REPAIR OF HEART DEFECT	1518.60	1518.60	10/1/2009
33688		REPAIR OF HEART DEFECT	1525.79	1525.79	10/1/2009
33690		BANDING OF PULMONARY ARTERY	935.84	935.84	10/1/2009
33692		COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRES	1434.66	1434.66	10/1/2009
33694		REPAIR OF HEART DEFECTS	1616.16	1616.16	10/1/2009
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA	1739.21	1739.21	10/1/2009
33702		REPAIR OF HEART DEFECTS	1244.22	1244.22	10/1/2009
33710		REPAIR OF HEART DEFECTS	1502.66	1502.66	10/1/2009
33720		REPAIR OF HEART DEFECT	1260.40	1260.40	10/1/2009
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	1256.51	1256.51	10/1/2009
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETUR	1279.26	1279.26	10/1/2009
33726		REPAIR OF PULMONARY VENOUS STENOSIS	1672.53	1672.53	10/1/2009
33730		COMPLETE REPAIR ANOMALOUS VENOUS RETURN	1594.84	1594.84	10/1/2009
33732		REPAIR OF COR TRIARTIATUM OR SUPRAVALVULAR MITRAL RING BY RESE	1329.50	1329.50	10/1/2009
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLC	1012.41	1012.41	10/1/2009
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1128.75	1128.75	10/1/2009
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCL	1052.67	1052.67	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
33750		SHUNT SUBCLAVIAN TO PULMONARY ARTERY	1058.87	1058.87	10/1/2009
33755		SHUNT ASCENDING AORTA TO PULMONARY ARTERY	1046.75	1046.75	10/1/2009
33762		SHUNT DESCENDING AORTA TO PULMONARY ARTERY	1044.96	1044.96	10/1/2009
33764		SHUNT, CENTRAL W/ PROSTHETIC GRAFT	1029.99	1029.99	10/1/2009
33766		SHUNT; SUPERIOR VEIN CAVA TO PULMONARY ARTERY FOR FLOW TO ON	1132.71	1132.71	10/1/2009
33767		SHUNT;	1147.49	1147.49	10/1/2009
33770		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR	1745.70	1745.70	10/1/2009
33771		REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR	1789.98	1789.98	10/1/2009
33774		REP TRANSPOSITION GRT ARTERIES W CARDIOPULM BYPASS	1470.15	1470.15	10/1/2009
33775		REP TRANSPOSITION GRT ART W CPB W REM PULM BAND	1529.51	1529.51	10/1/2009
33776		REP TRANSP GRT ART W CPB W CL VENT SEPTAL DEFECT	1609.29	1609.29	10/1/2009
33777		REP TRANSP GRT ART W CPB W REP SUBPULM OBSTRUCT	1576.62	1576.62	10/1/2009
33778		REPAIR TRANSP GRT ARTERIES W CARDIOPULM BYPASS	1937.99	1937.99	10/1/2009
33779		REP TRANSP GRT ARTERIES W CPB W REMOVAL PULM BAND	1861.12	1861.12	10/1/2009
33780		REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL DEFECT	1933.73	1933.73	10/1/2009
33781		REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRUCTION	1901.83	1901.83	10/1/2009
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	1869.14	1869.14	10/1/2009
33788		REVISION OF PULMONARY ARTERY	1260.71	1260.71	10/1/2009
33800		AORTIC SUSPENSION FOR TRACHEAL DECOMPRESSION	790.92	790.92	10/1/2009
33802		DIVISION ABERRANT VESSEL	850.09	850.09	10/1/2009
33803		DIVISION OF ABERRANT VESSEL W/ REANASTOMOSIS	925.50	925.50	10/1/2009
33813		OBLITERATION SEPTAL DEFECT W/O BYPASS	1047.42	1047.42	10/1/2009
33814		OBLITERATION SEPTAL DEFECT WITH BYPASS	1236.13	1236.13	10/1/2009
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION	791.04	791.04	10/1/2009
33822		PATENT DUCTUS ARTERIOSUS DIVISION UNDER 18 YRS	840.04	840.04	10/1/2009
33824		PATENE DUCTUS ARTERIOSUS DIVISION 18 YRS OLDER	950.04	950.04	10/1/2009
33840		EXC OF COARCTATION OF AORTA W/O ASSOC PAT DUC W/D	961.28	961.28	10/1/2009
33845		EXC COARCTATION OF AORTA W/O ASSOC PAT DUC ART WI	1107.31	1107.31	10/1/2009
33851		EXCISION COARCTATION OF AORTA WALDHUSEN PROCEDURE	1019.28	1019.28	10/1/2009
33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGE	1107.48	1107.48	10/1/2009
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGE	1526.66	1526.66	10/1/2009
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR V	2556.14	2556.14	10/1/2009
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR	2553.51	2553.51	10/1/2009
33870		TRANSVERSE ARCH GRAFT W/BYPASS	2075.74	2075.74	10/1/2009
33875		DESCEND THORACIC AORTA GRAFT W/O BYPASS	1610.91	1610.91	10/1/2009
33877		REPAIR THORACOAAA W/ GRFT, W/O CP BYPASS	2872.11	2872.11	10/1/2009
33910		PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	1347.61	1347.61	10/1/2009
33915		PULMONARY ARTERY EMBOLECTOMY WITHOUT BYPASS	1078.67	1078.67	10/1/2009
33916		PULMONARY ENDARTERECTOMY W/ BYPASS	1347.46	1347.46	10/1/2009
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH P.	1218.95	1218.95	10/1/2009
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT,	1475.33	1475.33	10/1/2009
33922		TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPAS	1114.94	1114.94	10/1/2009
33967		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	224.45	224.45	10/1/2009
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	28.84	28.84	10/1/2009
33970		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEM	301.92	301.92	10/1/2009
33971		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR	578.05	578.05	10/1/2009
33973		INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE AS	439.95	439.95	10/1/2009
33974		REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCEND	736.12	736.12	10/1/2009
33975		INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE	911.80	911.80	10/1/2009
33976		INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENT	1012.52	1012.52	10/1/2009
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE V	975.79	975.79	10/1/2009
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTR	1075.31	1075.31	10/1/2009
33979		INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOR	1999.60	1999.60	10/1/2009
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOR	2933.33	2933.33	10/1/2009
34001		REMOVAL BLOOD CLOT ARTERY	788.21	788.21	10/1/2009
34051		REMOVAL OF BLOOD CLOT,ARTERY	788.97	788.97	10/1/2009
34101		AMB SURG-REMOVAL OF BLOOD CLOT, ARTERY	501.15	501.15	10/1/2009
34111		EMBOLECTOMY/THROMBECTOMY, RADIAL OR ULNAR ARTERY	500.96	500.96	10/1/2009
34151		REMOVAL OF BLOOD CLOT,ARTERY	1162.63	1162.63	10/1/2009
34201		REMOVAL BLOOD CLOT ARTERY	820.10	820.10	10/1/2009
34203		EMBOLECTOMY/THROMBECTOMY,POPLITEAL-TIBIO-PERONEAL	802.22	802.22	10/1/2009
34401		REMOVAL OF BLOOD CLOT, VEIN	1197.09	1197.09	10/1/2009
34421		REMOVAL OF BLOOD CLOT, VEIN	607.40	607.40	10/1/2009
34451		REMOVAL OF BLOOD CLOT, VEIN	1255.33	1255.33	10/1/2009
34471		REMOVAL OF BLOOD CLOT, VEIN	880.27	880.27	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
34490		REMOVAL OF BLOOD CLOT, VEIN	503.69	503.69	10/1/2009
34501		VALVULOPLASTY FEMORAL VEIN	780.96	780.96	10/1/2009
34502		RECONSTRUCTION OF VENA CAVA, ANY METHOD	1265.46	1265.46	10/1/2009
34510		VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	888.09	888.09	10/1/2009
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	852.95	852.95	10/1/2009
34530		SAPHENOPLOLITEAL VEIN ANASTOMOSIS	801.31	801.31	10/1/2009
34800		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	954.53	954.53	10/1/2009
34802		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1042.59	1042.59	10/1/2009
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1067.51	1067.51	10/1/2009
34804		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	1042.00	1042.00	10/1/2009
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	979.13	979.13	10/1/2009
34808		ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST :	174.45	174.45	10/1/2009
34812		OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASC	288.56	288.56	10/1/2009
34813		PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOV	200.66	200.66	10/1/2009
34820		OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROS	414.39	414.39	10/1/2009
34825		PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	582.85	582.85	10/1/2009
34826		PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	173.21	173.21	10/1/2009
34830		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1526.69	1526.69	10/1/2009
34831		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1618.87	1618.87	10/1/2009
34832		OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS	1640.58	1640.58	10/1/2009
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVE	515.29	515.29	10/1/2009
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF A	233.43	233.43	10/1/2009
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY	757.38	757.38	10/1/2009
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	944.39	944.39	10/1/2009
35002		REPAIR RUPTURE ANEURYSM ARTERY NECK INCISION	997.61	997.61	10/1/2009
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	867.49	867.49	10/1/2009
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL	829.41	829.41	10/1/2009
35013		REPAIR RUPTURED ANEURYSM ARTERY ARM INCISION	1029.27	1029.27	10/1/2009
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1008.53	1008.53	10/1/2009
35022		RUPTURED ANEURYSM INNOMINATE ARTERY THORACIC	1141.25	1141.25	10/1/2009
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	806.51	806.51	10/1/2009
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1447.37	1447.37	10/1/2009
35082		REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	1818.10	1818.10	10/1/2009
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1531.73	1531.73	10/1/2009
35092		REPAIR RUPT ANEURYSM ABD AORTA VISCERAL VESSELS	2172.79	2172.79	10/1/2009
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1570.68	1570.68	10/1/2009
35103		REPAIR RUPT ANEURYSM ABD AORTA ILIAC VESSELS	1879.12	1879.12	10/1/2009
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1156.54	1156.54	10/1/2009
35112		REPAIR RUPT ANEURYSM SPLENIC ARTERY	1417.73	1417.73	10/1/2009
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1373.82	1373.82	10/1/2009
35122		REPAIR RUPT ANEURYSM HEPATIC CELIAC RENAL MESENTER	1644.73	1644.73	10/1/2009
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1170.84	1170.84	10/1/2009
35132		RUPTURE ANEURYSM ILIAC ARTERY	1416.03	1416.03	10/1/2009
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	928.59	928.59	10/1/2009
35142		REPAIR DEFECT OF ARTERY	1111.03	1111.03	10/1/2009
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTI	1047.36	1047.36	10/1/2009
35152		RUPTURE ANEURYSM POPLITEAL ARTERY	1216.42	1216.42	10/1/2009
35180		REPAIR CONGENITAL A-V FISTULA, HEAD AND NECK	694.57	694.57	10/1/2009
35182		REPAIR CONGENITAL A-V FISTULA, THORAX AND ABDOMEN	1428.76	1428.76	10/1/2009
35184		REPAIR CONGENITAL A-V FISTULA, EXTREMITIES	841.93	841.93	10/1/2009
35188		REPAIR ACQ OR TRAUMATIC A-V FISTULA, HEAD AND NECK	704.90	704.90	10/1/2009
35189		REPAIR ACQ OR TRAUMATIC A-V FISTULA, THORAX/ABD	1319.45	1319.45	10/1/2009
35190		REPAIR ACQ OR TRAUMATIC A-V FISTULA, EXTREMITIES	615.89	615.89	10/1/2009
35201		REPAIR BLOOD VESSEL LESION	772.92	772.92	10/1/2009
35206		REPAIR BLOOD VESSEL LESION	631.55	631.55	10/1/2009
35207		REPAIR BLOOD VESSELS HAND, FINGER	568.29	568.29	10/1/2009
35211		REPAIR BLOOD VESSEL LESION	1122.20	1122.20	10/1/2009
35216		REPAIR BLOOD VESSEL LESION	1565.31	1565.31	10/1/2009
35221		REPAIR BLOOD VESSEL LESION	1158.02	1158.02	10/1/2009
35226		REPAIR BLOOD VESSEL LESION	697.34	697.34	10/1/2009
35231		REPAIR BLOOD VESSEL LESION	969.06	969.06	10/1/2009
35236		REPAIR BLOOD VESSEL LESION	808.71	808.71	10/1/2009
35241		REPAIR BLOOD VESSEL LESION	1172.02	1172.02	10/1/2009
35246		REPAIR BLOOD VESSEL LESION	1275.01	1275.01	10/1/2009
35251		REPAIR BLOOD VESSEL LESION	1377.49	1377.49	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
35256		REPAIR BLOOD VESSEL LESION	850.57	850.57	10/1/2009
35261		REPAIR BLOOD VESSEL LESION	859.17	859.17	10/1/2009
35266		REPAIR BLOOD VESSEL LESION	712.28	712.28	10/1/2009
35271		REPAIR BLOOD VESSEL LESION	1120.55	1120.55	10/1/2009
35276		REPAIR BLOOD VESSEL LESION	1176.36	1176.36	10/1/2009
35281		REPAIR BLOOD VESSEL LESION	1315.38	1315.38	10/1/2009
35286		REPAIR BLOOD VESSEL LESION	779.69	779.69	10/1/2009
35301		RECHANNELING OF ARTERY	875.34	875.34	10/1/2009
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	932.06	932.06	10/1/2009
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1025.92	1025.92	10/1/2009
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1066.98	1066.98	10/1/2009
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	1024.77	1024.77	10/1/2009
35306		THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED;	384.41	384.41	10/1/2009
35311		RECHANNELING OF ARTERY	1255.65	1255.65	10/1/2009
35321		RECHANNELING OF ARTERY	744.13	744.13	10/1/2009
35331		RECHANNELING OF ARTERY	1229.32	1229.32	10/1/2009
35341		RECHANNELING OF ARTERY	1157.31	1157.31	10/1/2009
35351		RECHANNELING OF ARTERY	1076.21	1076.21	10/1/2009
35355		THROMBOENDARTERECTOMY W/ OR W/O PATCH, ILIOFEMORAL	873.71	873.71	10/1/2009
35361		RECHANNELING OF ARTERY	1324.55	1324.55	10/1/2009
35363		THROMBOENDARTERECTOMY W/ OR W/O PATCH AORTOILIOFEM	1441.20	1441.20	10/1/2009
35371		RECHANNELING OF ARTERY	687.91	687.91	10/1/2009
35372		THROMBOENDARTECTOMY, W/WO PATCH GRFT, DEEP FEMORAL	826.09	826.09	10/1/2009
35390		REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE	135.38	135.38	10/1/2009
35450		TRANSLUMINAL AGIOPLASTY, INTRAOPERATIVE, RENAL	432.95	432.95	10/1/2009
35452		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	300.35	300.35	10/1/2009
35458		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN	409.32	409.32	10/1/2009
35460		TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN;	261.23	261.23	10/1/2009
35471		TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	458.69	2431.72	10/1/2009
35472		TRANSLUMINAL ANGIOPLASTY PERCUTANEOUS; AORTIC	307.07	1686.55	10/1/2009
35475		TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPH	411.67	1741.53	10/1/2009
35476		TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS;	262.80	1312.90	10/1/2009
35500		HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTRE	271.10	271.10	10/1/2009
35501		ARTERY BYPASS GRAFT	1303.93	1303.93	10/1/2009
35506		ARTERY BYPASS GRAFT	1110.17	1110.17	10/1/2009
35508		BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	1146.80	1146.80	10/1/2009
35509		ARTERY BYPASS GRAFT	1253.62	1253.62	10/1/2009
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	1052.78	1052.78	10/1/2009
35511		ARTERY BYPASS GRAFT	989.48	989.48	10/1/2009
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	1026.52	1026.52	10/1/2009
35515		BYPASS GRAFT W/ VEIN, SUBCLAVIAN-VERTEBRAL	1108.73	1108.73	10/1/2009
35516		ARTERY BYPASS GRAFT	1015.75	1015.75	10/1/2009
35518		BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	1007.32	1007.32	10/1/2009
35521		ARTERY BYPASS GRAFT	1060.24	1060.24	10/1/2009
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	1002.57	1002.57	10/1/2009
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	940.90	940.90	10/1/2009
35526		ARTERY BYPASS GRAFT	1388.11	1388.11	10/1/2009
35531		ARTERY BYPASS GRAFT	1694.16	1694.16	10/1/2009
35533		BYPASS GRAFT W/ VAIN, AXILLARY-FEMORAL-FEMORAL	1310.96	1310.96	10/1/2009
35536		ARTERY BYPASS GRAFT	1460.83	1460.83	10/1/2009
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	1811.96	1811.96	10/1/2009
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	2033.76	2033.76	10/1/2009
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	1886.85	1886.85	10/1/2009
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	2113.56	2113.56	10/1/2009
35548		ARTERY BYPASS GRAFT	1005.19	1005.19	10/1/2009
35549		ARTERY BYPASS GRAFT	1092.08	1092.08	10/1/2009
35551		ARTERY BYPASS GRAFT	1244.43	1244.43	10/1/2009
35556		ARTERY BYPASS GRAFT	1157.48	1157.48	10/1/2009
35558		ARTERY BYPASS GRAFT	1024.18	1024.18	10/1/2009
35560		BYPASS GRAFT W/ VEIN, AORTORENAL	1490.93	1490.93	10/1/2009
35563		ARTERY BYPASS GRAFT	1142.69	1142.69	10/1/2009
35565		ARTERY BYPASS GRAFT	1106.61	1106.61	10/1/2009
35566		ARTERY BYPASS GRAFT	1389.50	1389.50	10/1/2009
35571		ARTERY BYPASS GRAFT	1122.78	1122.78	10/1/2009
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RE	293.34	293.34	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1195.53	1195.53	10/1/2009
35585		IN-SITU VEIN BYPASS; FEMORAL-ANT TIB,POST TIB,PERO	1399.89	1399.89	10/1/2009
35587		IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	1157.60	1157.60	10/1/2009
35600		HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY	215.76	215.76	10/1/2009
35601		ARTERY BYPASS GRAFT	1205.50	1205.50	10/1/2009
35606		ARTERY BYPASS GRAFT	981.85	981.85	10/1/2009
35612		ARTERY BYPASS GRAFT	767.10	767.10	10/1/2009
35616		ARTERY BYPASS GRAFT	940.24	940.24	10/1/2009
35621		ARTERY BYPASS GRAFT	927.54	927.54	10/1/2009
35623		BYPASS GRAFT, WITH OTHER THAN VEIN;	1138.44	1138.44	10/1/2009
35626		ARTERY BYPASS GRAFT	1306.30	1306.30	10/1/2009
35631		ARTERY BYPASS GRAFT	1558.88	1558.88	10/1/2009
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO REN	1383.34	1383.34	10/1/2009
35637		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	1431.46	1431.46	10/1/2009
35638		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	1462.30	1462.30	10/1/2009
35642		BYPASS GRAFT W/ OTHER THAN VEIN, CAROTID-VERTEBRAL	864.69	864.69	10/1/2009
35645		BYPASS GRAFT W/ OTHER THAN VEIN, SUBCLAVIAN-VERT	820.55	820.55	10/1/2009
35646		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-FEMORAL	1443.67	1443.67	10/1/2009
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORTO-FEMORAL	1306.69	1306.69	10/1/2009
35650		BYPASS GRAFT W/ OTHER THAN VEIN, AXILLARY-AXILLARY	893.28	893.28	10/1/2009
35651		ARTERY BYPASS GRAFT	1156.49	1156.49	10/1/2009
35654		BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FEM-FEM	1153.40	1153.40	10/1/2009
35656		ARTERY BYPASS GRAFT	908.56	908.56	10/1/2009
35661		ARTERY BYPASS GRAFT	909.18	909.18	10/1/2009
35663		ARTERY BYPASS GRAFT	1054.76	1054.76	10/1/2009
35665		ARTERY BYPASS GRAFT	987.94	987.94	10/1/2009
35666		ARTERY BYPASS GRAFT	1064.64	1064.64	10/1/2009
35671		ARTERY BYPASS GRAFT	937.88	937.88	10/1/2009
35681		BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN	67.70	67.70	10/1/2009
35682		BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FR	302.23	302.23	10/1/2009
35683		BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS	356.50	356.50	10/1/2009
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPAS	169.73	169.73	10/1/2009
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMI	141.99	141.99	10/1/2009
35691		TRANSPOSITION AND/OR REIMPLANTATION;	826.89	826.89	10/1/2009
35693		TRANSPOSITION AND/OR REIMPLANTATION;	732.27	732.27	10/1/2009
35694		TRANSPOSITION AND/OR REIMPLANTATION;	855.33	855.33	10/1/2009
35695		TRANSPOSITION AND/OR REIMPLANTATION;	890.83	890.83	10/1/2009
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHES	126.44	126.44	10/1/2009
35700		REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIO	130.11	130.11	10/1/2009
35701		EXPLORATION,CAROTID ARTERY	441.74	441.74	10/1/2009
35721		EXPLORATION,FEMORAL ARTERY	375.14	375.14	10/1/2009
35741		EXPLORATION POPLITEAL ARTERY	411.16	411.16	10/1/2009
35761		EXPLORATION OF ARTERY/VEIN	302.77	302.77	10/1/2009
35800		EXPLORATION OF NECK	390.19	390.19	10/1/2009
35820		EXPLORATION OF CHEST	1538.13	1538.13	10/1/2009
35840		EXPLORATION OF ABDOMEN	510.77	510.77	10/1/2009
35860		EXPLORATION OF LIMB	329.64	329.64	10/1/2009
35870		REPAIR OF GRAFT-ENTERIC FISTULA	1071.75	1071.75	10/1/2009
35875		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODI	492.87	492.87	10/1/2009
35876		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT;	790.64	790.64	10/1/2009
35879		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTC	773.63	773.63	10/1/2009
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTC	860.13	860.13	10/1/2009
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GR/	1004.16	1004.16	10/1/2009
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GR/	1059.60	1059.60	10/1/2009
35901		EXCISION OF INFECTED GRAFT;	412.37	412.37	10/1/2009
35903		EXCISION OF INFECTED GRAFT;	466.55	466.55	10/1/2009
35905		EXCISION OF INFECTED GRAFT;	1458.51	1458.51	10/1/2009
35907		EXCISION OF INFECTED GRAFT;	1607.42	1607.42	10/1/2009
36000		INSERTION VEIN ACCESS DEVICE	7.83	19.66	10/1/2009
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATME	91.29	134.55	10/1/2009
36005		INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRC	41.28	263.07	10/1/2009
36010		INSERTION VEIN ACCESS DEVICE	103.95	456.10	10/1/2009
36011		SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	134.39	720.44	10/1/2009
36012		SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM;	151.48	678.70	10/1/2009
36013		INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTEF	108.89	625.44	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
36014		SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	131.66	653.40	10/1/2009
36015		SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PUL	152.24	716.95	10/1/2009
36100		ESTABLISH ACCESS TO ARTERY	133.33	418.00	10/1/2009
36120		INTRODUCTION OF NEEDLE OR INTRACATHETER;	84.18	344.62	10/1/2009
36140		INTRODUCTION OF NEEDLE OR INTRACATHETER;	86.60	380.20	10/1/2009
36145		INTRODUCTION OF NEEDLE OR INTRACATHETER;	84.75	376.62	10/1/2009
36160		INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	112.56	419.14	10/1/2009
36200		ESTABLISH ACCESS TO AORTA	129.47	509.03	10/1/2009
36215		ARTERIAL CATH. PLACEMENT; 1ST ORDER THORACIC OR BRACHIOCEPHAL	205.17	895.05	10/1/2009
36216		ARTERIAL CATH PLACEMENT, 2ND ORDER THORACIC BRANCH	231.30	978.58	10/1/2009
36217		ARTERIAL CATH PLACEMENT, 3RD ORDER THORACIC BRANCH	276.92	1589.20	10/1/2009
36218		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECC	44.13	150.55	10/1/2009
36245		INTRODUCTION OF CATHETER AORTA, EACH ADDITIONAL	211.15	986.11	10/1/2009
36246		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM;	230.67	970.44	10/1/2009
36247		ARTERIAL CATHETER PLACEMENT;3RD ORDER, ABD, PELVIC,LEG	274.63	1519.13	10/1/2009
36248		SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECC	44.13	129.78	10/1/2009
36260		INSERTION IMPLANTABLE INFUSION PUMP	469.54	469.54	10/1/2009
36261		REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	285.23	285.23	10/1/2009
36262		REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	216.84	216.84	10/1/2009
36400		VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL OR JUGULAR	14.75	20.52	10/1/2009
36405		VENIPUNCTURE, UNDER AGE 3 YEARS;	12.86	18.62	10/1/2009
36406		VENIPUNCTURE, UNDER AGE 3 YEARS;	7.54	13.30	10/1/2009
36410		VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	7.25	14.75	10/1/2009
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	2.78	2.78	10/1/2009
36420		VENIPUNCTURE, CUTDOWN;	40.09	40.09	10/1/2009
36425		VENIPUNCTURE, CUTDOWN;	31.51	31.51	10/1/2009
36430		BLOOD TRANSFUSION SERVICE	28.30	28.30	10/1/2009
36440		PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	42.17	42.17	10/1/2009
36450		EXCHANGE TRANSFUSION, BLOOD;	96.75	96.75	10/1/2009
36455		EXCHANGE TRANSFUSION, BLOOD;	105.55	105.55	10/1/2009
36460		TRANSFUSION, INTRAUTERINE, FETAL	276.16	276.16	10/1/2009
36470		INJECTION OF SCLEROSING SOLUTION;	55.68	106.44	10/1/2009
36471		INJECTION OF SCLEROSING SOLUTION;	78.45	131.80	10/1/2009
36475		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	280.29	1370.78	10/1/2009
36476		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	137.21	298.43	10/1/2009
36478		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	282.89	1132.26	10/1/2009
36479		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, IN	138.07	313.43	10/1/2009
36481		PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	338.97	338.97	10/1/2009
36500		VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	151.46	151.46	10/1/2009
36510		CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEW	46.92	85.86	10/1/2009
36511		THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	73.72	73.72	10/1/2009
36512		THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	74.87	74.87	10/1/2009
36513		THERAPEUTIC APHERESIS; FOR PLATELETS	77.22	77.22	10/1/2009
36514		THERAPEUTIC APHERESIS, FOR PLASMA PHERESIS	73.14	399.34	10/1/2009
36515		THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION	71.70	1479.14	10/1/2009
36516		THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPT	51.44	1672.90	10/1/2009
36522		PHOTOPHERESIS, EXTRACORPOREAL	82.62	1045.34	10/1/2009
36555		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS C	105.06	215.23	10/1/2009
36556		INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS C	99.59	184.09	10/1/2009
36557		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	244.43	654.26	10/1/2009
36558		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	233.63	632.80	10/1/2009
36560		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	289.52	896.62	10/1/2009
36561		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	279.99	886.80	10/1/2009
36563		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	290.70	896.94	10/1/2009
36565		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	275.95	752.12	10/1/2009
36566		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	295.58	2771.30	10/1/2009
36568		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PI	80.50	242.01	10/1/2009
36569		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PI	80.40	210.77	10/1/2009
36570		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVI	258.21	909.44	10/1/2009
36571		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVI	251.24	942.85	10/1/2009
36575		REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CA	32.05	124.63	10/1/2009
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS POI	152.30	281.22	10/1/2009
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, '	174.06	391.23	10/1/2009
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED C	57.87	180.44	10/1/2009
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	164.97	586.63	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	242.34	819.16	10/1/2009
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTI	242.75	819.57	10/1/2009
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEN	59.34	177.59	10/1/2009
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VEN	227.56	840.15	10/1/2009
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCU	113.30	132.91	10/1/2009
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCU	160.67	215.47	10/1/2009
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	159.63	475.16	10/1/2009
36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	37.64	106.57	10/1/2009
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UI	53.24	101.12	10/1/2009
36600		ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	12.68	24.22	10/1/2009
36620		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR	42.14	42.14	10/1/2009
36625		ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITOR	87.08	87.08	10/1/2009
36640		ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEN	97.32	97.32	10/1/2009
36660		CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR TH	55.36	55.36	10/1/2009
36680		PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	48.82	48.82	10/1/2009
36800		AMB SURG INSERTION OF CANNULA FOR HEMODIALYSIS	127.43	127.43	10/1/2009
36810		REDIRECTION OF BLOOD FLOW	171.88	171.88	10/1/2009
36815		REDIRECTION OF BLOOD FLOW	121.20	121.20	10/1/2009
36818		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TH	551.15	551.15	10/1/2009
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRA	649.79	649.79	10/1/2009
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITIC	651.91	651.91	10/1/2009
36821		ARTERIOVENOUS ANASTOMOSIS DIRECT ANY SITE	541.52	541.52	10/1/2009
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRA	1037.16	1037.16	10/1/2009
36825		AMB SURG INTERNAL A-V FISTULA ARTERIOVENOUS	470.00	470.00	10/1/2009
36830		ARTERIOVENOUS FISTULA NONAUTOGENOUS GRAFT	538.48	538.48	10/1/2009
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, A	371.37	371.37	10/1/2009
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, A	474.67	474.67	10/1/2009
36833		REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOI	536.45	536.45	10/1/2009
36834		PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURI	503.28	503.28	10/1/2009
36835		THOMAS SHUNT	370.72	370.72	10/1/2009
36838		DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXT	958.99	958.99	10/1/2009
36860		CANNULA DECLOTTING WITHOUT BALLOON CATHETER	84.46	150.50	10/1/2009
36861		CANNULA DECLOTTING WITH BALLOON CATHETER	122.27	122.27	10/1/2009
36870		THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENO	251.72	1424.98	10/1/2009
37140		VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	1096.58	1096.58	10/1/2009
37145		VENOUS ANASTOMOSIS; RENOPORTAL	1182.29	1182.29	10/1/2009
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	1028.71	1028.71	10/1/2009
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMAL	1152.92	1152.92	10/1/2009
37181		SPLENORENAL DISTAL (SELECTIVE DECOMPRESSION)	1246.18	1246.18	10/1/2009
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S)	745.29	745.29	10/1/2009
37183		REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (I	354.17	354.17	10/1/2009
37195		THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	251.02	251.02	10/1/2009
37200		TRANSCATHETER BIOPSY	197.96	197.96	10/1/2009
37201		TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN	233.63	233.63	10/1/2009
37202		TRANSCATHETER THERAPY, INFUSION NOT FOR THROMBOLYSIS	280.46	280.46	10/1/2009
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASCULAR	224.84	1041.91	10/1/2009
37204		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTR	786.58	786.58	10/1/2009
37205		PLACEMENT INTRAVAS STENT, PERCU; INITIAL VESSEL	369.51	2575.86	10/1/2009
37206		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	180.15	1537.42	10/1/2009
37207		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	358.86	358.86	10/1/2009
37208		TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CC	173.86	173.86	10/1/2009
37209		EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	97.11	97.11	10/1/2009
37210		UTERINE FIBROID EMBOLIZATION (UFE, EMBOLIZATION OF THE UTERINE AI	468.40	2737.04	10/1/2009
37215		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL C	916.71	916.71	10/1/2009
37216		TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL C	842.49	842.49	10/1/2009
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEIN	559.27	559.27	10/1/2009
37565		LIGATION, INTERNAL JUGULAR VEIN	556.41	556.41	10/1/2009
37600		LIGATION, EXTERNAL CAROTID ARTERY	569.23	569.23	10/1/2009
37605		LIGATION; INTERNAL OR COMMON CAROTID ARTERY	651.68	651.68	10/1/2009
37606		LIGATION OF NECK ARTERY	423.97	423.97	10/1/2009
37607		LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	302.68	302.68	10/1/2009
37609		AMB SURG TEMPORAL ARTERY LIGATION OR BIOPSY	155.79	224.43	10/1/2009
37615		LIGATION MAJOR ARTERY NECK	374.99	374.99	10/1/2009
37616		LIGATION MAJOR ARTERY CHEST	874.14	874.14	10/1/2009
37617		LIGATE MAJOR ARTERY ABDOMEN	1042.75	1042.75	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
37618		LIGATION MAJOR ARTERY EXTREMITY	299.42	299.42	10/1/2009
37620		INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTI	542.94	542.94	10/1/2009
37650		LIGATION OF FEMORAL VEIN	409.37	409.37	10/1/2009
37660		LIGATION OF COMMON ILIAC VEIN	976.18	976.18	10/1/2009
37700		AMB SURG VARICOSE VEIN LIGATION WWO STRIP PARTIAL	200.39	200.39	10/1/2009
37735		REMOVAL OF LEG VEIN(S)	509.94	509.94	10/1/2009
37760		REVISION OF LEG VEINS	502.23	502.23	10/1/2009
37765		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB IN	360.73	360.73	10/1/2009
37766		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 2	439.13	439.13	10/1/2009
37780		REVISION OF LEG VEIN	206.71	206.71	10/1/2009
37785		AMB SURG VARICOSE VEIN LEG LIGATION	207.19	274.39	10/1/2009
38100		REMOVAL OF SPLEEN	844.89	844.89	10/1/2009
38101		SPLENECTOMY PARTIAL	849.19	849.19	10/1/2009
38102		SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTI	202.47	202.47	10/1/2009
38115		REPAIR RUPTURED SPLEEN WWO PARTIAL SPLENECTOMY	939.94	939.94	10/1/2009
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	781.54	781.54	10/1/2009
38200		INJECTION FOR SPLEEN X-RAY	113.35	113.35	10/1/2009
38204		MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR	82.86	82.86	10/1/2009
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TI	65.46	65.46	10/1/2009
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TI	65.46	65.46	10/1/2009
38207		TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CR/	40.64	40.64	10/1/2009
38208		TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH/	25.94	25.94	10/1/2009
38209		TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TH/	11.14	11.14	10/1/2009
38220		BONE MARROW ASPIRATION	49.09	119.75	10/1/2009
38221		BONE MARROW BIOPSY, NEEDLE OR TROCAR	62.27	133.21	10/1/2009
38230		BONE MARROW HARVESTING FOR TRANSPLANTATION	250.00	250.00	10/1/2009
38240		BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAN	101.15	101.15	10/1/2009
38241		BONE MARROW TRANSPLANTATION;	101.72	101.72	10/1/2009
38242		BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLAN	77.10	77.10	10/1/2009
38300		DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	135.44	198.61	10/1/2009
38305		DRAINAGE LYMPH NODE LESION	345.06	345.06	10/1/2009
38308		INCISION OF LYMPH CHANNELS	331.91	331.91	10/1/2009
38380		SUTURE AND OR LIGATION OF THORACIC DUCT CERVICAL A	426.94	426.94	10/1/2009
38381		SUTURE AND OR LIGATION OF THORACIC DUCT THORACIC A	638.20	638.20	10/1/2009
38382		SUTURE/LIGATION THORACIC DUCT ABDOMINAL APPROACH	515.13	515.13	10/1/2009
38500		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	186.91	234.79	10/1/2009
38505		BIOPSY OR EXCISION OF LYMPH NODE(S);	59.53	97.89	10/1/2009
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	317.43	380.87	10/1/2009
38520		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	346.65	346.65	10/1/2009
38525		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	314.17	314.17	10/1/2009
38530		BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NOI	404.28	404.28	10/1/2009
38542		DISSECTION DEEP JUGULAR NODE	386.12	386.12	10/1/2009
38550		EXCISION OF CYSTIC HYGROMA AXILLARY OR CERVICAL	357.34	357.34	10/1/2009
38555		REMOVAL NECK/ARMPIT LESION	744.87	744.87	10/1/2009
38562		LIMITED LYMPHADENECTOMY FOR STAGING PELVIC	534.94	534.94	10/1/2009
38564		LIMITED LYMPHADENECTOMY FOR STAGING RETROPERITONEA	531.55	531.55	10/1/2009
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPL	433.68	433.68	10/1/2009
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE	682.10	682.10	10/1/2009
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENE	750.62	750.62	10/1/2009
38700		REMOVAL OF LYMPH NODES, NECK	600.81	600.81	10/1/2009
38720		REMOVAL OF LYMPH NODES, NECK	998.87	998.87	10/1/2009
38724		CERVICAL LYMPHADENECTOMY	1083.58	1083.58	10/1/2009
38740		AMB SURG AXILLARY LYMPH NODE DISSECT SUPERFICIAL	503.33	503.33	10/1/2009
38745		AMB SURG AXILLARY LYMPH NODE DISSECT COMPLETE	640.98	640.98	10/1/2009
38746		THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL ANE	211.67	211.67	10/1/2009
38747		ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRI	206.34	206.34	10/1/2009
38760		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL	632.28	632.28	10/1/2009
38765		INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL	984.23	984.23	10/1/2009
38770		PELVIC LYMPHADENECTOMY INC EXT ILIAC HYPOGASTRIC W	659.11	659.11	10/1/2009
38780		RETROPERITONEAL LYMPHADENECTOMY EXTENS INC PEL AOR	830.03	830.03	10/1/2009
38790		INJECTION FOR LYMPHATIC X-RAY	64.71	64.71	10/1/2009
38792		INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	31.24	31.24	10/1/2009
38794		CANNULATION, THORACIC DUCT	245.01	245.01	10/1/2009
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN	382.35	382.35	10/1/2009
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN	635.06	635.06	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
39200		REMOVAL MEDIASTINAL LESION	704.61	704.61	10/1/2009
39220		REMOVAL MEDIASTINAL LESION	907.48	907.48	10/1/2009
39400		VISUALIZATION OF MEDIASTINUM	394.28	394.28	10/1/2009
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH	645.94	645.94	10/1/2009
39503		REPAIR DIAPHRAGMATIC HERNIA NEONATAL	4534.60	4534.60	10/1/2009
39540		REPAIR OF DIAPHRAGM HERNIA	660.47	660.47	10/1/2009
39541		REPAIR DIAPHR HERNIA TRAUMATIC CHRONIC	712.48	712.48	10/1/2009
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TR	700.65	700.65	10/1/2009
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	605.71	605.71	10/1/2009
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATE	941.40	941.40	10/1/2009
40490		BIOPSY OF LIP	56.91	95.84	10/1/2009
40500		AMB SURG VERMILIONECTOMY (LIP SHAVE)	268.89	361.76	10/1/2009
40510		AMB SURG EXCISION LIP TRANSVERSE WEDGE EXCISION	267.08	351.58	10/1/2009
40520		PARTIAL EXCISION OF LIP	269.91	361.04	10/1/2009
40525		EXCISION LIP FULL THICKNESS LOCAL FLAP	419.92	419.92	10/1/2009
40527		EXCISION LIP FULL THICKNESS CROSS LIP FLAP	496.38	496.38	10/1/2009
40530		PARTIAL REMOVAL OF LIP	306.26	398.84	10/1/2009
40650		REPAIR LIP	214.86	299.36	10/1/2009
40652		REPAIR LIP	261.78	352.34	10/1/2009
40654		REPAIR LIP	318.02	416.08	10/1/2009
40700		REPAIR CLEFT LIP	704.99	704.99	10/1/2009
40701		REPAIR CLEFT LIP	874.80	874.80	10/1/2009
40702		REPAIR CLEFT LIP	680.23	680.23	10/1/2009
40720		REPAIR CLEFT LIP	748.79	748.79	10/1/2009
40761		REPAIR CLEFT LIP	810.78	810.78	10/1/2009
40800		DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	93.32	143.50	10/1/2009
40801		DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH;	163.26	221.81	10/1/2009
40804		REMOVAL FOREIGN BODY, MOUTH	94.53	146.45	10/1/2009
40805		REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH;	169.31	232.48	10/1/2009
40808		BIOPSY MOUTH LESION	78.39	128.87	10/1/2009
40810		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUT	93.36	143.83	10/1/2009
40812		EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUT	145.67	203.36	10/1/2009
40814		EXCISION MOUTH LESION	224.70	274.30	10/1/2009
40816		EXC LESION OF MUCOSA AND SUBMUCOSA W/O REPAIR	235.17	289.11	10/1/2009
40818		EXCISION ORAL NUCOSA, GRAFT	200.29	253.06	10/1/2009
40820		DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH, BY PHYSICI	124.91	186.62	10/1/2009
40830		CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	117.52	173.18	10/1/2009
40831		CLOSURE OF LACERATION, VESTIBULE OF MOUTH;	165.21	230.10	10/1/2009
40840		RECONSTRUCTION MOUTH	479.70	595.06	10/1/2009
40842		RECONSTRUCTION MOUTH	469.89	586.12	10/1/2009
40843		RECONSTRUCTION MOUTH	612.18	766.48	10/1/2009
40844		RECONSTRUCTION MOUTH	854.11	1016.49	10/1/2009
40845		RECONSTRUCTION MOUTH	957.78	1108.04	10/1/2009
41000		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	82.76	115.05	10/1/2009
41005		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	93.91	160.24	10/1/2009
41006		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	193.69	260.02	10/1/2009
41007		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	187.96	260.35	10/1/2009
41008		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	200.84	268.32	10/1/2009
41009		INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	217.94	285.14	10/1/2009
41010		INCISION OF LINGUAL FRENUM (FRENOTOMY)	80.63	143.79	10/1/2009
41015		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	249.75	306.86	10/1/2009
41016		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	259.18	315.13	10/1/2009
41017		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	260.33	317.44	10/1/2009
41018		EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	305.22	364.64	10/1/2009
41100		BIOPSY TONGUE	82.36	121.58	10/1/2009
41105		BIOPSY OF TONGUE;	83.52	121.88	10/1/2009
41108		BIOPSY FLOOR OF MOUTH	67.07	104.27	10/1/2009
41110		EXCISION TONGUE LESION	97.86	150.07	10/1/2009
41112		EXCISION OF LESION OF TONGUE WITH CLOSURE;	185.64	237.55	10/1/2009
41113		EXCISION TONGUE LESION	206.64	260.87	10/1/2009
41114		EXC LESION TONGUE LOCAL TONGUE FLAP	480.64	480.64	10/1/2009
41115		EXCISION OF LINGUAL FRENUM (FRENECTOMY)	110.64	174.67	10/1/2009
41116		EXCISION, LESION OF FLOOR OF MOUTH	162.61	232.11	10/1/2009
41120		PARTIAL REMOVAL OF TONGUE	778.60	778.60	10/1/2009
41130		PARTIAL REMOVAL OF TONGUE	965.17	965.17	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
41135		TONGUE AND NECK SURGERY	1617.82	1617.82	10/1/2009
41140		REMOVAL OF TONGUE	1660.15	1660.15	10/1/2009
41145		TONGUE REMOVAL; NECK SURGERY	2081.92	2081.92	10/1/2009
41150		MOUTH AND JAW SURGERY	1645.96	1645.96	10/1/2009
41153		GLOSSECTOMY COMPOSITE PROC W/RESECTION FLOOR MOUTH	1787.46	1787.46	10/1/2009
41155		MOUTH, JAW, AND NECK SURGERY	2227.63	2227.63	10/1/2009
41250		REPAIR LACERATION TONGUE	106.13	163.82	10/1/2009
41251		REPAIR LACERATION TO 2CM POSTERIOR ONE THIRD TONGU	123.62	170.06	10/1/2009
41252		REPAIR LACERATED TONGUE	160.11	222.98	10/1/2009
41500		FIXATION TONGUE	327.89	327.89	10/1/2009
41510		TONGUE TO LIP SURGERY	301.01	301.01	10/1/2009
41520		FRENOPLASTY	188.03	248.31	10/1/2009
41800		DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRU	94.61	161.23	10/1/2009
41805		REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCT	119.77	166.49	10/1/2009
41806		REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCT	188.19	245.29	10/1/2009
41820		EXCISION, GUM	348.61	348.61	10/1/2009
41821		EXCISION, GUM FLAP	290.53	290.53	10/1/2009
41822		EXCISION GUM LESION	131.60	206.01	10/1/2009
41823		EXCISION GUM LESION	236.40	307.05	10/1/2009
41825		EXCISION GUM LESION	93.51	146.58	10/1/2009
41826		EXCISION GUM LESION	151.01	206.97	10/1/2009
41827		EXCISION GUM LESION	224.42	307.49	10/1/2009
41830		AMB SURG ALVEOLECTOMY INC CURETTAGE OSTEITIS	207.82	277.90	10/1/2009
41850		DESTRUCTION OF LESION EXCEPT EXCISION	34.86	34.86	10/1/2009
41870		GRAFT GUM	464.83	464.83	10/1/2009
41872		GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	192.68	260.17	10/1/2009
41874		ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	189.84	264.54	10/1/2009
42000		DRAINAGE OF ABSCESS OF PALATE, UVULA	76.82	113.45	10/1/2009
42100		BIOPSY ROOF OF MOUTH	81.54	108.06	10/1/2009
42104		EXCISION, LESION OF PALATE, UVULA;	102.51	150.10	10/1/2009
42106		EXCISION LESION, MOUTH ROOF	134.21	190.44	10/1/2009
42107		EXCISION LESION PALATE, UVULA LOCAL FLAP CLOSURE	259.13	332.39	10/1/2009
42120		RESECTION PALATE OR EXTENSIVE RESECTION OF LESION	726.94	726.94	10/1/2009
42140		UVULECTOMY, EXCISION OF UVULA	114.87	178.61	10/1/2009
42145		PALATOPHARYNGOPLASTY	530.86	530.86	10/1/2009
42160		DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMI	114.33	173.16	10/1/2009
42180		REPAIR PALATE	139.25	177.32	10/1/2009
42182		REPAIR PALATE	203.49	243.58	10/1/2009
42200		RECONSTRUCTION CLEFT PALATE	673.64	673.64	10/1/2009
42205		RECONSTRUCTION CLEFT PALATE	718.82	718.82	10/1/2009
42210		PALATOPLASTY WITH BONE GRAFT TO ALVEOLAR RIDGE-INCLUDES OBTAI	810.62	810.62	10/1/2009
42215		RECONSTRUCTION CLEFT PALATE	530.04	530.04	10/1/2009
42220		RECONSTRUCTION CLEFT PALATE	411.96	411.96	10/1/2009
42225		RECONSTRUCTION CLEFT PALATE	703.22	703.22	10/1/2009
42226		LENGTHENING PALATE AND PHARYNGEAL FLAP	699.76	699.76	10/1/2009
42227		LENGTHENING OF PALATE WITH ISLAND FLAP	679.99	679.99	10/1/2009
42235		REPAIR PALATE	555.06	555.06	10/1/2009
42260		REPAIR NOSE TO LIP FISTULA	521.23	621.60	10/1/2009
42300		DRAINAGE OF ABSCESS;	114.72	151.35	10/1/2009
42305		DRAINAGE OF ABSCESS;	328.64	328.64	10/1/2009
42310		DRAINAGE OF ABSCESS;	93.66	117.88	10/1/2009
42320		DRAINAGE OF ABSCESS;	134.58	182.16	10/1/2009
42330		SIALOLITHOTOMY;	124.92	169.61	10/1/2009
42335		TREATMENT SALIVARY STONE	195.55	269.96	10/1/2009
42340		TREATMENT SALIVARY STONE	257.67	340.16	10/1/2009
42400		BIOPSY OF SALIVARY GLAND;	44.83	79.73	10/1/2009
42405		BIOPSY OF SALIVARY GLAND;	174.50	224.11	10/1/2009
42408		AMB SURG EXCISION SALIVARY CYST	250.05	333.11	10/1/2009
42409		AMB SURG TREATMENT SALIVARY CYST	169.19	240.14	10/1/2009
42410		EXCISION PAROTID GLAND	477.34	477.34	10/1/2009
42415		EX PAROTID TUMOR PAROTID GL LAT LOB W DISSECAN PRE	863.18	863.18	10/1/2009
42420		EXCISION PAROTID GLAND	989.92	989.92	10/1/2009
42425		EXCISION PAROTID GLAND	650.91	650.91	10/1/2009
42426		EXCISION PAROTID TUMOR OR PAROTID GLAND TOTAL	1059.57	1059.57	10/1/2009
42440		EXCISION SUBMAXILLARY GLAND	358.96	358.96	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
42450		EXCISION SUBLINGUAL GLAND	271.84	332.99	10/1/2009
42500		REPAIR SALIVARY DUCT	258.50	317.34	10/1/2009
42505		REPAIR SALIVARY DUCT	346.73	413.07	10/1/2009
42507		PAROID DUCT DIVERS BILATERAL	388.07	388.07	10/1/2009
42508		PAROTID DUCT DIVERS BILAT W/EXC ONE SUBMANOLB GLAN	553.19	553.19	10/1/2009
42509		PAROTID DUCT DIVERSION BILAT W/EXC BOTH SUBMANDIBU	635.43	635.43	10/1/2009
42510		PAROTID DUCT DIVERSION BILAT LIGAT SUBMANDIBULAR	479.40	479.40	10/1/2009
42550		INJECTION PROCEDURE FOR SIALOGRAPHY	53.92	113.04	10/1/2009
42600		CLOSURE SALIVARY FISTULA	269.92	356.73	10/1/2009
42650		DILATION SALIVARY DUCT	45.01	60.87	10/1/2009
42660		DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT I	60.09	78.54	10/1/2009
42665		LIGATION SALIVARY DUCT	156.49	224.56	10/1/2009
42700		INCISION AND DRAINAGE ABSCESS;	102.16	136.76	10/1/2009
42720		DRAINAGE THROAT ABSCESS	305.52	345.32	10/1/2009
42725		DRAINAGE THROAT ABSCESS	622.09	622.09	10/1/2009
42800		BIOPSY;	84.49	114.78	10/1/2009
42802		BIOPSY;	102.35	173.87	10/1/2009
42804		BIOPSY;	86.54	145.09	10/1/2009
42806		BIOPSY;	101.77	164.07	10/1/2009
42808		EXCISION LESION PHARYNX	125.70	168.10	10/1/2009
42809		REMOVAL OF FOREIGN BODY FROM PHARYNX	98.58	125.41	10/1/2009
42810		AMB SURG BRANCHIAL CLEFT CYST	214.19	281.67	10/1/2009
42815		AMB SURG BRANCHIAL CLEFT CYST	420.92	420.92	10/1/2009
42820		AMB SURG TONSILLECTOMY & ADENOIDECTOMY UNDER 12	222.96	222.96	10/1/2009
42821		AMB SURG TONSILLECTOMY & ADENOIDECTOMY OVER 12	232.73	232.73	10/1/2009
42825		AMB SURG TONSILLECTOMY UNDER AGE 12	199.04	199.04	10/1/2009
42826		AMB SURG TONSILLECTOMY AGE 12 OR OVER	192.39	192.39	10/1/2009
42830		AMB SURG ADENOIDECTOMY PRIMARY UNDER AGE 12	156.55	156.55	10/1/2009
42831		AMB SURG ADENOIDECTOMY AGE 12 OR OVER/PRIMARY	168.83	168.83	10/1/2009
42835		AMB SURG ADENOIDECTOMY SECONDARY UNDER AGE 12	141.11	141.11	10/1/2009
42836		AMB SURG ADENOIDECTOMY AGE 12 OR OVER/SECONDARY	184.54	184.54	10/1/2009
42842		RADICAL RESECTION TONSIL WITHOUT CLOSURE	730.87	730.87	10/1/2009
42844		RADICAL RESECTION TONSIL CLOSURE WITH LOCAL FLAP	1028.76	1028.76	10/1/2009
42845		RADICAL RESECTION TONSIL CLOSURE WITH OTHER FLAP	1689.72	1689.72	10/1/2009
42860		EXCISION TONSIL TAGS	141.49	141.49	10/1/2009
42870		EXCISION LINGUAL TONSIL	428.36	428.36	10/1/2009
42890		PARTIAL REMOVAL PHARYNX	1048.48	1048.48	10/1/2009
42892		RESECT LATERAL PHARYNGEAL WALL DIRECT CLOSURE	1377.08	1377.08	10/1/2009
42894		RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS FLAP	1765.56	1765.56	10/1/2009
42900		REPAIR THROAT WOUND	266.18	266.18	10/1/2009
42950		RECONSTRUCTION OF THROAT	593.98	593.98	10/1/2009
42953		PHARYNGOESOPHAGEAL REPAIR	729.38	729.38	10/1/2009
42955		SURGICAL OPENING OF THROAT	559.82	559.82	10/1/2009
42960		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E)	129.23	129.23	10/1/2009
42961		CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (E)	320.42	320.42	10/1/2009
42962		CONTROL BLEEDING THROAT	397.44	397.44	10/1/2009
42970		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAR	297.77	297.77	10/1/2009
42971		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDAR	350.41	350.41	10/1/2009
42972		CONTROL BLEEDING, NOSE/THROAT	394.13	394.13	10/1/2009
43020		INCISION OF ESOPHAGUS	405.98	405.98	10/1/2009
43030		CRICOPHARYNGEAL MYOTOMY	401.79	401.79	10/1/2009
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BO	1023.13	1023.13	10/1/2009
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APF	480.54	480.54	10/1/2009
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR	799.41	799.41	10/1/2009
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY;	1980.42	1980.42	10/1/2009
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WIT	3348.71	3348.71	10/1/2009
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY;	2117.37	2117.37	10/1/2009
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH CC	3341.27	3341.27	10/1/2009
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT,	3803.28	3803.28	10/1/2009
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	1937.14	1937.14	10/1/2009
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AI	2754.85	2754.85	10/1/2009
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY	2185.37	2185.37	10/1/2009
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPRO	1958.89	1958.89	10/1/2009
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPRO	3366.16	3366.16	10/1/2009
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION	2873.57	2873.57	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
43130		REMOVAL ESOPHAGUS POUCH	609.16	609.16	10/1/2009
43135		REMOVAL ESOPHAGUS POUCH	1144.40	1144.40	10/1/2009
43200		AMB SURG ESOPHAGOSCOPY RIGID/FIBEROPTIC DIAGNOSTIC	81.56	160.88	10/1/2009
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJ	102.74	220.98	10/1/2009
43202		AMB SURG ESOPHAGOSCOPY WITH BIOPSY	90.74	211.00	10/1/2009
43204		ESOPHAGOSCOPY-RIGID OR FIBEROPTIC DIAGNOSTIC W INJ	178.83	178.83	10/1/2009
43205		ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	179.34	179.34	10/1/2009
43215		AMB SURG ESOPHAGOSCOPY WITH REMOVAL FOREIGN BODY	122.62	122.62	10/1/2009
43216		ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	114.26	151.75	10/1/2009
43217		AMB SURG ESOPHAGOSCOPY WITH REMOVAL POLYP(S)	134.78	283.32	10/1/2009
43219		ESOPHAGOSCOPY W/INSERTION PLASTIC TUBE OR STENT	136.17	136.17	10/1/2009
43220		DILATION OF ESOPHAGUS	100.86	100.86	10/1/2009
43226		ESOPHAGOGASTROSCOPY W INSERTION WIRE TO GUIDE DILA	112.48	112.48	10/1/2009
43227		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG,	167.65	167.65	10/1/2009
43228		ESOPHAGOGASTROSCOPY WITH ABLATION MUCOSAL LESION	178.75	178.75	10/1/2009
43231		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND	152.17	152.17	10/1/2009
43232		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRAS	209.84	209.84	10/1/2009
43234		UPPER GASTROINTESTINAL ENDOSCOPY SIMPLE	94.88	209.66	10/1/2009
43235		AMB SURG ESOPHAGOGASTRODUODENOSCOPY	115.77	227.10	10/1/2009
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	140.77	282.66	10/1/2009
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	191.72	191.72	10/1/2009
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	237.70	237.70	10/1/2009
43239		AMB SURG ESOPHAGOGASTRODUODENOSCOPY W BIOPSY	137.10	263.14	10/1/2009
43240		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	319.25	319.25	10/1/2009
43241		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	124.42	124.42	10/1/2009
43242		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	340.48	340.48	10/1/2009
43243		UGI ENDOSCOPY FOR INJ SCLEROSIS ESPH GAS VARICES	214.46	214.46	10/1/2009
43244		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	237.72	237.72	10/1/2009
43245		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	149.86	149.86	10/1/2009
43246		UPPER GASTROINTESTINAL ENDOSCOPY FOR PLACEMENT TUB	200.83	200.83	10/1/2009
43247		AMB SURG ESOPHAGOGASTRODUODENOSCOPY W/REMOVAL FB	160.33	160.33	10/1/2009
43248		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	151.51	151.51	10/1/2009
43249		UPPER GI ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH	139.48	139.48	10/1/2009
43250		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	149.90	149.90	10/1/2009
43251		AMB SURG ESOPHAGOGASTRODUODENOSCOPY W POLYPECTOMY	174.43	174.43	10/1/2009
43255		AMB SURG ESOPHAGOGASTRODUODENOSCOPY W COAGULATION	226.98	226.98	10/1/2009
43256		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	203.94	203.94	10/1/2009
43258		AMB SURG ESOPHAGOGASTRODUODENOSCOPY FULGURAT MUCOS	213.84	213.84	10/1/2009
43259		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMA	243.73	243.73	10/1/2009
43260		AMB SURG ESOPHAGOGASTRODUODENOSCOPY	279.10	279.10	10/1/2009
43261		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);	293.39	293.39	10/1/2009
43262		ERCP FOR SPHINCTEROTOMY/PAPILLOTOMY	344.61	344.61	10/1/2009
43263		ERCP FOR PRESSURE MEASUREMENT OF SPHINCTER OF ODDI	340.91	340.91	10/1/2009
43264		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WIT	413.77	413.77	10/1/2009
43267		ENDOSCOPY FOR INSERTION OF DRAINAGE TUBE	343.17	343.17	10/1/2009
43268		ERCP W BILIARY CATHETER FOR BILIARY OBSTRUCTION	348.65	348.65	10/1/2009
43269		ERCP FOR REMOVAL CHNG TUBE STENT OR FOREIGN BODY	382.04	382.04	10/1/2009
43271		ENDOSCOPY FOR BALLOON DILATION	344.32	344.32	10/1/2009
43272		ENDOSCOPY FOR ABLATION OF TUMOR OR LESION	343.74	343.74	10/1/2009
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSE	809.34	809.34	10/1/2009
43300		REPAIR OF ESOPHAGUS	476.87	476.87	10/1/2009
43305		REPAIR ESOPHAGUS AND FISTULA	856.39	856.39	10/1/2009
43310		REPAIR OF ESOPHAGUS	1197.11	1197.11	10/1/2009
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESOPHAGEAL FI	1322.32	1322.32	10/1/2009
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECC	2106.70	2106.70	10/1/2009
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECC	2412.20	2412.20	10/1/2009
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOI	1051.76	1051.76	10/1/2009
43325		ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THA	1004.37	1004.37	10/1/2009
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH	985.25	985.25	10/1/2009
43331		ESOPHAGOMYOTOMY THORACIC APPROACH	1066.67	1066.67	10/1/2009
43340		ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD APPROACH	1022.69	1022.69	10/1/2009
43341		ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	1124.67	1124.67	10/1/2009
43350		AMB SURG ESOPHAGOSTOMY	872.13	872.13	10/1/2009
43351		AMB SURG ESOPHAGOSTOMY	1023.18	1023.18	10/1/2009
43352		AMB SURG ESOPHAGOSTOMY	836.55	836.55	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY	1794.55	1794.55	10/1/2009
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY	2005.43	2005.43	10/1/2009
43400		LIGATION ESOPHAGEAL VEINS	1231.18	1231.18	10/1/2009
43401		TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH VARICES	1168.29	1168.29	10/1/2009
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING	1130.49	1130.49	10/1/2009
43410		REPAIR WOUND,ESOPHAGUS	772.91	772.91	10/1/2009
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANS	1317.94	1317.94	10/1/2009
43420		REPAIR OPENING,ESOPHAGUS	773.81	773.81	10/1/2009
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANS	1157.58	1157.58	10/1/2009
43450		AMB SURG ESOPHAGEAL DILATION BOUGIE INITIAL	70.58	120.77	10/1/2009
43453		DILATION ESOPHAGUS OVER GUIDE WIRE OR STRING	76.66	224.61	10/1/2009
43456		DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	123.89	453.54	10/1/2009
43458		DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER)	144.85	294.26	10/1/2009
43460		ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	175.92	175.92	10/1/2009
43500		INCISION OF STOMACH	578.39	578.39	10/1/2009
43501		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER	995.83	995.83	10/1/2009
43502		GASTROTOMY;	1127.90	1127.90	10/1/2009
43510		GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT	713.86	713.86	10/1/2009
43520		INCISION PYLORIC MUSCLE	522.92	522.92	10/1/2009
43605		BIOPSY OF STOMACH	614.29	614.29	10/1/2009
43610		EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH	725.88	725.88	10/1/2009
43611		EXCISION, LOCAL;	903.29	903.29	10/1/2009
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	1473.60	1473.60	10/1/2009
43621		GASTRECTOMY, TOTAL;	1678.66	1678.66	10/1/2009
43622		GASTRECTOMY, TOTAL;	1703.43	1703.43	10/1/2009
43631		GASTRECTOMY, PARTIAL, DISTAL;	1079.99	1079.99	10/1/2009
43632		GASTRECTOMY, PARTIAL, DISTAL;	1473.44	1473.44	10/1/2009
43633		GASTRECTOMY, PARTIAL, DISTAL;	1401.79	1401.79	10/1/2009
43634		GASTRECTOMY, PARTIAL, DISTAL;	1548.27	1548.27	10/1/2009
43635		VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIS	86.59	86.59	10/1/2009
43640		DIVISION VAGUS NERVE	867.96	867.96	10/1/2009
43641		VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	875.56	875.56	10/1/2009
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC	1285.36	1285.36	10/1/2009
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	481.15	481.15	10/1/2009
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE	563.73	563.73	10/1/2009
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF	410.17	410.17	10/1/2009
43760		CHANGE OF GASTROSTOMY TUBE	40.51	251.05	10/1/2009
43761		REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH	86.87	97.83	10/1/2009
43800		RECONSTRUCTION OF PYLORUS	688.79	688.79	10/1/2009
43810		FUSION STOMACH AND BOWEL	746.76	746.76	10/1/2009
43820		GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	968.04	968.04	10/1/2009
43825		FUSION STOMACH AND BOWEL	960.83	960.83	10/1/2009
43830		GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, I	510.16	510.16	10/1/2009
43831		TEMPORARY OPENING,STOMACH	425.56	425.56	10/1/2009
43832		GASTROSTOMY PERMANENT W CONSTRUCTION GASTRIC TUBE	786.39	786.39	10/1/2009
43840		REPAIR LESION,STOMACH	981.83	981.83	10/1/2009
43842		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID	954.18	954.18	10/1/2009
43843		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID	936.63	936.63	10/1/2009
43846		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1207.99	1207.99	10/1/2009
43847		GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID	1320.36	1320.36	10/1/2009
43848		REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OB	1432.83	1432.83	10/1/2009
43850		REVISION STOMACHBOWEL FUSION	1200.19	1200.19	10/1/2009
43855		REVISION STOMACHBOWEL FUSION	1254.13	1254.13	10/1/2009
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) W	1218.53	1218.53	10/1/2009
43865		REVISION STOMACHBOWEL FUSION	1267.58	1267.58	10/1/2009
43870		REPAIR OPENING STOMACH.	521.20	521.20	10/1/2009
43880		REPAIR STOMACH-BOWEL FISTULA	1190.41	1190.41	10/1/2009
44005		FREEDING OF BOWEL ADHESION	813.15	813.15	10/1/2009
44010		DUODENOTOMY	638.94	638.94	10/1/2009
44015		TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION	111.10	111.10	10/1/2009
44020		ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION	718.54	718.54	10/1/2009
44021		ENTEROTOMY SMALL BOWEL FOR DECOMPRESSION	726.73	726.73	10/1/2009
44025		EXPLORATION OF LARGE BOWEL	731.54	731.54	10/1/2009
44050		REDUCTION BOWEL OBSTRUCTION	692.38	692.38	10/1/2009
44055		CORRECTION OF MALROTATION	1110.23	1110.23	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
44100		BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPEC	91.99	91.99	10/1/2009
44110		EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NO1	626.55	626.55	10/1/2009
44111		EXCISION BOWEL LESIONS	729.82	729.82	10/1/2009
44120		ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AN	904.57	904.57	10/1/2009
44121		ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RES	186.82	186.82	10/1/2009
44125		ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY	877.98	877.98	10/1/2009
44126		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	1814.44	1814.44	10/1/2009
44127		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	2113.05	2113.05	10/1/2009
44128		ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRE	187.70	187.70	10/1/2009
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT	947.46	947.46	10/1/2009
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	93.52	93.52	10/1/2009
44140		PARTIAL REMOVAL OF COLON	999.02	999.02	10/1/2009
44141		COLECTOMY PARTIAL WITH CECOSTOMY COLOSTOMY	1315.62	1315.62	10/1/2009
44143		COLECTOMY PARTIAL WITH END COLOSTOMY CLOSURE DISTA	1230.97	1230.97	10/1/2009
44144		COLECTOMY PARTIAL W/RESEC COLOS ILEOS MUCOFISTULA	1293.88	1293.88	10/1/2009
44145		PARTIAL REMOVAL OF COLON	1245.70	1245.70	10/1/2009
44146		COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLOSTOMY	1556.75	1556.75	10/1/2009
44147		COLECTOMY PARTIAL ABD AND TRANSANAL APPROACH	1405.89	1405.89	10/1/2009
44150		REMOVAL OF COLON	1363.76	1363.76	10/1/2009
44151		COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	1559.96	1559.96	10/1/2009
44155		REMOVAL OF COLON	1528.68	1528.68	10/1/2009
44156		COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CONTINENT	1679.60	1679.60	10/1/2009
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL A	1595.53	1595.53	10/1/2009
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL A	1635.62	1635.62	10/1/2009
44160		COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOL	920.59	920.59	10/1/2009
44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTEST	1033.93	1033.93	10/1/2009
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTI	186.05	186.05	10/1/2009
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	1154.89	1154.89	10/1/2009
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TEF	1008.24	1008.24	10/1/2009
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY	1310.08	1310.08	10/1/2009
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, V	1377.25	1377.25	10/1/2009
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, V	1496.41	1496.41	10/1/2009
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PF	1336.98	1336.98	10/1/2009
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1641.57	1641.57	10/1/2009
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROC	1539.47	1539.47	10/1/2009
44300		SURGICAL OPENING OF BOWEL	621.62	621.62	10/1/2009
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	777.90	777.90	10/1/2009
44312		REPAIR SMALL BOWEL OPENING	441.48	441.48	10/1/2009
44314		REPAIR SMALL BOWEL OPENING	752.64	752.64	10/1/2009
44316		CONTINENT ILEOSTOMY	1031.46	1031.46	10/1/2009
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	886.88	886.88	10/1/2009
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG,	700.89	700.89	10/1/2009
44340		AMB SURG REVISION COLOSTOMY SIMPLE	443.81	443.81	10/1/2009
44345		REVISION OF COLOSTOMY, COMPLICATED	775.93	775.93	10/1/2009
44346		REVISE COLOSTOMY W/ REPAIR PARACOLOSTOMY HERNIA	871.53	871.53	10/1/2009
44360		SM INTESTINE-ENDOSCOPY/ENTEROSCOPY DIAGNOSTIC	126.04	126.04	10/1/2009
44361		SM INTEST ENDOSCOPY ENTEROSCOPY W/BIOP COLLEC SPEC	138.92	138.92	10/1/2009
44363		SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOVAL F/B	164.63	164.63	10/1/2009
44364		SM INTEST ENDOSCOPY ENTEROSCOPY W/REMOV POLYPS	177.30	177.30	10/1/2009
44365		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	157.85	157.85	10/1/2009
44366		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	208.98	208.98	10/1/2009
44369		SM INTEST ENDOSCOPY FOR ABLATION TUMOR/LESION	213.48	213.48	10/1/2009
44370		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	229.92	229.92	10/1/2009
44372		SMALL INTEST ENDO ENTERO PLACEMENT J TUBE	203.52	203.52	10/1/2009
44373		SMALL INT ENDOSCOPY CONVERSION OF GTUBE TO JTUBE	164.63	164.63	10/1/2009
44376		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	243.53	243.53	10/1/2009
44377		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	258.18	258.18	10/1/2009
44378		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	331.20	331.20	10/1/2009
44379		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTI	351.00	351.00	10/1/2009
44380		FIBEROPTIC ILEOSCOPY VIA STOMA	54.80	54.80	10/1/2009
44382		ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	65.91	65.91	10/1/2009
44383		ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMI	141.68	141.68	10/1/2009
44385		ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC;	84.51	186.61	10/1/2009
44386		ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC;	99.18	258.68	10/1/2009
44388		COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLE	131.71	259.20	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
44389		COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	147.06	300.78	10/1/2009
44390		FIBEROPTIC COLONOSCOPY W REMOVAL FOREIGN BODY	176.48	347.79	10/1/2009
44391		COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJE	201.09	389.72	10/1/2009
44392		COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S)	173.68	326.83	10/1/2009
44393		COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S)	221.19	380.69	10/1/2009
44394		COLONOSCOPY THROUGH STOMA;	204.74	382.40	10/1/2009
44397		COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLAC	220.88	220.88	10/1/2009
44500		INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT)	21.07	21.07	10/1/2009
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCI	1028.21	1028.21	10/1/2009
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCI	1178.20	1178.20	10/1/2009
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER	789.31	789.31	10/1/2009
44605		REPAIR BOWEL LESION	972.84	972.84	10/1/2009
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WI	801.35	801.35	10/1/2009
44620		REPAIR BOWEL OPENING	639.66	639.66	10/1/2009
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECT	757.93	757.93	10/1/2009
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECT	1206.05	1206.05	10/1/2009
44640		REPAIR BOWEL-SKIN FISTULA	1051.87	1051.87	10/1/2009
44650		REPAIR BOWEL FISTULA	1093.90	1093.90	10/1/2009
44660		REPAIR BOWEL-BLADDER FISTULA	1059.89	1059.89	10/1/2009
44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDEI	1189.03	1189.03	10/1/2009
44680		SURGICAL FOLDING INTESTINE	791.42	791.42	10/1/2009
44700		EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROS	766.37	766.37	10/1/2009
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CC	129.35	129.35	10/1/2009
44800		EXCISION BOWEL POUCH	562.28	562.28	10/1/2009
44820		EXCISION MESENTERY LESION	621.67	621.67	10/1/2009
44850		REPAIR OF MESENTERY	548.50	548.50	10/1/2009
44900		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	562.13	562.13	10/1/2009
44901		INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	145.19	739.60	10/1/2009
44950		APPENDECTOMY	476.19	476.19	10/1/2009
44955		APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHI	64.93	64.93	10/1/2009
44960		APPENDECTOMY FOR RUPT APPEN W/ABSCESS OR GENERALIZ	641.54	641.54	10/1/2009
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	437.22	437.22	10/1/2009
45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	304.82	304.82	10/1/2009
45005		AMB SURG INCISION AND DRAINAGE SUBMUCOUS ABSCESS	112.87	180.94	10/1/2009
45020		DRAINAGE OF RECTAL ABSCESS	398.31	398.31	10/1/2009
45100		BIOPSY OF RECTUM	211.19	211.19	10/1/2009
45108		ANORECTAL MYOMECTOMY	257.35	257.35	10/1/2009
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLO:	1375.48	1375.48	10/1/2009
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APP	807.83	807.83	10/1/2009
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEI	1420.45	1420.45	10/1/2009
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL	1455.18	1455.18	10/1/2009
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSA	1329.76	1329.76	10/1/2009
45116		PARTIAL REMOVAL OF RECTUM	1194.85	1194.85	10/1/2009
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEI	1457.55	1457.55	10/1/2009
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL	1164.20	1164.20	10/1/2009
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL	1274.30	1274.30	10/1/2009
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	825.75	825.75	10/1/2009
45126		PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECT	2153.04	2153.04	10/1/2009
45130		EXCISION OF RECTAL PROLAPSE	807.64	807.64	10/1/2009
45135		EXCISION OF RECTAL PROLAPSE	988.49	988.49	10/1/2009
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	1368.40	1368.40	10/1/2009
45150		EXCISION RECTAL STRICTURE	292.91	292.91	10/1/2009
45160		EXCISION OF RECTAL LESION	734.08	734.08	10/1/2009
45170		EXCISION RECTAL TUMOR SIMPLE TRANSANAL APPROACH	573.57	573.57	10/1/2009
45190		DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROS	498.05	498.05	10/1/2009
45300		AMB SURG PROCTOSIGMOIDOSCOPY DIAGNOSTIC	37.85	78.81	10/1/2009
45303		PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WI	64.77	602.08	10/1/2009
45305		AMB SURG PROCTOSIGMOIDOSCOPY WITH BIOPSY	58.17	128.25	10/1/2009
45307		PROCTOSIGM W/REMOVAL OF FOREIGN BODY	73.64	143.43	10/1/2009
45308		PROCTOSIGMOIDOSCOPY, RIGID;	62.44	131.09	10/1/2009
45309		PROCTOSIGMOIDOSCOPY, RIGID;	72.46	147.45	10/1/2009
45315		AMB SURG PROCTOSIGMOIDOSCOPY W REMOVAL EXCRESCENCE	82.45	159.17	10/1/2009
45317		PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJEC	86.96	154.45	10/1/2009
45320		PROCTOSIGMOIDOSCOPY FOR ABLATION OF TUMOR	82.60	154.99	10/1/2009
45321		PROCTOSIGMOIDOSCOPY FOR DECOMPRESSION OF VOLVULUS	79.92	79.92	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
45327		PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACE	93.21	93.21	10/1/2009
45330		SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION	48.82	101.60	10/1/2009
45331		SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	59.27	129.07	10/1/2009
45332		SIGMOIDOSCOPY W/REMOVAL OF FOREIGN BODY	86.95	211.83	10/1/2009
45333		SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR (	86.47	213.08	10/1/2009
45334		SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION	131.19	131.19	10/1/2009
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S),	72.21	182.10	10/1/2009
45337		AMB SURG-SIGMOIDOSCOPY FOR DECOMPRESSION VOLVULUS	112.35	112.35	10/1/2009
45338		SIGMOIDOSCOPY, FLEXIBLE;	112.48	238.51	10/1/2009
45339		SIGMOIDOSCOPY, FLEXIBLE;	148.90	248.98	10/1/2009
45340		SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STR	91.03	323.20	10/1/2009
45341		SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATI	125.20	125.20	10/1/2009
45342		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUI	191.62	191.62	10/1/2009
45345		SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMEN	139.14	139.14	10/1/2009
45355		COLONOSCOPY W/STANDARD SIGMOIDOSCOPE	160.40	160.40	10/1/2009
45378		AMB SURG COLONOSCOPY ASCENDING COLON	172.32	300.96	10/1/2009
45379		COLONOSCOPY FIBEROPTIC BEYOND SPLENIC FLEX W/RE FB	215.92	382.05	10/1/2009
45380		AMB SURG COLONOSCOPY ASCENDING COLON WITH BIOPSY	207.63	361.35	10/1/2009
45381		COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DIRECTED S	196.56	351.44	10/1/2009
45382		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTR	265.38	475.92	10/1/2009
45383		AMB SURG-COLONOSCOPY, FOR ABLATION TUMOR/LESION	267.19	431.29	10/1/2009
45384		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE;	215.75	355.63	10/1/2009
45385		AMB SURG COLONOSCOPY ASCENDING COLON W POLYPECTOMY	246.52	408.03	10/1/2009
45386		COLONOSCOPY FLEXIBLE PROXIMAL TO SPLENIC FLEXURE W DILATION BY	211.92	499.46	10/1/2009
45387		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSI	276.22	276.22	10/1/2009
45391		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOS	238.53	238.53	10/1/2009
45392		COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSI	301.91	301.91	10/1/2009
45500		REPAIR OF RECTUM	376.19	376.19	10/1/2009
45505		REPAIR OF RECTUM	412.27	412.27	10/1/2009
45520		TREATMENT OF RECTAL PROLAPSE	29.09	90.82	10/1/2009
45540		PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	792.53	792.53	10/1/2009
45541		PROCTOPEXY FOR PROLAPSE PERINEAL APPROACH	679.67	679.67	10/1/2009
45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMIN.	1089.79	1089.79	10/1/2009
45560		REPAIR RECTOCELE SEPARATE PROCEDURE	537.61	537.61	10/1/2009
45562		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	824.74	824.74	10/1/2009
45563		EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	1195.39	1195.39	10/1/2009
45800		REPAIR RECTOBLADDER FISTULA	926.41	926.41	10/1/2009
45805		REPAIR RECTOBLADDER FISTULA	1047.27	1047.27	10/1/2009
45820		REPAIR RECTOURETHRAL FISTULA	920.15	920.15	10/1/2009
45825		REPAIR RECTOURETHRAL FISTULA	1107.12	1107.12	10/1/2009
45900		REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHE	145.52	145.52	10/1/2009
45905		AMB SURG RECTAL DILATION	123.24	123.24	10/1/2009
45910		DILATION RECTAL NARROWING	146.06	146.06	10/1/2009
45915		REMOVAL RECTAL OBSTRUCTION	163.58	225.59	10/1/2009
46020		PLACEMENT OF SETON	161.24	183.16	10/1/2009
46030		REMOVAL OF ANAL SETON, OTHER MARKER	64.22	91.61	10/1/2009
46040		AMB SURG I & D ISCHIORECTAL/PERIRECTAL ABSCESS	289.03	356.52	10/1/2009
46045		DRAINAGE TRANSANAL ABSCESS UNDER ANESTHESIA	298.21	298.21	10/1/2009
46050		INCISION ANAL ABSCESS	67.60	126.44	10/1/2009
46060		AMB SURG FISTULECTOMY ANUS	328.07	328.07	10/1/2009
46070		INCISION, ANAL SEPTUM (INFANT)	166.67	166.67	10/1/2009
46080		SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDU	117.04	166.94	10/1/2009
46083		INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	78.10	125.40	10/1/2009
46200		AMB SURG FISSURECTOMY	217.44	278.59	10/1/2009
46210		CRYPTECTOMY;	182.67	254.78	10/1/2009
46211		REMOVAL ANAL CRYPTS	266.74	346.05	10/1/2009
46220		PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDU	83.77	133.95	10/1/2009
46221		AMB SURG HEMORRHOIDECTOMY	132.52	175.78	10/1/2009
46230		REMOVAL OF ANAL TAB	125.63	184.46	10/1/2009
46250		AMB SURG HEMORRHOIDECTOMY COMPLETE	220.84	306.79	10/1/2009
46255		AMB SURG HEMORRHOIDECTOMY	251.59	342.72	10/1/2009
46257		AMB SURG HEMORRHOIDECTOMY	294.16	294.16	10/1/2009
46258		AMB SURG HEMORRHOIDECTOMY	321.73	321.73	10/1/2009
46260		AMB SURG HEMORRHOIDECTOMY	334.56	334.56	10/1/2009
46261		AMB SURG HEMORRHOIDECTOMY	374.36	374.36	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
46262		AMB SURG HEMORRHOIDECTOMY	390.54	390.54	10/1/2009
46270		REMOVAL ANAL FISTULA	264.63	332.11	10/1/2009
46275		REMOVAL ANAL FISTULA	284.00	352.06	10/1/2009
46280		REMOVAL ANAL FISTULA	325.66	325.66	10/1/2009
46285		REMOVAL ANAL FISTULA	280.40	342.41	10/1/2009
46288		CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	385.44	385.44	10/1/2009
46320		ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	79.73	121.27	10/1/2009
46500		INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	90.06	146.87	10/1/2009
46600		ANOSCOPY;DIAGNOSTIC,W/O COLLECTION OF SPECIMEN,BRUSHING OR	28.81	58.80	10/1/2009
46604		ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	50.06	361.26	10/1/2009
46606		ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	55.35	149.94	10/1/2009
46608		ANOSCOPY WITH REMOVAL OF FOREIGN BODY	61.00	155.03	10/1/2009
46610		ANOSCOPY WITH REMOVAL OF POLYP.	60.47	153.34	10/1/2009
46611		ANOSCOPY;	62.46	121.59	10/1/2009
46612		ANOSCOPY WITH MULTPLE POLYP REMOVAL	73.94	183.82	10/1/2009
46614		ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUT	52.73	93.39	10/1/2009
46615		ANOSCOPY;	75.21	108.38	10/1/2009
46700		REPAIR ANAL STRICTURE	464.89	464.89	10/1/2009
46705		ANOPLASTY, PLASTIC OPERATION FOR STRICTURE;	382.35	382.35	10/1/2009
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	122.79	122.79	10/1/2009
46715		REPAIR OF LOW IMPERFORATE ANUS; WITH ANOPERINEAL FISTULA ("CUT-	378.45	378.45	10/1/2009
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRANSPOSITION OF ANOPERI	923.29	923.29	10/1/2009
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; PERINEAL OR SA	1405.40	1405.40	10/1/2009
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA; COMBINED TRAN	1642.26	1642.26	10/1/2009
46740		CONSTRUCTION OF ANUS	1509.79	1509.79	10/1/2009
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOV	1784.95	1784.95	10/1/2009
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	2550.61	2550.61	10/1/2009
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	2942.44	2942.44	10/1/2009
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETH	3075.89	3075.89	10/1/2009
46750		REPAIR ANAL SPHINCTER	562.65	562.65	10/1/2009
46751		REPAIR ANAL SPHINCTER	466.06	466.06	10/1/2009
46753		RECONSTRUCTION OF ANUS	424.51	424.51	10/1/2009
46754		REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	155.27	199.98	10/1/2009
46760		REPAIR ANAL SPHINCTER	796.45	796.45	10/1/2009
46761		SPHINCTEROPLASTY, LEVATORMUSCLE IMBRICATION	689.28	689.28	10/1/2009
46762		SPHINCTEROPLASTY W/ ARTIFICIAL SPHINCTER	678.88	678.88	10/1/2009
46900		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	101.27	160.97	10/1/2009
46910		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	96.98	167.64	10/1/2009
46916		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	106.36	166.07	10/1/2009
46917		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	97.67	316.28	10/1/2009
46922		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	97.00	174.58	10/1/2009
46924		DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLU	135.65	359.75	10/1/2009
46937		CRYOSURGERY OF RECTAL TUMOR;	129.64	181.26	10/1/2009
46938		CRYOSURGERY OF RECTAL TUMOR;	263.28	316.63	10/1/2009
46940		CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF AN/	108.34	152.76	10/1/2009
46942		CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	96.22	141.22	10/1/2009
46945		LIGATION OF INTERNAL HEMORRHOIDS - SINGLE PROCEDURE	151.50	195.34	10/1/2009
46946		LIGATION OF INTERNAL HEMORRHOIDS;	160.82	212.15	10/1/2009
46947		HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY	274.26	274.26	10/1/2009
47000		AMB SURG BIOPSY LIVER NEEDLE PERCUTANEOUS	82.66	248.50	10/1/2009
47001		BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIMI	80.04	80.04	10/1/2009
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO	882.92	882.92	10/1/2009
47011		HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, OF	160.07	160.07	10/1/2009
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC	837.86	837.86	10/1/2009
47100		BIOPSY OF LIVER, WEDGE	612.73	612.73	10/1/2009
47120		PARTIAL REMOVAL OF LIVER	1729.94	1729.94	10/1/2009
47122		RESECTION OF LIVER, TRISEGMENTECTOMY	2577.36	2577.36	10/1/2009
47125		PARTIAL REMOVAL OF LIVER	2308.01	2308.01	10/1/2009
47130		PARTIAL REMOVAL OF LIVER	2481.98	2481.98	10/1/2009
47140		DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING I	2598.27	2598.27	10/1/2009
47141		DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOI	3092.81	3092.81	10/1/2009
47142		DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOI	3405.84	3405.84	10/1/2009
47300		TREATMENT,LIVER LESION	824.41	824.41	10/1/2009
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUN	1012.27	1012.27	10/1/2009
47360		MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOU	1378.74	1378.74	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);	926.11	926.11	10/1/2009
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S);	942.67	942.67	10/1/2009
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	1083.21	1083.21	10/1/2009
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	1103.98	1103.98	10/1/2009
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQU	684.10	684.10	10/1/2009
47400		INCISION OF BILE DUCT	1573.82	1573.82	10/1/2009
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAIN.	991.27	991.27	10/1/2009
47425		INCISION OF BILE DUCT	1001.25	1001.25	10/1/2009
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR V	944.25	944.25	10/1/2009
47480		INCISION OF GALLBLADDER	627.79	627.79	10/1/2009
47490		PERCUTANEOUS CHOLECYSTOSTOMY	420.72	420.72	10/1/2009
47500		INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC CHOLANGIC	85.11	85.11	10/1/2009
47505		INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING	32.85	32.85	10/1/2009
47510		INTRODUCTION TRANSHEPATIC CATH OR STENT	399.14	399.14	10/1/2009
47511		INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL	502.87	502.87	10/1/2009
47525		CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	102.70	453.70	10/1/2009
47530		T-TUBE REVISION AND/OR REINSERTION	299.85	1100.20	10/1/2009
47550		BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPA	128.03	128.03	10/1/2009
47552		BILIARY ENDOSCOPY	273.32	273.32	10/1/2009
47553		BILIARY ENDOSCOPY FOR BIOPSY	273.92	273.92	10/1/2009
47554		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WIT	400.95	400.95	10/1/2009
47555		BILIARY ENDOSCOPY FOR DILATION	328.52	328.52	10/1/2009
47556		BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WIT	371.64	371.64	10/1/2009
47560		LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRA	206.82	206.82	10/1/2009
47561		LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRA	224.14	224.14	10/1/2009
47562		LAPAROSCOPY, SURGICAL, CHOLECYSTOMY	544.92	544.92	10/1/2009
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPH	558.03	558.03	10/1/2009
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF C	645.40	645.40	10/1/2009
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	575.94	575.94	10/1/2009
47600		REMOVAL OF GALLBLADDER	782.47	782.47	10/1/2009
47605		REMOVAL OF GALLBLADDER	724.08	724.08	10/1/2009
47610		REMOVAL OF GALLBLADDER	929.16	929.16	10/1/2009
47612		CHOLECYSTECTOMY W/ CHOLEDOCHOENTEROSTOMY	938.87	938.87	10/1/2009
47620		REMOVAL OF GALLBLADDER	1019.31	1019.31	10/1/2009
47630		BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT,	456.02	456.02	10/1/2009
47700		EXPLOR FOR CONG ATRESIA BILE DUCTS WITH OR W/O LIV	771.73	771.73	10/1/2009
47701		PORTOENTEROSTOMY	1328.51	1328.51	10/1/2009
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF E	1153.35	1153.35	10/1/2009
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF E	1478.03	1478.03	10/1/2009
47715		EXCISION OF CHOLEDOCHAL CYST	968.88	968.88	10/1/2009
47720		FUSION GALLBLADDER & BOWEL	836.47	836.47	10/1/2009
47721		CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	987.70	987.70	10/1/2009
47740		FUSION GALLBLADDER & BOWEL	954.34	954.34	10/1/2009
47741		CHOLECYSTOENTEROSTOMY;	1081.61	1081.61	10/1/2009
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTIN/	1631.45	1631.45	10/1/2009
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	2155.55	2155.55	10/1/2009
47780		FUSION BILE DUCTS AND BOWEL	1784.56	1784.56	10/1/2009
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND	2328.10	2328.10	10/1/2009
47800		RECONSTRUCTION OF BILE DUCTS	1164.67	1164.67	10/1/2009
47801		PLACEMENT OF CHOLEDOCHAL STENT	821.44	821.44	10/1/2009
47802		U-TUBE HEPATICOENTEROSTOMY	1117.63	1117.63	10/1/2009
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY	1007.29	1007.29	10/1/2009
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1397.80	1397.80	10/1/2009
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;	1719.28	1719.28	10/1/2009
48020		REMOVAL OF PANCREATIC STONE	860.82	860.82	10/1/2009
48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE COF	653.43	653.43	10/1/2009
48102		BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	210.87	419.10	10/1/2009
48105		RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSI	2119.47	2119.47	10/1/2009
48120		REMOVAL PANCREAS LESION	816.94	816.94	10/1/2009
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	1157.12	1157.12	10/1/2009
48145		PARTIAL REMOVAL OF PANCREAS	1201.81	1201.81	10/1/2009
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODE	1370.11	1370.11	10/1/2009
48148		EXCISION OF AMPULLA OF VATER	909.91	909.91	10/1/2009
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,	2315.63	2315.63	10/1/2009
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,	2140.75	2140.75	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECT	2312.50	2312.50	10/1/2009
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECT	2146.40	2146.40	10/1/2009
48155		REMOVAL OF PANCREAS	1328.55	1328.55	10/1/2009
48400		INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST	84.24	84.24	10/1/2009
48500		MARSUPIALIZATION OF PANCREATIC CYST	831.88	831.88	10/1/2009
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	789.89	789.89	10/1/2009
48511		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	173.28	718.37	10/1/2009
48520		FUSION PANCREAS CYST - BOWEL	807.47	807.47	10/1/2009
48540		FUSION PANCREAS CYST - BOWEL	965.64	965.64	10/1/2009
48545		PANCREATORRHAPHY FOR INJURY	977.52	977.52	10/1/2009
48547		DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC IN	1319.39	1319.39	10/1/2009
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TY	1235.12	1235.12	10/1/2009
48554		TRANSPLANTATION OF PANCREATIC ALLOGRAFT	1825.48	1825.48	10/1/2009
48556		REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	911.26	911.26	10/1/2009
49000		EXPLORATION OF ABDOMEN	573.96	573.96	10/1/2009
49002		REEXPLORATION OF ABDOMEN	754.83	754.83	10/1/2009
49010		EXPLORATION BEHIND ABDOMEN	712.10	712.10	10/1/2009
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLU	1178.41	1178.41	10/1/2009
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	738.21	738.21	10/1/2009
49041		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTAN	172.99	701.07	10/1/2009
49060		DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	826.39	826.39	10/1/2009
49061		DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	160.07	688.44	10/1/2009
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, I	561.12	561.12	10/1/2009
49080		REMOVAL OF ABDOMINAL FLUID	58.38	131.64	10/1/2009
49081		PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVA	54.91	122.98	10/1/2009
49180		BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEE	74.96	132.92	10/1/2009
49215		EXCISION OF PRESACRAL OR SACROCCYGEAL TUMOR	1652.19	1652.19	10/1/2009
49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDE	717.53	717.53	10/1/2009
49250		UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS	427.84	427.84	10/1/2009
49255		REMOVAL OF OMENTUM	581.34	581.34	10/1/2009
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, W	245.10	245.10	10/1/2009
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	258.04	258.04	10/1/2009
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH	280.62	280.62	10/1/2009
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH	476.57	476.57	10/1/2009
49324		LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNL	292.13	292.13	10/1/2009
49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTR/	313.74	313.74	10/1/2009
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROC	145.23	145.23	10/1/2009
49400		AIR INJECTION INTO ABDOMEN	81.20	138.59	10/1/2009
49402		REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	633.82	633.82	10/1/2009
49419		INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUT,	338.46	338.46	10/1/2009
49421		AMB SURG INSERTION INTRAPERITONEAL CANNULA PERMANE	289.94	289.94	10/1/2009
49422		REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	291.48	291.48	10/1/2009
49423		EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHE	64.61	432.33	10/1/2009
49424		CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREV	33.72	118.22	10/1/2009
49425		INSERTION OF PERITONIAL-VENOUS SHUNT	569.00	569.00	10/1/2009
49426		REVISION OF PERITONEAL-VENOUS SHUNT	484.68	484.68	10/1/2009
49427		INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF	38.94	38.94	10/1/2009
49428		LIGATION OF PERITONEAL-VENOUS SHUNT	325.87	325.87	10/1/2009
49429		REMOVAL OF PERITONEAL-VENOUS SHUNT	344.65	344.65	10/1/2009
49435		INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNU	92.99	92.99	10/1/2009
49436		DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEG	135.84	135.84	10/1/2009
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEK	572.40	572.40	10/1/2009
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEK	699.48	699.48	10/1/2009
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONT	290.89	290.89	10/1/2009
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR	441.24	441.24	10/1/2009
49500		AMB SURG REPAIR INGUINAL HERNIA UNDER AGE 5 UNILAT	288.81	288.81	10/1/2009
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS,	438.10	438.10	10/1/2009
49505		AMB SURG REPAIR INGUINAL HERNIA AGE 5/OVER UNILAT	379.41	379.41	10/1/2009
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER;	467.49	467.49	10/1/2009
49520		REPAIR INGUINAL HERNIA	464.08	464.08	10/1/2009
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AGE;	566.49	566.49	10/1/2009
49525		REPAIR INGUINAL HERNIA	419.41	419.41	10/1/2009
49540		REPAIR LUMBAR HERNIA	496.45	496.45	10/1/2009
49550		AMB SURG REPAIR HERNIA FEMORAL	421.48	421.48	10/1/2009
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE;	461.40	461.40	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
49555		REPAIR FEMORAL HERNIA	438.88	438.88	10/1/2009
49557		REPAIR RECURRENT FEMORAL HERNIA;	533.37	533.37	10/1/2009
49560		AMB SURG HERNIA REPAIR VENTRAL	545.44	545.44	10/1/2009
49561		REPAIR INITIAL INCISIONAL HERNIA;	688.61	688.61	10/1/2009
49565		REPAIR ABDOMINAL HERNIA	565.53	565.53	10/1/2009
49566		REPAIR RECURRENT INCISIONAL HERNIA;	695.70	695.70	10/1/2009
49568		IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VEN	205.76	205.76	10/1/2009
49570		AMB SURG HERNIA REPAIR EPIGASTRIC	298.16	298.16	10/1/2009
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT);	370.17	370.17	10/1/2009
49580		AMB SURG HERNIA REPAIR UMBILICAL	231.77	231.77	10/1/2009
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS;	345.08	345.08	10/1/2009
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	320.71	320.71	10/1/2009
49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;	380.53	380.53	10/1/2009
49590		REPAIR ABDOMINAL HERNIA	417.90	417.90	10/1/2009
49600		REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	539.47	539.47	10/1/2009
49605		REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT	3739.48	3739.48	10/1/2009
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED OP ROOM ANE	845.63	845.63	10/1/2009
49610		REPAIR UMBILICAL HERNIA	501.88	501.88	10/1/2009
49611		REPAIR UMBILICAL HERNIA	451.23	451.23	10/1/2009
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	312.01	312.01	10/1/2009
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT IGUINAL HERNIA	403.59	403.59	10/1/2009
49900		REPAIR OF ABDOMINAL WALL	599.16	599.16	10/1/2009
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STER	1115.50	1115.50	10/1/2009
49905		OMENTAL FLAP FOR RECONSTRUCTION OF CHEST WALL	274.69	274.69	10/1/2009
50010		EXPLORATION OF KIDNEY	586.66	586.66	10/1/2009
50020		DRAINAGE OF KIDNEY ABSCESS	837.78	837.78	10/1/2009
50021		DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	145.95	721.04	10/1/2009
50040		DRAINAGE OF KIDNEY	788.87	788.87	10/1/2009
50045		EXPLORATION OF KIDNEY	796.63	796.63	10/1/2009
50060		REMOVAL OF KIDNEY STONE	981.43	981.43	10/1/2009
50065		INCISION OF KIDNEY	1032.15	1032.15	10/1/2009
50070		INCISION OF KIDNEY	1025.49	1025.49	10/1/2009
50075		REMOVAL OF KIDNEY STONE	1261.01	1261.01	10/1/2009
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2 CM	749.25	749.25	10/1/2009
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2 CM	1101.05	1101.05	10/1/2009
50100		REVISE KIDNEY BLOOD VESSELS	802.98	802.98	10/1/2009
50120		EXPLORATION OF KIDNEY: PYELOTOMY	812.24	812.24	10/1/2009
50125		EXPLORATION / DRAINAGE KIDNEY	839.94	839.94	10/1/2009
50130		REMOVAL OF KIDNEY STONE	888.89	888.89	10/1/2009
50135		EXPLORATION OF KIDNEY: COMPLICATED	962.97	962.97	10/1/2009
50200		BIOPSY OF KIDNEY	121.79	121.79	10/1/2009
50205		BIOPSY OF KIDNEY	565.56	565.56	10/1/2009
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROF	875.27	875.27	10/1/2009
50225		REMOVAL OF KIDNEY	1014.34	1014.34	10/1/2009
50230		REMOVAL OF KIDNEY	1100.07	1100.07	10/1/2009
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CU	1116.66	1116.66	10/1/2009
50236		REMOVAL OF KIDNEY & URETER	1263.28	1263.28	10/1/2009
50240		PARTIAL REMOVAL OF KIDNEY	1134.59	1134.59	10/1/2009
50280		REMOVAL OF KIDNEY LESION	808.68	808.68	10/1/2009
50290		EXCISION OF PERINEPHRIC CYST	746.80	746.80	10/1/2009
50300		DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVI	1252.71	1252.71	10/1/2009
50320		DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLO	1100.41	1100.41	10/1/2009
50340		REMOVAL OF KIDNEY	678.77	678.77	10/1/2009
50360		RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DC	1865.67	1865.67	10/1/2009
50365		TRANSPLANTATION OF KIDNEY	2101.95	2101.95	10/1/2009
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	871.75	871.75	10/1/2009
50380		REIMPLANTATION OF KIDNEY	1471.05	1471.05	10/1/2009
50390		ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE; PI	85.11	85.11	10/1/2009
50391		INSTALLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR UR	86.67	108.30	10/1/2009
50392		INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS	155.76	155.76	10/1/2009
50393		INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROU	190.00	190.00	10/1/2009
50394		PREPARATION FOR KIDNEY X-RAY	42.57	84.97	10/1/2009
50395		INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH	156.81	156.81	10/1/2009
50396		MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE	101.19	101.19	10/1/2009
50398		CHANGE OF KIDNEY TUBE	64.61	420.50	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
50400		REVISION OF KIDNEY/URETER	991.22	991.22	10/1/2009
50405		REVISION OF KIDNEY/URETER	1202.65	1202.65	10/1/2009
50500		REPAIR OF KIDNEY WOUND	961.07	961.07	10/1/2009
50520		CLOSURE KIDNEY/SKIN FISTULA	888.60	888.60	10/1/2009
50525		CLOSURE NEPHROVISCERAL FISTULA INCLUDING VISCERAL	1111.95	1111.95	10/1/2009
50526		CLOSURE NEPHROVISCERAL FISTULA THORACIC APPROACH	1165.44	1165.44	10/1/2009
50540		REVISION OF HORSESHOE KIDNEY	971.40	971.40	10/1/2009
50541		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	791.21	791.21	10/1/2009
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	1003.68	1003.68	10/1/2009
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	1280.96	1280.96	10/1/2009
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	1080.38	1080.38	10/1/2009
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL	1159.51	1159.51	10/1/2009
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERE	1027.46	1027.46	10/1/2009
50547		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRE	1234.29	1234.29	10/1/2009
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	1169.33	1169.33	10/1/2009
50551		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS	257.77	314.58	10/1/2009
50553		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS	272.33	328.56	10/1/2009
50555		VISUALIZATION/BIOPSY KIDNEY	298.13	358.41	10/1/2009
50557		TREATMENT OF KIDNEY LESION	302.78	365.65	10/1/2009
50561		RENAL ENDOSCOPY WITH REMOVAL OF FOREIGN BODY	345.95	414.87	10/1/2009
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOS	508.88	508.88	10/1/2009
50570		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	432.00	432.00	10/1/2009
50572		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	470.12	470.12	10/1/2009
50574		VISUALIZATION/BIOPSY KIDNEY	496.63	496.63	10/1/2009
50575		RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR W	628.17	628.17	10/1/2009
50576		TREATMENT OF KIDNEY LESION	495.90	495.90	10/1/2009
50580		TREATMENT OF KIDNEY LESION	531.22	531.22	10/1/2009
50590		LITHOTRIPSY SHOCK WAVE (PROFESSIONAL COMPONENT)	482.15	774.30	10/1/2009
50600		EXPLORATION OF URETER	803.11	803.11	10/1/2009
50605		URETEROTOMY FOR INSERTION OF INDWELLING STENT	774.23	774.23	10/1/2009
50610		REMOVAL OF STONE, URETER	819.33	819.33	10/1/2009
50620		REMOVAL OF STONE, URETER	777.12	777.12	10/1/2009
50630		REMOVAL OF STONE, URETER	757.97	757.97	10/1/2009
50650		REMOVAL OF URETER	886.19	886.19	10/1/2009
50660		URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	980.25	980.25	10/1/2009
50684		INJECTION FOR URETER X-RAY	42.28	145.53	10/1/2009
50686		MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URET	77.52	77.52	10/1/2009
50688		CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETEF	67.30	67.30	10/1/2009
50690		INJECTION FOR URETER X-RAY	59.76	83.12	10/1/2009
50700		REVISION OF URETER	793.47	793.47	10/1/2009
50715		RELEASE OF URETER	939.01	939.01	10/1/2009
50722		RELEASE OF URETER	816.85	816.85	10/1/2009
50725		RELEASE/REVISION OF URETER	933.81	933.81	10/1/2009
50727		REVISION URINARY-CUTANEOUS ANASTOMOSIS	426.86	426.86	10/1/2009
50728		REVISION OF URINARY-CUTANEOUS ANASTOMOSIS W REPAIR	589.18	589.18	10/1/2009
50740		FUSION OF URETER-KIDNEY	919.32	919.32	10/1/2009
50750		FUSION OF URETER-KIDNEY	997.16	997.16	10/1/2009
50760		FUSION OF URETER	930.63	930.63	10/1/2009
50770		SPLICING OF URETERS	966.53	966.53	10/1/2009
50780		REIMPLANT URETER IN BLADDER	933.02	933.02	10/1/2009
50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS	916.15	916.15	10/1/2009
50783		URETERONEOCYSTOSTOMY; URETERAL TAILORING	950.83	950.83	10/1/2009
50785		REIMPLANT URETER IN BLADDER	1035.52	1035.52	10/1/2009
50800		IMPLANT URETER IN BOWEL	785.68	785.68	10/1/2009
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND E	1035.24	1035.24	10/1/2009
50815		URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS	1048.49	1048.49	10/1/2009
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTC	1117.29	1117.29	10/1/2009
50825		CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY	1418.03	1418.03	10/1/2009
50830		URINARY ANDIVERSION	1540.21	1540.21	10/1/2009
50840		REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCI	1055.20	1055.20	10/1/2009
50845		CUTANEOUS APPENDICO-VESICOSTOMY	1069.91	1069.91	10/1/2009
50860		TRANSPLANT OF URETER TO SKIN	810.64	810.64	10/1/2009
50900		REPAIR OF URETER	713.20	713.20	10/1/2009
50920		CLOSURE URETER/SKIN FISTULA	753.96	753.96	10/1/2009
50930		CLOSURE URETER/BOWEL FISTULA	914.33	914.33	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
50940		RELEASE OF URETER	758.61	758.61	10/1/2009
50945		LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY	842.48	842.48	10/1/2009
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY	1195.05	1195.05	10/1/2009
50948		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY	1109.03	1109.03	10/1/2009
50951		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	268.91	328.61	10/1/2009
50953		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	295.61	346.96	10/1/2009
50955		VISUALIZATION/BIOPSY URETER	319.43	383.46	10/1/2009
50957		TREATMENT OF URETER LESION	310.29	373.45	10/1/2009
50961		URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH	277.76	336.88	10/1/2009
50970		VISUALIZATION OF URETER	325.74	325.74	10/1/2009
50972		VISUALIZATION OF URETER	313.61	313.61	10/1/2009
50974		VISUALIZATION/BIOPSY URETER	415.35	415.35	10/1/2009
50976		TREATMENT OF URETER LESION	409.10	409.10	10/1/2009
50980		TREATMENT OF URETER LESION	312.74	312.74	10/1/2009
51020		CYSTOTOMY OR CYSTOSTOMY W/FULGRATION AND/OR INSERT	395.56	395.56	10/1/2009
51030		INCISION/TREATMENT BLADDER	392.25	392.25	10/1/2009
51040		CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	246.64	246.64	10/1/2009
51045		INCISION OF BLADDER	394.52	394.52	10/1/2009
51050		REMOVAL OF BLADDER STONE	401.87	401.87	10/1/2009
51060		REMOVAL OF URETERAL STONE	495.24	495.24	10/1/2009
51065		CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC	491.97	491.97	10/1/2009
51080		DRAINAGE OF BLADDER ABSCESS	344.10	344.10	10/1/2009
51500		REMOVAL OF BLADDER CYST	530.43	530.43	10/1/2009
51520		REMOVAL OF BLADDER LESION	499.24	499.24	10/1/2009
51525		REMOVAL OF BLADDER LESION	735.11	735.11	10/1/2009
51530		REMOVAL OF BLADDER LESION	655.01	655.01	10/1/2009
51535		REVISION OF URETER LESION	665.36	665.36	10/1/2009
51550		PARTIAL REMOVAL OF BLADDER	808.84	808.84	10/1/2009
51555		PARTIAL REMOVAL OF BLADDER	1076.14	1076.14	10/1/2009
51565		REVISION OF BLADDER & URETER	1100.08	1100.08	10/1/2009
51570		REMOVAL OF BLADDER	1256.99	1256.99	10/1/2009
51575		CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLUDING HYPOG	1571.39	1571.39	10/1/2009
51580		REMOVAL OF BLADDER	1637.06	1637.06	10/1/2009
51585		CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	1823.98	1823.98	10/1/2009
51590		CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BL	1661.93	1661.93	10/1/2009
51595		CYSTECTOMY W/BILAT LYMPH INCLUDING HYPOGASTRIC AND	1888.99	1888.99	10/1/2009
51596		CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECH	2030.24	2030.24	10/1/2009
51597		REMOVAL OF PELVIC STRUCTURES	1958.25	1958.25	10/1/2009
51600		INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTO	38.43	156.67	10/1/2009
51605		INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/	32.86	32.86	10/1/2009
51610		INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	54.31	92.09	10/1/2009
51700		BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	38.43	72.46	10/1/2009
51701		INSERTION OF NON-DWELLING BLADDER CATHETER (EG, STRAIGHT CATHE	23.30	50.12	10/1/2009
51702		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EC	25.61	64.26	10/1/2009
51703		INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICA	70.31	117.03	10/1/2009
51705		CHANGE OF CYSTOSTOMY TUBE;	56.86	93.78	10/1/2009
51710		CHANGE OF CYSTOSTOMY TUBE;	80.95	132.30	10/1/2009
51715		ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL	171.64	246.92	10/1/2009
51720		BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETE	71.74	97.99	10/1/2009
51725		SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	181.18	181.18	10/1/2009
51725	26	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	65.89	65.89	10/1/2009
51725	TC	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	115.29	115.29	10/1/2009
51726		COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	262.52	262.52	10/1/2009
51726	26	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	74.92	74.92	10/1/2009
51726	TC	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT	187.59	187.59	10/1/2009
51736		SIMPLE UROFLOWMETRY	44.72	44.72	10/1/2009
51736	26	SIMPLE UROFLOWMETRY	26.93	26.93	10/1/2009
51736	TC	SIMPLE UROFLOWMETRY	17.79	17.79	10/1/2009
51741		COMPLEX UROFLOWMETRY	71.17	71.17	10/1/2009
51741	26	COMPLEX UROFLOWMETRY	50.30	50.30	10/1/2009
51741	TC	COMPLEX UROFLOWMETRY	20.88	20.88	10/1/2009
51772		URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	202.68	202.68	10/1/2009
51772	26	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	69.89	69.89	10/1/2009
51772	TC	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	132.80	132.80	10/1/2009
51784		ANAL/URINARY MUSCLE STUDY	166.52	166.52	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
51784	26	ANAL/URINARY MUSCLE STUDY	66.51	66.51	10/1/2009
51784	TC	ANAL/URINARY MUSCLE STUDY	100.00	100.00	10/1/2009
51785		NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	180.45	180.45	10/1/2009
51785	26	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	66.60	66.60	10/1/2009
51785	TC	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SP	113.85	113.85	10/1/2009
51792		STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	188.22	188.22	10/1/2009
51792	26	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	47.79	47.79	10/1/2009
51792	TC	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSI	140.43	140.43	10/1/2009
51795		VOIDING PRESSURE STUDIES (VP);	247.31	247.31	10/1/2009
51795	26	VOIDING PRESSURE STUDIES (VP);	66.80	66.80	10/1/2009
51795	TC	VOIDING PRESSURE STUDIES (VP);	180.51	180.51	10/1/2009
51797		VOIDING PRESSURE STUDIES (VP);	122.32	122.32	10/1/2009
51797	26	VOIDING PRESSURE STUDIES (VP);	37.98	37.98	10/1/2009
51797	TC	VOIDING PRESSURE STUDIES (VP);	84.34	84.34	10/1/2009
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY WITH OR W/O RES	893.62	893.62	10/1/2009
51820		REVISION OF URINARY TRACT	911.18	911.18	10/1/2009
51840		ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MAI	543.69	543.69	10/1/2009
51841		FIXATION OF BLADDER/URETHRA	645.54	645.54	10/1/2009
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION	495.14	495.14	10/1/2009
51860		REPAIR OF BLADDER WOUND	605.60	605.60	10/1/2009
51865		REPAIR OF BLADDER WOUND	750.60	750.60	10/1/2009
51880		REPAIR OF BLADDER OPENING	392.44	392.44	10/1/2009
51900		REPAIR BLADDER/VAGINA LESION	696.03	696.03	10/1/2009
51920		REPAIR BLADDER/UTERUS LESION	643.27	643.27	10/1/2009
51925		HYSTERECTOMY/BLADDER REPAIR	838.85	838.85	10/1/2009
51940		CLOSURE, EXSTROPHY OF BLADDER	1378.46	1378.46	10/1/2009
51960		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	1188.27	1188.27	10/1/2009
51980		CONSTRUCT BLADDER OPENING	607.92	607.92	10/1/2009
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONT	625.79	625.79	10/1/2009
51992		LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENC	683.07	683.07	10/1/2009
52000		AMB SURG CYSTOSCOPY	107.77	175.84	10/1/2009
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	250.59	326.44	10/1/2009
52005		AMB SURG CYSTOSCOPY/URETHRAL CATHETER	115.04	241.08	10/1/2009
52007		AMB SURG CYSTOURETHROSCOPY	144.08	448.07	10/1/2009
52010		AMB SURG CYSTOSCOPY/DUCT CATHETER	139.85	335.39	10/1/2009
52204		AMB SURG CYSTOSCOPY AND BIOPSY	122.19	367.34	10/1/2009
52214		AMB SURG TREAT URINARY TRACT LESION	188.57	483.33	10/1/2009
52224		AMB SURG TREAT URINARY TRACT LESION	147.53	685.42	10/1/2009
52234		AMB SURG TREATMENT OF BLADDER LESION	215.18	215.18	10/1/2009
52235		TREATMENT OF BLADDER LESION	252.32	252.32	10/1/2009
52240		TREATMENT OF BLADDER LESION	441.57	441.57	10/1/2009
52250		AMB SURG CYSTOURETHROSCOPY	211.21	211.21	10/1/2009
52260		AMB SURG CYSTOURETHROSCOPY	182.25	182.25	10/1/2009
52265		CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL C	137.26	352.42	10/1/2009
52270		AMB SURG CYSTOURETHROSCOPY	158.54	341.10	10/1/2009
52275		AMB SURG CYSTOURETHROSCOPY	217.36	466.84	10/1/2009
52276		AMB SURG CYSTOURETHROSCOPY	232.01	232.01	10/1/2009
52277		AMB SURG CYSTOURETHROSCOPY	283.54	283.54	10/1/2009
52281		AMB SURG DILATION URETHRAL STRICTURE	134.23	257.09	10/1/2009
52282		CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	292.64	292.64	10/1/2009
52283		AMB SURG INJECTION TREATMENT, URETHRA	174.51	239.68	10/1/2009
52285		AMB SURG CYSTOURETHROSCOPY	169.01	241.11	10/1/2009
52290		AMB SURG CYSTOURETHROSCOPY	213.44	213.44	10/1/2009
52300		AMB SURG CYSTOURETHROSCOPY	245.15	245.15	10/1/2009
52305		AMB SURG CYSTOURETHROSCOPY	243.72	243.72	10/1/2009
52310		REMOVE BLADDER/URETHRA STONE	131.95	212.99	10/1/2009
52315		AMB SURG CYSTOURETHROSCOPY	240.11	377.40	10/1/2009
52317		LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS	304.94	796.10	10/1/2009
52318		AMB SURG LITHOLAPAXY: OF CALCULUS COMPLICATED	415.60	415.60	10/1/2009
52320		AMB SURG CYSTOURETHROSCOPY	215.63	215.63	10/1/2009
52325		AMB SURG CYSTOURETHROSCOPY W/FRAGMENTAT OF CALCULU	280.63	280.63	10/1/2009
52327		CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION);	229.97	446.86	10/1/2009
52330		AMB SURG CYSTOURETHROSCOPY	230.86	646.76	10/1/2009
52332		AMB SURG CYSTOURETHROSCOPY	135.65	399.54	10/1/2009
52334		AMB SURG CYSTOURETHROSCOP W/INSERTION URETERAL WIR	224.11	224.11	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
52341		CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG	254.63	254.63	10/1/2009
52342		CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	276.87	276.87	10/1/2009
52343		CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (I	308.04	308.04	10/1/2009
52344		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URE	333.94	333.94	10/1/2009
52345		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URE	356.18	356.18	10/1/2009
52346		CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTF	402.08	402.08	10/1/2009
52351		CYSTOURETHROSCOPY, W/URETEROSCOPY AND/OR PYELOSCOPY; DIAGN	274.15	274.15	10/1/2009
52352		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	321.95	321.95	10/1/2009
52353		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	370.50	370.50	10/1/2009
52354		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	342.37	342.37	10/1/2009
52355		CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WI	408.28	408.28	10/1/2009
52400		CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF	418.72	418.72	10/1/2009
52450		TRANSURETHRAL INCISION OF PROSTATE	398.26	398.26	10/1/2009
52500		TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE	416.15	416.15	10/1/2009
52601		AMB SURG TRANSURETHRAL RESECTION OF BLADDER	709.01	709.01	10/1/2009
52630		AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	378.97	378.97	10/1/2009
52640		AMB SURG TRANSURETHRAL RESECTION OF PROSTATE	258.00	258.00	10/1/2009
52647		LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPER	551.57	1796.07	10/1/2009
52648		LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPEF	588.78	1835.58	10/1/2009
52700		DRAINAGE OF PROSTATE ABSCESS	369.98	369.98	10/1/2009
53000		REVISION OF URETHRA	126.22	126.22	10/1/2009
53010		REVISION OF URETHRA	247.09	247.09	10/1/2009
53020		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	84.29	84.29	10/1/2009
53025		MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE);	55.27	55.27	10/1/2009
53040		DRAINAGE OF URETHRA ABSCESS	334.12	334.12	10/1/2009
53060		DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	130.56	146.71	10/1/2009
53080		DRAINAGE OF URINARY LEAKAGE	369.72	369.72	10/1/2009
53085		DRAINAGE OF URINARY LEAKAGE	526.25	526.25	10/1/2009
53200		BIOPSY OF URETHRA	121.34	132.59	10/1/2009
53210		REMOVAL OF URETHRA	658.49	658.49	10/1/2009
53215		REMOVAL OF URETHRA	800.33	800.33	10/1/2009
53220		TREATMENT OF URETHRA LESION	383.77	383.77	10/1/2009
53230		REMOVAL OF URETHRA LESION	512.11	512.11	10/1/2009
53235		REMOVAL OF URETHRA LESION	544.64	544.64	10/1/2009
53240		REVISION OF URETHRAL POUCH	365.20	365.20	10/1/2009
53250		REMOVAL OF URETHRAL GLAND	338.78	338.78	10/1/2009
53260		EXCISION OR FULGURATION;	149.53	168.28	10/1/2009
53265		TREATMENT OF URETHRAL LESION	157.16	186.58	10/1/2009
53270		REMOVAL OF URETHRAL GLAND	153.94	171.54	10/1/2009
53275		REPAIR OF URETHRAL DEFECT	226.91	226.91	10/1/2009
53400		REVISION URETHRA, 1ST STAGE	684.55	684.55	10/1/2009
53405		REVISION URETHRA, 2ND STAGE	754.24	754.24	10/1/2009
53410		RECONSTRUCTION OF URETHRA	842.06	842.06	10/1/2009
53415		URETHROPLASTY, TRANSPUBIC, ONE STAGE	971.81	971.81	10/1/2009
53420		REVISION URETHRA, 1ST STAGE	691.25	691.25	10/1/2009
53425		REVISION URETHRA, 2ND STAGE	811.25	811.25	10/1/2009
53430		RECONSTRUCTION OF URETHRA	809.88	809.88	10/1/2009
53431		URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/O	993.34	993.34	10/1/2009
53440		OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH	750.79	750.79	10/1/2009
53442		REM PERINEAL PROSTHESIS INTRODUCED FOR INCONTINEN	660.74	660.74	10/1/2009
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	683.08	683.08	10/1/2009
53445		INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLU	753.67	753.67	10/1/2009
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUD	550.48	550.48	10/1/2009
53447		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK	697.04	697.04	10/1/2009
53448		REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK	1103.29	1103.29	10/1/2009
53449		REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDIN	523.51	523.51	10/1/2009
53450		REVISION OF URETHRA	347.69	347.69	10/1/2009
53460		REVISION OF URETHRA	390.88	390.88	10/1/2009
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOU	629.61	629.61	10/1/2009
53502		URETHRORRHAPHY, FEMALE	413.49	413.49	10/1/2009
53505		REPAIR OF URETHRA INJURY	415.36	415.36	10/1/2009
53510		REPAIR OF URETHRA INJURY	540.92	540.92	10/1/2009
53515		REPAIR OF URETHRA INJURY	683.02	683.02	10/1/2009
53520		REPAIR OF URETHRA DEFECT	474.33	474.33	10/1/2009
53600		DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRA	55.95	73.26	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
53601		DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRA	46.65	70.87	10/1/2009
53605		DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE	56.40	56.40	10/1/2009
53620		DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLC	76.05	104.60	10/1/2009
53621		DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLC	63.11	98.58	10/1/2009
53660		DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILL	35.53	61.20	10/1/2009
53661		DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILL	34.97	60.93	10/1/2009
53665		DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANE	32.96	32.96	10/1/2009
53850		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE T	486.80	2056.91	10/1/2009
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUE	529.69	1981.55	10/1/2009
54000		SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);NE	90.62	130.99	10/1/2009
54001		SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE);	117.15	161.57	10/1/2009
54015		I & D PENIS, DEEP	265.13	265.13	10/1/2009
54050		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	79.22	98.84	10/1/2009
54055		TREATMENT OF PENIS LESION	73.10	94.44	10/1/2009
54056		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	81.72	103.06	10/1/2009
54057		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	76.83	113.17	10/1/2009
54060		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	107.50	153.35	10/1/2009
54065		DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLU	131.43	168.63	10/1/2009
54100		BIOPSY OF PENIS; (SEPARATE PROCEDURE)	97.84	154.09	10/1/2009
54105		BIOPSY OF PENIS;	183.60	233.21	10/1/2009
54110		EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	533.22	533.22	10/1/2009
54111		EXCISION OF PENILE PLAQUE WITH GRAFT TO 5CM	689.78	689.78	10/1/2009
54112		EXCISION OF PENILE PLAQUE WITH GRAFT MORE THAN 5CM	809.73	809.73	10/1/2009
54115		REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	357.85	382.08	10/1/2009
54120		PARTIAL AMPUTATION OF PENIS	539.28	539.28	10/1/2009
54125		AMPUTATION OF PENIS	695.97	695.97	10/1/2009
54130		AMPUTATION OF PENIS	1030.73	1030.73	10/1/2009
54135		AMPUTATION PENIS W/BILATERAL LYMPH INCLUDE HYPOGAS	1309.34	1309.34	10/1/2009
54150		CIRCUMCISION	84.04	141.14	10/1/2009
54160		CIRCUMCISION,SURGICAL EXCISION OTHER THAN CLAMP; NEWBORN	124.11	195.34	10/1/2009
54161		AMB SURG CIRCUMCISION EXCEPT NEWBORN	168.27	168.27	10/1/2009
54162		LYSIS OR EXCICION OF PENILE POST-CIRCUMCISION ADHESIONS	167.25	227.25	10/1/2009
54163		REPAIR INCOMPLETE CIRCUMCISION	184.56	184.56	10/1/2009
54164		FRENULOTOMY OF PENIS	162.32	162.32	10/1/2009
54200		INJECTION PROCEDURE FOR PEYRONIE DISEASE;	71.02	92.07	10/1/2009
54205		INJECTION PROCEDURE FOR PEYRONIE DISEASE;	457.44	457.44	10/1/2009
54220		IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	116.02	178.90	10/1/2009
54230		INJ PROCEDURE FOR CORPORA CAVERNOSGRAPHY	68.65	82.78	10/1/2009
54240		PENILE PLETHYSMOGRAPHY	86.02	86.02	10/1/2009
54240	26	PENILE PLETHYSMOGRAPHY	58.02	58.02	10/1/2009
54240	TC	PENILE PLETHYSMOGRAPHY	28.01	28.01	10/1/2009
54300		REVISION OF PENIS	555.44	555.44	10/1/2009
54304		CORRECTION OF CHORDEE OR 1ST STAGE HYPOSPADIAS	650.92	650.92	10/1/2009
54308		URETHROPLASTY FOR 2ND STAGE HYPOSPADIAS REPAIR	619.76	619.76	10/1/2009
54312		URETHROPLASTY FOR HYPOSPADIAS REPAIR MORE THAN 3CM	716.25	716.25	10/1/2009
54316		URETHROPLASTY FOR HYPOSPADIAS REPAIR WITH GRAFT	867.28	867.28	10/1/2009
54318		URETHROPLASTY FOR HYPOSPADIAS TO RELEASE PENIS	624.36	624.36	10/1/2009
54322		ONE STAGE DISTAL HYPOSPADIAS REPAIR & MEATAL ADV.	678.16	678.16	10/1/2009
54324		ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	843.09	843.09	10/1/2009
54326		ONE STAGE DISTAL HYPOSPADIAS REPAIR W/ URETHROPLST	793.09	793.09	10/1/2009
54328		HYPOSPADIAS WITH URETHROPLASTY TO CORRECT CHORDEE	803.78	803.78	10/1/2009
54332		PENILE HYPOSPADIAS REPAIR DISSECTION TO CORR CHORD	878.70	878.70	10/1/2009
54336		HYPOSPADIAS REPAIR TO CORR CHORDEE AND URETHROPLA	998.57	998.57	10/1/2009
54340		REPAIR HYPOSPADIAS COMPLICATIONS; SIMPLE	482.18	482.18	10/1/2009
54344		REPAIR HYPOSPADIAS COMPLICATIONS W/ URETHROPLASTY	831.97	831.97	10/1/2009
54348		REPAIR HYPOSPADIAS COMPLI DISSECTION AND URETHROPL	883.30	883.30	10/1/2009
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING DISSECTION	1246.12	1246.12	10/1/2009
54360		PLASTI OPERATION ON PENIS TO CORRECT ANGULATION	624.74	624.74	10/1/2009
54380		REVISION OF PENIS	692.33	692.33	10/1/2009
54385		REVISE PENIS/BLADDER DEFECT	835.74	835.74	10/1/2009
54390		REVISE PENIS/BLADDER DEFECT	1019.45	1019.45	10/1/2009
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PE	627.13	627.13	10/1/2009
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTA	449.83	449.83	10/1/2009
54420		REVISION OF PENIS	607.66	607.66	10/1/2009
54430		REVISION OF PENIS	550.28	550.28	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
54435		CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE	355.57	355.57	10/1/2009
54440		REVISION OF PENIS	751.87	751.87	10/1/2009
54450		FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AN	50.92	62.46	10/1/2009
54500		BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	65.03	65.03	10/1/2009
54505		BIOPSY OF TESTIS	182.17	182.17	10/1/2009
54512		EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	458.21	458.21	10/1/2009
54520		ORCHIECTOMY, SIMPLE	277.11	277.11	10/1/2009
54522		ORCHIECTOMY, PARTIAL	497.60	497.60	10/1/2009
54530		AMB SURG ORCHIECTOMY RADICAL INGUINAL APPROACH	432.60	432.60	10/1/2009
54535		AMB SURG ORCHIECTOMY WITH ABDOMINAL APPROACH	629.60	629.60	10/1/2009
54550		EXPLORATION FOR TESTIS	417.57	417.57	10/1/2009
54560		EXPLORATION FOR TESTIS	570.41	570.41	10/1/2009
54600		REDUCE TESTIS TORSION	385.92	385.92	10/1/2009
54620		FIXATION OF TESTIS	259.34	259.34	10/1/2009
54640		AMB SURG ORCHIOPEXY ANY TYPE	396.24	396.24	10/1/2009
54650		ORCHIOPEXY ABDOMINAL APPROACH FOR INTRA-ABDOMINAL TESTIS	607.90	607.90	10/1/2009
54670		REPAIR TESTIS INJURY	344.50	344.50	10/1/2009
54680		RELOCATION OF TESTIS(ES)	671.80	671.80	10/1/2009
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	543.07	543.07	10/1/2009
54692		LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	663.54	663.54	10/1/2009
54700		AMB SURG I & D EPIDIDYMIS TESTIS/SCROTAL SPACE	179.71	179.71	10/1/2009
54800		BIOPSY OF EPIDIDYMIS, NEEDLE	113.82	113.82	10/1/2009
54830		EXCISION OF LOCAL LESION OF EPIDIDYMIS	313.51	313.51	10/1/2009
54840		AMB SURG EXCISION SPERMATOCELE WWO EPIDIDYMECTOMY	275.34	275.34	10/1/2009
54860		REMOVAL OF EPIDIDYMIS	355.72	355.72	10/1/2009
54861		REMOVAL OF EPIDIDYMES	481.58	481.58	10/1/2009
54865		EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	302.66	302.66	10/1/2009
55000		PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR	72.14	102.14	10/1/2009
55040		AMB SURG EXCISION HYDROCELE UNILATERAL	286.16	286.16	10/1/2009
55041		AMB SURG EXCISION HYDROCELE BILATERAL	430.98	430.98	10/1/2009
55060		REPAIR OF HYDROCELE	320.02	320.02	10/1/2009
55100		DRAINAGE OF SCROTAL WALL ABSCESS	135.59	180.29	10/1/2009
55110		SCROTAL EXPLORATION	325.62	325.62	10/1/2009
55120		REMOVAL OF SCROTUM LESION	298.59	298.59	10/1/2009
55150		REMOVAL OF SCROTUM	412.81	412.81	10/1/2009
55175		SCROTOPLASTY; SIMPLE	306.33	306.33	10/1/2009
55180		SCROTOPLASTY; COMPLICATED	583.74	583.74	10/1/2009
55200		INCISION OF SPERM DUCT	234.80	408.71	10/1/2009
55250		REMOVAL OF SPERM DUCT(S)	191.81	359.38	10/1/2009
55300		VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOI	155.89	155.89	10/1/2009
55450		LIGATION OF SPERM DUCTS	217.57	320.54	10/1/2009
55500		AMB SURG EXCISION HYDROCELE OF SPERMATIC CORD	317.64	317.64	10/1/2009
55520		REMOVAL OF SPERM CORD LESION	327.23	327.23	10/1/2009
55530		AMB SURG EXCISION VARICOCELE	300.23	300.23	10/1/2009
55535		AMB SURG EXCISION VARICOCELE ABDOMINAL APPROACH	363.31	363.31	10/1/2009
55540		AMB SURG EXCISION VARICOCELE WITH HERNIA REPAIR	397.11	397.11	10/1/2009
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VAF	359.83	359.83	10/1/2009
55600		INCISE SPERM DUCT POUCH	362.40	362.40	10/1/2009
55650		REMOVE SPERM DUCT POUCH	610.73	610.73	10/1/2009
55680		REMOVE SPERM POUCH LESION	288.57	288.57	10/1/2009
55700		BIOPSY, PROSTATE;	117.81	193.95	10/1/2009
55705		AMB SURG PROSTATE BIOPSY INCISIONAL ANY APPROACH	230.75	230.75	10/1/2009
55720		DRAINAGE OF PROSTATE ABSCESS	394.92	394.92	10/1/2009
55725		DRAINAGE OF PROSTATE ABSCESS	501.33	501.33	10/1/2009
55801		REMOVAL OF PROSTATE	933.85	933.85	10/1/2009
55810		REMOVAL OF PROSTATE	1130.40	1130.40	10/1/2009
55812		PROSTATECTOMY PERINEAL RADICAL W LYMPH BIOPSY	1389.35	1389.35	10/1/2009
55815		PROSTATECTOMY PERINEAL W PELVIC LYMPHADENECTOMY	1524.33	1524.33	10/1/2009
55821		REMOVAL OF PROSTATE	751.01	751.01	10/1/2009
55831		REMOVAL OF PROSTATE	814.10	814.10	10/1/2009
55840		PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPAF	1153.24	1153.24	10/1/2009
55842		PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	1236.10	1236.10	10/1/2009
55845		EXTENSIVE PROSTATE SURGERY	1414.83	1414.83	10/1/2009
55860		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	753.42	753.42	10/1/2009
55862		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	952.16	952.16	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
55865		EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACT	1154.07	1154.07	10/1/2009
55866		LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCLU	1502.97	1502.97	10/1/2009
55873		CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GU	981.69	981.69	10/1/2009
55875		TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTA	653.23	653.23	10/1/2009
55876		PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDA	91.20	119.76	10/1/2009
56405		INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	82.34	84.07	10/1/2009
56420		DRAINAGE OF VULVA ABSCESS	71.64	96.44	10/1/2009
56440		MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	142.91	142.91	10/1/2009
56441		LYSIS OF LABIAL ADHESIONS	110.42	116.47	10/1/2009
56442		HYMENOTOMY, SIMPLE INCISION	38.07	38.07	10/1/2009
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELEC	87.65	100.34	10/1/2009
56515		DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, EL	152.91	171.94	10/1/2009
56605		BIOPSY OF VULVA/PERINEUM 1 LESION	48.11	64.85	10/1/2009
56606		BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARA	23.72	30.07	10/1/2009
56620		VULVECTOMY PARTIAL UNILATERAL OR BILATERAL.	383.67	383.67	10/1/2009
56625		EXTERNAL GENITAL SURGERY	463.00	463.00	10/1/2009
56630		VULVECTOMY RADICAL WITHOUT SKIN GRAFT	678.37	678.37	10/1/2009
56631		VULVECTOMY, RADICAL, PARTIAL; W LYMPHADENECTOMY	863.46	863.46	10/1/2009
56632		VULVECTOMY, RADICAL, PARTIAL;	999.64	999.64	10/1/2009
56633		VULVECTOMY, RADICAL, COMPLETE	885.59	885.59	10/1/2009
56634		VULVECTOMY, RAD, COMPLETE; UNI LYMPHADENECTOMY	935.54	935.54	10/1/2009
56637		VULVECTOMY, RADICAL, COMPLETE; W LYMPHADENECTOMY	1106.38	1106.38	10/1/2009
56640		VULVECTOMY RADICAL WITH INGUINOFEM ILIAC PELVIC LY	1103.74	1103.74	10/1/2009
56700		EXTERNAL GENITAL SURGERY	144.54	144.54	10/1/2009
56740		AMB SURG EXCISION BARTHOLIN GLAND OR CYST	231.75	231.75	10/1/2009
56800		PLASTIC REPAIR OF INTROITUS	190.57	190.57	10/1/2009
56805		CLITOROPLASTY FOR INTERSEX STATE	900.27	900.27	10/1/2009
56810		PERINEOPLASTY, REPAIR OF PERINEUM NON-OB	204.80	204.80	10/1/2009
56820		COLPOSCOPY OF THE VULVA;	67.06	86.10	10/1/2009
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	91.06	115.30	10/1/2009
57000		AMB SURG COLPOTOMY WITH EXPLORATION	148.96	148.96	10/1/2009
57010		AMB SURG COLPOTOMY W DRAINAGE PELVIC ABSCESS	334.93	334.93	10/1/2009
57020		COLPOCENTESIS (SEPARATE PROCEDURE)	64.75	73.97	10/1/2009
57022		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPAF	129.99	129.99	10/1/2009
57023		INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG	243.81	243.81	10/1/2009
57061		DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELE	74.87	87.27	10/1/2009
57065		DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, I	133.12	148.99	10/1/2009
57100		BIOPSY OF VAGINA	52.01	68.73	10/1/2009
57105		BIOPSY OF VAGINA	96.79	104.86	10/1/2009
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	369.06	369.06	10/1/2009
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1098.13	1098.13	10/1/2009
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF	1255.96	1255.96	10/1/2009
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	706.31	706.31	10/1/2009
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL C	1268.72	1268.72	10/1/2009
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL C	1347.56	1347.56	10/1/2009
57120		VAGINAL SURGERY	399.54	399.54	10/1/2009
57130		AMB SURG EXCISION VAGINAL SEPTUM	125.65	140.36	10/1/2009
57135		AMB SURG EXCISION VAGINAL CYST OR TUMOR	135.54	150.54	10/1/2009
57150		TREATMENT VAGINAL INFECTION	23.72	39.29	10/1/2009
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVIDS FOR CLINICAL	330.96	330.96	10/1/2009
57160		FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT	38.09	59.72	10/1/2009
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	38.62	53.91	10/1/2009
57180		INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOU	83.35	109.59	10/1/2009
57200		AMB SURG COLPORRHAPHY SUTURE OF INJURY TO VAGINA	230.36	230.36	10/1/2009
57210		AMB SURG COLPORRHAPHY	286.15	286.15	10/1/2009
57220		AMB SURG COLPORRHAPHY	248.50	248.50	10/1/2009
57230		AMB SURG COLPORRHAPHY	311.32	311.32	10/1/2009
57240		AMB SURG COLPORRHAPHY	519.75	519.75	10/1/2009
57250		AMB SURG COLPORRHAPHY W/WO PERINEORRHAPHY	508.80	508.80	10/1/2009
57260		COMBINED ANTEROPOSTERIOR COLPORRHAPHY	634.48	634.48	10/1/2009
57265		COMB ANTEROPOSTERIOR COLPORRHAPHY W ENTEROCELE	708.65	708.65	10/1/2009
57267		INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLO	214.13	214.13	10/1/2009
57268		REPAIR ENTEROCELE VAGINAL APPROACH	375.14	375.14	10/1/2009
57270		REPAIR OF VISCERAL POUCH	625.38	625.38	10/1/2009
57280		FIXATION OF VAGINA	760.81	760.81	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS,	397.86	397.86	10/1/2009
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LE	538.98	538.98	10/1/2009
57287		REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCI	551.92	551.92	10/1/2009
57288		SLING OPERATION FOR STRESS INCONTINENCE	581.17	581.17	10/1/2009
57289		PEREYRA PROCEDURE INC ANTERIOR COLPORRHAPHY	610.80	610.80	10/1/2009
57291		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	423.67	423.67	10/1/2009
57292		CONSTRUCTION ARTIFICIAL VAGINA WITH GRAFT	650.39	650.39	10/1/2009
57296		REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN	744.85	744.85	10/1/2009
57300		AMB SURG CLOSURE RECTOVAGINAL FISTULA VAG APPROACH	414.80	414.80	10/1/2009
57305		REPAIR RECTUM/VAGINA LESION	694.82	694.82	10/1/2009
57307		REPAIR RECTUM/VAGINA LESION	777.40	777.40	10/1/2009
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH	495.52	495.52	10/1/2009
57310		REPAIR URTHRA/VAGINA LESION	386.25	386.25	10/1/2009
57311		CLOSURE URETHROVAGINAL FISTULA W/ BULBOCAVERNOSUS	441.27	441.27	10/1/2009
57320		REPAIR BLADDER/VAGINA LESION	439.68	439.68	10/1/2009
57330		REPAIR BLADDER/VAGINA LESION	625.55	625.55	10/1/2009
57335		VAGINOPLASTY FOR INTERSEX STATE	913.60	913.60	10/1/2009
57400		DILATION OF VAGINA UNDER ANESTHESIA	106.78	106.78	10/1/2009
57410		AMB SURG PELVIC EXAM UNDER ANESTHESIA	83.79	83.79	10/1/2009
57415		REMOVAL VAG FOREIGN BODY W ANESTH	124.66	124.66	10/1/2009
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	71.24	90.56	10/1/2009
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BK	97.30	122.09	10/1/2009
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	767.72	767.72	10/1/2009
57452		COLPOSCOPY (VAGINOSCOPY);	72.25	85.22	10/1/2009
57454		COLPOSCOPY WITH BIOPSY	107.89	120.87	10/1/2009
57455		COLPOSCOOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WI	88.13	112.08	10/1/2009
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH	82.22	105.87	10/1/2009
57460		COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCE	129.57	229.65	10/1/2009
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; W/LC	149.95	258.10	10/1/2009
57500		BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH	58.53	101.51	10/1/2009
57505		ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CUF	70.09	78.16	10/1/2009
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	91.19	103.59	10/1/2009
57511		CRYOCAUTRY INITIAL OR REPEAT CERVIX UTERI	102.19	112.58	10/1/2009
57513		AMB SURG-CAUTERIZATION OF CERVIX, LASER SURGERY	102.77	111.14	10/1/2009
57520		CONIZATION CERVIX-INCLUDING D&C, REPAIR OR FULGURATION	212.41	238.37	10/1/2009
57522		CONIZATION OF CERVIX, LOOP ELECTRODE EXCISION	188.46	204.32	10/1/2009
57530		REMOVAL OF CERVIX	267.31	267.31	10/1/2009
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENE	1333.32	1333.32	10/1/2009
57540		REMOVAL OF CERVIX TISSUE	609.72	609.72	10/1/2009
57545		REMOVE CERVIX, REPAIR PELVIS	643.36	643.36	10/1/2009
57550		REMOVAL OF CERVIX TISSUE	316.25	316.25	10/1/2009
57555		REMOVE CERVIX, REPAIR VAGINA	468.23	468.23	10/1/2009
57556		CERVIX UTERI WITH REPAIR OF ENTEROCELE	446.79	446.79	10/1/2009
57558		DILATION AND CURETTAGE OF CERVICAL STUMP	88.09	97.02	10/1/2009
57700		AMB SURG CERVICAL CERCLAGE (TRACHELOPLASTY)	236.88	236.88	10/1/2009
57720		REVISION OF CERVIX	237.74	237.74	10/1/2009
57800		DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	38.19	46.84	10/1/2009
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAI	69.43	85.88	10/1/2009
58120		DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBS	168.56	193.94	10/1/2009
58140		MYOMECTOMY, EXCISION OF LEIOMYOMATA OF UTERUS, SINGLE OR MULT	715.25	715.25	10/1/2009
58145		REMOVAL OF UTERINE LESION	423.08	423.08	10/1/2009
58146		MYOMECTOMY EXCISION OF FIBROID TUMOR(S) OF UTERUS 5 OR MORE IN	911.61	911.61	10/1/2009
58150		AMBULATORY SURGERY, TOTAL ABDOMINAL HYSTERECTOMY	775.35	775.35	10/1/2009
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITI	978.91	978.91	10/1/2009
58180		PARTIAL HYSTERECTOMY	744.44	744.44	10/1/2009
58200		EXTENSIVE UTERINE SURGERY	1025.67	1025.67	10/1/2009
58210		EXTENSIVE UTERINE SURGERY	1366.51	1366.51	10/1/2009
58240		REMOVAL OF PELVIS CONTENTS	2148.77	2148.77	10/1/2009
58260		HYSTERECTOMY	646.99	646.99	10/1/2009
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES AND OVARY(S)	723.21	723.21	10/1/2009
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/OVARY & ENTEROCELE	779.38	779.38	10/1/2009
58267		HYSTERECTOMY & REPAIR VAGINA	828.23	828.23	10/1/2009
58270		HYSTERECTOMY & REPAIR VAGINA	693.48	693.48	10/1/2009
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	771.68	771.68	10/1/2009
58280		HYSTERECTOMY, REVISE VAGINA	825.85	825.85	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
58285		HYSTERECTOMY	1037.03	1037.03	10/1/2009
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	907.40	907.40	10/1/2009
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	986.21	986.21	10/1/2009
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	1039.49	1039.49	10/1/2009
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	1079.43	1079.43	10/1/2009
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH	958.80	958.80	10/1/2009
58300		INSERT INTRAUTERINE DEVICE	43.96	60.97	10/1/2009
58301		REMOVAL OF IUD	54.10	74.87	10/1/2009
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	356.20	356.20	10/1/2009
58353		ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANC	172.88	862.47	10/1/2009
58400		FIXATION OF UTERUS	349.45	349.45	10/1/2009
58410		FIXATION OF UTERUS	627.72	627.72	10/1/2009
58520		REPAIR OF RUPTURED UTERUS	612.94	612.94	10/1/2009
58540		REVISION OF UTERUS	711.87	711.87	10/1/2009
58541		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	671.22	671.22	10/1/2009
58542		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	745.85	745.85	10/1/2009
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	758.32	758.32	10/1/2009
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERI	819.79	819.79	10/1/2009
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL	701.21	701.21	10/1/2009
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAM	889.22	889.22	10/1/2009
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATEF	1387.62	1387.62	10/1/2009
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS ;	691.88	691.88	10/1/2009
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS ;	763.90	763.90	10/1/2009
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS	893.84	893.84	10/1/2009
58554		LAPAROSCOPY, SURGICAL, W/VAGINAL HYSTERECTOMY, FOR UTERUS GR	1024.32	1024.32	10/1/2009
58555		HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	150.67	187.59	10/1/2009
58558		HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM	212.41	253.94	10/1/2009
58559		HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (A	273.32	273.32	10/1/2009
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTEI	308.96	308.96	10/1/2009
58561		HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	437.50	437.50	10/1/2009
58562		HYSTEROSCOPY, SURGICAL WITH REMOVAL OF IMPACTED FOREIGN OBJE	231.70	268.90	10/1/2009
58563		HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOME	273.32	1404.76	10/1/2009
58565		HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULA	347.19	1495.07	10/1/2009
58600		AMB SURG LIGATION OR TRANSECTION FALLOPIAN TUBES	283.44	283.44	10/1/2009
58605		LIGATION OR TRANSECTION FALLOP TUBES ABD OR VAG PO	257.56	257.56	10/1/2009
58611		LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE T	62.04	62.03	10/1/2009
58615		OCCLUS FALLOPIAN TUBES BY DEVICE VAG/SUPRAPUBIC	194.66	194.66	10/1/2009
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, C	527.08	527.08	10/1/2009
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (P/	506.87	506.87	10/1/2009
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS	554.03	554.03	10/1/2009
58670		LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR V	285.37	285.37	10/1/2009
58671		LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE	285.27	285.28	10/1/2009
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILATERAL OR BI	596.32	596.32	10/1/2009
58720		REMOVAL OF OVARY/TUBE(S)	560.45	560.45	10/1/2009
58800		AMB SURG DRAINAGE OVARIAN CYST	231.68	248.11	10/1/2009
58805		DRAINAGE OF OVARIAN CYST(S)	315.15	315.15	10/1/2009
58820		DRAINAGE OF OVARIAN ABCESS	242.87	242.87	10/1/2009
58822		DRAINAGE OF OVARIAN ABSCESS	550.70	550.70	10/1/2009
58823		DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPRC	145.87	693.57	10/1/2009
58900		BIOPSY OF OVARY(S)	321.60	321.60	10/1/2009
58920		PARTIAL REMOVAL OF OVARY(S)	548.63	548.63	10/1/2009
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL	571.81	571.81	10/1/2009
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL OR BILATE	390.85	390.85	10/1/2009
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR O	875.13	875.13	10/1/2009
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY V	833.91	833.91	10/1/2009
58951		RESECT OVARIAN MALIGNANCY	1076.86	1076.86	10/1/2009
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY V	1214.45	1214.45	10/1/2009
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABD	1507.13	1507.13	10/1/2009
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABD	1636.23	1636.23	10/1/2009
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOT	1054.86	1054.86	10/1/2009
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1159.84	1159.84	10/1/2009
58958		RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIM	1289.23	1289.23	10/1/2009
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIM	720.60	720.60	10/1/2009
59000		AMNIOCENTESIS; DIAGNOSTIC	63.68	99.44	10/1/2009
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES L	145.65	145.65	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
59012		CORDOCENTESIS (INTRAUTERINE), ANY METHOD	160.67	160.67	10/1/2009
59015		CHORIONIC VILLUS SAMPLING, ANY METHOD	104.54	121.56	10/1/2009
59020		FETAL CONTRACTION	54.27	54.27	10/1/2009
59020	26	FETAL CONTRACTION	29.80	29.80	10/1/2009
59020	TC	FETAL CONTRACTION	24.47	24.47	10/1/2009
59025		FETAL NON-STRESS TEST	36.22	36.22	10/1/2009
59025	26	FETAL NON-STRESS TEST	24.00	24.00	10/1/2009
59025	TC	FETAL NON-STRESS TEST	12.22	12.22	10/1/2009
59030		FETAL BLOOD SAMPLING SCALP	89.51	89.51	10/1/2009
59100		REMOVAL OF UTERUS LESION	641.34	641.34	10/1/2009
59120		TREATMENT ATYPICAL PREGNANCY	612.58	612.58	10/1/2009
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPING/OOPHOREC	615.39	615.39	10/1/2009
59130		TREATMENT ATYPICAL PREGNANCY	718.66	718.66	10/1/2009
59135		TREATMENT ATYPICAL PREGNANCY	727.10	727.10	10/1/2009
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTION UTERUS	679.77	679.77	10/1/2009
59140		TREATMENT ATYPICAL PREGNANCY	303.97	303.97	10/1/2009
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUBES/OVARIES	595.59	595.59	10/1/2009
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBES/OVARIES	582.06	582.06	10/1/2009
59160		CURRETTAGE, POSTPARTUM	139.88	165.26	10/1/2009
59200		INSERTION OF HYGROSCOPIC CERVICAL DILATOR	35.60	57.23	10/1/2009
59300		AMB SURG EPISIOTOMY OF VAGINAL REPAIR ONLY	114.96	148.70	10/1/2009
59320		CERCLAGE OF CERVIX DURING PREGNANCY, VAGINAL	120.43	120.43	10/1/2009
59325		CERCLAGE OF CERVIX DURING PREGNANCY, ABDOMINAL	190.14	190.14	10/1/2009
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	219.26	219.26	10/1/2009
59400		OBSTETRICAL CARE	1368.59	1368.59	10/1/2009
59409		VAGINAL DELIVERY ONLY (W OR W/O EPISIOTOMY AND/OR FORCEPS)	607.68	607.68	10/1/2009
59410		OBSTETRICAL CARE	704.66	704.66	10/1/2009
59412		EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	81.41	81.41	10/1/2009
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSIDE OF HOSP)	72.42	72.42	10/1/2009
59425		ANTEPARTUM CARE ONLY;	268.96	340.20	10/1/2009
59426		ANTEPARTUM CARE ONLY;	475.94	608.62	10/1/2009
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	99.08	109.17	10/1/2009
59510		ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN	1549.75	1549.75	10/1/2009
59514		CESAREAN DELIVERY ONLY;	719.52	719.52	10/1/2009
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	848.26	848.26	10/1/2009
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST :	382.96	382.96	10/1/2009
59812		SURGICAL TX SPONTANEOUS ABORTION, ANY TRIMESTER	226.32	242.18	10/1/2009
59820		AMB SURG MISSED ABORTION ANY TRIMESTER	266.22	285.55	10/1/2009
59821		TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY;	270.52	290.99	10/1/2009
59830		SEPTIC ABORTION	336.72	336.72	10/1/2009
59840		AMB SURG LEGAL THERAPEUTIC ABORTION	162.68	167.88	10/1/2009
59841		AMB SURG LEGAL ABORTION D & C	276.63	292.49	10/1/2009
59850		AMB SURG LEGAL ABORTION INTRA-AMNIOTIC INJECTION	301.56	301.56	10/1/2009
59851		AMB SURG LEGAL ABORTION WITH D & C	309.39	309.39	10/1/2009
59852		AMB SURG LEGAL ABORTION WITH HYSTEROTOMY	434.29	434.29	10/1/2009
59855		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	321.90	321.90	10/1/2009
59856		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	380.54	380.54	10/1/2009
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES	455.36	455.36	10/1/2009
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	188.32	188.32	10/1/2009
59870		UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	361.15	361.15	10/1/2009
59871		REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOC/	105.14	105.14	10/1/2009
60000		INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	109.80	119.89	10/1/2009
60100		BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	66.77	90.13	10/1/2009
60200		DRAINAGE THYROID DUCT LESION	494.79	494.79	10/1/2009
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL;	530.30	530.30	10/1/2009
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL;	762.26	762.26	10/1/2009
60220		PARTIAL REMOVAL OF THYROID	581.47	581.47	10/1/2009
60225		TOT THY SUBT LOBECTOMY INC ISTHMUS	698.63	698.63	10/1/2009
60240		REMOVAL OF THYROID	741.12	741.12	10/1/2009
60252		REMOVAL OF THYROID	1000.80	1000.80	10/1/2009
60254		EXTENSIVE THYROID SURGERY	1289.85	1289.85	10/1/2009
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE	835.63	835.63	10/1/2009
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STERNAL SPLIT OR	1053.21	1053.21	10/1/2009
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND;	807.31	807.31	10/1/2009
60280		AMB SURG EXCISION THYROGLOSSAL DUCT CYST OR SINUS	331.70	331.70	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
60281		EXCISION OF THYROGLOSSAL DUCT,CYST,SINUS;RECURRENT	444.05	444.05	10/1/2009
60500		EXPLORE PARATHYROID GLANDS	768.36	768.36	10/1/2009
60502		RE-EXPLORATION OF PARATHYROIDS	964.57	964.57	10/1/2009
60505		EXPLORE PARATHYROID GLANDS	1059.16	1059.16	10/1/2009
60512		PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO THYROIDECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATELY))	188.72	188.72	10/1/2009
60520		THYROIDECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATELY)	791.45	791.45	10/1/2009
60521		THYROIDECTOMY, PARTIAL OR TOTAL;	907.99	907.99	10/1/2009
60522		THYROIDECTOMY, PARTIAL OR TOTAL;	1095.57	1095.57	10/1/2009
60540		EXPLORATION ADRENAL GLAND	834.42	834.42	10/1/2009
60545		EXPLORATION ADRENAL GLAND	950.14	950.14	10/1/2009
60600		REMOVAL CAROTID BODY LESION	1105.31	1105.31	10/1/2009
60605		REMOVAL CAROTID BODY LESION	1390.92	1390.92	10/1/2009
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE	930.77	930.77	10/1/2009
61000		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL	84.42	84.42	10/1/2009
61001		SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL	82.50	82.50	10/1/2009
61020		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE	97.93	97.93	10/1/2009
61026		VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE	98.15	98.15	10/1/2009
61050		REMOVAL BRAIN CANAL FLUID	83.87	83.87	10/1/2009
61055		CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF CONTRAST	108.35	108.35	10/1/2009
61070		PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION	62.26	62.26	10/1/2009
61105		TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE;	322.80	322.80	10/1/2009
61107		TWIST DRILL HOLE FOR IMPLANT VENTRIC CATH/RECORDING	241.37	241.37	10/1/2009
61108		TWIST DRILL HOLE FOR EVAC OF SUBDURAL HEMATOMA	642.66	642.66	10/1/2009
61120		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF CONTRAST)	526.96	526.96	10/1/2009
61140		INCISE SKULL BRAIN BIOPSY	915.43	915.43	10/1/2009
61150		INCISE SKULL FOR DRAINAGE	980.46	980.46	10/1/2009
61151		INCISE SKULL FOR DRAINAGE	709.50	709.50	10/1/2009
61154		INCISE SKULL FOR DRAINAGE	916.79	916.79	10/1/2009
61156		INCISE SKULL FOR DRAINAGE	914.78	914.78	10/1/2009
61210		RELIEVE/MEASURE BRAIN FLUID	281.80	281.80	10/1/2009
61215		INSERTION OF SUBCUTANEOUS RESERVOIR TO VENTRIC CATH	350.75	350.75	10/1/2009
61250		BURR HOLE TREPHINE, SUPRATENTORIAL, EXPLORATORY	617.31	617.31	10/1/2009
61253		BURR HOLE OR TREPHINE INFRATENTORIAL UNILATERAL/BILATERAL	681.32	681.32	10/1/2009
61304		INCISE SKULL FOR EXPLORATION	1208.13	1208.13	10/1/2009
61305		INCISE SKULL FOR EXPLORATION	1457.22	1457.22	10/1/2009
61312		CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRATENTORIAL	1512.64	1512.64	10/1/2009
61313		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBRAL	1444.54	1444.54	10/1/2009
61314		CRANIECTOMY FOR EVAC OF HEMATOMA, INFRATENTORIAL	1336.90	1336.90	10/1/2009
61315		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRACEREBELLAR	1522.27	1522.27	10/1/2009
61316		INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE (LIST SEPARATELY)	66.41	66.41	10/1/2009
61320		INCISE SKULL FOR DRAINAGE	1407.81	1407.81	10/1/2009
61321		CRANIECTOMY DRAINAGE OF INTRACRANIAL ABSCESS INFRA	1543.82	1543.82	10/1/2009
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURA	1714.40	1714.40	10/1/2009
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURA	1744.77	1744.77	10/1/2009
61330		INCISE SKULL FOR EXPLORATION	1197.51	1197.51	10/1/2009
61332		EXPLORATION OR DECOMPRESSION OF ORBIT TRANSCRANIAL	1387.01	1387.01	10/1/2009
61333		EXPLOR DECOMPRESS ORBIT TRANSCRANIAL APPROACH REMOVE	1401.74	1401.74	10/1/2009
61334		EXPLORATION/DECOMPRESSION ORBIT TRANSCRANIAL W/REMOVAL	910.53	910.53	10/1/2009
61340		OTHER CRANIAL DECOMPRESSION EG SUBTEMPORAL SUPRATENTORIAL	1047.79	1047.79	10/1/2009
61343		CRANIECTOMY W/ CERVICAL LAMINECTOMY	1620.56	1620.56	10/1/2009
61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	1499.30	1499.30	10/1/2009
61440		CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI	1467.80	1467.80	10/1/2009
61450		CRANIECTOMY FOR SECTION COMP OR DECOMP OR SENSORY	1391.17	1391.17	10/1/2009
61458		CRANIECTOMY EXPLORATION/DECOMPRESS CRANIAL NERVES	1482.33	1482.33	10/1/2009
61460		CRANIECTOMY SUBOCCIPITAL FOR SECTION OF 1 OR MORE	1504.10	1504.10	10/1/2009
61470		INCISE SKULL FOR SURGERY	1395.19	1395.19	10/1/2009
61480		INCISE SKULL FOR SURGERY	1358.39	1358.39	10/1/2009
61490		CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	1402.89	1402.89	10/1/2009
61500		REMOVAL OF SKULL LESION	991.32	991.32	10/1/2009
61501		CRANIECTOMY FOR OSTEOMYELITIS	849.43	849.43	10/1/2009
61510		REMOVAL OF BRAIN LESION	1598.12	1598.12	10/1/2009
61512		REMOVE BRAIN LINING LESION	1888.30	1888.30	10/1/2009
61514		REMOVAL OF BRAIN ABSCESS	1400.81	1400.81	10/1/2009
61516		REMOVAL OF BRAIN LESION	1366.69	1366.69	10/1/2009
61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY)	66.38	66.38	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
61518		REMOVAL OF BRAIN LESION	2031.64	2031.64	10/1/2009
61519		REMOVE BRAIN LINING LESION	2188.90	2188.90	10/1/2009
61520		CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	2800.36	2800.36	10/1/2009
61521		CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE TUMOR SKU	2352.70	2352.70	10/1/2009
61522		REMOVAL OF BRAIN ABSCESS	1612.49	1612.49	10/1/2009
61524		REMOVAL OF BRAIN LESION	1522.54	1522.54	10/1/2009
61526		REMOVAL SKULL CAVITY LESION	2545.98	2545.98	10/1/2009
61530		REMOVAL SKULL CAVITY LESION	2161.90	2161.90	10/1/2009
61531		SUBDURAL IMPLANT OF STRIP ELECTRODES,LNG TERM MONI	880.45	880.45	10/1/2009
61533		CRANIECTOMY FOR INSERTION EPIDURAL ELECTRODE ARRAY	1113.30	1113.30	10/1/2009
61534		REMOVAL OF BRAIN LESION	1199.03	1199.03	10/1/2009
61535		CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARRAY WO TISS	716.36	716.36	10/1/2009
61536		REMOVAL OF BRAIN LESION	1913.91	1913.91	10/1/2009
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOF	1765.48	1765.48	10/1/2009
61538		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPOF	1893.35	1893.35	10/1/2009
61539		CRAN F LOBECTOMY W/ELECTROCORTICOGRA PARTIAL OR TOT	1732.82	1732.82	10/1/2009
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER	1624.35	1624.35	10/1/2009
61541		CRANIECTOMY FOR TRANSECTION OF CORPUS CALLOSUM	1560.36	1560.36	10/1/2009
61542		REMOVAL OF BRAIN TISSUE	1692.45	1692.45	10/1/2009
61543		CRANIECTOMY FOR PART OR SUBTOTAL HEMISPHERECTOMY	1581.64	1581.64	10/1/2009
61544		REMOVE/TREAT BRAIN LESION	1308.01	1308.01	10/1/2009
61545		BONE FLAP CRANIECTOMY TO EXCISE CRANIOPHARYNGIOMA	2330.49	2330.49	10/1/2009
61546		REMOVAL OF PITUITARY GLAND	1688.59	1688.59	10/1/2009
61548		REMOVAL OF PITUITARY GLAND	1146.37	1146.37	10/1/2009
61550		RELEASE SKULL CLOSURE	751.41	751.41	10/1/2009
61552		CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE SUTURES ON	986.95	986.95	10/1/2009
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL/PARIETAL	1204.49	1204.49	10/1/2009
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONTAL BONE	1236.80	1236.80	10/1/2009
61558		EXT. CRANIECTOMY FOR MULT CRANIAL SUT. CRANIOSYNOS	1277.05	1277.05	10/1/2009
61559		EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W RECONTOURI	1770.99	1770.99	10/1/2009
61563		EXC. TUMOR OF CRANIAL BONE W/O OPTIC NERVE DECOMPR	1425.40	1425.40	10/1/2009
61564		EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE DECOMPRES	1783.90	1783.90	10/1/2009
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDA	1646.75	1646.75	10/1/2009
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TR	1853.03	1853.03	10/1/2009
61570		CRANIECTOMY OR CRANIOTOMY FOR EXCISION FOREIGN BOD	1347.15	1347.15	10/1/2009
61571		CRANIECTOMY OR CRANIOTOMY PENETRATING WOUND BRAIN	1462.75	1462.75	10/1/2009
61575		TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM	1747.31	1747.31	10/1/2009
61576		TRANSORAL APPROACH TO SKULL BASE W/ SPLIT TONGUE	2786.43	2786.43	10/1/2009
61580		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	1827.50	1827.50	10/1/2009
61581		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2052.31	2052.31	10/1/2009
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2096.00	2096.00	10/1/2009
61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;	2126.94	2126.94	10/1/2009
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	2071.55	2071.55	10/1/2009
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL	2200.33	2200.33	10/1/2009
61590		INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA	2333.24	2333.24	10/1/2009
61591		INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSS	2349.10	2349.10	10/1/2009
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAV	2333.45	2333.45	10/1/2009
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	1761.32	1761.32	10/1/2009
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR	1940.94	1940.94	10/1/2009
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FO	2119.29	2119.29	10/1/2009
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR	1879.83	1879.83	10/1/2009
61600		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1585.32	1585.32	10/1/2009
61601		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1729.05	1729.05	10/1/2009
61605		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1662.03	1662.03	10/1/2009
61606		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2222.46	2222.46	10/1/2009
61607		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2064.71	2064.71	10/1/2009
61608		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2397.95	2397.95	10/1/2009
61609		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WIT	465.37	465.37	10/1/2009
61610		TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WIT	1424.93	1424.93	10/1/2009
61611		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHC	359.54	359.54	10/1/2009
61612		TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH I	1268.76	1268.76	10/1/2009
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION	2331.97	2331.97	10/1/2009
61615		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	1844.13	1844.13	10/1/2009
61616		RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS	2421.21	2421.21	10/1/2009
61618		SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIC	957.13	957.13	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR	1104.68	1104.68	10/1/2009
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR I	446.36	446.36	10/1/2009
61624		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTR	889.02	889.02	10/1/2009
61626		TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTR	724.66	724.66	10/1/2009
61680		SURG OF MALFORMATION, SUPRATENTORIAL, SIMPLE	1670.08	1670.08	10/1/2009
61682		SURG OF MALFORMATION, SUPRATENTORIAL, COMPLEX	3143.72	3143.72	10/1/2009
61684		SURG OF MALFORMATION, INFRATENTORIAL, SIMPLE	2091.29	2091.29	10/1/2009
61686		SURG OF MALFORMATION, INFRATENTORIAL, COMPLEX	3364.65	3364.65	10/1/2009
61690		SURG OF MALFORMATION, DURAL, SIMPLE	1589.58	1589.58	10/1/2009
61692		SURG OF MALFORMATION, DURAL, COMPLEX	2717.65	2717.65	10/1/2009
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRC	3076.01	3076.01	10/1/2009
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPRC	3312.87	3312.87	10/1/2009
61700		SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROAC	2566.97	2566.97	10/1/2009
61702		INCISE SKULL/VESSEL SURGERY	2881.78	2881.78	10/1/2009
61703		SURGERY INTRACRANIAL ANEURYSM CERVICAL APPROACH	983.75	983.75	10/1/2009
61705		REVISE CIRCULATION TO HEAD	1891.64	1891.64	10/1/2009
61708		REVISE CIRCULATION TO HEAD	1644.12	1644.12	10/1/2009
61710		REVISE CIRCULATION TO HEAD	1490.43	1490.43	10/1/2009
61711		ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRACRANIAL ART	1926.46	1926.46	10/1/2009
61735		INCISE SKULL/BRAIN SURGERY	1058.27	1058.27	10/1/2009
61750		STEREOTACTIC BIOPSY ASPIRATION OR EXCISION	1029.19	1029.19	10/1/2009
61751		STEREOTACTIC BIOPSY W COMPUTER AXIAL TOMOGRAPHY	1001.85	1001.85	10/1/2009
61760		STEREOTACTIC IMPLANT DEPTH ELECTRODE; LONG TERM MON	1133.70	1133.70	10/1/2009
61770		STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTIO	1120.92	1120.92	10/1/2009
61790		STEREOTACTIC LESION OF GAS GANGLION PERCUTANEOUS B	622.26	622.26	10/1/2009
61791		STEROTACTIC LESION TRIGEMINAL MEDULLARY TRACT	806.45	806.45	10/1/2009
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	1106.31	1106.31	10/1/2009
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	302.14	302.14	10/1/2009
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	1635.22	1635.22	10/1/2009
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREO	450.30	450.30	10/1/2009
61886		INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULAT	580.26	580.26	10/1/2009
62000		REPAIR OF SKULL FRACTURE	647.14	647.14	10/1/2009
62005		REPAIR OF SKULL FRACTURE	908.90	908.90	10/1/2009
62010		ELEVATION OF DEPRESSED SKULL FRACTURE WITH DEBRIDE	1110.10	1110.10	10/1/2009
62100		CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLU	1183.20	1183.20	10/1/2009
62115		REDUCE CRANIOMEALIC SKULL W/O GRAFT/CRANIOPLASTY	1056.39	1056.39	10/1/2009
62116		REDUCE CRANIOMEALIC SKULL WITH CRANIOPLASTY	1301.79	1301.79	10/1/2009
62117		REDUCE CRANIOMEALIC SKULL W CRANIOTOMY/RECONSTRUC	1407.34	1407.34	10/1/2009
62120		REPAIR SKULL CAVITY LESION	1333.43	1333.43	10/1/2009
62121		CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL BASE	1219.04	1219.04	10/1/2009
62140		AMB SURG CRANIOPLASTY FOR SKULL DEFECT	767.75	767.75	10/1/2009
62141		REPAIR OF SKULL	843.37	843.37	10/1/2009
62142		REMOVAL BONE FLAP OR PROSTHETIC PLATE OF SKULL	641.78	641.78	10/1/2009
62143		REPLACE BONE FLAP OR PROSTHETIC PLATE OF SKULL	752.43	752.43	10/1/2009
62145		REPAIR OF SKULL & BRAIN	1032.66	1032.66	10/1/2009
62146		CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAMETER	886.12	886.12	10/1/2009
62147		CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM DIAMETER	1052.67	1052.67	10/1/2009
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR	94.92	94.92	10/1/2009
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT	145.39	145.39	10/1/2009
62161		NEUROENDOSCOPY INTRACRANIAL;WITH DISSECTION OF ADHESIONS FEN	1110.04	1110.04	10/1/2009
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENERATION OR EXCISION OF C	1381.01	1381.01	10/1/2009
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	892.58	892.58	10/1/2009
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INC	1473.80	1473.80	10/1/2009
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOF	1144.02	1144.02	10/1/2009
62180		ESTABLISH BRAIN CAVITY SHUNT	1163.55	1163.55	10/1/2009
62190		CREATION SHUNT SUBDURAL ARIAL JUGULAR AURICULAR	660.69	660.69	10/1/2009
62192		ESTABLISH BRAIN CAVITY SHUNT	705.00	705.00	10/1/2009
62194		REPLACEMENT OF IRRIGATION SUBDURAL CATHETER	288.15	288.15	10/1/2009
62200		ESTABLISH BRAIN CAVITY SHUNT	1006.07	1006.07	10/1/2009
62201		VENTRICULOCISTERNOSTOMY, STEREOTACTIC METHOD	862.37	862.37	10/1/2009
62220		ESTABLISH BRAIN CAVITY SHUNT	740.97	740.97	10/1/2009
62223		ESTABLISH BRAIN CAVITY SHUNT	759.65	759.65	10/1/2009
62225		REPLACEMENT OF IRRIGATION VENTRICULAR CATHETER	361.32	361.32	10/1/2009
62230		REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRU	611.95	611.95	10/1/2009
62252		REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	74.81	74.81	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
62252	26	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	35.77	35.77	10/1/2009
62252	TC	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	39.04	39.04	10/1/2009
62256		REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOL	423.70	423.70	10/1/2009
62258		REPLACE BRAIN CAVITY SHUNT	823.51	823.51	10/1/2009
62263		PERCUTANEOUSLYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJ. OR	293.34	488.88	10/1/2009
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECT	180.35	300.34	10/1/2009
62268		PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	211.93	354.98	10/1/2009
62269		BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	216.02	384.74	10/1/2009
62270		SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	61.31	117.26	10/1/2009
62272		SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FL	64.68	137.66	10/1/2009
62273		AMB SURG EPIDURAL BLOOD PATCH	87.78	126.14	10/1/2009
62280		INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL)	119.66	230.41	10/1/2009
62281		INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED	115.53	213.89	10/1/2009
62282		INJ. NEUROLYTIC SUST, LUMBAR OR CAUDIL EPIDURAL.	106.29	220.79	10/1/2009
62284		INJECTION FOR SPINE X-RAY	71.93	167.97	10/1/2009
62287		ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUC	423.90	423.90	10/1/2009
62290		INJECTION FOR DISC X-RAY	134.13	246.62	10/1/2009
62291		INJECTION FOR DISC X-RAY	129.62	231.14	10/1/2009
62292		INJ PROC CHEMONUCLEOLYSIS LUMBAR 1 OR MORE LEVELS	383.97	383.97	10/1/2009
62294		INTRATHECAL INJECTION INTO SPINE	612.74	612.74	10/1/2009
62310		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NE	79.52	162.58	10/1/2009
62311		INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NE	65.95	143.24	10/1/2009
62318		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION O	80.11	173.85	10/1/2009
62319		INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION O	74.90	157.38	10/1/2009
62350		IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL	296.36	296.36	10/1/2009
62351		IMPLANTATION, REVISION/REPOSITION INTRATHECAL/EPIDURAL CATH W/L	622.33	622.33	10/1/2009
62360		IMPLANTATION/REPLACEMENT DEVICE FOR INTRATHECAL/EPIDURAL DRUG	213.71	213.71	10/1/2009
62361		IMPLANTATION/REPLACEMENT DEVICE INTRATHECAL/EPIDURAL DRUG IN V	294.25	294.25	10/1/2009
62362		IMPLANT/REPLACE DEVICE FOR INTRATHECAL/EPIDURAL DRUG INF PRO/PI	310.89	310.89	10/1/2009
63001		DECOMPRESSION OF SPINAL CORD	906.59	906.59	10/1/2009
63003		LAMIN F/DECOMP SPIN CORD A/O CAUDA EQ ONE/TWO SEGM	912.16	912.16	10/1/2009
63005		REVISION OF SPINAL COLUMN	865.12	865.12	10/1/2009
63011		LAMINECTOMY SACRAL DECOMPRESSION SPINAL CORD	818.40	818.40	10/1/2009
63012		LAMINECTOMY, LUMBAR W DECOMPRESSION CAUDA EQUINA	880.45	880.45	10/1/2009
63015		LAMINECTOMY MORE THAN TWO SEGS CERVICAL	1088.49	1088.49	10/1/2009
63016		LAMINOTOMY THORACIC	1120.53	1120.53	10/1/2009
63017		LAMINOTOMY LUMBAR	912.48	912.48	10/1/2009
63020		LAMINOTOMY, CERVICAL, ONE INTERSPACE	862.96	862.96	10/1/2009
63030		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	716.40	716.40	10/1/2009
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	153.05	153.05	10/1/2009
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	1049.64	1049.64	10/1/2009
63042		REVISION OF SPINAL COLUMN	982.29	982.29	10/1/2009
63043		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	235.44	235.44	10/1/2009
63044		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE RO	222.00	222.00	10/1/2009
63045		LAMINECTOMY, SINGLE SEGMENT, CERVICAL	938.19	938.19	10/1/2009
63046		LAMINECTOMY, SINGLE SEGMENT, THORACIC	896.91	896.91	10/1/2009
63047		LAMINECTOMY, SINGLE SEGMENT, LUMBAR	817.78	817.78	10/1/2009
63048		LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BIL	164.82	164.82	10/1/2009
63055		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, THORACIC	1208.29	1208.29	10/1/2009
63056		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT, LUMBAR	1115.99	1115.99	10/1/2009
63057		TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, E	252.42	252.42	10/1/2009
63064		HEMILAMINECTOMY THORACIC COSTOVERTEBRAL APPROACH	1322.34	1322.34	10/1/2009
63066		COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD C	155.66	155.66	10/1/2009
63075		DISKECTOMY CERVICAL ANTE APPR W/O ARTHRODESIS	1030.56	1030.56	10/1/2009
63076		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ C	194.84	194.84	10/1/2009
63077		DISKECTOMY, SINGLE SPACE, THORACIC	1132.58	1132.58	10/1/2009
63078		DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ C	155.12	155.12	10/1/2009
63081		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CERVICAL	1325.44	1325.44	10/1/2009
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	210.33	210.33	10/1/2009
63085		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, THORACIC	1419.75	1419.75	10/1/2009
63086		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	149.49	149.49	10/1/2009
63087		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1812.78	1812.78	10/1/2009
63088		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	204.55	204.55	10/1/2009
63090		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LUMBAR	1483.82	1483.82	10/1/2009
63091		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	140.60	140.60	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	1696.84	1696.84	10/1/2009
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	1689.92	1689.92	10/1/2009
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR C	224.49	224.49	10/1/2009
63170		LAMINECTOMY FOR MYELOTOMY THORACIC OR THORACOLUMBA	1135.72	1135.72	10/1/2009
63172		LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID SPACE	1022.18	1022.18	10/1/2009
63173		LAMINECTOMY W/ DRAINAGE TO PERITONEAL SPACE	1260.00	1260.00	10/1/2009
63180		LAMINECTOMY CERVICAL ONE OR TWO SEGEMENTS	1028.14	1028.14	10/1/2009
63182		LAMIN AND SECTION OF DENTATE LIGAMENTS MORE THAN T	1103.07	1103.07	10/1/2009
63185		REVISE SPINAL COLUMN/NERVES	836.26	836.26	10/1/2009
63190		LAMINECTOMY FOR RHIZOTOMY MORE THAN TWO SEGMENTS	961.23	961.23	10/1/2009
63191		LAMINECTOMY W SECTION OF SPINAL ACCESSORY NERVE	919.25	919.25	10/1/2009
63194		LAMIWECTOMY CORDOTOMY UNILATERAL CERVICAL	1093.73	1093.73	10/1/2009
63195		REVISE SPINAL COLUMN/CORD	1106.10	1106.10	10/1/2009
63196		REVISE SPINAL COLUMN/CORD	1301.03	1301.03	10/1/2009
63197		LAMINECTOMY COROTOMY BILATERAL CERVICAL	1240.15	1240.15	10/1/2009
63198		REVISE SPINAL COLUMN/CORD	1381.29	1381.29	10/1/2009
63199		LAMINECTOMY CORDOTOMY BILATERAL THORACIC	1462.51	1462.51	10/1/2009
63200		LAMINECTOMY FOR TETHERED SPINAL CORD, LUMBAR	1109.06	1109.06	10/1/2009
63250		REVISE SPINAL CORD VESSELS	2155.64	2155.64	10/1/2009
63251		LAMINECTOMY ARTERIOVENOVUS MALFUNCTION THORACIC	2235.85	2235.85	10/1/2009
63252		LAMINECTOMY FOR MALFORMATION , THORACOLUMBAR	2237.49	2237.49	10/1/2009
63265		LAMINECTOMY FOR INTRASPINAL LESION, CERVICAL	1228.24	1228.24	10/1/2009
63266		LAMINECTOMY FOR INTRASPINAL LESION, THORACIC	1263.00	1263.00	10/1/2009
63267		EXCISE INTRASPINAL LESION LUMBAR	1016.61	1016.61	10/1/2009
63268		EXCISE INTRASPINAL LESION, SACRAL	1021.23	1021.23	10/1/2009
63270		EXCISE INTRASPINAL LESION, CERVICAL	1512.54	1512.54	10/1/2009
63271		EXCISE INTRASPINAL LESION, THORACIC	1521.61	1521.61	10/1/2009
63272		EXCISE INTRASPINAL LESION, LUMBAR	1401.65	1401.65	10/1/2009
63273		EXCISE INTRASPINAL LESION ,SACRAL	1324.49	1324.49	10/1/2009
63275		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1319.64	1319.64	10/1/2009
63276		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1314.64	1314.64	10/1/2009
63277		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1153.72	1153.72	10/1/2009
63278		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1129.66	1129.66	10/1/2009
63280		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1560.03	1560.03	10/1/2009
63281		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1542.35	1542.35	10/1/2009
63282		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1455.24	1455.24	10/1/2009
63283		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1378.95	1378.95	10/1/2009
63285		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1916.37	1916.37	10/1/2009
63286		BIOPSY, EXCISE SPINAL TUMOR	1909.32	1909.32	10/1/2009
63287		BIOPSY, EXCISE SPINAL TUMOR	2014.96	2014.96	10/1/2009
63290		BIOPSY, EXCISE SPINAL TUMOR	2039.08	2039.08	10/1/2009
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLO	243.47	243.47	10/1/2009
63300		REMOVAL VERTEBRAL BODY	1360.96	1360.96	10/1/2009
63301		REMOVAL OF VERTEBRAL BODY	1528.45	1528.45	10/1/2009
63302		REMOVAL OF VERTEBRAL BODY	1518.70	1518.70	10/1/2009
63303		REMOVAL OF VERTEBRAL BODY	1588.98	1588.98	10/1/2009
63304		REMOVAL OF VERTEBRAL BODY	1684.31	1684.31	10/1/2009
63305		REMOVAL OF VERTEBRAL BODY	1721.63	1721.63	10/1/2009
63306		REMOVAL OF VERTEBRAL BODY	1803.82	1803.82	10/1/2009
63307		REMOVAL OF VERTEBRAL BODY	1674.12	1674.12	10/1/2009
63308		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), EACH ADDITIC	252.91	252.91	10/1/2009
63600		EXAMINE SPINAL CORD LESION	635.94	635.94	10/1/2009
63610		STEREOTACTIC STIM OF SPINAL CORD PERCU NOT FOLLOWE	341.67	1000.69	10/1/2009
63615		STEREOTACTIC BIOPSY ASPIRATION/EXC LESION	850.22	850.22	10/1/2009
63650		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARR	315.03	315.03	10/1/2009
63655		LAMINECTOMY IMPLANTATION OF NEUROSTIMULATOR ELECTRODES,PLAT	623.23	623.23	10/1/2009
63660		REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERC	331.14	331.14	10/1/2009
63685		INCISION SUBCUT PLACEMENT NEU/STIMULATOR RECEIVER	300.70	300.70	10/1/2009
63688		REVISION REMOVAL SPINAL NEUROSTIMULATOR RECEIVERR	269.25	269.25	10/1/2009
63700		REPAIR OF SPINAL HERNIATION	906.59	906.59	10/1/2009
63702		REPAIR OF SPINAL HERNIATION	1019.32	1019.32	10/1/2009
63704		REPAIR OF SPINAL HERNIATION	1136.96	1136.96	10/1/2009
63706		REPAIR OF SPINAL HERNIATION	1323.60	1323.60	10/1/2009
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINEC	669.19	669.19	10/1/2009
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCEL	813.70	813.70	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
63710		DURAL GRAFT SPINAL	812.61	812.61	10/1/2009
63740		CREATION OF SHUNT, INCLUDING LAMINECTOMY	688.69	688.69	10/1/2009
63741		CREATION SHUNT LUMBAR, PERCUTANEO W/O LAMINECTOMY	449.03	449.03	10/1/2009
63744		REPLACEMENT IRRIGATION OR REVISION OF LUMBAR SUBAR	470.42	470.42	10/1/2009
63746		REMOVAL SHUNT SYSTEM WITHOUT REPLACEMENT	409.74	409.74	10/1/2009
64400		INJECTION, ANESTHETIC AGENT;	48.98	80.41	10/1/2009
64402		INJECTION, ANESTHETIC AGENT;	55.75	82.57	10/1/2009
64405		INJECTION, ANESTHETIC AGENT;	57.16	78.21	10/1/2009
64408		INJECTION, ANESTHETIC AGENT;	68.72	90.06	10/1/2009
64410		INJECTION, ANESTHETIC AGENT;	61.36	104.34	10/1/2009
64412		INJECTION, ANESTHETIC AGENT;	54.53	103.27	10/1/2009
64413		INJECTION, ANESTHETIC AGENT;	59.65	86.77	10/1/2009
64415		INJECTION, ANESTHETIC AGENT;	58.02	98.40	10/1/2009
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSIO	72.95	72.95	10/1/2009
64417		INJECTION, ANESTHETIC AGENT;	57.46	99.27	10/1/2009
64418		INJECTION, ANESTHETIC AGENT;	56.96	100.80	10/1/2009
64420		INJECTION, ANESTHETIC AGENT;	51.35	119.13	10/1/2009
64421		INJECTION, ANESTHETIC AGENT;	70.42	175.68	10/1/2009
64425		INJECTION, ANESTHETIC AGENT;	73.00	97.52	10/1/2009
64430		INJECTION, ANESTHETIC AGENT;	68.84	117.58	10/1/2009
64435		INJECTION, ANESTHETIC AGENT;	65.97	109.23	10/1/2009
64445		INJECTION, ANESTHETIC AGENT;	62.84	102.06	10/1/2009
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION I	72.79	72.79	10/1/2009
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	55.47	55.47	10/1/2009
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSIOI	64.47	64.47	10/1/2009
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH	72.09	72.09	10/1/2009
64450		INJECTION FOR NERVE BLOCK	56.30	78.22	10/1/2009
64470		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	80.91	194.83	10/1/2009
64472		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	51.90	85.35	10/1/2009
64475		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	63.54	173.99	10/1/2009
64476		INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACE	38.87	71.45	10/1/2009
64479		INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPII	95.77	206.81	10/1/2009
64480		INJECTION, ANESTHETIC AGENT AND/OR STEROID, CERVICAL OR THORACI	62.68	104.80	10/1/2009
64483		INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, S	84.20	200.72	10/1/2009
64484		INJECTION, ANESTHETIC AGENT AND/OR STEROID, LUMBAR OR SACRAL, E	53.44	102.47	10/1/2009
64505		INJECTION, ANESTHETIC AGENT, SPHENOPALATIVE GANGLION	65.15	77.26	10/1/2009
64508		INJECTION, ANESTHETIC AGENT;	53.90	106.10	10/1/2009
64510		INJECTION, ANESTHETIC AGENT;	52.69	105.76	10/1/2009
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	92.69	128.74	10/1/2009
64520		INJECTION, ANESTHETIC AGENT;	59.53	137.98	10/1/2009
64530		INJECTION, ANESTHETIC AGENT;	70.28	142.95	10/1/2009
64555		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PE	119.28	161.97	10/1/2009
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SA	335.51	866.18	10/1/2009
64575		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIF	216.95	216.95	10/1/2009
64581		INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACR	652.02	652.02	10/1/2009
64585		REVISION OR REMOVAL PERIPHERAL STIMULATOR ELECTODE	123.03	250.50	10/1/2009
64600		INJECTION TREATMENT OF NERVE	163.92	300.34	10/1/2009
64605		INJECTION TREATMENT OF NERVE	261.22	424.46	10/1/2009
64610		INJECTION TREATMENT OF NERVE	365.83	517.24	10/1/2009
64612		CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL	103.13	116.69	10/1/2009
64613		CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S) (EG, FOR SPASMO	97.65	114.96	10/1/2009
64614		CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSC	108.64	128.83	10/1/2009
64620		INJECTION TREATMENT OF NERVE	128.31	203.30	10/1/2009
64622		DESTRUCT NEUROLYTIC AGENT PARAVERT FACET JT SINGLE	136.08	242.51	10/1/2009
64623		DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NE	38.68	89.74	10/1/2009
64626		DESTRUCTION BY NEUROLYTIC AGENT, CERVICAL OR THORACIC, SINGLE I	179.30	282.84	10/1/2009
64627		DESTRUCTION BY NEUROLYTIC AGENT, CERVICAL OR THORACIC, EACH AL	45.34	122.06	10/1/2009
64630		DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	148.69	177.25	10/1/2009
64640		INJECTION OF TREATMENT OF NERVE	136.25	174.03	10/1/2009
64680		DESTRUCTION BY NEUROLYTIC AGENT COL/AC PLEXUS W/W	124.23	228.93	10/1/2009
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC M	167.52	296.44	10/1/2009
64702		AMB SURG NEUROLYSIS	343.86	343.86	10/1/2009
64704		AMB SURG NEUROLYSIS	253.28	253.28	10/1/2009
64708		AMB SURG NEUROLYSIS	357.12	357.12	10/1/2009
64712		AMB SURG NEUROLYSIS	412.08	412.08	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
64713		AMB SURG NEUROLYSIS	576.81	576.81	10/1/2009
64714		AMB SURG NEUROLYSIS	494.11	494.11	10/1/2009
64716		NEUROPLASTY AND/OR TRANSPOSITION CRANIAL NERVE	390.45	390.45	10/1/2009
64718		AMB SURG EXPLORATION ULNAR NERVE AT ELBOW	420.57	420.57	10/1/2009
64719		AMB SURG EXPLORATION ULNAR NERVE AT WRIST	291.71	291.71	10/1/2009
64721		AMB SURG EXPLORATION MEDIAN NERVE AT CARPAL TUNNEL	306.08	307.23	10/1/2009
64722		AMB SURG DECOMPRESSION UNSPECIFIED NERVE	250.72	250.72	10/1/2009
64726		AMB SURG DECOMPRESSION PLANTAR DIGITAL NERVE	220.97	220.97	10/1/2009
64727		AMB SURG NEUROLYSIS	144.79	144.79	10/1/2009
64732		AMB SURG TRANSECTION OF AVULSION SUPRAORBITAL NERV	285.58	285.58	10/1/2009
64734		AMB SURG TRANSECTION INFRAORBITAL NERVE	308.95	308.95	10/1/2009
64736		INCISION OF CHIN NERVE	291.66	291.66	10/1/2009
64738		TRANSECTION OR AVULSION OF INFERIOR ALVEOLAR NERVE	345.16	345.16	10/1/2009
64740		TRANSECTION OR AVULSION OF LINGUAL NERVE	344.05	344.05	10/1/2009
64742		INCISION OF FACIAL NERVE	352.94	352.94	10/1/2009
64744		AMB SURG TRANSECT GREATER OCCIPITAL NERVE UNILATER	309.54	309.54	10/1/2009
64746		INCISE DIAPHRAGM NERVE	334.43	334.43	10/1/2009
64752		INCISION OF VAGUS NERVE	379.05	379.05	10/1/2009
64755		TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL S	677.04	677.04	10/1/2009
64760		INCISION OF VAGUS NERVE	358.57	358.57	10/1/2009
64761		INCISE NERVE IN PELVIS	339.06	339.06	10/1/2009
64763		INCISE HIP/THIGH NERVE	408.94	408.94	10/1/2009
64766		INCISE HIP/THIGH NERVE	472.53	472.53	10/1/2009
64771		TRANSECTION/AVULSION CRANIAL NERVE EXTRADURAL	442.23	442.23	10/1/2009
64772		INCISE SPINAL NERVE	425.32	425.32	10/1/2009
64774		AMB SURG EXCISION NEUROMA CUTANEOUS NERVE SURGICAL	307.14	307.14	10/1/2009
64776		AMB SURG EXCISION NEUROMA DIGITAL NERVE 1/BOTH	295.29	295.29	10/1/2009
64778		EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SE	143.84	143.84	10/1/2009
64782		REMOVE NERVE LESION	348.33	348.33	10/1/2009
64783		EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEI	171.91	171.91	10/1/2009
64784		REMOVE NERVE LESION	542.11	542.11	10/1/2009
64786		EXCISION OF NEUROMA;	814.64	814.64	10/1/2009
64787		REMOVE NERVE LESION/IMPLANT	197.42	197.42	10/1/2009
64788		REMOVAL OF NERVE LESION	288.04	288.04	10/1/2009
64790		EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA;	620.28	620.28	10/1/2009
64792		REMOVAL OF NERVE LESION	804.68	804.68	10/1/2009
64795		BIOPSY OF NERVE	147.39	147.39	10/1/2009
64802		REMOVE SYMPATHETIC NERVES	458.99	458.99	10/1/2009
64804		REMOVE SYMPATHETIC NERVES	699.77	699.77	10/1/2009
64809		REMOVE SYMPATHETIC NERVES	656.50	656.50	10/1/2009
64818		REMOVE SYMPATHETIC NERVES	509.42	509.42	10/1/2009
64820		SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	567.13	567.13	10/1/2009
64821		SYMPATHECTOMY; RADIAL ARTERY	510.92	510.92	10/1/2009
64822		SYMPATHECTOMY; ULNAR ARTERY	504.90	504.90	10/1/2009
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	574.27	574.27	10/1/2009
64831		REPAIR OF NERVE, DIGITAL	506.34	506.34	10/1/2009
64832		SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NI	267.09	267.09	10/1/2009
64834		REPAIR OF NERVE, HAND	561.36	561.36	10/1/2009
64835		REPAIR OF NERVE, HAND	608.64	608.64	10/1/2009
64836		REPAIR OF NERVE, HAND	608.32	608.32	10/1/2009
64837		SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY	296.53	296.53	10/1/2009
64840		REPAIR OF NERVE, FOOT	693.16	693.16	10/1/2009
64856		REPAIR/TRANSPPOSE NERVE	766.06	766.06	10/1/2009
64857		SUTURE MAJOR PERIPH NERVE ARM/LEG EXC SCIATIC W/O	801.03	801.03	10/1/2009
64858		REPAIR SCIATIC NERVE	923.30	923.30	10/1/2009
64859		SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARAT	201.14	201.14	10/1/2009
64861		REPAIR OF ARM NERVES	1043.04	1043.04	10/1/2009
64862		REPAIR OF LOW BACK NERVES	1022.96	1022.96	10/1/2009
64864		REPAIR OF FACIAL NERVE	664.29	664.29	10/1/2009
64865		SUTURE FACIAL NERVE INTRATEMPORAL W/WO GRAFTING	875.68	875.68	10/1/2009
64866		FUSION OF FACIAL/OTHER NERVE	910.78	910.78	10/1/2009
64868		FUSION OF FACIAL/OTHER NERVE	796.89	796.89	10/1/2009
64870		ANASTOMOSIS;	782.62	782.62	10/1/2009
64872		SUTURE OF NERVE;	94.31	94.31	10/1/2009
64874		REPAIR & REVISE NERVE	138.71	138.71	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
64885		NERVE GRAFT, HEAD/NECK; UP TO 4CM.	865.41	865.41	10/1/2009
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	1026.82	1026.82	10/1/2009
64890		NERVE GRAFT, HAND OR FOOT	825.22	825.22	10/1/2009
64891		NERVE GRAFT SINGLE STRAND HAND OR FOOT MORE THAN 4	852.35	852.35	10/1/2009
64892		NERVE GRAFT, ARM OR LEG	802.81	802.81	10/1/2009
64893		NERVE GRAFT SINGLE STRAND ARM OR LEG MORE THAN 4 C	845.71	845.71	10/1/2009
64895		NERVE GRAFT, HAND OR FOOT	992.75	992.75	10/1/2009
64896		NERVE GRAFT MULTIPLE STRANDS HAND OR FOOT OVER 4CM	1094.56	1094.56	10/1/2009
64897		NERVE GRAFT, ARM OR LEG	960.37	960.37	10/1/2009
64898		NERVE GRAFT SINGLE STRAND MORE THAN 4CM	1047.04	1047.04	10/1/2009
64901		NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	472.02	472.02	10/1/2009
64902		NERVE GRAFT MULTIPLE STRANDS	542.50	542.50	10/1/2009
64905		NERVE PEDICLE TRANSFER FIRST STAGE	767.53	767.53	10/1/2009
64907		NERVE PEDICLE TRANSFER SECOND STAGE	1009.34	1009.34	10/1/2009
65091		REVISE EYEBALL	438.02	438.02	10/1/2009
65101		REMOVAL OF EYEBALL	504.62	504.62	10/1/2009
65110		REMOVAL OF EYEBALL	851.26	851.26	10/1/2009
65112		REMOVE EYE, REVISE SOCKET	1002.67	1002.67	10/1/2009
65114		REMOVE EYE, REVISE SOCKET	1043.06	1043.06	10/1/2009
65205		REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	31.96	39.75	10/1/2009
65210		REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	38.52	48.61	10/1/2009
65220		REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	31.49	40.72	10/1/2009
65222		REMOVAL OF FOREIGN BODY, EXTERNAL EYE;	42.19	53.44	10/1/2009
65235		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER	481.81	481.81	10/1/2009
65260		REMOVE FOREIGN BODY FROM EYE	661.24	661.24	10/1/2009
65265		REMOVE FOREIGN BODY FROM EYE	744.83	744.83	10/1/2009
65270		REPAIR OF LACERATION;	98.56	182.20	10/1/2009
65272		REPAIR WOUND OF EYE	239.22	338.14	10/1/2009
65273		REP LACERATION CONJUNCTIVA BY MOBILAZATION REARR W	262.99	262.99	10/1/2009
65275		REPAIR WOUND OF EYE	313.10	381.45	10/1/2009
65280		REPAIR WOUND OF EYE	461.45	461.45	10/1/2009
65285		REPAIR WOUND OF EYE	720.99	720.99	10/1/2009
65286		REPAIR OF LACERATION BY APPLICATION OF TISSUE GLUE	339.11	478.71	10/1/2009
65290		REPAIR WOUND OF EYE SOCKET	338.52	338.52	10/1/2009
65400		REMOVAL OF EYE LESION	407.96	457.86	10/1/2009
65410		BIOPSY OF CORNEA OF EYE	73.76	99.42	10/1/2009
65420		AMB SURG EXCISION/TRANSPOSITION PTERYGIUM WO GRAFT	256.62	350.35	10/1/2009
65426		AMB SURG PTERYGIUM EXCISION/TRANSPOSITION W GRAFT	327.98	443.06	10/1/2009
65430		SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	73.76	80.96	10/1/2009
65435		REMOVAL OF CORNEAL EPITHELIUM;	49.09	55.72	10/1/2009
65436		CURETTE/TREAT CORNEA	255.15	265.24	10/1/2009
65450		DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGUL	215.77	218.36	10/1/2009
65600		MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSIC	230.63	264.66	10/1/2009
65710		CORNEAL TRANSPLANT	761.13	761.13	10/1/2009
65730		CORNEAL TRANSPLANT	847.25	847.25	10/1/2009
65750		CORNEAL TRANSPLANT	859.85	859.85	10/1/2009
65755		KERATOPLASTY, PENETRATING	854.77	854.77	10/1/2009
65770		KERATOPROSTHESIS	983.77	983.77	10/1/2009
65772		CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCEI	276.48	306.47	10/1/2009
65775		CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCE	377.75	377.75	10/1/2009
65800		PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	93.35	105.75	10/1/2009
65805		DRAINAGE OF EYEBALL	93.35	114.98	10/1/2009
65810		AMB SURG PARACENTESIS ANTERIOR CHAMBER EYE	320.26	320.26	10/1/2009
65815		DRAINAGE OF EYEBALL	324.92	433.64	10/1/2009
65820		RELIEVE INNER EYE PRESSURE	514.85	514.85	10/1/2009
65850		INCISION OF EYEBALL	588.01	588.01	10/1/2009
65855		TRABECULOPLASTY BY LASER ONE OR MORE SESSIONS	207.26	234.38	10/1/2009
65860		SEVERING ADHESIONS OF ANTER. SEGMENT. LASER TECHNIQ.	180.03	216.37	10/1/2009
65865		RELIEVE INNER EYE ADHESIONS	327.66	327.66	10/1/2009
65870		RELIEVE INNER EYE ADHESIONS	405.13	405.13	10/1/2009
65875		RELIEVE INNER EYE ADHESIONS	430.20	430.20	10/1/2009
65880		RELIEVE INNER EYE ADHESIONS	453.72	453.72	10/1/2009
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	666.35	666.35	10/1/2009
65920		REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	538.77	538.77	10/1/2009
65930		REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	443.92	443.92	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
66020		INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OF	90.72	127.35	10/1/2009
66030		INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE);	75.68	112.31	10/1/2009
66130		AMB SURG EXCISION LESION SCLERA	400.25	485.63	10/1/2009
66150		INCISION OF EYEBALL	591.55	591.55	10/1/2009
66155		INCISION OF EYEBALL	589.67	589.67	10/1/2009
66160		INCISION OF EYEBALL	671.97	671.97	10/1/2009
66165		INCISION OF EYEBALL	577.58	577.58	10/1/2009
66170		INCISION OF EYEBALL	813.69	813.69	10/1/2009
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTEF	1022.36	1022.36	10/1/2009
66180		AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	812.33	812.33	10/1/2009
66185		REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	511.42	511.42	10/1/2009
66220		REPAIR EYEBALL LESION	499.31	499.31	10/1/2009
66225		REPAIR/GRAFT EYEBALL LESION	644.04	644.04	10/1/2009
66250		REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	379.45	509.53	10/1/2009
66500		INCISION OF IRIS	241.32	241.32	10/1/2009
66505		INCISION OF IRIS	264.24	264.24	10/1/2009
66600		AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	561.72	561.72	10/1/2009
66605		AMB SURG IRIDECTOMY, CORNEOSCLERAL/CORNEAL SECTION	732.34	732.34	10/1/2009
66625		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	295.30	295.30	10/1/2009
66630		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	389.02	389.02	10/1/2009
66635		AMB SURG IRIDECTOMY CORNEOSCLERAL OR CORNEAL	392.97	392.97	10/1/2009
66680		REPAIR OF IRIS	351.31	351.31	10/1/2009
66682		SUTURE OF IRIS CILIARY BODY W/RETRIEVAL OF SUTURE	426.34	426.34	10/1/2009
66700		CILIARY BODY DESTRUCTION; DIATHERMY.	272.11	307.30	10/1/2009
66710		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLER/	271.33	302.19	10/1/2009
66711		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	434.06	434.06	10/1/2009
66720		CILARY BODY DISTRUCTION; CRYOTHERAPY.	286.17	316.16	10/1/2009
66740		CILIARY BODY DISTRUCTION; CYCLODIALYSIS.	272.49	300.17	10/1/2009
66761		REVISION OF IRIS	280.68	307.51	10/1/2009
66762		REVISION OF IRIS	290.53	322.54	10/1/2009
66770		DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISION/	329.46	358.59	10/1/2009
66820		INCISION OF LENS LESION	270.50	270.50	10/1/2009
66821		DISCISSION SECONDARY CATARACT; LASER	207.79	219.90	10/1/2009
66825		REPOSITIONING INTRAOCULAR LENS PROS; INCISIONAL	522.00	522.00	10/1/2009
66830		AMB SURG CATARACT REMOVAL	490.54	490.54	10/1/2009
66840		AMB SURG CATARACT REMOVAL	478.05	478.05	10/1/2009
66850		REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION WITH ASPIRATION	545.83	545.83	10/1/2009
66852		REMOVAL LENS MATERIAL, PARS PLANA W/WO VITRECTOMY	584.39	584.39	10/1/2009
66920		AMB SURG CATARACT REMOVAL	521.36	521.36	10/1/2009
66930		AMB SURG CATARACT REMOVAL	592.65	592.65	10/1/2009
66940		AMB SURG CATARACT REMOVAL	537.80	537.80	10/1/2009
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR	741.91	741.91	10/1/2009
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	511.44	511.44	10/1/2009
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHESIS	531.47	531.47	10/1/2009
66985		INSERT LENS PROSTHESIS	524.79	524.79	10/1/2009
66986		EXCHANGE OF INTRAOCULAR LENS.	643.02	643.02	10/1/2009
66990		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO COI	66.35	66.35	10/1/2009
67005		PARTIAL REMOVAL OF EYE FLUID	323.30	323.30	10/1/2009
67010		PARTIAL REMOVAL OF EYE FLUID	374.81	374.81	10/1/2009
67015		RELEASE OF EYE FLUID	399.18	399.18	10/1/2009
67025		REPLACE EYE FLUID	431.30	494.75	10/1/2009
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLO	592.02	592.02	10/1/2009
67028		INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PRO	120.17	148.72	10/1/2009
67030		INCISE INNER EYE STRANDS	356.01	356.01	10/1/2009
67031		SEVERING OF VITREOUS STANDS LASER SURGERY	242.13	263.18	10/1/2009
67036		VITRECTOMY, PARS PLANA APPROACH	669.09	669.09	10/1/2009
67039		VITRECTOMY, MECH, W FOCAL ENDOLASER PHOTOCOAGULAT	856.16	856.16	10/1/2009
67040		LASER TREATMENT OF RETINA	988.44	988.44	10/1/2009
67101		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	461.77	530.13	10/1/2009
67105		REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAG	443.02	491.47	10/1/2009
67107		REPAIR DETACHED RETINA	841.19	841.19	10/1/2009
67108		REPAIR DETACHED RETINA	1121.42	1121.42	10/1/2009
67110		REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (	531.95	594.53	10/1/2009
67112		RE-REPAIR DETACHED RETINA	925.08	925.08	10/1/2009
67115		RELEASE OF ENCIRCLING MATERIAL	337.22	337.22	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
67120		REVISION OF INNER EYE	380.41	446.46	10/1/2009
67121		REMOVAL OF IMPLANTED MATERIAL, INTRAOCULAR.	626.61	626.61	10/1/2009
67141		PROPHYLAXIS OF RETINAL DETACHMENT	331.80	355.17	10/1/2009
67145		PROPHYLAXIS OF RETINAL DETACHMENT;PHOTOCOAGULATION	339.33	358.36	10/1/2009
67208		DESTRUCTION OF RETINAL LESION	397.84	411.68	10/1/2009
67210		DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, T	466.93	482.22	10/1/2009
67218		TREATMENT INNER EYE LESION	980.89	980.89	10/1/2009
67220		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	707.07	739.95	10/1/2009
67221		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	157.09	208.14	10/1/2009
67225		DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOV	20.53	21.69	10/1/2009
67227		DESTRUCTION OF RETINOPATHY, ONE OR MORE SESSIONS	392.95	418.62	10/1/2009
67228		DESTRUCTION OF RETINOPATHY, PHOTOCOAGULATION	729.97	823.70	10/1/2009
67250		REINFORCE EYEBALL WALL	542.48	542.48	10/1/2009
67255		REINFORCE/GRAFT EYEBALL WALL	579.71	579.71	10/1/2009
67311		STRABISMUS SURGERY, ONE HORIZONTAL MUSCLE	411.82	411.82	10/1/2009
67312		STRABISMUS SURGERY, TWO HORIZONTAL MUSCLES	493.28	493.28	10/1/2009
67314		STRABISMUS SURGERY, ONE VERTICAL MUSCLE	461.85	461.85	10/1/2009
67316		STRABISMUS SURGERY, 2 OR MORE VERTICAL MUSCLES	553.92	553.92	10/1/2009
67318		STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	483.21	483.21	10/1/2009
67320		REVISE EYE BALL MUSCLES	232.71	232.71	10/1/2009
67331		AMB SURG STRABISMUS SURGERY PATIENT PRIOR SURGERY	220.35	220.35	10/1/2009
67332		REVISE EYEBALL MUSCLES	239.62	239.62	10/1/2009
67334		STRABISMUS SURG., POST FIXATION SUTURE W/WO RECESS	217.36	217.36	10/1/2009
67335		PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY,	109.34	109.34	10/1/2009
67340		STRABISMUS SURG. W EXPLORATION/REPAIR DETACHED MUS	258.93	258.93	10/1/2009
67343		RELEASE EXTENSIVE SCAR TISSUE W/O DETACHING MUSCLE	448.65	448.65	10/1/2009
67345		CHEMODENERVATION OF EXTRAOCULAR MUSCLE	149.34	163.47	10/1/2009
67346		BIOPSY OF EXTRAOCULAR MUSCLE	143.21	143.21	10/1/2009
67400		EXPLORE/TREAT EYE SOCKET	644.70	644.70	10/1/2009
67405		EXPLORE/TREAT EYE SOCKET	548.02	548.02	10/1/2009
67412		EXPLORE/TREAT EYE SOCKET	596.82	596.82	10/1/2009
67413		EXPLORE/TREAT EYE SOCKET	597.03	597.03	10/1/2009
67414		ORBITOTOMY WO FLAP; W BONE REMOVAL FOR DECOMPRESS.	918.80	918.80	10/1/2009
67415		EXPLORE/TREAT EYE SOCKET	76.56	76.56	10/1/2009
67420		EXPLORE/TREAT EYE SOCKET	1144.45	1144.45	10/1/2009
67430		EXPLORE/TREAT EYE SOCKET	867.10	867.10	10/1/2009
67440		EXPLORE/TREAT EYE SOCKET	836.12	836.12	10/1/2009
67445		ORBITOTOMY W FLAP/WINDOW; W BONE REMOVAL.	985.91	985.91	10/1/2009
67450		EXPLORE/TREAT EYE SOCKET	867.58	867.58	10/1/2009
67500		RETROBULBAR INJECTION;	58.29	64.05	10/1/2009
67505		INJECT/TREAT EYE SOCKET	56.17	62.22	10/1/2009
67515		INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSUL	61.26	66.17	10/1/2009
67570		OPTIC NERVE DECOMPRESSION.	804.90	804.90	10/1/2009
67700		BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	79.29	180.81	10/1/2009
67710		INCISION OF EYELID	66.00	152.24	10/1/2009
67715		INCISION OF EYELID	74.75	160.70	10/1/2009
67800		EXCISION OF CHALAZION;	72.70	87.41	10/1/2009
67801		EXCISION OF CHALAZION;	94.45	112.33	10/1/2009
67805		EXCISION OF CHALAZION;	115.85	138.93	10/1/2009
67808		EXCISION OF CHALAZION;	250.71	250.71	10/1/2009
67810		BIOPSY OF EYELID	68.10	156.07	10/1/2009
67820		CORRECTION OF TRICHIASIS;	38.21	37.06	10/1/2009
67825		CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS	83.39	88.59	10/1/2009
67830		REVISE EYELASHES	95.59	181.83	10/1/2009
67835		REVISE EYELASHES W/FREE MUCOUS MEMBRANE GRAFT	305.33	305.33	10/1/2009
67840		EXCISION EYELID LESION W/O CLOSURE OR WITH SIMPLE DIRECT CLOSUR	110.91	190.80	10/1/2009
67850		DESTRUCTION OF LESION OF LID MARGIN UP TO 1 CM	99.12	153.63	10/1/2009
67875		TEMPORARY CLOSURE OF EYELIDS BY SUTURE	69.14	119.33	10/1/2009
67880		REVISION OF EYELID(S)	250.71	310.69	10/1/2009
67882		CONSTRUCTION INTERMARGINAL ADHESIONS WITH TRANSPOSITION OF T/	323.23	384.08	10/1/2009
67901		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTI	401.35	480.08	10/1/2009
67902		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUT	497.69	497.69	10/1/2009
67903		AMB SURG REPAIR BLEPHAROPTOSIS	346.75	424.62	10/1/2009
67904		AMB SURG REPAIR BLEPHAROPTOSIS	411.45	502.58	10/1/2009
67906		AMB SURG REPAIR BLEPHAROPTOSIS	359.65	359.65	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
67908		AMB SURG REPAIR BLEPHAROPTOSIS	298.58	338.38	10/1/2009
67909		AMB SURG REDUCTION OVERCORRECTION OF PTOSIS	305.87	371.04	10/1/2009
67911		AMB SURG CORRECTION OF LID RETRACTION	384.77	384.77	10/1/2009
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID	345.44	620.87	10/1/2009
67914		AMB SURG REPAIR ECTROPION SUTURE	201.61	269.39	10/1/2009
67915		REPAIR OF ECTROPION;	177.95	241.11	10/1/2009
67916		AMB SURG REPAIR ECTROPION BLEPHAROPLASTY	300.45	371.40	10/1/2009
67917		AMB SURG REPAIR ECTROPION BLEPHAROPLASTY EXTENSIVE	332.53	406.36	10/1/2009
67921		AMB SURG REPAIR ENTROPION SUTURE	188.44	256.22	10/1/2009
67922		REPAIR OF ENTROPION;	171.42	233.42	10/1/2009
67923		AMB SURG REPAIR ENTROPION EXCISION TARSAL WEDGE	324.39	392.16	10/1/2009
67924		AMB SURG REPAIR ENTROPION BLEPHAROPLASTY EXTENSIVE	313.77	405.20	10/1/2009
67930		REPAIR EYELID WOUND; PARTIAL THICKNESS	173.73	254.49	10/1/2009
67935		REPAIR EYELID WOUND; FULL THICKNESS	316.84	414.03	10/1/2009
67938		REMOVE FOREIGN BODY, EYELID	79.62	165.27	10/1/2009
67950		REVISION OF EYELIDS: CANTHOPLASTY	326.30	399.55	10/1/2009
67961		REVISION OF EYELIDS	318.76	398.65	10/1/2009
67966		REVISION OF EYELIDS OVER ONE-FOURTH OF LID MARGIN	452.79	527.78	10/1/2009
67971		RECONSTRUCTION OF EYELID	511.17	511.17	10/1/2009
67973		RECONSTRUCTION OF EYELID	662.63	662.63	10/1/2009
67974		RECONSTRUCTION OF EYELID, TOTAL EYELID, UPPER, 1 STAGE OR 1ST ST.	659.96	659.96	10/1/2009
67975		RECONSTRUCTION OF EYELID, 2ND STAGE	482.50	482.50	10/1/2009
68020		INCISE / DRAIN EYELID LESION	76.83	82.31	10/1/2009
68040		TREATMENT OF EYELID LESIONS	38.54	46.04	10/1/2009
68100		BIOPSY EYELID LINING	69.72	118.46	10/1/2009
68110		REMOVE EYELID LINING LESION	102.58	154.21	10/1/2009
68115		REMOVE EYELID LINING LESION; OVER 1 CM	128.20	213.86	10/1/2009
68130		REMOVE EYELID LINING LESION; WITH ADJACENT SCLERA	284.06	369.71	10/1/2009
68135		REMOVE EYELID LINING LESION; DESTRUCTION OF LESION, CONJUNCTIVA	104.77	108.23	10/1/2009
68200		SUBCONJUNCTIVAL INJECTION	24.62	29.52	10/1/2009
68320		REVISE / GRAFT EYELID LINING	365.05	489.07	10/1/2009
68325		REVISE / GRAFT EYELID LINING; W/BUCCAL MUCOUS MEMBRANE GRAFT	454.97	454.97	10/1/2009
68326		REVISE EYELID LINING; CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC	442.90	442.90	10/1/2009
68328		REVISE / GRAFT EYELID LINING; W/ BUCCAL MUCOUS MEMBRANE GRAFT	494.92	494.92	10/1/2009
68330		REVISE EYELID LINING; REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY	314.10	411.30	10/1/2009
68335		REVISE/GRAFT EYELID LINING; W/FREE GRAFT CONJUNCTIVA OR BUCCAL I	444.34	444.34	10/1/2009
68340		SEPARATE EYELID ADHESIONS	271.29	369.92	10/1/2009
68360		REVISE EYELID LINING; CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	280.61	361.36	10/1/2009
68362		REVISE EYELID LINING; TOTAL	450.46	450.46	10/1/2009
68400		INCISE/DRAIN TEAR GLAND	94.99	191.61	10/1/2009
68420		INCISE/DRAIN TEAR GLAND; OF LACRIMAL SAC	122.09	219.29	10/1/2009
68440		INCISE TEAR DUCT OPENING	66.11	73.32	10/1/2009
68500		REMOVAL OF TEAR GLAND	671.13	671.13	10/1/2009
68505		PARTIAL REMOVAL OF TEAR GLAND	674.97	674.97	10/1/2009
68510		BIOPSY OF TEAR GLAND	210.27	315.82	10/1/2009
68520		REMOVAL OF TEAR SAC	474.70	474.70	10/1/2009
68525		BIOPSY OF TEAR SAC	193.78	193.78	10/1/2009
68530		CLEARANCE OF TEAR DUCT	184.61	299.69	10/1/2009
68540		REMOVE TEAR GLAND LESION	641.82	641.82	10/1/2009
68550		REMOVE TEAR GLAND LESION	789.47	789.47	10/1/2009
68700		REPAIR TEAR DUCTS	414.20	414.20	10/1/2009
68705		REVISE TEAR DUCT OPENING	115.29	163.45	10/1/2009
68720		INCISE TEAR DUCTS	525.91	525.91	10/1/2009
68745		INCISE TEAR DUCTS	527.87	527.87	10/1/2009
68750		ESTABLISH TEAR DUCT CHANNEL	542.36	542.36	10/1/2009
68760		CLOSE TEAR DUCT OPENING	100.76	138.54	10/1/2009
68761		CLOSURE OF THE LACRIMAL PUNCTUM;	81.71	101.03	10/1/2009
68770		CLOSE TEAR SYSTEM FISTULA	410.57	410.57	10/1/2009
68840		EXPLORATION OF TEAR DUCTS	77.12	85.49	10/1/2009
68850		INJECTION ONLY DACRYOCYSTOGRAPHY	44.19	48.23	10/1/2009
69000		DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA;	87.14	130.98	10/1/2009
69005		DRAIN EXTERNAL EAR LESION	118.80	156.01	10/1/2009
69020		DRAIN OUTER EAR CANAL LESION	105.67	166.24	10/1/2009
69100		BIOPSY EXTERNAL EAR	37.67	77.76	10/1/2009
69105		BIOPSY EXTERNAL AUDITORY CANAL	48.94	101.43	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
69110		PARTIAL REMOVAL EXTERNAL EAR	243.62	331.88	10/1/2009
69120		REMOVAL OF EXTERNAL EAR	295.95	295.95	10/1/2009
69140		AMB SURG EXCISION EXOTOSIS EXTERNAL AUDITORY CANAL	644.79	644.79	10/1/2009
69145		EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	183.68	278.57	10/1/2009
69150		EXTENSIVE OUTER EAR SURGERY	795.15	795.15	10/1/2009
69155		EXTENSIVE EAR/NECK SURGERY	1279.18	1279.18	10/1/2009
69200		REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	42.50	88.36	10/1/2009
69205		REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;	76.02	76.02	10/1/2009
69210		REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH E	25.49	37.03	10/1/2009
69220		DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE	47.45	99.08	10/1/2009
69222		DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX	102.60	159.13	10/1/2009
69310		RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, I	806.75	806.75	10/1/2009
69320		REBUILD OUTER EAR CANAL	1153.35	1153.35	10/1/2009
69400		EUSTACHIAN TUBE INFLATION, TRANSNASAL;	47.17	102.83	10/1/2009
69401		EUSTACHIAN TUBE INFLATION, TRANSNASAL;	37.65	60.43	10/1/2009
69405		EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	147.06	191.18	10/1/2009
69420		MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLA'	89.54	138.00	10/1/2009
69421		MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLA'	113.48	113.48	10/1/2009
69424		REMOVAL VENTILATING TUBE INSERT BY OTHER PHYSICIAN	47.50	93.65	10/1/2009
69433		TYMPANOSTOMY, LOCAL OR TOPICAL ANESTHESIA	97.02	144.03	10/1/2009
69436		AMB SURG TYMPANOSTOMY W INSERT VENTILATION TUBES	123.46	123.46	10/1/2009
69440		AMB SURG MIDDLE EAR EXPLORATION	510.37	510.37	10/1/2009
69450		TYMPANOPLASTY TRANSCANAL	399.84	399.84	10/1/2009
69501		AMB SURG TRANSMASTOID ANTROTOMY (MASTOIDECTOMY)	549.99	549.99	10/1/2009
69502		MASTOIDECTOMY COMPLETE	732.40	732.40	10/1/2009
69505		REMOVAL MASTOID STRUCTURES	900.35	900.35	10/1/2009
69511		REMOVAL MASTOID STRUCTURE	926.03	926.03	10/1/2009
69530		REMOVE PART OF TEMPORAL BONE	1251.32	1251.32	10/1/2009
69535		REMOVE PART OF TEMPORAL BONE	2043.40	2043.40	10/1/2009
69540		REMOVE EAR LESION	94.24	149.90	10/1/2009
69550		REMOVE EAR LESION	777.70	777.70	10/1/2009
69552		REMOVE EAR LESION	1192.47	1192.47	10/1/2009
69554		REMOVE EAR LESION	1901.41	1901.41	10/1/2009
69601		REVISE MASTOID SURGERY	789.45	789.45	10/1/2009
69602		REVISE MASTOID SURGERY	820.82	820.82	10/1/2009
69603		REVISE MASTOID SURGERY	952.71	952.71	10/1/2009
69604		REVISE MASTOID SURGERY	846.86	846.86	10/1/2009
69605		REVISE MASTOID SURGERY	1179.95	1179.95	10/1/2009
69610		REPAIR OF EARDRUM	227.17	292.65	10/1/2009
69620		AMB SURG MYRINGOPLASTY	367.46	509.35	10/1/2009
69631		AMB SURG TYMPANOPLASTY WITHOUT MASTOIDECTOMY	656.81	656.81	10/1/2009
69632		REPAIR OF EARDRUM	808.00	808.00	10/1/2009
69633		TYMPANOPLASTY W/O MASTOIDECTOMY WITH OSSICULAR CHA	778.09	778.09	10/1/2009
69635		REPAIR EARDRUM STRUCTURES	913.57	913.57	10/1/2009
69636		REBUILD EARDRUM STRUCTURES	1035.48	1035.48	10/1/2009
69637		AMB SURG TYMPANO/ANTR OR MAST W OSSIC-PORP OR TORP	1030.69	1030.69	10/1/2009
69641		AMB SURG TYMPANO/MASTOIDECT, NO OSSIC CHN RECONSTR	783.36	783.36	10/1/2009
69642		REVISE MIDDLE EAR & MASTOID	1011.26	1011.26	10/1/2009
69643		REVISE MIDDLE EAR AND MASTOID	923.57	923.57	10/1/2009
69644		REVISE MIDDLE EAR & MASTOID	1115.71	1115.71	10/1/2009
69645		REVISE MIDDLE EAR & MASTOID	1092.65	1092.65	10/1/2009
69646		TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MID	1162.84	1162.84	10/1/2009
69650		RELEASE MIDDLE EAR BONE	596.49	596.49	10/1/2009
69660		AMB SURG STAPEDECTOMY	702.75	702.75	10/1/2009
69661		STAPEDECTOMY WITH FOOT PLATE DRILL OUT	919.50	919.50	10/1/2009
69662		REVISION STAPEDECTOMY OR STAPEDOTOMY	882.04	882.04	10/1/2009
69666		REPAIR MIDDLE EAR STRUCTURES	605.26	605.26	10/1/2009
69667		REPAIR MIDDLE EAR STRUCTURES	607.31	607.31	10/1/2009
69670		REMOVE MASTOID AIR CELLS	708.62	708.62	10/1/2009
69676		TYPANIC NEURECTOMY	623.31	623.31	10/1/2009
69700		AMB SURG CLOSURE POSTAURICULARICULAR FISTULA MASTO	520.31	520.31	10/1/2009
69720		RELEASE FACIAL NERVE	884.75	884.75	10/1/2009
69725		RELEASE FACIAL NERVE	1449.97	1449.97	10/1/2009
69740		REPAIR FACIAL NERVE	894.15	894.15	10/1/2009
69745		REPAIR FACIAL NERVE	948.95	948.95	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
69801		INCISE INNER EAR	559.55	559.55	10/1/2009
69802		INCISE INNER EAR	787.71	787.71	10/1/2009
69805		EXPLORE INNER EAR	800.85	800.85	10/1/2009
69806		EXPLORE INNER EAR	718.16	718.16	10/1/2009
69820		ESTABLISH INNER EAR WINDOW	649.50	649.50	10/1/2009
69840		REVISE INNER EAR WINDOW	681.18	681.18	10/1/2009
69905		REMOVE INNER EAR	692.21	692.21	10/1/2009
69910		REMOVE EAR AND MASTOID	777.05	777.05	10/1/2009
69915		INCISE INNER EAR NERVE	1180.81	1180.81	10/1/2009
69930		COCHLEAR DEVICE IMPLANTATION WITH OR W/O MASTOIDECTOMY	947.69	947.69	10/1/2009
69950		INCISE INNER EAR NERVE	1399.79	1399.79	10/1/2009
69955		RELEASE FACIAL NERVE	1529.33	1529.33	10/1/2009
69960		RELEASE INNER EAR CANAL	1484.26	1484.26	10/1/2009
69970		REMOVE INNER EAR LESION	1656.65	1656.65	10/1/2009
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSC	167.59	167.59	10/1/2009
70010		MYELOGRAPHY, POSTERIOR FOSSA	137.04	137.04	10/1/2009
70010	26	MYELOGRAPHY, POSTERIOR FOSSA	50.50	50.50	10/1/2009
70010	TC	MYELOGRAPHY, POSTERIOR FOSSA	86.55	86.55	10/1/2009
70015		CISTERNOGRAPHY, POSITIVE CONTRAST	114.97	114.97	10/1/2009
70015	26	CISTERNOGRAPHY, POSITIVE CONTRAST	51.66	51.66	10/1/2009
70015	TC	CISTERNOGRAPHY, POSITIVE CONTRAST	63.30	63.30	10/1/2009
70030		RADIOLOGIC EXAM EYE	22.33	22.33	10/1/2009
70030	26	RADIOLOGIC EXAM EYE	7.23	7.23	10/1/2009
70030	TC	RADIOLOGIC EXAM EYE	15.11	15.11	10/1/2009
70100		RADIOLOGIC EXAM MANDIBLE PARTIAL	24.09	24.09	10/1/2009
70100	26	RADIOLOGIC EXAM MANDIBLE PARTIAL	7.54	7.54	10/1/2009
70100	TC	RADIOLOGIC EXAM MANDIBLE PARTIAL	16.54	16.54	10/1/2009
70110		RADIOLOGIC EXAM MANDIBLE COMPLETE	31.28	31.28	10/1/2009
70110	26	RADIOLOGIC EXAM MANDIBLE COMPLETE	10.59	10.59	10/1/2009
70110	TC	RADIOLOGIC EXAM MANDIBLE COMPLETE	20.69	20.69	10/1/2009
70120		RADIOLOGIC EXAM MASTOID	26.22	26.22	10/1/2009
70120	26	RADIOLOGIC EXAM MASTOID	7.54	7.54	10/1/2009
70120	TC	RADIOLOGIC EXAM MASTOID	18.67	18.67	10/1/2009
70130		RADIOLOGIC EXAM MASTOIDS, COMPLETE	43.43	43.43	10/1/2009
70130	26	RADIOLOGIC EXAM MASTOIDS, COMPLETE	14.46	14.46	10/1/2009
70130	TC	RADIOLOGIC EXAM MASTOIDS, COMPLETE	28.97	28.97	10/1/2009
70134		RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	37.36	37.36	10/1/2009
70134	26	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	14.46	14.46	10/1/2009
70134	TC	RADIOLOGIC EXAM INTERNAL AUDITORY COMPLETE	22.90	22.90	10/1/2009
70140		RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	23.64	23.64	10/1/2009
70140	26	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	7.85	7.85	10/1/2009
70140	TC	RADIOLOGIC EXAM, FACIAL BONES, LESS THAN THREE VIEWS	15.79	15.79	10/1/2009
70150		RADIOLOGIC EXAM FACIAL BONES, COMPLETE	33.81	33.81	10/1/2009
70150	26	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	10.90	10.90	10/1/2009
70150	TC	RADIOLOGIC EXAM FACIAL BONES, COMPLETE	22.90	22.90	10/1/2009
70160		RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	25.22	25.22	10/1/2009
70160	26	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	7.23	7.23	10/1/2009
70160	TC	RADIOLOGIC EXAM, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	17.99	17.99	10/1/2009
70170		DACRYOCYSTOGRAPHY	42.68	42.68	10/1/2009
70170	26	DACRYOCYSTOGRAPHY	12.72	12.72	10/1/2009
70170	TC	DACRYOCYSTOGRAPHY	30.40	30.40	10/1/2009
70190		RADIOLOGIC EXAM, OPTIC FORAMINA	28.01	28.01	10/1/2009
70190	26	RADIOLOGIC EXAM, OPTIC FORAMINA	8.76	8.76	10/1/2009
70190	TC	RADIOLOGIC EXAM, OPTIC FORAMINA	19.25	19.25	10/1/2009
70200		RADIOLOGIC EXAM, ORBITS, COMPLETE	35.01	35.01	10/1/2009
70200	26	RADIOLOGIC EXAM, ORBITS, COMPLETE	11.81	11.81	10/1/2009
70200	TC	RADIOLOGIC EXAM, ORBITS, COMPLETE	23.20	23.20	10/1/2009
70210		RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	23.60	23.60	10/1/2009
70210	26	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	7.23	7.23	10/1/2009
70210	TC	RADIOLOGIC EXAM, SINUSES, PARANASAL LESS THAN 3 VIEWS	16.36	16.36	10/1/2009
70220		RADIOLOGIC EXAM SINUSES COMPLETE	30.90	30.90	10/1/2009
70220	26	RADIOLOGIC EXAM SINUSES COMPLETE	10.30	10.30	10/1/2009
70220	TC	RADIOLOGIC EXAM SINUSES COMPLETE	20.60	20.60	10/1/2009
70240		RADIOLOGIC EXAM SELLA TURCICA	23.24	23.24	10/1/2009
70240	26	RADIOLOGIC EXAM SELLA TURCICA	8.14	8.14	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
70240	TC	RADIOLOGIC EXAM SELLA TURCICA	15.11	15.11	10/1/2009
70250		RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	28.66	28.66	10/1/2009
70250	26	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	9.99	9.99	10/1/2009
70250	TC	RADIOLOGIC EXAM, SKULL, LESS THAN 4 VIEWS, WITH/WITHOUT STEREO	18.67	18.67	10/1/2009
70260		RADIOLOGIC EXAM SKULL COMPLETE	38.14	38.14	10/1/2009
70260	26	RADIOLOGIC EXAM SKULL COMPLETE	14.17	14.17	10/1/2009
70260	TC	RADIOLOGIC EXAM SKULL COMPLETE	23.97	23.97	10/1/2009
70300		RADIOLOGIC EXAM TEETH	11.21	11.21	10/1/2009
70300	26	RADIOLOGIC EXAM TEETH	4.47	4.47	10/1/2009
70300	TC	RADIOLOGIC EXAM TEETH	6.74	6.74	10/1/2009
70310		RADIOLOGIC EXAM, TEETH PARTIAL EXAM	26.64	26.64	10/1/2009
70310	26	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	6.92	6.92	10/1/2009
70310	TC	RADIOLOGIC EXAM, TEETH PARTIAL EXAM	19.72	19.72	10/1/2009
70320		RADIOLOGIC EXAM TEETH COMPLETE	37.46	37.46	10/1/2009
70320	26	RADIOLOGIC EXAM TEETH COMPLETE	9.36	9.36	10/1/2009
70320	TC	RADIOLOGIC EXAM TEETH COMPLETE	28.10	28.10	10/1/2009
70328		RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	23.51	23.51	10/1/2009
70328	26	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	7.54	7.54	10/1/2009
70328	TC	RADIOLOGIC EXAM TEMPOROMANDIBULAR JOINT	15.97	15.97	10/1/2009
70330		RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	37.22	37.22	10/1/2009
70330	26	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	10.27	10.27	10/1/2009
70330	TC	RADIOLOGIC EXAM, TEMPOROMANDIBULAR JOINT, OPEN & CLOSED,BILATE	26.95	26.95	10/1/2009
70332		TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	67.19	67.19	10/1/2009
70332	26	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	22.42	22.42	10/1/2009
70332	TC	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	44.77	44.77	10/1/2009
70336		MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JI	405.29	405.29	10/1/2009
70336	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JI	63.10	63.10	10/1/2009
70336	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JI	342.18	342.18	10/1/2009
70350		CEPHALOGRAM, ORTHODONTIC	16.28	16.28	10/1/2009
70350	26	CEPHALOGRAM, ORTHODONTIC	7.23	7.23	10/1/2009
70350	TC	CEPHALOGRAM, ORTHODONTIC	9.05	9.05	10/1/2009
70355		ORTHOPANTOGRAM	18.18	18.18	10/1/2009
70355	26	ORTHOPANTOGRAM	8.45	8.45	10/1/2009
70355	TC	ORTHOPANTOGRAM	9.73	9.73	10/1/2009
70360		RADIOLOGIC EXAM; NECK	21.47	21.47	10/1/2009
70360	26	RADIOLOGIC EXAM; NECK	7.23	7.23	10/1/2009
70360	TC	RADIOLOGIC EXAM; NECK	14.24	14.24	10/1/2009
70370		RADIOLOGIC EXAM; PHARYNX OR LARYNX	58.57	58.57	10/1/2009
70370	26	RADIOLOGIC EXAM; PHARYNX OR LARYNX	13.35	13.35	10/1/2009
70370	TC	RADIOLOGIC EXAM; PHARYNX OR LARYNX	45.22	45.22	10/1/2009
70373		LARYNGOGRAPHY	63.59	63.59	10/1/2009
70373	26	LARYNGOGRAPHY	17.57	17.57	10/1/2009
70373	TC	LARYNGOGRAPHY	46.01	46.01	10/1/2009
70380		RADIOLOGIC EXAM, SALIVARY GLAND	29.07	29.07	10/1/2009
70380	26	RADIOLOGIC EXAM, SALIVARY GLAND	7.23	7.23	10/1/2009
70380	TC	RADIOLOGIC EXAM, SALIVARY GLAND	21.85	21.85	10/1/2009
70390		SIALOGRAPHY	78.44	78.44	10/1/2009
70390	26	SIALOGRAPHY	16.28	16.28	10/1/2009
70390	TC	SIALOGRAPHY	62.16	62.16	10/1/2009
70450		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	174.14	174.14	10/1/2009
70450	26	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	36.52	36.52	10/1/2009
70450	TC	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	137.61	137.61	10/1/2009
70460		COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	225.29	225.29	10/1/2009
70460	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	48.34	48.34	10/1/2009
70460	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	176.96	176.96	10/1/2009
70470		COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	272.48	272.48	10/1/2009
70470	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	54.34	54.34	10/1/2009
70470	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	218.15	218.15	10/1/2009
70480		COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	265.23	265.23	10/1/2009
70480	26	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	54.65	54.65	10/1/2009
70480	TC	COMPUTERIZED AXIAL TOMOGRAPHY ORBIT	210.58	210.58	10/1/2009
70481		COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	308.27	308.27	10/1/2009
70481	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	58.92	58.92	10/1/2009
70481	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	249.35	249.35	10/1/2009
70482		COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	352.80	352.80	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
70482	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	61.68	61.68	10/1/2009
70482	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	291.11	291.11	10/1/2009
70486		COMPUTERIZED AXIAL TOMOGRAPHY	224.32	224.32	10/1/2009
70486	26	COMPUTERIZED AXIAL TOMOGRAPHY	48.65	48.65	10/1/2009
70486	TC	COMPUTERIZED AXIAL TOMOGRAPHY	175.68	175.68	10/1/2009
70487		COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	271.17	271.17	10/1/2009
70487	26	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	55.86	55.86	10/1/2009
70487	TC	COMPUTERIZED AXIAL TOMOGRAPHY, WITH CONTRAST	215.32	215.32	10/1/2009
70488		COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	329.65	329.65	10/1/2009
70488	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	60.46	60.46	10/1/2009
70488	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	269.20	269.20	10/1/2009
70490		COMPUTERIZED AXIAL TOMOGRAPHY,NECK	222.55	222.55	10/1/2009
70490	26	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	54.94	54.94	10/1/2009
70490	TC	COMPUTERIZED AXIAL TOMOGRAPHY,NECK	167.60	167.60	10/1/2009
70491		COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	266.74	266.74	10/1/2009
70491	26	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	58.92	58.92	10/1/2009
70491	TC	COMPUTERIZED AXIAL TOMOGRAPHY NECK WITH CONTRAST	207.82	207.82	10/1/2009
70492		COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	323.38	323.38	10/1/2009
70492	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	61.68	61.68	10/1/2009
70492	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH/WITHOUT CONTRAS	261.69	261.69	10/1/2009
70496		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	514.36	514.36	10/1/2009
70496	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	75.18	75.18	10/1/2009
70496	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST M.	439.18	439.18	10/1/2009
70498		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	516.67	516.67	10/1/2009
70498	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	75.47	75.47	10/1/2009
70498	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST M.	441.20	441.20	10/1/2009
70540		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	438.61	438.61	10/1/2009
70540	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	57.41	57.41	10/1/2009
70540	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	381.20	381.20	10/1/2009
70542		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	487.46	487.46	10/1/2009
70542	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	68.91	68.91	10/1/2009
70542	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	418.55	418.55	10/1/2009
70543		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	671.67	671.67	10/1/2009
70543	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	91.51	91.51	10/1/2009
70543	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK;	580.16	580.16	10/1/2009
70544		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	472.59	472.59	10/1/2009
70544	26	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	51.10	51.10	10/1/2009
70544	TC	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	421.49	421.49	10/1/2009
70545		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	470.57	470.57	10/1/2009
70545	26	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	51.10	51.10	10/1/2009
70545	TC	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	419.47	419.47	10/1/2009
70546		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	749.16	749.16	10/1/2009
70546	26	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	76.74	76.74	10/1/2009
70546	TC	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATE	672.42	672.42	10/1/2009
70547		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	471.43	471.43	10/1/2009
70547	26	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	51.10	51.10	10/1/2009
70547	TC	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	420.34	420.34	10/1/2009
70548		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	489.90	489.90	10/1/2009
70548	26	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	51.10	51.10	10/1/2009
70548	TC	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	438.80	438.80	10/1/2009
70549		MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	749.73	749.73	10/1/2009
70549	26	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	76.74	76.74	10/1/2009
70549	TC	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATE	672.99	672.99	10/1/2009
70551		MAGNETIC RESONANCE, BRAIN	453.16	453.16	10/1/2009
70551	26	MAGNETIC RESONANCE, BRAIN	63.10	63.10	10/1/2009
70551	TC	MAGNETIC RESONANCE, BRAIN	390.06	390.06	10/1/2009
70552		MAGNETIC RESONANCE, BRAIN WITH CONTRAST	506.71	506.71	10/1/2009
70552	26	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	76.11	76.11	10/1/2009
70552	TC	MAGNETIC RESONANCE, BRAIN WITH CONTRAST	430.59	430.59	10/1/2009
70553		MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	674.53	674.53	10/1/2009
70553	26	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	100.66	100.66	10/1/2009
70553	TC	MAGNETIC RESONANCE, BRAIN WITH/WITHOUT CONTRAST	573.88	573.88	10/1/2009
70557		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	498.38	498.38	10/1/2009
70557	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	124.60	124.60	10/1/2009
70557	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	373.79	373.79	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
70558		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	544.29	544.29	10/1/2009
70558	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	136.07	136.07	10/1/2009
70558	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	408.22	408.22	10/1/2009
70559		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	552.78	552.78	10/1/2009
70559	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	138.20	138.20	10/1/2009
70559	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN	414.59	414.59	10/1/2009
71010		RADIOLOGIC EXAM, CHEST	19.18	19.18	10/1/2009
71010	26	RADIOLOGIC EXAM, CHEST	7.54	7.54	10/1/2009
71010	TC	RADIOLOGIC EXAM, CHEST	11.64	11.64	10/1/2009
71015		RADIOLOGIC EXAM STEREO, FRONTAL	23.58	23.58	10/1/2009
71015	26	RADIOLOGIC EXAM STEREO, FRONTAL	8.76	8.76	10/1/2009
71015	TC	RADIOLOGIC EXAM STEREO, FRONTAL	14.81	14.81	10/1/2009
71020		RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	25.44	25.44	10/1/2009
71020	26	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	9.36	9.36	10/1/2009
71020	TC	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	16.08	16.08	10/1/2009
71021		RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	30.66	30.66	10/1/2009
71021	26	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	11.21	11.21	10/1/2009
71021	TC	RADIOLOGICAL EXAM CHEST WITH APICAL LORDTIC	19.45	19.45	10/1/2009
71022		RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	36.81	36.81	10/1/2009
71022	26	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	13.04	13.04	10/1/2009
71022	TC	RADIOLOGIC EXAM CHEST WITH OBLIQUE PROJECTIONS	23.77	23.77	10/1/2009
71023		RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	53.13	53.13	10/1/2009
71023	26	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	16.37	16.37	10/1/2009
71023	TC	RADIOLOGIC EXAM CHEST WITH FLUROSCOPY	36.75	36.75	10/1/2009
71030		RADIOLOGICAL EXAM CHEST COMPLETE	37.10	37.10	10/1/2009
71030	26	RADIOLOGICAL EXAM CHEST COMPLETE	13.04	13.04	10/1/2009
71030	TC	RADIOLOGICAL EXAM CHEST COMPLETE	24.06	24.06	10/1/2009
71034		RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	72.85	72.85	10/1/2009
71034	26	RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	20.79	20.79	10/1/2009
71034	TC	RADIOLOGIC EXAM, CHEST WITH FLUOROSCOPY	52.05	52.05	10/1/2009
71035		RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	27.26	27.26	10/1/2009
71035	26	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	7.83	7.83	10/1/2009
71035	TC	RADIOLOGIC EXAM CHEST, SPECIAL VIEWS	19.43	19.43	10/1/2009
71040		BRONCHOGRAPHY, UNILATERAL	76.21	76.21	10/1/2009
71040	26	BRONCHOGRAPHY, UNILATERAL	24.73	24.73	10/1/2009
71040	TC	BRONCHOGRAPHY, UNILATERAL	51.48	51.48	10/1/2009
71060		BRONCHOGRAPHY, BILATERAL	110.74	110.74	10/1/2009
71060	26	BRONCHOGRAPHY, BILATERAL	31.45	31.45	10/1/2009
71060	TC	BRONCHOGRAPHY, BILATERAL	79.29	79.29	10/1/2009
71090		INSERTION PACEMAKER	77.04	77.04	10/1/2009
71090	26	INSERTION PACEMAKER	24.73	24.73	10/1/2009
71090	TC	INSERTION PACEMAKER	53.25	53.25	10/1/2009
71100		RADIOLOGIC EXAM, RIBS	26.02	26.02	10/1/2009
71100	26	RADIOLOGIC EXAM, RIBS	9.36	9.36	10/1/2009
71100	TC	RADIOLOGIC EXAM, RIBS	16.65	16.65	10/1/2009
71101		RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	31.32	31.32	10/1/2009
71101	26	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	11.21	11.21	10/1/2009
71101	TC	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	20.11	20.11	10/1/2009
71110		RADIOLOGIC EXAM, RIBS BILATERAL	32.39	32.39	10/1/2009
71110	26	RADIOLOGIC EXAM, RIBS BILATERAL	11.21	11.21	10/1/2009
71110	TC	RADIOLOGIC EXAM, RIBS BILATERAL	21.18	21.18	10/1/2009
71111		RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	41.36	41.36	10/1/2009
71111	26	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	13.35	13.35	10/1/2009
71111	TC	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	28.01	28.01	10/1/2009
71120		RADIOLOGIC EXAM STERNUM	25.97	25.97	10/1/2009
71120	26	RADIOLOGIC EXAM STERNUM	8.45	8.45	10/1/2009
71120	TC	RADIOLOGIC EXAM STERNUM	17.52	17.52	10/1/2009
71130		RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	29.77	29.77	10/1/2009
71130	26	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	9.36	9.36	10/1/2009
71130	TC	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	20.40	20.40	10/1/2009
71250		COMPUTERIZED AXIAL TOMOGRAPHY	227.29	227.29	10/1/2009
71250	26	COMPUTERIZED AXIAL TOMOGRAPHY	49.56	49.56	10/1/2009
71250	TC	COMPUTERIZED AXIAL TOMOGRAPHY	177.73	177.73	10/1/2009
71260		COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	272.50	272.50	10/1/2009
71260	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	52.92	52.92	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
71260	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	219.58	219.58	10/1/2009
71270		COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	336.24	336.24	10/1/2009
71270	26	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	58.92	58.92	10/1/2009
71270	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	277.31	277.31	10/1/2009
71275		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	415.16	415.16	10/1/2009
71275	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	82.41	82.41	10/1/2009
71275	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST	332.75	332.75	10/1/2009
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	489.66	489.66	10/1/2009
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	62.00	62.00	10/1/2009
71550	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	427.67	427.67	10/1/2009
71551		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	549.47	549.47	10/1/2009
71551	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	73.40	73.40	10/1/2009
71551	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	476.07	476.07	10/1/2009
71552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	753.56	753.56	10/1/2009
71552	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	96.96	96.96	10/1/2009
71552	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUA	656.60	656.60	10/1/2009
72010		RADIOLOGIC EXAM SPINE	54.84	54.84	10/1/2009
72010	26	RADIOLOGIC EXAM SPINE	18.46	18.46	10/1/2009
72010	TC	RADIOLOGIC EXAM SPINE	36.37	36.37	10/1/2009
72020		RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	18.83	18.83	10/1/2009
72020	26	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	6.61	6.61	10/1/2009
72020	TC	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	12.22	12.22	10/1/2009
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	29.19	29.19	10/1/2009
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	9.36	9.36	10/1/2009
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	19.83	19.83	10/1/2009
72050		RADIOLOGIC EXAM SPINE. 4 VIEWS	41.33	41.33	10/1/2009
72050	26	RADIOLOGIC EXAM SPINE. 4 VIEWS	13.04	13.04	10/1/2009
72050	TC	RADIOLOGIC EXAM SPINE. 4 VIEWS	28.30	28.30	10/1/2009
72052		RADIOLOGIC EXAM SPINE, COMPLETE	51.74	51.74	10/1/2009
72052	26	RADIOLOGIC EXAM SPINE, COMPLETE	15.37	15.37	10/1/2009
72052	TC	RADIOLOGIC EXAM SPINE, COMPLETE	36.37	36.37	10/1/2009
72069		RADIOLOGIC EXAM SPINE THORACOLUMBAR	27.65	27.65	10/1/2009
72069	26	RADIOLOGIC EXAM SPINE THORACOLUMBAR	9.36	9.36	10/1/2009
72069	TC	RADIOLOGIC EXAM SPINE THORACOLUMBAR	18.27	18.27	10/1/2009
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	26.88	26.88	10/1/2009
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	9.36	9.36	10/1/2009
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	17.52	17.52	10/1/2009
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	30.54	30.54	10/1/2009
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	9.36	9.36	10/1/2009
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	21.18	21.18	10/1/2009
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	35.64	35.64	10/1/2009
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	9.36	9.36	10/1/2009
72074	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	26.28	26.28	10/1/2009
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	28.04	28.04	10/1/2009
72080	26	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	9.36	9.36	10/1/2009
72080	TC	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	18.67	18.67	10/1/2009
72090		RADIOLOGIC EXAM SPINE. SCOLIOSIS	36.83	36.83	10/1/2009
72090	26	RADIOLOGIC EXAM SPINE. SCOLIOSIS	12.10	12.10	10/1/2009
72090	TC	RADIOLOGIC EXAM SPINE. SCOLIOSIS	24.72	24.72	10/1/2009
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	30.63	30.63	10/1/2009
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	9.36	9.36	10/1/2009
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	21.27	21.27	10/1/2009
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	42.78	42.78	10/1/2009
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	13.04	13.04	10/1/2009
72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIE	29.74	29.74	10/1/2009
72114		RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	55.78	55.78	10/1/2009
72114	26	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	15.37	15.37	10/1/2009
72114	TC	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	40.41	40.41	10/1/2009
72120		RADIOLOGIC EXAM SPINE BENDING VIEW	38.24	38.24	10/1/2009
72120	26	RADIOLOGIC EXAM SPINE BENDING VIEW	9.36	9.36	10/1/2009
72120	TC	RADIOLOGIC EXAM SPINE BENDING VIEW	28.87	28.87	10/1/2009
72125		COMPUTERIZED AXIAL TOMOGRAPHY	227.86	227.86	10/1/2009
72125	26	COMPUTERIZED AXIAL TOMOGRAPHY	49.56	49.56	10/1/2009
72125	TC	COMPUTERIZED AXIAL TOMOGRAPHY	178.31	178.31	10/1/2009
72126		COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	271.88	271.88	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
72126	26	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	52.01	52.01	10/1/2009
72126	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITH CONTRAST	219.87	219.87	10/1/2009
72127		COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	330.79	330.79	10/1/2009
72127	26	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	54.05	54.05	10/1/2009
72127	TC	COMPUTERIZED AXIAL TOMOGRAPHY WITHOUT CONTRAST	276.74	276.74	10/1/2009
72128		COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	227.29	227.29	10/1/2009
72128	26	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	49.56	49.56	10/1/2009
72128	TC	COMPUTERIZED AXIAL TOMOGRAPHY THORACIC SPINE	177.73	177.73	10/1/2009
72129		COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	272.17	272.17	10/1/2009
72129	26	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	52.30	52.30	10/1/2009
72129	TC	COMP. AXIAL TOMOGRAPHY/THORACIC SPINE WITH CONTRAS	219.87	219.87	10/1/2009
72130		COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	331.66	331.66	10/1/2009
72130	26	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	54.34	54.34	10/1/2009
72130	TC	COMP. TOMOGRAPHY/THORACIC SPINE WITHOUT CONTRAST	277.31	277.31	10/1/2009
72131		COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	227.00	227.00	10/1/2009
72131	26	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	49.56	49.56	10/1/2009
72131	TC	COMPUTERIZED AXIAL TOMOGRAPHY/ LUMBAR SPINE	177.44	177.44	10/1/2009
72132		COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	271.88	271.88	10/1/2009
72132	26	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	52.30	52.30	10/1/2009
72132	TC	COMPUTERIZED AXIAL TOMOGRAPHY LUMBAR SPINE/CONTRAS	219.58	219.58	10/1/2009
72133		COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	331.37	331.37	10/1/2009
72133	26	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	54.34	54.34	10/1/2009
72133	TC	COMPUTERIZED TOMOGRAPHY LUMBAR SPINE W/WO CONTRAST	277.03	277.03	10/1/2009
72141		MAGNETIC RESONANCE SPINAL CANAL	414.80	414.80	10/1/2009
72141	26	MAGNETIC RESONANCE SPINAL CANAL	68.00	68.00	10/1/2009
72141	TC	MAGNETIC RESONANCE SPINAL CANAL	346.80	346.80	10/1/2009
72142		MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	511.85	511.85	10/1/2009
72142	26	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	81.84	81.84	10/1/2009
72142	TC	MAGNETIC RESONANCE /SPINE CANAL WITH CONTRAST	430.01	430.01	10/1/2009
72146		MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	425.31	425.31	10/1/2009
72146	26	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	68.29	68.29	10/1/2009
72146	TC	MAGNETIC RESONANCE/ SPINAL CANAL AND CONTENTS	357.01	357.01	10/1/2009
72147		MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	468.30	468.30	10/1/2009
72147	26	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	82.12	82.12	10/1/2009
72147	TC	MAGNETIC RESONANCE/SPINAL CANAL WITH CONTRAST	386.18	386.18	10/1/2009
72148		MAGNETIC RESONANCE LUMBAR	419.83	419.83	10/1/2009
72148	26	MAGNETIC RESONANCE LUMBAR	63.10	63.10	10/1/2009
72148	TC	MAGNETIC RESONANCE LUMBAR	356.73	356.73	10/1/2009
72149		MAGNETIC RESONANCE LUMBAR WITH CONTRAST	505.84	505.84	10/1/2009
72149	26	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	76.11	76.11	10/1/2009
72149	TC	MAGNETIC RESONANCE LUMBAR WITH CONTRAST	429.73	429.73	10/1/2009
72156		MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	675.22	675.22	10/1/2009
72156	26	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	109.42	109.42	10/1/2009
72156	TC	MAGNETIC RESONANCE WITH /WITHOUT CONTRAST	565.80	565.80	10/1/2009
72157		MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	641.76	641.76	10/1/2009
72157	26	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	109.71	109.71	10/1/2009
72157	TC	MRI; SPINAL CANAL, WO THEN W CONTRAST; THORACIC	532.06	532.06	10/1/2009
72158		MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	665.87	665.87	10/1/2009
72158	26	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	100.36	100.36	10/1/2009
72158	TC	MAGNETIC RESONANCE LUMBAR WITH/WITHOUT CONTRAST	565.51	565.51	10/1/2009
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	20.60	20.60	10/1/2009
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	7.23	7.23	10/1/2009
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.38	13.38	10/1/2009
72190		RADIOLOGIC EXAM PELVIC COMPLETE	31.19	31.19	10/1/2009
72190	26	RADIOLOGIC EXAM PELVIC COMPLETE	9.05	9.05	10/1/2009
72190	TC	RADIOLOGIC EXAM PELVIC COMPLETE	22.13	22.13	10/1/2009
72191		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	399.99	399.99	10/1/2009
72191	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	77.63	77.63	10/1/2009
72191	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST I	322.37	322.37	10/1/2009
72192		COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	216.17	216.17	10/1/2009
72192	26	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	46.80	46.80	10/1/2009
72192	TC	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC	169.37	169.37	10/1/2009
72193		COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	258.57	258.57	10/1/2009
72193	26	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	49.56	49.56	10/1/2009
72193	TC	COMPUTERIZED AXIAL TOMOGRAPHY; PELVIC WITH CONTRAS	209.01	209.01	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
72194		TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	329.30	329.30	10/1/2009
72194	26	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	52.01	52.01	10/1/2009
72194	TC	TOMOGRAPHY; PELVIC WITH/WITHOUT CONTRAST	277.30	277.30	10/1/2009
72195		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	448.71	448.71	10/1/2009
72195	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	62.00	62.00	10/1/2009
72195	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	386.71	386.71	10/1/2009
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	497.55	497.55	10/1/2009
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	73.98	73.98	10/1/2009
72196	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST	423.57	423.57	10/1/2009
72197		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	681.58	681.58	10/1/2009
72197	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	96.38	96.38	10/1/2009
72197	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTR	585.20	585.20	10/1/2009
72200		RADIOLOGIC EXAM SACRUM, COCCYX	22.91	22.91	10/1/2009
72200	26	RADIOLOGIC EXAM SACRUM, COCCYX	7.23	7.23	10/1/2009
72200	TC	RADIOLOGIC EXAM SACRUM, COCCYX	15.68	15.68	10/1/2009
72202		X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	27.68	27.68	10/1/2009
72202	26	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	8.14	8.14	10/1/2009
72220		SACRUM AND COCCYX	23.31	23.31	10/1/2009
72220	26	SACRUM AND COCCYX	7.23	7.23	10/1/2009
72220	TC	SACRUM AND COCCYX	16.08	16.08	10/1/2009
72240		MYELOGRAPH, CERVICAL	126.11	126.11	10/1/2009
72240	26	MYELOGRAPH, CERVICAL	38.68	38.68	10/1/2009
72240	TC	MYELOGRAPH, CERVICAL	87.42	87.42	10/1/2009
72255		MYELOGRAPHY, THORACIC	115.42	115.42	10/1/2009
72255	26	MYELOGRAPHY, THORACIC	37.82	37.82	10/1/2009
72255	TC	MYELOGRAPHY, THORACIC	77.60	77.60	10/1/2009
72265		MYELOGRAPHY, LUMBO SACRAL	117.25	117.25	10/1/2009
72265	26	MYELOGRAPHY, LUMBO SACRAL	35.33	35.33	10/1/2009
72265	TC	MYELOGRAPHY, LUMBO SACRAL	81.93	81.93	10/1/2009
72270		MYELOGRAPHY, ENTIRE SPINAL CANAL	183.00	183.00	10/1/2009
72270	26	MYELOGRAPHY, ENTIRE SPINAL CANAL	56.78	56.78	10/1/2009
72270	TC	MYELOGRAPHY, ENTIRE SPINAL CANAL	126.22	126.22	10/1/2009
72275		EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	83.06	83.06	10/1/2009
72275	26	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	30.54	30.54	10/1/2009
72275	TC	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	52.52	52.52	10/1/2009
72285		DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	141.23	141.23	10/1/2009
72285	26	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	47.36	47.36	10/1/2009
72285	TC	DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION & INTERPRETATION	93.87	93.87	10/1/2009
72291	26	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VEF	57.53	57.53	10/1/2009
72292	26	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VEF	59.99	59.99	10/1/2009
72295		DISDOGRAPHY, LUMBAR	125.24	125.24	10/1/2009
72295	26	DISDOGRAPHY, LUMBAR	34.56	34.56	10/1/2009
72295	TC	DISDOGRAPHY, LUMBAR	90.68	90.68	10/1/2009
73000		RADIOLOGIC EXAM CLAVICLE, COMPLETE	21.73	21.73	10/1/2009
73000	26	RADIOLOGIC EXAM CLAVICLE, COMPLETE	6.92	6.92	10/1/2009
73000	TC	RADIOLOGIC EXAM CLAVICLE, COMPLETE	14.81	14.81	10/1/2009
73010		RADIOLOGIC EXAM, SCAPULA/ COMPLETE	22.33	22.33	10/1/2009
73010	26	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	7.23	7.23	10/1/2009
73010	TC	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	15.11	15.11	10/1/2009
73020		RADIOLOGIC EXAM SHOULDER	18.54	18.54	10/1/2009
73020	26	RADIOLOGIC EXAM SHOULDER	6.32	6.32	10/1/2009
73020	TC	RADIOLOGIC EXAM SHOULDER	12.22	12.22	10/1/2009
73030		RADIOLOGIC EXAM SHOULDER COMPLETE	23.61	23.61	10/1/2009
73030	26	RADIOLOGIC EXAM SHOULDER COMPLETE	7.83	7.83	10/1/2009
73030	TC	RADIOLOGIC EXAM SHOULDER COMPLETE	15.79	15.79	10/1/2009
73040		RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	84.49	84.49	10/1/2009
73040	26	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	23.00	23.00	10/1/2009
73040	TC	RADIOLOGIC EXAM SHOULDER, ARTHROGRAPHY	61.50	61.50	10/1/2009
73050		RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	28.28	28.28	10/1/2009
73050	26	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	8.75	8.75	10/1/2009
73050	TC	RADIOLOGIC EXAM, ACROMIOCLAVICULAR JOINTS	19.54	19.54	10/1/2009
73060		RADIOLOGIC EXAM HUMERUS	23.01	23.01	10/1/2009
73060	26	RADIOLOGIC EXAM HUMERUS	7.23	7.23	10/1/2009
73060	TC	RADIOLOGIC EXAM HUMERUS	15.79	15.79	10/1/2009
73070		RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	21.13	21.13	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	6.32	6.32	10/1/2009
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	14.81	14.81	10/1/2009
73080		RADIOLOGIC EXAM ELBOW, COMPLETE	27.05	27.05	10/1/2009
73080	26	RADIOLOGIC EXAM ELBOW, COMPLETE	7.23	7.23	10/1/2009
73080	TC	RADIOLOGIC EXAM ELBOW, COMPLETE	19.83	19.83	10/1/2009
73085		RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	76.42	76.42	10/1/2009
73085	26	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	22.71	22.71	10/1/2009
73085	TC	RADIOLOGIC EXAM ELBOW, ARTHROGRAPHY	53.71	53.71	10/1/2009
73090		RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	21.45	21.45	10/1/2009
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	6.62	6.62	10/1/2009
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	14.81	14.81	10/1/2009
73092		RADIOLOGIC EXAM FOREARM INFANT	22.02	22.02	10/1/2009
73092	26	RADIOLOGIC EXAM FOREARM INFANT	6.62	6.62	10/1/2009
73092	TC	RADIOLOGIC EXAM FOREARM INFANT	15.40	15.40	10/1/2009
73100		RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	22.31	22.31	10/1/2009
73100	26	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	6.92	6.92	10/1/2009
73100	TC	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	15.40	15.40	10/1/2009
73110		RADIOLOGIC EXAM WRIST, COMPLETE	26.66	26.66	10/1/2009
73110	26	RADIOLOGIC EXAM WRIST, COMPLETE	7.23	7.23	10/1/2009
73110	TC	RADIOLOGIC EXAM WRIST, COMPLETE	19.43	19.43	10/1/2009
73115		RADIOLOGIC EXAM WRIST ARTHROGRAPHY	80.93	80.93	10/1/2009
73115	26	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	23.00	23.00	10/1/2009
73115	TC	RADIOLOGIC EXAM WRIST ARTHROGRAPHY	57.93	57.93	10/1/2009
73120		RADIOLOGIC EXAM, HAND	21.16	21.16	10/1/2009
73120	26	RADIOLOGIC EXAM, HAND	6.62	6.62	10/1/2009
73120	TC	RADIOLOGIC EXAM, HAND	14.52	14.52	10/1/2009
73130		RADIOLOGIC EXAM HAND MIN/3 VIEWS	24.35	24.35	10/1/2009
73130	26	RADIOLOGIC EXAM HAND MIN/3 VIEWS	7.23	7.23	10/1/2009
73130	TC	RADIOLOGIC EXAM HAND MIN/3 VIEWS	17.13	17.13	10/1/2009
73140		RADIOLOGIC EXAM FINGER(S)	22.53	22.53	10/1/2009
73140	26	RADIOLOGIC EXAM FINGER(S)	5.70	5.70	10/1/2009
73140	TC	RADIOLOGIC EXAM FINGER(S)	16.84	16.84	10/1/2009
73200		TOMOGRAPHY, UPPER EXTREMITY	215.56	215.56	10/1/2009
73200	26	TOMOGRAPHY, UPPER EXTREMITY	46.51	46.51	10/1/2009
73200	TC	TOMOGRAPHY, UPPER EXTREMITY	169.05	169.05	10/1/2009
73201		TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	258.44	258.44	10/1/2009
73201	26	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	49.56	49.56	10/1/2009
73201	TC	TOMOGRAPHY UPPER EXTREMITY, WITH CONTRAST	208.88	208.88	10/1/2009
73202		TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	330.25	330.25	10/1/2009
73202	26	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	52.01	52.01	10/1/2009
73202	TC	TOMOGRAPHY UPPER EXTREMITY, WITHOUT CONTRAST	278.24	278.24	10/1/2009
73206		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	383.26	383.26	10/1/2009
73206	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	78.21	78.21	10/1/2009
73206	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT	305.06	305.06	10/1/2009
73218		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	448.71	448.71	10/1/2009
73218	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	57.12	57.12	10/1/2009
73218	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	391.58	391.58	10/1/2009
73219		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	492.94	492.94	10/1/2009
73219	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	68.91	68.91	10/1/2009
73219	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	424.02	424.02	10/1/2009
73220		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	677.72	677.72	10/1/2009
73220	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	91.80	91.80	10/1/2009
73220	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHE	585.93	585.93	10/1/2009
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	424.77	424.77	10/1/2009
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	57.41	57.41	10/1/2009
73221	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	367.36	367.36	10/1/2009
73222		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	468.71	468.71	10/1/2009
73222	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	68.91	68.91	10/1/2009
73222	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	399.80	399.80	10/1/2009
73223		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	648.31	648.31	10/1/2009
73223	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	91.51	91.51	10/1/2009
73223	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EX1	556.80	556.80	10/1/2009
73500		RADIOLOGIC EXAM HIP	20.03	20.03	10/1/2009
73500	26	RADIOLOGIC EXAM HIP	7.23	7.23	10/1/2009
73500	TC	RADIOLOGIC EXAM HIP	12.79	12.79	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
73510		RADIOLOGIC EXAM, HIP	28.87	28.87	10/1/2009
73510	26	RADIOLOGIC EXAM, HIP	9.05	9.05	10/1/2009
73510	TC	RADIOLOGIC EXAM, HIP	19.83	19.83	10/1/2009
73520		RADIOLOGIC EXAM HIP BILATERAL	31.30	31.30	10/1/2009
73520	26	RADIOLOGIC EXAM HIP BILATERAL	10.90	10.90	10/1/2009
73520	TC	RADIOLOGIC EXAM HIP BILATERAL	20.40	20.40	10/1/2009
73525		RADIOLOGIC EXAM HIP, AUTHROGRAPH	76.33	76.33	10/1/2009
73525	26	RADIOLOGIC EXAM HIP, AUTHROGRAPH	23.20	23.20	10/1/2009
73525	TC	RADIOLOGIC EXAM HIP, AUTHROGRAPH	53.13	53.13	10/1/2009
73530		RAD. EXAM HIP DURING OPERATIVE PROCEDURE	28.31	28.31	10/1/2009
73530	26	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	12.41	12.41	10/1/2009
73530	TC	RAD. EXAM HIP DURING OPERATIVE PROCEDURE	16.37	16.37	10/1/2009
73540		RADIOLOGIC EXAM HIP/ PELVIS; CHILD	28.86	28.86	10/1/2009
73540	26	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	8.45	8.45	10/1/2009
73540	TC	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	20.40	20.40	10/1/2009
73542		RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	62.89	62.89	10/1/2009
73542	26	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	23.61	23.61	10/1/2009
73542	TC	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIO	39.28	39.28	10/1/2009
73550		RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	22.44	22.44	10/1/2009
73550	26	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	7.23	7.23	10/1/2009
73550	TC	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	15.22	15.22	10/1/2009
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	22.33	22.33	10/1/2009
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	7.23	7.23	10/1/2009
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	15.11	15.11	10/1/2009
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	26.79	26.79	10/1/2009
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	7.83	7.83	10/1/2009
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	18.96	18.96	10/1/2009
73564		RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	31.21	31.21	10/1/2009
73564	26	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	9.36	9.36	10/1/2009
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	21.85	21.85	10/1/2009
73565		RADIOLOGIC EXAM KNEE (BOTH)	23.78	23.78	10/1/2009
73565	26	RADIOLOGIC EXAM KNEE (BOTH)	7.52	7.52	10/1/2009
73565	TC	RADIOLOGIC EXAM KNEE (BOTH)	16.26	16.26	10/1/2009
73580		RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	94.89	94.89	10/1/2009
73580	26	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	23.20	23.20	10/1/2009
73580	TC	RADIOLOGIC EXAM KNEE, ARTHROGRAPHY	71.70	71.70	10/1/2009
73590		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	21.47	21.47	10/1/2009
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	7.23	7.23	10/1/2009
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	14.24	14.24	10/1/2009
73592		RAD EXAM LOWER EXTREMITY INFANT	22.02	22.02	10/1/2009
73592	26	RAD EXAM LOWER EXTREMITY INFANT	6.62	6.62	10/1/2009
73592	TC	RAD EXAM LOWER EXTREMITY INFANT	15.40	15.40	10/1/2009
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	21.16	21.16	10/1/2009
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	6.62	6.62	10/1/2009
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	14.52	14.52	10/1/2009
73610		RADIOLOGIC EXAM COMPLETE	24.35	24.35	10/1/2009
73610	26	RADIOLOGIC EXAM COMPLETE	7.23	7.23	10/1/2009
73610	TC	RADIOLOGIC EXAM COMPLETE	17.13	17.13	10/1/2009
73615		RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	78.35	78.35	10/1/2009
73615	26	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	22.91	22.91	10/1/2009
73615	TC	RADIOLOGIC EXAM ANKLE, ARTHROGRAPHY	55.44	55.44	10/1/2009
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	20.58	20.58	10/1/2009
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	6.62	6.62	10/1/2009
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	13.95	13.95	10/1/2009
73630		RADIOLOGIC EXAM FOOT COMPLETE	24.06	24.06	10/1/2009
73630	26	RADIOLOGIC EXAM FOOT COMPLETE	7.23	7.23	10/1/2009
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	16.84	16.84	10/1/2009
73650		RADIOLOGIC EXAM CALCANEUS	20.87	20.87	10/1/2009
73650	26	RADIOLOGIC EXAM CALCANEUS	6.62	6.62	10/1/2009
73650	TC	RADIOLOGIC EXAM CALCANEUS	14.24	14.24	10/1/2009
73660		RADIOLOGIC EXAM CALCANEUS TOE OR TOES	21.38	21.38	10/1/2009
73660	26	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	5.41	5.41	10/1/2009
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	15.97	15.97	10/1/2009
73700		COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	215.84	215.84	10/1/2009
73700	26	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	46.51	46.51	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
73700	TC	COMPUTERIZED AXIAL TOMOGRAPHY LOWER EXTREMITY	169.33	169.33	10/1/2009
73701		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	260.17	260.17	10/1/2009
73701	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	49.85	49.85	10/1/2009
73701	TC	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W/CONTRAST	210.32	210.32	10/1/2009
73702		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	331.11	331.11	10/1/2009
73702	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	52.30	52.30	10/1/2009
73702	TC	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY W & W/O CONTRAST	278.81	278.81	10/1/2009
73706		COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	416.35	416.35	10/1/2009
73706	26	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	82.16	82.16	10/1/2009
73706	TC	COMPUTERIZED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY	334.19	334.19	10/1/2009
73718		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	440.92	440.92	10/1/2009
73718	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	57.41	57.41	10/1/2009
73718	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	383.51	383.51	10/1/2009
73719		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	487.74	487.74	10/1/2009
73719	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	68.91	68.91	10/1/2009
73719	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	418.84	418.84	10/1/2009
73720		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	677.44	677.44	10/1/2009
73720	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	91.80	91.80	10/1/2009
73720	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHE	585.64	585.64	10/1/2009
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	431.98	431.98	10/1/2009
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	57.41	57.41	10/1/2009
73721	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	374.57	374.57	10/1/2009
73722		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	472.46	472.46	10/1/2009
73722	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	69.20	69.20	10/1/2009
73722	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	403.26	403.26	10/1/2009
73723		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	646.86	646.86	10/1/2009
73723	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	91.80	91.80	10/1/2009
73723	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EX	555.07	555.07	10/1/2009
74000		RADIOLOGIC EXAM ABDOMEN	20.34	20.34	10/1/2009
74000	26	RADIOLOGIC EXAM ABDOMEN	7.54	7.54	10/1/2009
74000	TC	RADIOLOGIC EXAM ABDOMEN	12.79	12.79	10/1/2009
74010		RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	29.79	29.79	10/1/2009
74010	26	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	9.68	9.68	10/1/2009
74010	TC	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	20.11	20.11	10/1/2009
74020		RADIOLOGIC EXAM ABDOMEN, COMPLETE	31.90	31.90	10/1/2009
74020	26	RADIOLOGIC EXAM ABDOMEN, COMPLETE	11.50	11.50	10/1/2009
74020	TC	RADIOLOGIC EXAM ABDOMEN, COMPLETE	20.40	20.40	10/1/2009
74022		RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	38.57	38.57	10/1/2009
74022	26	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	13.63	13.63	10/1/2009
74022	TC	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	24.92	24.92	10/1/2009
74150		COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	218.23	218.23	10/1/2009
74150	26	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	50.78	50.78	10/1/2009
74150	TC	COMPUTER TOMOGRAPHY WITHOUT CONTRAST MATER	167.44	167.44	10/1/2009
74160		TOMOGRAPHY, ABDOMEN WITH CONTRAST	289.88	289.88	10/1/2009
74160	26	TOMOGRAPHY, ABDOMEN WITH CONTRAST	54.63	54.63	10/1/2009
74160	TC	TOMOGRAPHY, ABDOMEN WITH CONTRAST	235.25	235.25	10/1/2009
74170		TOMOGRAPHY, WITHOUT/WITH CONTRAST	379.24	379.24	10/1/2009
74170	26	TOMOGRAPHY, WITHOUT/WITH CONTRAST	59.83	59.83	10/1/2009
74170	TC	TOMOGRAPHY, WITHOUT/WITH CONTRAST	319.41	319.41	10/1/2009
74175		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	423.28	423.28	10/1/2009
74175	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	81.59	81.59	10/1/2009
74175	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRA	341.69	341.69	10/1/2009
74181		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	406.89	406.89	10/1/2009
74181	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	62.28	62.28	10/1/2009
74181	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	344.61	344.61	10/1/2009
74182		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	539.66	539.66	10/1/2009
74182	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	73.98	73.98	10/1/2009
74182	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRA	465.68	465.68	10/1/2009
74183		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	682.16	682.16	10/1/2009
74183	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	96.38	96.38	10/1/2009
74183	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CON	585.78	585.78	10/1/2009
74190		PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	61.32	61.32	10/1/2009
74190	26	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	20.56	20.56	10/1/2009
74190	TC	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLO	41.68	41.68	10/1/2009
74210		RADIOLOGIC EXAM, PHARYNX	60.68	60.68	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
74210	26	RADIOLOGIC EXAM, PHARYNX	15.66	15.66	10/1/2009
74210	TC	RADIOLOGIC EXAM, PHARYNX	45.03	45.03	10/1/2009
74220		RADIOLOGIC EXAM; ESOPHAGUS	69.00	69.00	10/1/2009
74220	26	RADIOLOGIC EXAM; ESOPHAGUS	19.64	19.64	10/1/2009
74220	TC	RADIOLOGIC EXAM; ESOPHAGUS	49.35	49.35	10/1/2009
74230		SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	71.08	71.08	10/1/2009
74230	26	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	22.69	22.69	10/1/2009
74230	TC	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	48.39	48.39	10/1/2009
74235		REMOVAL OF FOREIGN BODY(S)	132.26	132.26	10/1/2009
74235	26	REMOVAL OF FOREIGN BODY(S)	51.93	51.93	10/1/2009
74235	TC	REMOVAL OF FOREIGN BODY(S)	80.32	80.32	10/1/2009
74240		RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	85.69	85.69	10/1/2009
74240	26	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	29.60	29.60	10/1/2009
74240	TC	RADIOLOGIC EXAM; GASTROINTESTINAL TRACT	56.09	56.09	10/1/2009
74241		RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	91.17	91.17	10/1/2009
74241	26	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	29.32	29.32	10/1/2009
74241	TC	RADIOLOGIC EXAM, GASTROINTESTINAL TRACT (FILMS)	61.86	61.86	10/1/2009
74245		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	136.43	136.43	10/1/2009
74245	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	38.97	38.97	10/1/2009
74245	TC	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SM/	97.46	97.46	10/1/2009
74246		RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	97.92	97.92	10/1/2009
74246	26	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	29.60	29.60	10/1/2009
74246	TC	RAD EXAM, GASTROINTESTINAL TRACT UPPER AIR CONTRAS	68.31	68.31	10/1/2009
74247		RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	107.34	107.34	10/1/2009
74247	26	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	29.60	29.60	10/1/2009
74247	TC	RAD EXAM, GASTROINTESTINAL TRACT WITH/WITHOUT FILM	77.74	77.74	10/1/2009
74249		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	146.15	146.15	10/1/2009
74249	26	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	38.97	38.97	10/1/2009
74249	TC	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CO	107.17	107.17	10/1/2009
74250		RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	80.17	80.17	10/1/2009
74250	26	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	19.96	19.96	10/1/2009
74250	TC	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIA	60.22	60.22	10/1/2009
74251		RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	249.03	249.03	10/1/2009
74251	26	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	29.60	29.60	10/1/2009
74251	TC	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FI	219.42	219.42	10/1/2009
74260		DUODENOGRAPHY, HYPOTONIC	207.34	207.34	10/1/2009
74260	26	DUODENOGRAPHY, HYPOTONIC	21.18	21.18	10/1/2009
74260	TC	DUODENOGRAPHY, HYPOTONIC	186.17	186.17	10/1/2009
74270		RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	115.13	115.13	10/1/2009
74270	26	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	29.60	29.60	10/1/2009
74270	TC	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KI	85.52	85.52	10/1/2009
74280		RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	159.40	159.40	10/1/2009
74280	26	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	42.33	42.33	10/1/2009
74280	TC	RADIOLOGIC EXAM, AIR CONTRAST/ HIGH DENSITY	117.07	117.07	10/1/2009
74283		THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	167.03	167.03	10/1/2009
74283	26	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	86.10	86.10	10/1/2009
74283	TC	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSC	80.93	80.93	10/1/2009
74290		CHOLECYSTOGRAPHY, ORAL CONTRAST	51.25	51.25	10/1/2009
74290	26	CHOLECYSTOGRAPHY, ORAL CONTRAST	13.63	13.63	10/1/2009
74290	TC	CHOLECYSTOGRAPHY, ORAL CONTRAST	37.62	37.62	10/1/2009
74291		CHOLECYSTOGRAPHY, ADDITIONAL EXAM	44.03	44.03	10/1/2009
74291	26	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	8.45	8.45	10/1/2009
74291	TC	CHOLECYSTOGRAPHY, ADDITIONAL EXAM	35.58	35.58	10/1/2009
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RAC	15.37	15.37	10/1/2009
74301	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTR/	9.05	9.05	10/1/2009
74305	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING C.	18.11	18.11	10/1/2009
74320		CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	90.96	90.96	10/1/2009
74320	26	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	23.29	23.29	10/1/2009
74320	TC	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	67.68	67.68	10/1/2009
74327		POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	103.62	103.62	10/1/2009
74327	26	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	30.20	30.20	10/1/2009
74327	TC	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VI/	73.41	73.41	10/1/2009
74328		ENDOSCOPIC CATHETERIZATION	129.22	129.22	10/1/2009
74328	26	ENDOSCOPIC CATHETERIZATION	30.20	30.20	10/1/2009
74328	TC	ENDOSCOPIC CATHETERIZATION	100.55	100.55	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
74329		ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	125.85	125.85	10/1/2009
74329	26	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	30.20	30.20	10/1/2009
74329	TC	ENDOSCOPIC CATH OF THE PANCREATIC DUCTAL SYSTEM	95.65	95.65	10/1/2009
74330		COMBINED ENDOSCOPIC CATHETERIZATION	137.26	137.26	10/1/2009
74330	26	COMBINED ENDOSCOPIC CATHETERIZATION	38.66	38.66	10/1/2009
74330	TC	COMBINED ENDOSCOPIC CATHETERIZATION	100.55	100.55	10/1/2009
74340	26	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT),	23.00	23.00	10/1/2009
74355		PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	114.59	114.59	10/1/2009
74355	26	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	32.65	32.65	10/1/2009
74355	TC	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RADIOLOGI	83.97	83.97	10/1/2009
74360		INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	123.11	123.11	10/1/2009
74360	26	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	23.87	23.87	10/1/2009
74360	TC	INTRALUMINAL DILATION STRICTURES/OBSTRUCTIONS RADI	100.24	100.24	10/1/2009
74363		PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE V	223.76	223.76	10/1/2009
74363	26	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE V	38.04	38.04	10/1/2009
74400		UROGRAPHY, INTRAVENOUS	86.78	86.78	10/1/2009
74400	26	UROGRAPHY, INTRAVENOUS	20.87	20.87	10/1/2009
74400	TC	UROGRAPHY, INTRAVENOUS	65.91	65.91	10/1/2009
74410		UROGRAPHY, INFUSION, DRIP TECHNIQUE	91.39	91.39	10/1/2009
74410	26	UROGRAPHY, INFUSION, DRIP TECHNIQUE	21.16	21.16	10/1/2009
74410	TC	UROGRAPHY, INFUSION, DRIP TECHNIQUE	70.24	70.24	10/1/2009
74415		UROGRAPHY, WITH MEPHROTOMOGRAPHY	104.57	104.57	10/1/2009
74415	26	UROGRAPHY, WITH MEPHROTOMOGRAPHY	20.87	20.87	10/1/2009
74415	TC	UROGRAPHY, WITH MEPHROTOMOGRAPHY	83.70	83.70	10/1/2009
74420		UROGRAPHY, RETROGRADE	98.42	98.42	10/1/2009
74420	26	UROGRAPHY, RETROGRADE	15.66	15.66	10/1/2009
74420	TC	UROGRAPHY, RETROGRADE	83.66	83.66	10/1/2009
74425		UROGRAPHY, ANTEGRADE	56.43	56.43	10/1/2009
74425	26	UROGRAPHY, ANTEGRADE	15.66	15.66	10/1/2009
74425	TC	UROGRAPHY, ANTEGRADE	41.67	41.67	10/1/2009
74430		CYSTOGRAPHY, MINIMUM 3 VIEWS	62.03	62.03	10/1/2009
74430	26	CYSTOGRAPHY, MINIMUM 3 VIEWS	13.83	13.83	10/1/2009
74430	TC	CYSTOGRAPHY, MINIMUM 3 VIEWS	48.19	48.19	10/1/2009
74440		VASOGRAPH	66.78	66.78	10/1/2009
74440	26	VASOGRAPH	16.28	16.28	10/1/2009
74440	TC	VASOGRAPH	50.51	50.51	10/1/2009
74445		CORPORA CAVERNOSOGRAPHY	83.06	83.06	10/1/2009
74445	26	CORPORA CAVERNOSOGRAPHY	49.90	49.90	10/1/2009
74445	TC	CORPORA CAVERNOSOGRAPHY	35.33	35.33	10/1/2009
74450		URETHROCYSTOGRAPHY	60.26	60.26	10/1/2009
74450	26	URETHROCYSTOGRAPHY	14.43	14.43	10/1/2009
74450	TC	URETHROCYSTOGRAPHY	46.47	46.47	10/1/2009
74455		URETHROCYSTOGRAPHY, VOIDING	71.79	71.79	10/1/2009
74455	26	URETHROCYSTOGRAPHY, VOIDING	14.43	14.43	10/1/2009
74455	TC	URETHROCYSTOGRAPHY, VOIDING	57.35	57.35	10/1/2009
74470		RADIOLOGIC EXAM; RENAL CYST STUDY	62.08	62.08	10/1/2009
74470	26	RADIOLOGIC EXAM; RENAL CYST STUDY	23.29	23.29	10/1/2009
74470	TC	RADIOLOGIC EXAM; RENAL CYST STUDY	40.14	40.14	10/1/2009
74475		INTRODUCTION CATHETER INTO RENAL PELVIS	98.30	98.30	10/1/2009
74475	26	INTRODUCTION CATHETER INTO RENAL PELVIS	23.29	23.29	10/1/2009
74475	TC	INTRODUCTION CATHETER INTO RENAL PELVIS	75.01	75.01	10/1/2009
74480		INTRODUCTION OF URETERAL CATHETER OR STENT	98.59	98.59	10/1/2009
74480	26	INTRODUCTION OF URETERAL CATHETER OR STENT	23.29	23.29	10/1/2009
74480	TC	INTRODUCTION OF URETERAL CATHETER OR STENT	75.30	75.30	10/1/2009
74485		DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	94.05	94.05	10/1/2009
74485	26	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	23.49	23.49	10/1/2009
74485	TC	DILATION OF NEPHROSTOMY/URETERS, SUPERV AND INTERP	70.56	70.56	10/1/2009
74710		PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	34.97	34.97	10/1/2009
74710	26	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	14.74	14.74	10/1/2009
74710	TC	PELVIMENTRY, WITH/WITHOUT PLACENTAL LOCALIZATION	20.22	20.22	10/1/2009
74775		PERINEOGRAM	72.20	72.20	10/1/2009
74775	26	PERINEOGRAM	26.55	26.55	10/1/2009
74775	TC	PERINEOGRAM	46.79	46.79	10/1/2009
75600		AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	253.20	253.20	10/1/2009
75600	26	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	22.30	22.30	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
75600	TC	AORTOGRAPHY, THORACIC WITHOUT SERIALOGRAPHY	230.89	230.89	10/1/2009
75605		AORTOGRAPHY THORACIC BY SERIALOGRAPHY	217.82	217.82	10/1/2009
75605	26	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	50.38	50.38	10/1/2009
75605	TC	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	167.44	167.44	10/1/2009
75625		AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	214.84	214.84	10/1/2009
75625	26	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	49.13	49.13	10/1/2009
75625	TC	AORTOGRAPHY, ABDOMINAL BY SERIALOGRAPHY	165.71	165.71	10/1/2009
75630		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	250.44	250.44	10/1/2009
75630	26	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	78.46	78.46	10/1/2009
75630	TC	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL LOWER EXTREM	171.98	171.98	10/1/2009
75635		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	482.15	482.15	10/1/2009
75635	26	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	104.40	104.40	10/1/2009
75635	TC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILAT	377.74	377.74	10/1/2009
75650		ANGIOGRAPHY, CERVICOCEREBRAL	231.14	231.14	10/1/2009
75650	26	ANGIOGRAPHY, CERVICOCEREBRAL	64.57	64.57	10/1/2009
75650	TC	ANGIOGRAPHY, CERVICOCEREBRAL	166.58	166.58	10/1/2009
75658		ANGIOGRAPHY, BRACHIAL	228.13	228.13	10/1/2009
75658	26	ANGIOGRAPHY, BRACHIAL	55.49	55.49	10/1/2009
75658	TC	ANGIOGRAPHY, BRACHIAL	172.63	172.63	10/1/2009
75660		ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	232.25	232.25	10/1/2009
75660	26	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	56.74	56.74	10/1/2009
75660	TC	ANGIOGRAPHY, EXTERNAL CAROTID UNILATERAL	175.51	175.51	10/1/2009
75662		ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	267.10	267.10	10/1/2009
75662	26	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	72.85	72.85	10/1/2009
75662	TC	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL	194.26	194.26	10/1/2009
75665		ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	238.33	238.33	10/1/2009
75665	26	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	57.05	57.05	10/1/2009
75665	TC	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	181.28	181.28	10/1/2009
75671		ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	270.48	270.48	10/1/2009
75671	26	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	71.89	71.89	10/1/2009
75671	TC	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	198.59	198.59	10/1/2009
75676		ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	232.45	232.45	10/1/2009
75676	26	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	56.65	56.65	10/1/2009
75676	TC	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	175.80	175.80	10/1/2009
75680		ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	259.81	259.81	10/1/2009
75680	26	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	72.18	72.18	10/1/2009
75680	TC	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	187.62	187.62	10/1/2009
75685		ANGIOGRAPHY	232.83	232.83	10/1/2009
75685	26	ANGIOGRAPHY	56.74	56.74	10/1/2009
75685	TC	ANGIOGRAPHY	176.09	176.09	10/1/2009
75705		ANGIOGRAPHY, SPINAL, SELECTIVE	269.71	269.71	10/1/2009
75705	26	ANGIOGRAPHY, SPINAL, SELECTIVE	94.77	94.77	10/1/2009
75705	TC	ANGIOGRAPHY, SPINAL, SELECTIVE	174.94	174.94	10/1/2009
75710		ANGIOGRAPHY, EXTREMITY, UNILATERAL	227.15	227.15	10/1/2009
75710	26	ANGIOGRAPHY, EXTREMITY, UNILATERAL	49.33	49.33	10/1/2009
75710	TC	ANGIOGRAPHY, EXTREMITY, UNILATERAL	177.82	177.82	10/1/2009
75716		ANGIOGRAPHY, EXTREMITY, BILATERAL	253.51	253.51	10/1/2009
75716	26	ANGIOGRAPHY, EXTREMITY, BILATERAL	56.65	56.65	10/1/2009
75716	TC	ANGIOGRAPHY, EXTREMITY, BILATERAL	196.85	196.85	10/1/2009
75722		ANGIOGRAPHY, RENAL, UNILATERAL	224.45	224.45	10/1/2009
75722	26	ANGIOGRAPHY, RENAL, UNILATERAL	50.09	50.09	10/1/2009
75722	TC	ANGIOGRAPHY, RENAL, UNILATERAL	174.36	174.36	10/1/2009
75724		ANGIOGRAPHY RENAL BILATERAL SELECTIVE	261.90	261.90	10/1/2009
75724	26	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	67.92	67.92	10/1/2009
75724	TC	ANGIOGRAPHY RENAL BILATERAL SELECTIVE	193.98	193.98	10/1/2009
75726		ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	224.73	224.73	10/1/2009
75726	26	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	49.22	49.22	10/1/2009
75726	TC	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE	175.51	175.51	10/1/2009
75731		ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	232.43	232.43	10/1/2009
75731	26	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	51.72	51.72	10/1/2009
75731	TC	ANGIOGRAPHY ADRENAL UNILATERAL, SELECTIVE	180.71	180.71	10/1/2009
75733		ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	263.40	263.40	10/1/2009
75733	26	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	60.21	60.21	10/1/2009
75733	TC	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE	203.20	203.20	10/1/2009
75736		ANGIOGRAPHY PELVIC, SELECTIVE OR SUPRASELECTIVE	226.66	226.66	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
75736	26	ANGIOGRAPHY PELVIC,SELECTIVE OR SUPRASELECTIVE	49.71	49.71	10/1/2009
75736	TC	ANGIOGRAPHY PELVIC,SELECTIVE OR SUPRASELECTIVE	176.96	176.96	10/1/2009
75741		ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	218.12	218.12	10/1/2009
75741	26	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	56.74	56.74	10/1/2009
75741	TC	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE	161.38	161.38	10/1/2009
75743		ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	239.33	239.33	10/1/2009
75743	26	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	72.18	72.18	10/1/2009
75743	TC	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE	167.15	167.15	10/1/2009
75746		ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	219.84	219.84	10/1/2009
75746	26	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	48.93	48.93	10/1/2009
75746	TC	ANGIOGRAPHY PULMONARY BY NONSEL CATH OR VEN INJ.	170.90	170.90	10/1/2009
75756		ANGIOGRAPHY,INTERNAL MAMMARY	233.19	233.19	10/1/2009
75756	26	ANGIOGRAPHY,INTERNAL MAMMARY	52.20	52.20	10/1/2009
75756	TC	ANGIOGRAPHY,INTERNAL MAMMARY	180.99	180.99	10/1/2009
75774		ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/A	169.54	169.54	10/1/2009
75774	26	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/A	15.66	15.66	10/1/2009
75774	TC	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER B/A	153.88	153.88	10/1/2009
75790		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	142.35	142.35	10/1/2009
75790	26	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	77.32	77.32	10/1/2009
75790	TC	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PT)	65.03	65.03	10/1/2009
75801		LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	207.02	207.02	10/1/2009
75801	26	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	34.04	34.04	10/1/2009
75801	TC	LYMPHANGIOGRAPHY, EXTEMITY ONLY UNILATERAL	173.05	173.05	10/1/2009
75803		LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	220.39	220.39	10/1/2009
75803	26	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	50.45	50.45	10/1/2009
75803	TC	LYMPHANGIOGRAPHY, EXTEMITY ONLY, BILATERAL	173.35	173.35	10/1/2009
75805		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	228.38	228.38	10/1/2009
75805	26	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	35.18	35.18	10/1/2009
75805	TC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	195.06	195.06	10/1/2009
75807		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	240.21	240.21	10/1/2009
75807	26	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	50.45	50.45	10/1/2009
75807	TC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	189.76	189.76	10/1/2009
75809		SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	69.40	69.40	10/1/2009
75809	26	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	19.96	19.96	10/1/2009
75809	TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING	49.44	49.44	10/1/2009
75810		SPLENOPORTOGRAPHY	448.27	448.27	10/1/2009
75810	26	SPLENOPORTOGRAPHY	49.51	49.51	10/1/2009
75810	TC	SPLENOPORTOGRAPHY	401.89	401.89	10/1/2009
75820		VENOGRAPHY, EXTREMITY, UNILATERAL	95.42	95.42	10/1/2009
75820	26	VENOGRAPHY, EXTREMITY, UNILATERAL	30.49	30.49	10/1/2009
75820	TC	VENOGRAPHY, EXTREMITY, UNILATERAL	64.93	64.93	10/1/2009
75822		VENOGRAPHY, EXTREMITY, BILATERAL	117.24	117.24	10/1/2009
75822	26	VENOGRAPHY, EXTREMITY, BILATERAL	45.29	45.29	10/1/2009
75822	TC	VENOGRAPHY, EXTREMITY, BILATERAL	71.95	71.95	10/1/2009
75825		VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	207.25	207.25	10/1/2009
75825	26	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	48.76	48.76	10/1/2009
75825	TC	VENOGRAPHY, CAVAL, INFERIOR WITH SERIALOGRAPHY	158.49	158.49	10/1/2009
75827		VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	206.85	206.85	10/1/2009
75827	26	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	47.78	47.78	10/1/2009
75827	TC	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERALOGRAPHY	159.08	159.08	10/1/2009
75831		VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	209.65	209.65	10/1/2009
75831	26	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	48.84	48.84	10/1/2009
75831	TC	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	160.81	160.81	10/1/2009
75833		VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	234.43	234.43	10/1/2009
75833	26	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	63.24	63.24	10/1/2009
75833	TC	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	171.19	171.19	10/1/2009
75840		VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	207.83	207.83	10/1/2009
75840	26	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	48.18	48.18	10/1/2009
75840	TC	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	159.65	159.65	10/1/2009
75842		VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	235.75	235.75	10/1/2009
75842	26	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	63.99	63.99	10/1/2009
75842	TC	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	171.76	171.76	10/1/2009
75860		VENOGRAPHY, SINUS OR JUGULAR, CATHETER	213.87	213.87	10/1/2009
75860	26	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	49.90	49.90	10/1/2009
75860	TC	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	163.97	163.97	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
75870		VENOGRAPHY, SUPERIOR SAGITTAL SINUS	212.05	212.05	10/1/2009
75870	26	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	48.65	48.65	10/1/2009
75870	TC	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	163.40	163.40	10/1/2009
75872		VENOGRAPHY, EPIDURAL	231.13	231.13	10/1/2009
75872	26	VENOGRAPHY, EPIDURAL	51.29	51.29	10/1/2009
75872	TC	VENOGRAPHY, EPIDURAL	179.84	179.84	10/1/2009
75880		VENOGRAPHY, ORBITAL	96.29	96.29	10/1/2009
75880	26	VENOGRAPHY, ORBITAL	29.34	29.34	10/1/2009
75880	TC	VENOGRAPHY, ORBITAL	66.94	66.94	10/1/2009
75885		PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	223.61	223.61	10/1/2009
75885	26	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	62.23	62.23	10/1/2009
75885	TC	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODYNAMUC EVAL	161.38	161.38	10/1/2009
75887		PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	225.34	225.34	10/1/2009
75887	26	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	62.23	62.23	10/1/2009
75887	TC	PERCUTANEOUS TRANSHEPATIC PORTOG WO HEMODY EVAL	163.11	163.11	10/1/2009
75889		HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	210.32	210.32	10/1/2009
75889	26	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	49.22	49.22	10/1/2009
75889	TC	HEPATIC VENOG WEDGED OR FREE W HEMODYNAMIC EVAL	161.09	161.09	10/1/2009
75891		HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	210.32	210.32	10/1/2009
75891	26	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	49.22	49.22	10/1/2009
75891	TC	HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODY EVA	161.09	161.09	10/1/2009
75893		VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	183.80	183.80	10/1/2009
75893	26	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	23.00	23.00	10/1/2009
75893	TC	VENOUS SAMPLING THRU CATH W OR WO ANGIOGRAPHY	160.81	160.81	10/1/2009
75894		TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	823.53	823.53	10/1/2009
75894	26	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	56.56	56.56	10/1/2009
75894	TC	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD	769.69	769.69	10/1/2009
75896		TRANSCATHETER THERAPY, INFUSION, ANY METHOD	723.28	723.28	10/1/2009
75896	26	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	56.83	56.83	10/1/2009
75896	TC	TRANSCATHETER THERAPY, INFUSION, ANY METHOD	668.83	668.83	10/1/2009
75898		ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	101.10	101.10	10/1/2009
75898	26	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	71.58	71.58	10/1/2009
75898	TC	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FC	33.48	33.48	10/1/2009
75900		EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	666.30	666.30	10/1/2009
75900	26	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	21.07	21.07	10/1/2009
75900	TC	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURIN	645.24	645.24	10/1/2009
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	132.45	132.45	10/1/2009
75901	26	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	20.87	20.87	10/1/2009
75901	TC	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, I	111.58	111.58	10/1/2009
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	74.53	74.53	10/1/2009
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	16.59	16.59	10/1/2009
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIV	57.94	57.94	10/1/2009
75940		PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	424.24	424.24	10/1/2009
75940	26	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	23.10	23.10	10/1/2009
75940	TC	PERCUTANEOUS PLACEMENT IVC FILTER SUPERV/INTERP	401.57	401.57	10/1/2009
75952		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM	189.45	189.45	10/1/2009
75953		PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	73.57	73.57	10/1/2009
75953	26	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDC	57.38	57.38	10/1/2009
75954		ENDOVASCULAR REPAIR OF ILIAC ARTERY ANESURYSM, PSEUDOANEURY:	93.59	93.59	10/1/2009
75960		TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	208.76	208.76	10/1/2009
75960	26	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	35.78	35.78	10/1/2009
75960	TC	TRANSCATH. INTRO.INTRAVASC. STENT PERCU.&/ OR OPEN	172.98	172.98	10/1/2009
75961		TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	336.12	336.12	10/1/2009
75961	26	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	181.62	181.62	10/1/2009
75961	TC	TRANSCATH RETRVL, PERCUTANEOUS OF INTRAV FORGN BOD	154.50	154.50	10/1/2009
75962		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	222.46	222.46	10/1/2009
75962	26	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	23.20	23.20	10/1/2009
75962	TC	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY PERIPH ARTER	199.26	199.26	10/1/2009
75964		TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	131.36	131.36	10/1/2009
75964	26	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	15.57	15.57	10/1/2009
75964	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL /	115.79	115.79	10/1/2009
75966		PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	262.64	262.64	10/1/2009
75966	26	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	57.89	57.89	10/1/2009
75966	TC	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY VISCERAL ART	204.74	204.74	10/1/2009
75968		TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ART	131.73	131.73	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
75968	26	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL AR	15.94	15.94	10/1/2009
75968	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL AR	115.79	115.79	10/1/2009
75970		TRANSCATHETER BIOPSY	391.56	391.56	10/1/2009
75970	26	TRANSCATHETER BIOPSY	35.90	35.90	10/1/2009
75970	TC	TRANSCATHETER BIOPSY	355.66	355.66	10/1/2009
75978		TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	218.80	218.80	10/1/2009
75978	26	TRANSLUM ANGIOPLASTY VENOUS INTERRUPT/SUPER, ONLY	22.71	22.71	10/1/2009
75980		PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	229.94	229.94	10/1/2009
75980	26	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	61.94	61.94	10/1/2009
75980	TC	PERCUTANEOUS TRANSHEPATICBILIARY GRAING W CONT MON	167.99	167.99	10/1/2009
75982		PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	247.82	247.82	10/1/2009
75982	26	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	61.94	61.94	10/1/2009
75982	TC	PERCUT PLCMNT OF DRNG CATH F/COMB INT&EXT BIL DRN	185.87	185.87	10/1/2009
75984		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONF	91.56	91.56	10/1/2009
75984	26	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONF	31.12	31.12	10/1/2009
75984	TC	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONF	60.43	60.43	10/1/2009
75989		RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	116.15	116.15	10/1/2009
75989	26	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	51.07	51.07	10/1/2009
75989	TC	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	65.08	65.08	10/1/2009
76000		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	75.81	75.81	10/1/2009
76000	26	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	7.23	7.23	10/1/2009
76000	TC	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TI	68.59	68.59	10/1/2009
76001		FLUOROSCOPE EXAM, EXTENSIVE	109.81	109.81	10/1/2009
76001	26	FLUOROSCOPE EXAM, EXTENSIVE	29.09	29.09	10/1/2009
76001	TC	FLUOROSCOPE EXAM, EXTENSIVE	80.72	80.72	10/1/2009
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	22.36	22.36	10/1/2009
76010	26	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	7.83	7.83	10/1/2009
76010	TC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY,	14.52	14.52	10/1/2009
76080		RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	51.30	51.30	10/1/2009
76080	26	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	23.29	23.29	10/1/2009
76080	TC	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, F	28.01	28.01	10/1/2009
76098		RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	15.96	15.96	10/1/2009
76098	26	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	6.92	6.92	10/1/2009
76098	TC	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	9.05	9.05	10/1/2009
76100		XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	106.87	106.87	10/1/2009
76100	26	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	24.73	24.73	10/1/2009
76100	TC	XRAY EXAM, SNGL PLANE BODY SCTN OTHER THAN W UROGR	82.14	82.14	10/1/2009
76101		XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	147.45	147.45	10/1/2009
76101	26	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	24.44	24.44	10/1/2009
76101	TC	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KIDY; UNI	123.00	123.00	10/1/2009
76102		XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	197.36	197.36	10/1/2009
76102	26	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	24.16	24.16	10/1/2009
76102	TC	XRAY EXAM COMPLEX MOTION BDY SECT OTHR W KID; BILT	173.20	173.20	10/1/2009
76120		CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	60.15	60.15	10/1/2009
76120	26	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	15.99	15.99	10/1/2009
76120	TC	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY	44.16	44.16	10/1/2009
76125		CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	37.27	37.27	10/1/2009
76125	26	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	12.08	12.08	10/1/2009
76125	TC	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAI	25.20	25.20	10/1/2009
76140		X-RAY CONSULTATION	32.02	32.02	10/1/2009
76380		COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	164.11	164.11	10/1/2009
76380	26	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	41.73	41.73	10/1/2009
76380	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP	122.39	122.39	10/1/2009
76506		ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	92.49	92.49	10/1/2009
76506	26	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	27.46	27.46	10/1/2009
76506	TC	ECHOENCEPHALOGRAPHY,B-SCAN INCLUDING A-MODE	65.03	65.03	10/1/2009
76511		OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	78.30	78.30	10/1/2009
76511	26	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	40.58	40.58	10/1/2009
76511	TC	OPHTHALMIC ALTRASND, ECHOG A-SCAN W AMPLITUD QUALI	37.72	37.72	10/1/2009
76512		OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	73.50	73.50	10/1/2009
76512	26	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	40.67	40.67	10/1/2009
76512	TC	OPHTHALMIC ULTRASND, ECHOG; CONTRAST B-SCAN	32.83	32.83	10/1/2009
76513		ECHO EXAM OF EYE, WATER BATH	67.37	67.37	10/1/2009
76513	26	ECHO EXAM OF EYE, WATER BATH	27.89	27.89	10/1/2009
76513	TC	ECHO EXAM OF EYE, WATER BATH	39.47	39.47	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	10.31	10.31	10/1/2009
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	7.52	7.52	10/1/2009
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACH'	2.79	2.79	10/1/2009
76516		OPHTHALMIC BIOMETRY BY ULTRASND ECHOGRAPHY A-SCAN	53.89	53.89	10/1/2009
76516	26	OPHTHALMIC BIOMETRY BY ULTRASND ECHOGRAPHY A-SCAN	23.10	23.10	10/1/2009
76516	TC	OPHTHALMIC BIOMETRY BY ULTRASND ECHOGRAPHY A-SCAN	30.80	30.80	10/1/2009
76519		OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	57.64	57.64	10/1/2009
76519	26	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	23.38	23.38	10/1/2009
76519	TC	OPHTHALMIC BILM BY ULTRASND ECHOG, A-SCAN W/INTRA	34.26	34.26	10/1/2009
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	54.65	54.65	10/1/2009
76529	26	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	24.52	24.52	10/1/2009
76529	TC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	30.13	30.13	10/1/2009
76536		ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	88.08	88.08	10/1/2009
76536	26	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	23.33	23.33	10/1/2009
76536	TC	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATH'	64.75	64.75	10/1/2009
76604		ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	69.11	69.11	10/1/2009
76604	26	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	23.31	23.31	10/1/2009
76604	TC	ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TII	45.80	45.80	10/1/2009
76645		ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	72.93	72.93	10/1/2009
76645	26	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	23.00	23.00	10/1/2009
76645	TC	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR R	49.93	49.93	10/1/2009
76700		ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	109.26	109.26	10/1/2009
76700	26	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	34.41	34.41	10/1/2009
76700	TC	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCU	74.86	74.86	10/1/2009
76705		ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	82.86	82.86	10/1/2009
76705	26	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	25.33	25.33	10/1/2009
76705	TC	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	57.53	57.53	10/1/2009
76770		ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	104.58	104.58	10/1/2009
76770	26	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	31.45	31.45	10/1/2009
76770	TC	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN A	73.13	73.13	10/1/2009
76775		ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	88.90	89.19	10/1/2009
76775	26	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	25.03	25.31	10/1/2009
76775	TC	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	63.88	63.88	10/1/2009
76776		ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	116.16	116.16	10/1/2009
76776	26	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	32.37	32.37	10/1/2009
76776	TC	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER	83.79	83.79	10/1/2009
76800		ULTRASOUND, SPINAL CANAL AND CONTENTS	99.24	99.24	10/1/2009
76800	26	ULTRASOUND, SPINAL CANAL AND CONTENTS	45.45	45.45	10/1/2009
76800	TC	ULTRASOUND, SPINAL CANAL AND CONTENTS	53.78	53.78	10/1/2009
76801	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	63.52	63.52	10/1/2009
76802	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	25.15	25.15	10/1/2009
76805	TC	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAC	75.63	75.63	10/1/2009
76810	TC	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	40.40	40.40	10/1/2009
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	86.95	86.95	10/1/2009
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	88.57	88.57	10/1/2009
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	54.97	54.97	10/1/2009
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	26.99	26.99	10/1/2009
76815	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAC	45.71	45.71	10/1/2009
76816	TC	ECHOGRAPH PREGNANT UTERUS FOLLOW UP	54.25	54.25	10/1/2009
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTAT	50.21	50.21	10/1/2009
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	43.22	43.22	10/1/2009
76820	TC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	22.85	22.85	10/1/2009
76821	TC	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	49.09	49.09	10/1/2009
76825	TC	ECHOCARDIOGRAPHY FETAL	98.51	98.51	10/1/2009
76826	TC	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	58.39	58.39	10/1/2009
76827	TC	DOPPLER ECG, FETAL HEART PULSED&/OR CONT WAVE COMP	33.81	33.81	10/1/2009
76828	TC	DOPPLER ECG FETAL HEART ULS.&/OR CONT WAVE FOL-UP	19.75	19.75	10/1/2009
76830		ULTRASOUND, TRANSVAGINAL	95.90	95.90	10/1/2009
76830	26	ULTRASOUND, TRANSVAGINAL	29.03	29.03	10/1/2009
76830	TC	ULTRASOUND, TRANSVAGINAL	66.87	66.87	10/1/2009
76831		HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	95.97	95.97	10/1/2009
76831	26	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	29.68	29.68	10/1/2009
76831	TC	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	66.29	66.29	10/1/2009
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	96.48	96.48	10/1/2009
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	29.32	29.32	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH	67.16	67.16	10/1/2009
76857		ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	80.05	80.05	10/1/2009
76857	26	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	16.57	16.57	10/1/2009
76857	TC	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	63.48	63.48	10/1/2009
76870		ULTRASOUND, SCROTUM AND CONTENTS	95.50	95.50	10/1/2009
76870	26	ULTRASOUND, SCROTUM AND CONTENTS	27.47	27.47	10/1/2009
76870	TC	ULTRASOUND, SCROTUM AND CONTENTS	68.02	68.02	10/1/2009
76872		ECHOGRAPHY, TRANSRECTAL	113.69	113.69	10/1/2009
76872	26	ECHOGRAPHY, TRANSRECTAL	30.38	30.38	10/1/2009
76872	TC	ECHOGRAPHY, TRANSRECTAL	83.31	83.31	10/1/2009
76873		ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	144.41	144.41	10/1/2009
76873	26	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	66.26	66.26	10/1/2009
76873	TC	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYT	78.15	78.15	10/1/2009
76885		ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	108.71	108.71	10/1/2009
76885	TC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	77.25	77.25	10/1/2009
76886		ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	80.34	80.34	10/1/2009
76886	26	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	25.98	25.98	10/1/2009
76886	TC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; I	54.36	54.36	10/1/2009
76930		ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	78.92	78.92	10/1/2009
76930	26	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	30.51	30.51	10/1/2009
76930	TC	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISIC	48.41	48.41	10/1/2009
76932		ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	79.42	79.42	10/1/2009
76932	26	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	30.51	30.51	10/1/2009
76932	TC	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPER	48.89	48.89	10/1/2009
76936		ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	251.89	251.89	10/1/2009
76936	26	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	85.67	85.67	10/1/2009
76936	TC	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEI	166.21	166.21	10/1/2009
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	28.94	28.94	10/1/2009
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	13.12	13.12	10/1/2009
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOU	15.82	15.82	10/1/2009
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	139.10	139.10	10/1/2009
76940	26	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	88.39	88.39	10/1/2009
76940	TC	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE AB	53.34	53.34	10/1/2009
76941		ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	100.69	100.69	10/1/2009
76941	26	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	55.86	55.86	10/1/2009
76941	TC	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR COF	44.84	44.84	10/1/2009
76942		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	147.47	147.47	10/1/2009
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	28.69	28.69	10/1/2009
76942	TC	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATIC	118.78	118.78	10/1/2009
76945		ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	73.35	73.35	10/1/2009
76945	26	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	27.83	27.83	10/1/2009
76945	TC	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUP	45.52	45.52	10/1/2009
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	35.85	35.85	10/1/2009
76946	26	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	15.71	15.71	10/1/2009
76946	TC	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION ANI	20.15	20.15	10/1/2009
76950		ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	56.98	56.98	10/1/2009
76950	26	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	24.44	24.44	10/1/2009
76950	TC	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	32.53	32.53	10/1/2009
76970		ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	66.26	66.26	10/1/2009
76970	26	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	16.33	16.33	10/1/2009
76970	TC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	49.93	49.93	10/1/2009
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	81.78	81.78	10/1/2009
76975	26	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	34.99	34.99	10/1/2009
76975	TC	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTEF	46.80	46.80	10/1/2009
76977		ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	11.11	11.11	10/1/2009
76977	26	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	2.33	2.33	10/1/2009
76977	TC	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERI	8.77	8.77	10/1/2009
76998		ULTRASONIC GUIDANCE, INTRAOPERATIVE	134.61	134.61	10/1/2009
76998	26	ULTRASONIC GUIDANCE, INTRAOPERATIVE	51.23	51.23	10/1/2009
76998	TC	ULTRASONIC GUIDANCE, INTRAOPERATIVE	83.97	83.97	10/1/2009
77001		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	82.96	82.96	10/1/2009
77001	26	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	16.08	16.08	10/1/2009
77001	TC	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACI	66.87	66.87	10/1/2009
77002		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	56.98	56.98	10/1/2009
77002	26	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	22.42	22.42	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
77002	TC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIR/	34.55	34.55	10/1/2009
77003		FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	47.79	47.79	10/1/2009
77003	26	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	23.63	23.62	10/1/2009
77003	TC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER	24.17	24.17	10/1/2009
77011		COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	538.18	538.18	10/1/2009
77011	26	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	51.11	51.11	10/1/2009
77011	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	487.07	487.07	10/1/2009
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	158.80	158.80	10/1/2009
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	49.85	49.85	10/1/2009
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOP	108.95	108.95	10/1/2009
77013		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	481.36	481.36	10/1/2009
77013	26	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	171.81	171.81	10/1/2009
77013	TC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PAF	319.10	319.10	10/1/2009
77014		COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THE	148.13	148.13	10/1/2009
77014	26	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THE	35.65	35.65	10/1/2009
77014	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THE	112.47	112.47	10/1/2009
77021		MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	355.91	355.91	10/1/2009
77021	26	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	64.70	64.70	10/1/2009
77021	TC	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIC	291.21	291.21	10/1/2009
77022		MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	239.90	239.90	10/1/2009
77022	26	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	179.92	179.92	10/1/2009
77022	TC	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHY	59.99	59.99	10/1/2009
77031		STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	155.28	155.28	10/1/2009
77031	26	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	67.80	67.80	10/1/2009
77031	TC	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDL	87.50	87.50	10/1/2009
77032		MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR '1	48.37	48.37	10/1/2009
77032	TC	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR '1	24.46	24.46	10/1/2009
77051		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	9.76	9.76	10/1/2009
77051	26	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	2.65	2.65	10/1/2009
77051	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	7.12	7.12	10/1/2009
77052		COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	9.76	9.76	10/1/2009
77052	26	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	2.65	2.65	10/1/2009
77052	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGI	7.12	7.12	10/1/2009
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	60.82	60.82	10/1/2009
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	15.37	15.37	10/1/2009
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL	45.45	45.45	10/1/2009
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	81.92	81.92	10/1/2009
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	19.33	19.33	10/1/2009
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOG	62.59	62.59	10/1/2009
77055		MAMMOGRAPHY; UNILATERAL	68.60	68.60	10/1/2009
77055	26	MAMMOGRAPHY; UNILATERAL	29.92	29.92	10/1/2009
77055	TC	MAMMOGRAPHY; UNILATERAL	38.68	38.68	10/1/2009
77056		MAMMOGRAPHY; BILATERAL	86.99	86.99	10/1/2009
77056	26	MAMMOGRAPHY; BILATERAL	37.15	37.15	10/1/2009
77056	TC	MAMMOGRAPHY; BILATERAL	49.84	49.84	10/1/2009
77057		SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	65.91	65.91	10/1/2009
77057	26	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	29.92	29.92	10/1/2009
77057	TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BR	35.99	35.99	10/1/2009
77058		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	666.54	666.54	10/1/2009
77058	26	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	69.51	69.51	10/1/2009
77058	TC	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	597.03	597.03	10/1/2009
77059		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	715.55	715.55	10/1/2009
77059	26	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	69.51	69.51	10/1/2009
77059	TC	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTR	646.04	646.04	10/1/2009
77071		MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT	31.85	31.85	10/1/2009
77072		BONE AGE STUDIES	18.92	18.92	10/1/2009
77072	26	BONE AGE STUDIES	8.14	8.14	10/1/2009
77072	TC	BONE AGE STUDIES	10.77	10.77	10/1/2009
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	30.08	30.08	10/1/2009
77073	26	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	11.50	11.50	10/1/2009
77073	TC	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	18.58	18.58	10/1/2009
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	55.13	55.13	10/1/2009
77074	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	19.33	19.33	10/1/2009
77074	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METAST	35.80	35.80	10/1/2009
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	79.67	79.67	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
77075	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	23.00	23.00	10/1/2009
77075	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND AP	56.67	56.67	10/1/2009
77076		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	74.75	74.75	10/1/2009
77076	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	28.77	28.77	10/1/2009
77076	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	45.98	45.98	10/1/2009
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	34.03	34.03	10/1/2009
77077	26	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	13.23	13.23	10/1/2009
77077	TC	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	20.80	20.80	10/1/2009
77078		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	135.17	135.17	10/1/2009
77078	26	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	10.59	10.59	10/1/2009
77078	TC	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	124.59	124.59	10/1/2009
77079		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	45.83	45.83	10/1/2009
77079	26	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	8.79	8.79	10/1/2009
77079	TC	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE S	37.04	37.04	10/1/2009
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	56.23	56.23	10/1/2009
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	8.45	8.45	10/1/2009
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	47.78	47.78	10/1/2009
77081		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	24.20	24.20	10/1/2009
77081	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	9.07	9.07	10/1/2009
77081	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	15.12	15.12	10/1/2009
77082		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	23.21	23.21	10/1/2009
77082	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	6.94	6.94	10/1/2009
77082	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 C	16.27	16.27	10/1/2009
77083		RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	21.27	21.27	10/1/2009
77083	26	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	8.16	8.16	10/1/2009
77083	TC	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGR	13.10	13.10	10/1/2009
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	460.65	460.65	10/1/2009
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	68.58	68.58	10/1/2009
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD S	392.07	392.07	10/1/2009
77261		THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	59.43	59.43	10/1/2009
77262		THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	89.31	89.31	10/1/2009
77263		THERAPEUTIC RADIOLOGY TREATMENT PLANNING;	132.51	132.51	10/1/2009
77280		RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	147.02	147.02	10/1/2009
77280	26	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	29.54	29.54	10/1/2009
77280	TC	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING SIMPLE	117.48	117.48	10/1/2009
77285		RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	253.08	253.08	10/1/2009
77285	26	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	44.11	44.11	10/1/2009
77285	TC	RADIATION THERAPEUTIC SIMULATOR AIDED FIELD SETTING INTERMEDIA	208.97	208.97	10/1/2009
77290		RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	392.85	392.85	10/1/2009
77290	26	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	65.51	65.51	10/1/2009
77290	TC	RADIATION THERAPY SIMULATOR AIDED FIELD SETTING COMPLEX	327.35	327.35	10/1/2009
77295		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	548.03	548.03	10/1/2009
77295	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	191.43	191.43	10/1/2009
77295	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIM	356.60	356.60	10/1/2009
77300		BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	57.65	57.65	10/1/2009
77300	26	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	25.98	25.98	10/1/2009
77300	TC	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE	31.67	31.67	10/1/2009
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1726.32	1726.32	10/1/2009
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	335.48	335.48	10/1/2009
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME	1390.84	1390.84	10/1/2009
77305		RADIATION THERPY ISODOSE PLAN SIMPLE	59.40	59.40	10/1/2009
77305	26	RADIATION THERPY ISODOSE PLAN SIMPLE	29.54	29.54	10/1/2009
77305	TC	RADIATION THERPY ISODOSE PLAN SIMPLE	29.87	29.87	10/1/2009
77310		RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	82.73	82.73	10/1/2009
77310	26	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	44.11	44.11	10/1/2009
77310	TC	RADIATION THERAPY INTERMED THREE OR MORE THERAPY B	38.62	38.62	10/1/2009
77315		RADIATION THERAPY COMPLEX	120.77	120.77	10/1/2009
77315	26	RADIATION THERAPY COMPLEX	65.51	65.51	10/1/2009
77315	TC	RADIATION THERAPY COMPLEX	55.26	55.26	10/1/2009
77321		SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	98.50	98.50	10/1/2009
77321	26	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	39.84	39.84	10/1/2009
77321	TC	SPECIAL TELETHERAPY PORT PART/ HEMI/ TOTAL BODY	58.66	58.66	10/1/2009
77326		BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	114.75	114.75	10/1/2009
77326	26	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	38.93	38.93	10/1/2009
77326	TC	BRACHYTHERAPY ISODOSE CALCULATION (SIMPLE)	75.83	75.83	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
77327		BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	163.65	163.65	10/1/2009
77327	26	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	58.28	58.28	10/1/2009
77327	TC	BRACHYTHERAPY ISODOSE CALCULATION (INTERMEDIATE)	105.37	105.37	10/1/2009
77328		BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	224.56	224.56	10/1/2009
77328	26	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	87.82	87.82	10/1/2009
77328	TC	BRACHYTHERAPY ISODOSE CALCULATION COMPLEX	136.75	136.75	10/1/2009
77331		SPECIAL DOSIMETRY	51.39	51.39	10/1/2009
77331	26	SPECIAL DOSIMETRY	36.57	36.57	10/1/2009
77331	TC	SPECIAL DOSIMETRY	14.81	14.81	10/1/2009
77332		TREATMENT DEVICES (SIMPLE)	62.65	62.65	10/1/2009
77332	26	TREATMENT DEVICES (SIMPLE)	22.62	22.62	10/1/2009
77332	TC	TREATMENT DEVICES (SIMPLE)	40.03	40.03	10/1/2009
77333		TREATMENT DEVICES (INTERMEDIATE)	56.27	56.27	10/1/2009
77333	26	TREATMENT DEVICES (INTERMEDIATE)	35.34	35.34	10/1/2009
77333	TC	TREATMENT DEVICES (INTERMEDIATE)	20.92	20.92	10/1/2009
77334		TREATMENT DEVICES (COMPLEX)	127.71	127.71	10/1/2009
77334	26	TREATMENT DEVICES (COMPLEX)	51.96	51.96	10/1/2009
77334	TC	TREATMENT DEVICES (COMPLEX)	75.75	75.75	10/1/2009
77336		CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT	48.73	48.73	10/1/2009
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	92.67	92.67	10/1/2009
77371	TC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS)	237.90	237.90	10/1/2009
77372	TC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS)	484.29	484.29	10/1/2009
77373	TC	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER F	897.01	897.01	10/1/2009
77418		INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIEL	412.11	412.11	10/1/2009
77427		RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	157.66	157.66	10/1/2009
77431		RADIATION THERAPY MGMT, COMPLETE COURSE, 1-2 FRACT	80.43	80.43	10/1/2009
77432		STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LES	335.23	335.23	10/1/2009
77435		STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, P	555.86	555.86	10/1/2009
77470		SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBI	206.20	206.20	10/1/2009
77470	26	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBI	87.82	87.82	10/1/2009
77470	TC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBI	118.37	118.37	10/1/2009
77600		HYPERTHERMIA, EXTERNALLY GENERATED	296.22	296.22	10/1/2009
77600	26	HYPERTHERMIA, EXTERNALLY GENERATED	65.51	65.51	10/1/2009
77600	TC	HYPERTHERMIA, EXTERNALLY GENERATED	230.72	230.72	10/1/2009
77605		HYPERTHERMIA, EXT; DEEP	528.36	528.36	10/1/2009
77605	26	HYPERTHERMIA, EXT; DEEP	85.63	85.63	10/1/2009
77605	TC	HYPERTHERMIA, EXT; DEEP	442.73	442.73	10/1/2009
77610		HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	492.92	492.92	10/1/2009
77610	26	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	63.77	63.77	10/1/2009
77610	TC	HYPERTHERMIA GENERATED BY INTERSTITIAL PROB(S)	429.15	429.15	10/1/2009
77615		HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	696.97	696.97	10/1/2009
77615	26	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	87.53	87.53	10/1/2009
77615	TC	HYPERTHERMIA; MORE THAN 5 INTERSTITIAL APPLICATORS	609.44	609.44	10/1/2009
77620		INTRACAVITY HYPERTHERMIA	310.14	310.14	10/1/2009
77620	26	INTRACAVITY HYPERTHERMIA	65.86	65.86	10/1/2009
77620	TC	INTRACAVITY HYPERTHERMIA	244.27	244.27	10/1/2009
77750		INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	279.75	279.75	10/1/2009
77750	26	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	207.43	207.43	10/1/2009
77750	TC	INFUSION OR INSTILLATION OF RADIOELEMENT SOULTION	72.34	72.34	10/1/2009
77761		INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	286.85	286.85	10/1/2009
77761	26	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	159.20	159.20	10/1/2009
77761	TC	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	127.65	127.65	10/1/2009
77762		INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	392.35	392.35	10/1/2009
77762	26	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	240.63	240.63	10/1/2009
77762	TC	INTRACAVITARY RADIOELEMENT APPLICATION (INTERMED)	151.72	151.72	10/1/2009
77763		INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	556.34	556.34	10/1/2009
77763	26	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	361.15	361.15	10/1/2009
77763	TC	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	195.19	195.19	10/1/2009
77776		INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	337.14	337.14	10/1/2009
77776	26	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	199.30	199.30	10/1/2009
77776	TC	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	137.84	137.84	10/1/2009
77777		INTERSTITIAL RADIOELEMENT APPLICATION; INTERMED.	471.13	471.13	10/1/2009
77777	26	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMED.	318.25	318.25	10/1/2009
77777	TC	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMED.	152.88	152.88	10/1/2009
77778		INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	675.36	675.36	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
77778	26	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	472.16	472.16	10/1/2009
77778	TC	INTERSTITIAL RADIOELEMENT APPLICATION COMPLEX	203.18	203.18	10/1/2009
77789		SURFACE APPLICATION OF RADIATION SOURCE	85.29	85.29	10/1/2009
77789	26	SURFACE APPLICATION OF RADIATION SOURCE	47.98	47.98	10/1/2009
77789	TC	SURFACE APPLICATION OF RADIATION SOURCE	37.31	37.31	10/1/2009
77790		SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	71.62	71.62	10/1/2009
77790	26	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	44.11	44.11	10/1/2009
77790	TC	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	27.51	27.51	10/1/2009
78000		THROID UPTAKE; SINGLE DETERMINATION	54.61	54.61	10/1/2009
78000	26	THROID UPTAKE; SINGLE DETERMINATION	8.14	8.14	10/1/2009
78000	TC	THROID UPTAKE; SINGLE DETERMINATION	46.46	46.46	10/1/2009
78001		THYROID UPTAKE; MULTIPLE DETERMINATIONS	69.39	69.39	10/1/2009
78001	26	THYROID UPTAKE; MULTIPLE DETERMINATIONS	11.19	11.19	10/1/2009
78001	TC	THYROID UPTAKE; MULTIPLE DETERMINATIONS	58.20	58.20	10/1/2009
78003		THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	60.71	60.71	10/1/2009
78003	26	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	13.95	13.95	10/1/2009
78003	TC	THYROID UPTAKE STIMULATION, SUPPRESION OR DISCHARG	46.76	46.76	10/1/2009
78006		THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	170.52	170.52	10/1/2009
78006	26	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	20.87	20.87	10/1/2009
78006	TC	THYROID IMAGING, W/UPTAKE; SINGLE DETERMINATION	149.66	149.66	10/1/2009
78007		THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	104.41	104.41	10/1/2009
78007	26	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	21.47	21.47	10/1/2009
78007	TC	THYROID IMAGING, W/UPTAKE; MULTPL DETERMINATIONS	82.95	82.95	10/1/2009
78010		THYROID IMAGING; ONLY	118.85	118.85	10/1/2009
78010	26	THYROID IMAGING; ONLY	16.59	16.59	10/1/2009
78010	TC	THYROID IMAGING; ONLY	102.26	102.26	10/1/2009
78011		THYROID IMAGING; WITH VASCULAR FLOW	135.24	135.24	10/1/2009
78011	26	THYROID IMAGING; WITH VASCULAR FLOW	19.33	19.33	10/1/2009
78011	TC	THYROID IMAGING; WITH VASCULAR FLOW	115.92	115.92	10/1/2009
78015		THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	160.96	160.96	10/1/2009
78015	26	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	28.69	28.69	10/1/2009
78015	TC	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA	132.27	132.27	10/1/2009
78016		THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	244.01	244.01	10/1/2009
78016	26	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	35.10	35.10	10/1/2009
78016	TC	THYROID CARCINOMA METASTES IMAGING W/ADD'L STUDIES	208.91	208.91	10/1/2009
78018		THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	246.18	246.18	10/1/2009
78018	26	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	36.84	36.84	10/1/2009
78018	TC	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	209.35	209.35	10/1/2009
78020		THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITIK	72.63	72.63	10/1/2009
78020	26	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITIK	25.73	25.73	10/1/2009
78020	TC	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITIK	46.89	46.89	10/1/2009
78070		PARATHYROID IMAGING	136.97	136.97	10/1/2009
78070	26	PARATHYROID IMAGING	35.30	35.30	10/1/2009
78070	TC	PARATHYROID IMAGING	101.67	101.67	10/1/2009
78075		ADRENAL IMAGING, CORTEX &/OR MEDULLA	319.26	319.26	10/1/2009
78075	26	ADRENAL IMAGING, CORTEX &/OR MEDULLA	31.74	31.74	10/1/2009
78075	TC	ADRENAL IMAGING, CORTEX &/OR MEDULLA	287.51	287.51	10/1/2009
78102		BONE MARROW IMAGING; LIMITED AREA	126.63	126.63	10/1/2009
78102	26	BONE MARROW IMAGING; LIMITED AREA	23.60	23.60	10/1/2009
78102	TC	BONE MARROW IMAGING; LIMITED AREA	103.03	103.03	10/1/2009
78103		BONE MARROW IMAGING; MULTIPLE AREAS	170.11	170.11	10/1/2009
78103	26	BONE MARROW IMAGING; MULTIPLE AREAS	32.05	32.05	10/1/2009
78103	TC	BONE MARROW IMAGING; MULTIPLE AREAS	138.05	138.05	10/1/2009
78104		BONE MARROW IMAGING; WHOLE BODY	194.86	194.86	10/1/2009
78104	26	BONE MARROW IMAGING; WHOLE BODY	34.48	34.48	10/1/2009
78104	TC	BONE MARROW IMAGING; WHOLE BODY	160.38	160.38	10/1/2009
78110		PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	60.38	60.38	10/1/2009
78110	26	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	8.14	8.14	10/1/2009
78110	TC	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE	52.23	52.23	10/1/2009
78111		PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	77.02	77.02	10/1/2009
78111	26	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	9.66	9.66	10/1/2009
78111	TC	PLASMA VOLUME RADIONUCLIDE VOL-DILUT TECH;MULT SAM	67.37	67.37	10/1/2009
78120		RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	68.67	68.67	10/1/2009
78120	26	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	9.96	9.96	10/1/2009
78120	TC	RED CELL VOLUME DETERMINATION; SINGLE SAMPLING	58.70	58.70	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
78121		RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	83.32	83.32	10/1/2009
78121	26	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	13.63	13.63	10/1/2009
78121	TC	RED CELL VOLUME DETERMINATION; MULTIPLE SAMPLING	69.68	69.68	10/1/2009
78122		WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	103.39	103.39	10/1/2009
78122	26	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	19.33	19.33	10/1/2009
78122	TC	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUR	84.06	84.06	10/1/2009
78130		RED CELL SURVIVAL STUDY	121.02	121.02	10/1/2009
78130	26	RED CELL SURVIVAL STUDY	26.24	26.24	10/1/2009
78130	TC	RED CELL SURVIVAL STUDY	94.77	94.77	10/1/2009
78135		RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	251.02	251.02	10/1/2009
78135	26	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	27.47	27.47	10/1/2009
78135	TC	RED CELL SURVIVAL STUDY PLUS SPLENIC AND/OR HEPAT	223.56	223.56	10/1/2009
78140		RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	117.21	117.21	10/1/2009
78140	26	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	26.24	26.24	10/1/2009
78140	TC	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	90.96	90.96	10/1/2009
78185		SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	146.37	146.37	10/1/2009
78185	26	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	17.19	17.19	10/1/2009
78185	TC	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	129.18	129.18	10/1/2009
78190		KINETICS, PLATELET SURVIVAL, WWO DIFF ORG/TIS LOC	288.09	288.09	10/1/2009
78190	26	KINETICS, PLATELET SURVIVAL, WWO DIFF ORG/TIS LOC	46.24	46.24	10/1/2009
78190	TC	KINETICS, PLATELET SURVIVAL, WWO DIFF ORG/TIS LOC	241.85	241.85	10/1/2009
78191		PLATELET SURVIVAL STUDY	156.71	156.71	10/1/2009
78191	26	PLATELET SURVIVAL STUDY	25.95	25.95	10/1/2009
78191	TC	PLATELET SURVIVAL STUDY	130.76	130.76	10/1/2009
78195		LYMPHATICS AND LYMPH NODES IMAGING	262.72	262.72	10/1/2009
78195	26	LYMPHATICS AND LYMPH NODES IMAGING	51.58	51.58	10/1/2009
78195	TC	LYMPHATICS AND LYMPH NODES IMAGING	211.14	211.14	10/1/2009
78201		LIVER IMAGING; STATIC ONLY	135.22	135.22	10/1/2009
78201	26	LIVER IMAGING; STATIC ONLY	18.44	18.44	10/1/2009
78201	TC	LIVER IMAGING; STATIC ONLY	116.78	116.78	10/1/2009
78202		LIVER IMAGING; WITH VASCULAR FLOW	156.06	156.06	10/1/2009
78202	26	LIVER IMAGING; WITH VASCULAR FLOW	21.49	21.49	10/1/2009
78202	TC	LIVER IMAGING; WITH VASCULAR FLOW	134.57	134.57	10/1/2009
78205		NUCLEAR SCAN OF LIVER 3D	186.90	186.90	10/1/2009
78205	26	NUCLEAR SCAN OF LIVER 3D	30.52	30.52	10/1/2009
78205	TC	NUCLEAR SCAN OF LIVER 3D	156.39	156.39	10/1/2009
78206		LIVER IMAGING (SPECT); WITH VASCULAR FLOW	262.76	262.76	10/1/2009
78206	26	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	41.10	41.10	10/1/2009
78206	TC	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	221.66	221.66	10/1/2009
78215		LIVER AND SPLEEN IMAGING; STATIC ONLY	144.48	144.48	10/1/2009
78215	26	LIVER AND SPLEEN IMAGING; STATIC ONLY	20.87	20.87	10/1/2009
78215	TC	LIVER AND SPLEEN IMAGING; STATIC ONLY	123.61	123.61	10/1/2009
78216		LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	109.69	109.69	10/1/2009
78216	26	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	24.22	24.22	10/1/2009
78216	TC	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW	85.47	85.47	10/1/2009
78220		LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	114.03	114.03	10/1/2009
78220	26	LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	20.87	20.87	10/1/2009
78220	TC	LIVER FUNCTN STDY W/HEPATOBILIARY AGNTS, W/SER IMA	93.17	93.17	10/1/2009
78223		HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	241.85	241.85	10/1/2009
78223	26	HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	35.93	35.93	10/1/2009
78223	TC	HEPATOBILIARY DUCTAL SYS IMAGING,INCL GALLBLADDER	205.93	205.93	10/1/2009
78230		SALIVARY GLAND IMAGING	123.13	123.13	10/1/2009
78230	26	SALIVARY GLAND IMAGING	19.04	19.04	10/1/2009
78230	TC	SALIVARY GLAND IMAGING	104.09	104.09	10/1/2009
78231		SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	105.34	105.34	10/1/2009
78231	26	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	22.09	22.09	10/1/2009
78231	TC	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	83.25	83.25	10/1/2009
78232		SALIVARY GLAND FUNCTION STUDY	107.15	107.15	10/1/2009
78232	26	SALIVARY GLAND FUNCTION STUDY	20.24	20.24	10/1/2009
78232	TC	SALIVARY GLAND FUNCTION STUDY	86.91	86.91	10/1/2009
78258		ESOPHAGEAL MOTILITY	171.79	171.79	10/1/2009
78258	26	ESOPHAGEAL MOTILITY	32.03	32.03	10/1/2009
78258	TC	ESOPHAGEAL MOTILITY	139.77	139.77	10/1/2009
78261		GASTRIC MUCOSA IMAGING	189.41	189.41	10/1/2009
78261	26	GASTRIC MUCOSA IMAGING	29.60	29.60	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
78261	TC	GASTRIC MUCOSA IMAGING	159.81	159.81	10/1/2009
78262		GASTROESOPHAGEAL REFLUX STUDY	186.79	186.79	10/1/2009
78262	26	GASTROESOPHAGEAL REFLUX STUDY	28.72	28.72	10/1/2009
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	158.08	158.08	10/1/2009
78264		GASTRIC EMPTYING STUDY	215.00	215.00	10/1/2009
78264	26	GASTRIC EMPTYING STUDY	33.28	33.28	10/1/2009
78264	TC	GASTRIC EMPTYING STUDY	181.72	181.72	10/1/2009
78267		UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	10.17	10.17	10/1/2009
78268		UREA BREATH TEST, C-14; ANALYSIS	87.18	87.18	10/1/2009
78270		VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	62.34	62.34	10/1/2009
78270	26	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	8.45	8.45	10/1/2009
78270	TC	VITAMIN B-12 ABSORPTION STUDY; WO INTRINSIC FACTOR	53.89	53.89	10/1/2009
78271		VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	62.92	62.92	10/1/2009
78271	26	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	8.16	8.16	10/1/2009
78271	TC	VITAMIN B-12 ABSORPTION STUDY; W/INTRINSIC FACTOR	54.75	54.75	10/1/2009
78272		VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	71.46	71.46	10/1/2009
78272	26	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	10.92	10.92	10/1/2009
78272	TC	VITAMIN B-12 ABSORPTION STDS CMBND,W&WO INTRIN FAC	60.54	60.54	10/1/2009
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	259.25	259.25	10/1/2009
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	42.33	42.33	10/1/2009
78278	TC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	216.93	216.93	10/1/2009
78282		GASTROINTESTINAL PROTEIN LOSS	57.32	57.32	10/1/2009
78282	26	GASTROINTESTINAL PROTEIN LOSS	16.28	16.28	10/1/2009
78282	TC	GASTROINTESTINAL PROTEIN LOSS	41.04	41.04	10/1/2009
78290		INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	231.46	231.46	10/1/2009
78290	26	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	29.29	29.29	10/1/2009
78290	TC	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKELS LOCALIZA'	202.17	202.17	10/1/2009
78291		PERITONEAL-VENOUS SHUNT PATENCY TEST	189.15	189.15	10/1/2009
78291	26	PERITONEAL-VENOUS SHUNT PATENCY TEST	37.75	37.75	10/1/2009
78291	TC	PERITONEAL-VENOUS SHUNT PATENCY TEST	151.41	151.41	10/1/2009
78300		BONE AND/OR JOINT IMAGING, LIMITED AREA	132.87	132.87	10/1/2009
78300	26	BONE AND/OR JOINT IMAGING, LIMITED AREA	26.55	26.55	10/1/2009
78300	TC	BONE AND/OR JOINT IMAGING, LIMITED AREA	106.31	106.31	10/1/2009
78305		BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	176.65	176.65	10/1/2009
78305	26	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	35.33	35.33	10/1/2009
78305	TC	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	141.33	141.33	10/1/2009
78306		BONE AND/OR JOINT IMAGING; WHOLE BODY	195.49	195.49	10/1/2009
78306	26	BONE AND/OR JOINT IMAGING; WHOLE BODY	36.84	36.84	10/1/2009
78306	TC	BONE AND/OR JOINT IMAGING; WHOLE BODY	158.65	158.65	10/1/2009
78315		BONE IMAGING BY THREE PHASE TECHNIQUE	259.61	259.61	10/1/2009
78315	26	BONE IMAGING BY THREE PHASE TECHNIQUE	43.55	43.55	10/1/2009
78315	TC	BONE IMAGING BY THREE PHASE TECHNIQUE	216.06	216.06	10/1/2009
78320		NUCLEAR SCAN OF BONE 3D	200.86	200.86	10/1/2009
78320	26	NUCLEAR SCAN OF BONE 3D	44.46	44.46	10/1/2009
78320	TC	NUCLEAR SCAN OF BONE 3D	156.39	156.39	10/1/2009
78350		BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	26.79	26.79	10/1/2009
78350	26	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	9.07	9.07	10/1/2009
78350	TC	BONE DENSITY STUDY; SINGLE PHOTON ABSORPTIOMETRY	17.72	17.72	10/1/2009
78351		BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; D	12.72	12.72	10/1/2009
78351	26	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; D	3.19	3.19	10/1/2009
78414		DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	66.87	66.87	10/1/2009
78414	26	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	18.17	18.17	10/1/2009
78414	TC	DETERM OF VENTRICULAR EJECTION FRCTN W/PROBE TECH	48.69	48.69	10/1/2009
78428		CARDIAC SHUNT DETECTION	154.38	154.38	10/1/2009
78428	26	CARDIAC SHUNT DETECTION	34.72	34.72	10/1/2009
78428	TC	CARDIAC SHUNT DETECTION	119.67	119.67	10/1/2009
78445		NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPH	129.17	129.17	10/1/2009
78445	26	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPH	20.87	20.87	10/1/2009
78445	TC	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPH	108.31	108.31	10/1/2009
78456		ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	273.05	273.05	10/1/2009
78456	26	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	45.24	45.24	10/1/2009
78456	TC	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	227.81	227.81	10/1/2009
78457		VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	148.79	148.79	10/1/2009
78457	26	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	32.68	32.68	10/1/2009
78457	TC	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	116.12	116.12	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
78458		VENOUS THROMBOSIS IMAGING; BILATERAL	164.23	164.23	10/1/2009
78458	26	VENOUS THROMBOSIS IMAGING; BILATERAL	38.66	38.66	10/1/2009
78458	TC	VENOUS THROMBOSIS IMAGING; BILATERAL	125.57	125.57	10/1/2009
78460		MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	149.29	149.29	10/1/2009
78460	26	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	37.12	37.12	10/1/2009
78460	TC	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR	112.17	112.17	10/1/2009
78461		MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST	168.59	168.59	10/1/2009
78461	26	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST	53.18	53.18	10/1/2009
78461	TC	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST	115.41	115.41	10/1/2009
78464		MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY	218.31	218.31	10/1/2009
78464	26	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY	48.91	48.91	10/1/2009
78464	TC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY	169.41	169.41	10/1/2009
78465		MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES	385.25	385.25	10/1/2009
78465	26	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES	66.12	66.12	10/1/2009
78465	TC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES	319.13	319.13	10/1/2009
78466		NUCLEAR SCAN, HEART MUSCLE	141.97	141.97	10/1/2009
78466	26	NUCLEAR SCAN, HEART MUSCLE	30.47	30.47	10/1/2009
78466	TC	NUCLEAR SCAN, HEART MUSCLE	111.50	111.50	10/1/2009
78468		NUCLEAR SCAN, HEART MUSCLE	178.98	178.98	10/1/2009
78468	26	NUCLEAR SCAN, HEART MUSCLE	36.21	36.21	10/1/2009
78468	TC	NUCLEAR SCAN, HEART MUSCLE	142.77	142.77	10/1/2009
78469		MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH	203.53	203.53	10/1/2009
78469	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH	40.81	40.81	10/1/2009
78469	TC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH	162.72	162.72	10/1/2009
78472		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY	207.15	207.15	10/1/2009
78472	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY	43.17	43.17	10/1/2009
78472	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY	163.98	163.98	10/1/2009
78473		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	283.46	283.46	10/1/2009
78473	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	65.77	65.77	10/1/2009
78473	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES	217.69	217.69	10/1/2009
78478		MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUALITATIVE	47.67	47.67	10/1/2009
78478	26	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUALITATIVE	22.90	22.90	10/1/2009
78478	TC	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUALITATIVE	24.76	24.76	10/1/2009
78480		MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY)	39.41	39.41	10/1/2009
78480	26	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY)	14.65	14.65	10/1/2009
78480	TC	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY)	24.76	24.76	10/1/2009
78481		CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE	182.05	182.05	10/1/2009
78481	26	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE	44.71	44.71	10/1/2009
78481	TC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE	137.34	137.34	10/1/2009
78483		CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE	257.39	257.39	10/1/2009
78483	26	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE	67.88	67.88	10/1/2009
78483	TC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE	189.52	189.52	10/1/2009
78494		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WITH	226.30	226.30	10/1/2009
78494	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WITH	52.80	52.80	10/1/2009
78494	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WITH	173.50	173.50	10/1/2009
78496		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST	93.16	93.16	10/1/2009
78496	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST	22.62	22.62	10/1/2009
78496	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST	70.53	70.53	10/1/2009
78580		PULMONARY PERFUSION IMAGING; PARTICULATE	163.93	163.93	10/1/2009
78580	26	PULMONARY PERFUSION IMAGING; PARTICULATE	31.74	31.74	10/1/2009
78580	TC	PULMONARY PERFUSION IMAGING; PARTICULATE	132.19	132.19	10/1/2009
78584		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING	125.58	125.58	10/1/2009
78584	26	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING	42.33	42.33	10/1/2009
78584	TC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING	83.25	83.25	10/1/2009
78585		PULMONARY PERFUSION IMAGING, PART WITH VENTILATION; REBREATHING & WHOT WITH CR WITH S	270.19	270.19	10/1/2009
78585	26	PULMONARY PERFUSION IMAGING, PART WITH VENTILATION; REBREATHING & WHOT WITH CR WITH S	46.80	46.80	10/1/2009
78585	TC	PULMONARY PERFUSION IMAGING, PART WITH VENTILATION; REBREATHING & WHOT WITH CR WITH S	223.40	223.40	10/1/2009
78586		PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	124.65	124.65	10/1/2009
78586	26	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	17.19	17.19	10/1/2009
78586	TC	PULMONARY VENTILATION AEROSOL; SINGLE PROJECTION	107.46	107.46	10/1/2009
78587		PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS	156.87	156.87	10/1/2009
78587	26	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS	21.16	21.16	10/1/2009
78587	TC	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS	135.73	135.73	10/1/2009
78588		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING	250.81	250.81	10/1/2009
78588	26	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING	46.80	46.80	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
78588	TC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAG	204.00	204.00	10/1/2009
78591		PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	126.38	126.38	10/1/2009
78591	26	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	17.19	17.19	10/1/2009
78591	TC	PULMONARY VENTILATION IMAG, GASEOUS, SNGL BRETH&IN	109.19	109.19	10/1/2009
78593		PULMNRY VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	149.01	149.01	10/1/2009
78593	26	PULMNRY VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	20.87	20.87	10/1/2009
78593	TC	PULMNRY VENT. IMAG, GAS W/REBR&WSHOT W/WO SI BR;SI	128.16	128.16	10/1/2009
78594		PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	174.15	174.15	10/1/2009
78594	26	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	22.69	22.69	10/1/2009
78594	TC	PULM VENT IMGNG, GAS, W/REBR&SHOT W/WO SI BR;MUL P	151.45	151.45	10/1/2009
78596		PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	290.45	290.45	10/1/2009
78596	26	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	53.28	53.28	10/1/2009
78596	TC	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION STUDY	237.18	237.18	10/1/2009
78600		BRAIN IMAGING, LIMITED PROCEDURE; STATIC	135.71	135.71	10/1/2009
78600	26	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	19.02	19.02	10/1/2009
78600	TC	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	116.69	116.69	10/1/2009
78601		BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	161.46	161.46	10/1/2009
78601	26	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	21.78	21.78	10/1/2009
78601	TC	BRAIN IMAGING, LTD PROCEDURE; W/VASCULAR FLOW	139.69	139.69	10/1/2009
78605		BRAIN IMAGING, COMPLETE STUDY; STATIC	151.13	151.13	10/1/2009
78605	26	BRAIN IMAGING, COMPLETE STUDY; STATIC	22.98	22.98	10/1/2009
78605	TC	BRAIN IMAGING, COMPLETE STUDY; STATIC	128.16	128.16	10/1/2009
78606		BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	236.39	236.39	10/1/2009
78606	26	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	27.47	27.47	10/1/2009
78606	TC	BRAIN IMAGING, COMPLETE STUDY W/VASCULAR FLOW	208.93	208.93	10/1/2009
78607		NUCLEAR SCAN OF BRAIN 3D	284.48	284.48	10/1/2009
78607	26	NUCLEAR SCAN OF BRAIN 3D	52.61	52.61	10/1/2009
78607	TC	NUCLEAR SCAN OF BRAIN 3D	231.88	231.88	10/1/2009
78610		BRAIN IMAGING, VASCULAR FLOW ONLY	136.70	136.70	10/1/2009
78610	26	BRAIN IMAGING, VASCULAR FLOW ONLY	13.30	13.30	10/1/2009
78610	TC	BRAIN IMAGING, VASCULAR FLOW ONLY	123.40	123.40	10/1/2009
78630		CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	250.94	250.94	10/1/2009
78630	26	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	29.29	29.29	10/1/2009
78630	TC	CEREBROSPINAL FLUID FLOW,IMAG; CISTERNOGRAPHY	221.65	221.65	10/1/2009
78635		CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	228.40	228.40	10/1/2009
78635	26	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	26.34	26.34	10/1/2009
78635	TC	CEREBROSPINAL FLUID FLOW IMAG; VENTRICULOGRAPHY	202.06	202.06	10/1/2009
78645		CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	231.11	231.11	10/1/2009
78645	26	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	24.52	24.52	10/1/2009
78645	TC	CEREBROSPINAL FLUID FLOW IMAG; SHUNT EVALUATION	206.60	206.60	10/1/2009
78647		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	265.13	265.13	10/1/2009
78647	26	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	38.37	38.37	10/1/2009
78647	TC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION C	226.76	226.76	10/1/2009
78650		CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	244.70	244.70	10/1/2009
78650	26	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	26.24	26.24	10/1/2009
78650	TC	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	218.45	218.45	10/1/2009
78660		RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	128.03	128.03	10/1/2009
78660	26	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	22.69	22.69	10/1/2009
78660	TC	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	105.33	105.33	10/1/2009
78700		KIDNEY IMAGING; STATIC ONLY	134.68	134.68	10/1/2009
78700	26	KIDNEY IMAGING; STATIC ONLY	19.33	19.33	10/1/2009
78700	TC	KIDNEY IMAGING; STATIC ONLY	115.35	115.35	10/1/2009
78701		KIDNEY IMAGING; WITH VASCULAR FLOW	161.13	161.13	10/1/2009
78701	26	KIDNEY IMAGING; WITH VASCULAR FLOW	20.87	20.87	10/1/2009
78701	TC	KIDNEY IMAGING; WITH VASCULAR FLOW	140.27	140.27	10/1/2009
78707		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	188.42	188.42	10/1/2009
78707	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	41.10	41.10	10/1/2009
78707	TC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY W	147.31	147.31	10/1/2009
78708		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	154.30	154.30	10/1/2009
78708	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	51.98	51.98	10/1/2009
78708	TC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, V	102.32	102.32	10/1/2009
78709		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIE	277.54	277.54	10/1/2009
78709	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIE	60.43	60.43	10/1/2009
78709	TC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIE	217.11	217.11	10/1/2009
78710		KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	185.35	185.35	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
78710	26	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	28.38	28.38	10/1/2009
78710	TC	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	156.97	156.97	10/1/2009
78725		KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	78.44	78.44	10/1/2009
78725	26	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	15.99	15.99	10/1/2009
78725	TC	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	62.45	62.45	10/1/2009
78730		URINARY BLADDER RESIDUAL STUDY	60.01	60.01	10/1/2009
78730	26	URINARY BLADDER RESIDUAL STUDY	7.38	7.38	10/1/2009
78730	TC	URINARY BLADDER RESIDUAL STUDY	52.63	52.63	10/1/2009
78740		URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	160.33	160.33	10/1/2009
78740	26	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	24.71	24.71	10/1/2009
78740	TC	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAI	135.62	135.62	10/1/2009
78761		TESTICULAR IMAGING; WITH VASCULAR FLOW	161.07	161.07	10/1/2009
78761	26	TESTICULAR IMAGING; WITH VASCULAR FLOW	30.52	30.52	10/1/2009
78761	TC	TESTICULAR IMAGING; WITH VASCULAR FLOW	130.55	130.55	10/1/2009
78800		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	144.04	144.04	10/1/2009
78800	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	28.00	28.00	10/1/2009
78800	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA	116.04	116.04	10/1/2009
78801		RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	192.64	192.64	10/1/2009
78801	26	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	33.99	33.99	10/1/2009
78801	TC	RADIONUCLIDE LOCALIZATION MULTIPLE AREAS	158.65	158.65	10/1/2009
78802		RADIONUCLIDE LOCALIZATION WHOLE BODY	251.86	251.86	10/1/2009
78802	26	RADIONUCLIDE LOCALIZATION WHOLE BODY	36.84	36.84	10/1/2009
78802	TC	RADIONUCLIDE LOCALIZATION WHOLE BODY	215.03	215.03	10/1/2009
78803		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	277.81	277.81	10/1/2009
78803	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	46.80	46.80	10/1/2009
78803	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPEC	231.01	231.01	10/1/2009
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	443.00	443.00	10/1/2009
78804	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	45.98	45.98	10/1/2009
78804	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	397.01	397.01	10/1/2009
78805		RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	144.58	144.58	10/1/2009
78805	26	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	31.14	31.14	10/1/2009
78805	TC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIM	113.44	113.44	10/1/2009
78806		RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	263.53	263.53	10/1/2009
78806	26	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	36.84	36.84	10/1/2009
78806	TC	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	226.69	226.69	10/1/2009
78807		RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	278.20	278.20	10/1/2009
78807	26	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	46.89	46.89	10/1/2009
78807	TC	RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPI	231.30	231.30	10/1/2009
79200		INTRACAVITARY RADIOACTIVE COLLOID THERAPY	142.73	142.73	10/1/2009
79200	26	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	85.46	85.46	10/1/2009
79200	TC	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	57.28	57.28	10/1/2009
79300		INTERSTITIAL RADIOACTIVE COLLOID THERAPY	180.85	180.85	10/1/2009
79300	26	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	69.19	69.19	10/1/2009
79300	TC	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	111.67	111.67	10/1/2009
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	178.15	178.15	10/1/2009
79403	26	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	97.22	97.22	10/1/2009
79403	TC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBC	80.93	80.93	10/1/2009
79440		INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	132.15	132.15	10/1/2009
79440	26	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	85.26	85.26	10/1/2009
79440	TC	INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY	46.89	46.89	10/1/2009
80048		BASIC METABOLIC PANEL	10.19	10.19	10/1/2009
80050		GENERAL HEALTH SCREEN PANEL	11.50	11.73	10/1/2009
80051		ELECTROLYTE PANEL	8.77	8.77	10/1/2009
80053		COMPREHENSIVE METABOLIC PANEL	10.74	10.74	10/1/2009
80055		OBSTETRIC PANEL	28.67	28.67	10/1/2009
80061		LIPID PANEL	17.04	17.04	10/1/2009
80069		RENAL FUNCTION PANEL	10.19	10.19	10/1/2009
80074		ACUTE HEPATITIS PANEL	59.25	59.25	10/1/2009
80076		HEPATIC FUNCTION PANEL	10.19	10.19	10/1/2009
80100		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAP	18.49	18.49	10/1/2009
80101		DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNO	17.51	17.51	10/1/2009
80102		DRUG CONFIRMATION	16.84	16.84	10/1/2009
80104		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHF	18.63	18.63	1/1/2011
80150		AMIKACIN	19.16	19.16	10/1/2009
80152		AMITRIPTYLINE	20.71	20.71	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
80154		BENZODIAZEPINES	23.51	23.51	10/1/2009
80156		CARBAMAZEPINE; TOTAL	18.51	18.51	10/1/2009
80157		CARBAMAZEPINE; FREE	16.85	16.85	10/1/2009
80158		CYCLOSPORINE	22.96	22.96	10/1/2009
80160		DESIPRAMINE	21.89	21.89	10/1/2009
80162		DIGOXIN	16.88	16.88	10/1/2009
80164		DIPROPYLACETIC ACID	17.04	17.04	10/1/2009
80166		DOXEPIN	19.71	19.71	10/1/2009
80168		ETHOSUXIMIDE	20.78	20.78	10/1/2009
80170		GENTAMICIN	4.40	4.40	10/1/2009
80172		GOLD	20.71	20.71	10/1/2009
80173		HALOPERIDOL	18.51	18.51	10/1/2009
80174		IMIPRAMINE	21.89	21.89	10/1/2009
80176		LIDOCAINE	18.67	18.67	10/1/2009
80178		LITHIUM	8.41	8.41	10/1/2009
80182		NORTRIPTYLINE	17.04	17.04	10/1/2009
80184		PHENOBARBITAL	14.57	14.57	10/1/2009
80185		PHENTOIN; TOTAL	16.85	16.85	10/1/2009
80186		PHENTOIN; FREE	17.50	17.50	10/1/2009
80188		PRIMIDONE	20.71	20.71	10/1/2009
80190		PROCAINAMIDE	21.30	21.30	10/1/2009
80192		PROCAINAMIDE: WITH ANTIBODIES	21.30	21.30	10/1/2009
80194		QUINIDINE	18.55	18.55	10/1/2009
80196		SALICYLATE	9.03	9.03	10/1/2009
80197		TACROLIMUS	17.44	17.44	10/1/2009
80198		THEOPHYLLINE	17.99	17.99	10/1/2009
80200		TOBRAMYCIN	20.49	20.49	10/1/2009
80201		TOPIRAMATE	15.16	15.16	10/1/2009
80202		VANCOMYCIN	17.04	17.04	10/1/2009
80299		QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	17.41	17.41	10/1/2009
80400		ACTH STIMULATION PANEL;	41.46	41.46	10/1/2009
80402		ACTH STIMULATION PANEL;	110.53	110.53	10/1/2009
80406		ACTH STIMULATION PANEL;	99.50	99.50	10/1/2009
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	159.56	159.56	10/1/2009
80410		CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	102.13	102.13	10/1/2009
80412		CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	419.06	419.06	10/1/2009
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	734.33	734.33	10/1/2009
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	91.58	91.58	10/1/2009
80422		GLUCAGON TOLERANCE PANEL;	58.59	58.59	10/1/2009
80424		GLUCAGON TOLERANCE PANEL;	64.21	64.21	10/1/2009
80428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOP.	84.78	84.78	10/1/2009
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	99.74	99.74	10/1/2009
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	140.49	140.49	10/1/2009
80434		INSULIN TOLERANCE PANEL;	128.58	128.58	10/1/2009
80435		INSULIN TOLERANCE PANEL;	130.90	130.90	10/1/2009
80436		METYPAPONE PANEL	115.90	115.90	10/1/2009
80438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	62.16	62.16	10/1/2009
80439		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	82.88	82.88	10/1/2009
80440		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;	73.93	73.93	10/1/2009
80500		CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	15.20	17.22	10/1/2009
80500	26	CLINICAL PATHOLOGY CONSULTATION, WITHOUT PATIENT'S HISTORY	13.19	14.56	10/1/2009
80502		CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	52.93	54.08	10/1/2009
80502	26	CLINICAL PATHOLOGY CONSULTATION , COMPREHENSIVE	40.41	41.14	10/1/2009
81000		ROUTINE URINE ANALYSIS	4.03	4.03	10/1/2009
81001		URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE	4.03	4.03	10/1/2009
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	3.25	3.25	10/1/2009
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, WO MICRO	2.86	2.86	10/1/2009
81005		URINE TESTS	2.76	2.76	10/1/2009
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK	3.27	3.27	10/1/2009
81015		MICROSCOPIC URINE EXAM	3.86	3.86	10/1/2009
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	4.69	4.69	10/1/2009
81025		UA PREG. TEST - COLOR COMPARISON METHOD	8.04	8.04	10/1/2009
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	3.81	3.81	10/1/2009
82000		ACETALDEHYDE BLOOD	15.75	15.75	10/1/2009
82003		ACETAMINOPHEN	25.73	25.73	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
82009		ACETONE QUALITATIVE	5.74	5.74	10/1/2009
82010		LABORATORY SERVICES, ANALYSIS	10.39	10.39	10/1/2009
82013		ACETYLCHOLINESTERASE	14.21	14.21	10/1/2009
82016		ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82017		ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN (FOR CARNITINE, SEE 82024)	21.45	21.45	10/1/2009
82024		ACTH	49.11	49.11	10/1/2009
82030		ADENOSINE; 5' MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	32.81	32.81	10/1/2009
82040		ALBUMIN SERUM	6.30	6.30	10/1/2009
82042		ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN	6.58	6.58	10/1/2009
82043		ALBUMIN; URINE, MICRO, QUANTITATIVE	7.36	7.36	10/1/2009
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	3.64	3.64	10/1/2009
82055		A150 OR A350 SALIVA ALCOHOL TEST	13.74	13.74	10/1/2009
82075		ALCOHOL BREATH	15.32	15.32	10/1/2009
82085		ALDOLASE	12.34	12.34	10/1/2009
82088		ALDOSTERONE	51.82	51.82	10/1/2009
82101		LABORATORY SERVICES, ANALYSIS	38.17	38.17	10/1/2009
82103		ALPHA-1-ANTITRYPSIN; TOTAL	17.08	17.08	10/1/2009
82104		ALPHA-1-ANTITRYPSIN; PHENOTYPE	18.38	18.38	10/1/2009
82105		ALPHA-FETOPROTEIN; SERUM	21.33	21.33	10/1/2009
82106		ALPHA-FETOPROTEIN; AMNIOTIC FLUID	21.33	21.33	10/1/2009
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (I)	81.89	81.89	10/1/2009
82108		ALUMINUM	32.40	32.40	10/1/2009
82120		AMINES, VAGINAL FLUID, QUALITATIVE	4.78	4.78	10/1/2009
82127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82128		AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH SPECIMEN	17.63	17.63	10/1/2009
82131		AMINO ACIDS; SINGLE, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82135		AMINOLEVULINIC ACID DELTA	20.93	20.93	10/1/2009
82136		AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82140		AMMONIA	18.53	18.53	10/1/2009
82143		AMNIOTIC FLUID SCAN	8.75	8.75	10/1/2009
82145		AMPHETAMINE OR METHAMPHETAMINE	19.77	19.77	10/1/2009
82150		AMYLASE	8.24	8.24	10/1/2009
82154		ANDROSTANEDIOL GLUCURONIDE	36.66	36.66	10/1/2009
82157		ANDROSTENEDIONE	37.22	37.22	10/1/2009
82160		ANDROSTERONE	31.80	31.80	10/1/2009
82163		ANGIOTENSIN II	26.10	26.10	10/1/2009
82164		ANGIOTENSIN I (ACE)	18.55	18.55	10/1/2009
82172		APOLIPOPROTEIN, EACH	19.70	19.70	10/1/2009
82175		ARSENIC	24.12	24.12	10/1/2009
82180		ASCORBIC ACID	12.57	12.57	10/1/2009
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH	18.96	18.96	10/1/2009
82205		BARBITURATES, NOT ELSEWHERE SPECIFIED	14.57	14.57	10/1/2009
82232		BETA-2 MICROGLOBULIN	20.58	20.58	10/1/2009
82239		BILE ACIDS; TOTAL	20.71	20.71	10/1/2009
82240		BILE ACIDS; CHOLYLGLYCINE	20.71	20.71	10/1/2009
82247		BILIRUBIN; TOTAL	6.39	6.39	10/1/2009
82248		BILIRUBIN; DIRECT	6.39	6.39	10/1/2009
82252		BILIRUBIN FECES QUALITATIVE	5.78	5.78	10/1/2009
82261		BIOTINIDASE, EACH SPECIMEN	21.45	21.45	10/1/2009
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FI	4.13	4.13	10/1/2009
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOAS	20.22	20.22	10/1/2009
82286		BRADYKININ	8.75	8.75	10/1/2009
82300		CADMIUM	29.42	29.42	10/1/2009
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	37.64	37.64	10/1/2009
82307		CALCIFEROL (VITAMIN D)	40.97	40.97	10/1/2009
82308		CALCITONIN	34.04	34.04	10/1/2009
82310		CALCIUM; TOTAL	6.55	6.55	10/1/2009
82330		CALCIUM; IONIZED	17.37	17.37	10/1/2009
82331		CALCIUM AFTER CALCIUM INFUSION TEST	6.58	6.58	10/1/2009
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	6.62	6.62	10/1/2009
82355		CALCULUS; QUALITATIVE ANALYSIS	14.71	14.71	10/1/2009
82360		CALCULUS QUANTITATIVE CHEMICAL	16.37	16.37	10/1/2009
82365		CALCULUS QUANTITATIVE INFRARED SPECTROSCOPY	16.39	16.39	10/1/2009
82370		CALCULUS QUANTITATIVE X-RAY DEFRACTION	15.93	15.93	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN	22.96	22.96	10/1/2009
82374		CARBON DIOXIDE	6.22	6.22	10/1/2009
82375		LABORATORY SERVICES, ANALYSIS	14.07	14.07	10/1/2009
82376		CARBON DIOX COMB PARCARB MUNO QUALITATIV	7.62	7.62	10/1/2009
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	24.12	24.12	10/1/2009
82379		CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	21.45	21.45	10/1/2009
82380		CAROTENE	11.73	11.73	10/1/2009
82382		CATECHOLAMINES; TOTAL URINE	21.86	21.86	10/1/2009
82383		CATECHOLAMINES BLOOD	31.86	31.86	10/1/2009
82384		CATECHOLAMINES FRACTIONATED	32.10	32.10	10/1/2009
82387		CATHEPSIN-D	17.63	17.63	10/1/2009
82390		CERULOPLASMIN	13.66	13.66	10/1/2009
82397		CHEMILUMINESCENT ASSAY	17.63	17.63	10/1/2009
82415		CHLORAMPHENICOL	16.11	16.11	10/1/2009
82435		CHLORIDE, SERUM	5.84	5.84	10/1/2009
82436		CHLORIDE, URINE	6.39	6.39	10/1/2009
82438		CHLORIDE; OTHER SOURCE	6.22	6.22	10/1/2009
82441		CHLORINATRD HYDROCARBONNS SCREEN	7.63	7.63	10/1/2009
82465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	5.53	5.53	10/1/2009
82480		CHOLINESTERASE	7.31	7.31	10/1/2009
82482		CHOLINESTERASE	5.85	5.85	10/1/2009
82485		CHONDRITINE B SULFATE QUANTITATIVE	26.25	26.25	10/1/2009
82486		CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HPLC), AI	22.96	22.96	10/1/2009
82487		CHROMATOGRAPHY PAPER	20.29	20.29	10/1/2009
82488		CHROMATOGRAPHY PAPER 2 DIMENSIONAL	27.16	27.16	10/1/2009
82489		CHROMATOGRAPHY THIN LAYER	23.51	23.51	10/1/2009
82491		CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC); ;	22.96	22.96	10/1/2009
82492		CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC);	22.96	22.96	10/1/2009
82495		CHROMIUM	25.79	25.79	10/1/2009
82507		CITRIC ACID	35.35	35.35	10/1/2009
82520		COCAINE OR METABOLITE	19.26	19.26	10/1/2009
82523		COLLAGEN CROSS LINKS, ANY METHOD	18.64	18.64	10/1/2009
82525		COPPER	15.78	15.78	10/1/2009
82528		CORTICOSTERONE	28.62	28.62	10/1/2009
82530		CORTISOL; FREE	21.25	21.25	10/1/2009
82533		CORTISOL; TOTAL	20.73	20.73	10/1/2009
82540		CREATINE	5.90	5.90	10/1/2009
82541		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82542		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82543		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82544		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC)	22.96	22.96	10/1/2009
82550		CREATINE KINASE (CK), (CPK); TOTAL	8.28	8.28	10/1/2009
82552		CPK ISOENZYME (QUALITATIVE)	17.03	17.03	10/1/2009
82553		CPK; MB FRACTION ONLY	14.68	14.68	10/1/2009
82554		CPK; ISOFORMS	15.09	15.09	10/1/2009
82565		SERUM CREATININE	6.52	6.52	10/1/2009
82570		CREATININE; OTHER SOURCE	6.58	6.58	10/1/2009
82575		CREATININE CLEARANCE	12.01	12.01	10/1/2009
82585		CRYOFIBRINOGEN	10.90	10.90	10/1/2009
82595		CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)	8.23	8.23	10/1/2009
82600		CYANIDE	24.67	24.67	10/1/2009
82607		CYANOCOBALAMIN (VITAMIN B-12)	19.16	19.16	10/1/2009
82608		CYANOCOBALAMIN UNSATURATED BINDING CAPACITY	18.21	18.21	10/1/2009
82615		CYSTINE	10.38	10.38	10/1/2009
82626		DEHYDROEPIANDROSTERONE (DHEA)	32.13	32.13	10/1/2009
82627		DHEA-S	28.27	28.27	10/1/2009
82633		DEOXYCORTICOSTERONE	39.38	39.38	10/1/2009
82634		DEOXYCORTISOL, 11-	37.22	37.22	10/1/2009
82638		DIBUCAINE NUMBER	15.57	15.57	10/1/2009
82646		CREATINE AND CREATININE	26.25	26.25	10/1/2009
82649		DIHYDROMORPHINONE	32.68	32.68	10/1/2009
82651		DIHYDROTESTOSTERONE	32.82	32.82	10/1/2009
82652		DIHYDROXYVITAMIN D	48.94	48.94	10/1/2009
82654		DIMETHADIONE	17.60	17.60	10/1/2009
82657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT EL	22.96	22.96	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
82658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT EL	22.96	22.96	10/1/2009
82664		ELECTROPHORETIC TECH	43.68	43.68	10/1/2009
82666		EPIANDROSTERONE	27.31	27.31	10/1/2009
82668		ERYTHROPOIETIN	23.90	23.90	10/1/2009
82670		ESTRADIOL	30.28	30.28	10/1/2009
82671		ESTROGENS FRACTIONATED BLOOD	41.07	41.07	10/1/2009
82672		ESTROGENS TOTAL BLOOD	27.57	27.57	10/1/2009
82677		ESTRIOL	30.75	30.75	10/1/2009
82679		ESTRONE	31.74	31.74	10/1/2009
82690		ETHCHLORVYNOL	21.98	21.98	10/1/2009
82693		ETHYLENE GLYCOL	17.64	17.64	10/1/2009
82696		ETIOCHOLANOLONE	29.98	29.98	10/1/2009
82705		FECAL FAT SCREEN	6.47	6.47	10/1/2009
82710		FAT OR LIPIDS, FECES; QUANTITATIVE	21.36	21.36	10/1/2009
82715		FECAL FAT	21.89	21.89	10/1/2009
82725		FATTY ACIDS, NONESTERIFIED	16.93	16.93	10/1/2009
82726		VERY LONG CHAIN FATTY ACIDS	22.96	22.96	10/1/2009
82728		FERRITIN SPECIFY METHOD	17.32	17.32	10/1/2009
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	81.89	81.89	10/1/2009
82735		FLUORIDE	23.58	23.58	10/1/2009
82742		FLURAZEPAM	25.17	25.17	10/1/2009
82746		FOLIC ACID	18.69	18.69	10/1/2009
82747		FOLIC ACID; RBC	19.16	19.16	10/1/2009
82757		FRUCTOSE SEMEN	22.06	22.06	10/1/2009
82759		GALACTORINASE RBC	27.31	27.31	10/1/2009
82760		GALACTOSE	14.23	14.23	10/1/2009
82775		GALACTOSE-1-PHOSDPHATE URIDYL TRANSFERASE;QUAL	26.78	26.78	10/1/2009
82776		GALACTOSE 1 PHOSPHATE URIDYL TRANSFERASE QUANTITAT	10.66	10.66	10/1/2009
82784		GAMMA GLOBULIN	11.82	11.82	10/1/2009
82785		GAMMAGLOBULIN; IGE	20.94	20.94	10/1/2009
82787		GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, OR 4), EAC	10.19	10.19	10/1/2009
82800		OXYGEN SATURATION PH ONLY	8.16	8.16	10/1/2009
82803		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUD	24.61	24.61	10/1/2009
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUD	36.08	36.08	10/1/2009
82810		GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEP	11.10	11.10	10/1/2009
82820		HEMOGLOBIN - OXYGEN AFFINITY	12.70	12.70	10/1/2009
82930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	6.98	6.98	1/1/2011
82938		GASTRIN AFTER SECRETIN STIMULATION	22.50	22.50	10/1/2009
82941		GASTRIN	22.42	22.42	10/1/2009
82943		GLUCAGON	18.17	18.17	10/1/2009
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	4.99	4.99	10/1/2009
82946		GLUCAGON TOLERANCE TEST	19.16	19.16	10/1/2009
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	4.99	4.99	10/1/2009
82948		BLOOD GLUCOSE -FINGER STICK	4.03	4.03	10/1/2009
82950		GLUCOSE POST GLUCOSE DOSE	6.04	6.04	10/1/2009
82951		ORAL GLUCOSE TOLERANCE TEST	16.37	16.37	10/1/2009
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND 3 SPEC	4.99	4.99	10/1/2009
82953		TOLBUTAMIDE TOLERANCE	18.45	18.45	10/1/2009
82955		GLUCOSE 6 PHOSPHATE DEHYDROGENASE	5.92	5.92	10/1/2009
82960		GLUCOSE 6 PHOSPHATE DEHYDROGENASE SCREEN	7.71	7.71	10/1/2009
82962		BLOOD GLUCOSE BY MONITORING DEVICE	2.98	2.98	10/1/2009
82963		GLUCOSIDASE BETA	27.31	27.31	10/1/2009
82965		GLUTAMATE DEHYDROGENASE	9.83	9.83	10/1/2009
82975		GLUTAMINE	20.14	20.14	10/1/2009
82977		G G T	9.15	9.15	10/1/2009
82978		GLUTATIONE LEVEL AND STABILITY	18.12	18.12	10/1/2009
82979		GLUTATHIONE REDUCTASE RBC	8.75	8.75	10/1/2009
82980		GLUTETHIMIDE	23.30	23.30	10/1/2009
82985		GLYCATED PROTEIN	19.16	19.16	10/1/2009
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	23.63	23.63	10/1/2009
83002		HEMOGLOBIN FRACTIONATION AND QUANITATION; ELECTROPHORESIS	23.55	23.55	10/1/2009
83003		GROWTH STIMULATING HORMONE	21.19	21.19	10/1/2009
83008		GUANOSINE MONOPHOSPHATE (GMP), CYCLIC	21.34	21.34	10/1/2009
83010		HAPTOGLOBIN	16.00	16.00	10/1/2009
83012		HAPTOGLOBIN PHENOTYPES ELECTROPHORESIS	21.86	21.86	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
83013		HELICOBACTER PYLORI; ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACT	85.64	85.64	10/1/2009
83014		HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION	9.99	9.99	10/1/2009
83015		HEAVY METAL SCREEN	23.94	23.94	10/1/2009
83018		HEAVY METAL; QUANTITATIVE, EACH	27.92	27.92	10/1/2009
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (E	15.98	15.98	10/1/2009
83020	26	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (E	15.48	15.48	10/1/2009
83021		HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY (I	22.96	22.96	10/1/2009
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	3.00	3.00	10/1/2009
83030		HEMOGLOBIN F(FETAL) CHEMICAL	10.52	10.52	10/1/2009
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	7.58	7.58	10/1/2009
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	12.34	12.34	10/1/2009
83045		METHEMOGLOBIN	6.31	6.31	10/1/2009
83050		METHEMOGLOBIN QUANTITATIVE	9.31	9.31	10/1/2009
83051		METHEMOGLOBIN PLASMA	9.29	9.29	10/1/2009
83055		SULFHMOGLOBIN QUALITATIVE	6.25	6.25	10/1/2009
83060		SULFHMOGLOBIN QUANTITATIVE	10.52	10.52	10/1/2009
83065		HEMOGLOBIN THERMOLABILE	8.75	8.75	10/1/2009
83068		HEMOGLOBIN UNSTABLESCREEN	3.66	3.66	10/1/2009
83069		HEMOGLOBIN URINE	5.01	5.01	10/1/2009
83070		HEMOSIDERIN	0.70	0.70	10/1/2009
83071		HEMOSIDERIN; QUANTITATIVE	8.75	8.75	10/1/2009
83080		B-HEXOSAMINIDASE, EACH ASSAY	21.45	21.45	10/1/2009
83088		HISTAMINE	37.55	37.55	10/1/2009
83090		HOMOCYSTEINE	21.45	21.45	10/1/2009
83150		HOMOVANILLIC ACID (HVA)	24.61	24.61	10/1/2009
83491		HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	22.27	22.27	10/1/2009
83497		5 HIAA QUALITATIVE	16.39	16.39	10/1/2009
83498		HYDROXYPROGESTERONE, 17-D	34.53	34.53	10/1/2009
83499		HYDROXYPROGESTERONE 20	32.05	32.05	10/1/2009
83500		HYDROXYPROLINE FREE	28.80	28.80	10/1/2009
83505		HYDROXYPROLINE TOTAL	30.90	30.90	10/1/2009
83516		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY	14.57	14.57	10/1/2009
83518		IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AG	9.72	9.72	10/1/2009
83519		IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICAL TE	17.18	17.18	10/1/2009
83520		IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECIFIED	16.46	16.46	10/1/2009
83525		INSULIN; TOTAL	14.54	14.54	10/1/2009
83527		INSULIN;	16.09	16.09	10/1/2009
83528		INTRINSIC FACTOR LEVEL	20.22	20.22	10/1/2009
83540		IRON	8.24	8.24	10/1/2009
83550		IBC	11.11	11.11	10/1/2009
83570		IDH	11.25	11.25	10/1/2009
83582		KETOGENIC STEROIDS; FRACTIONATION	18.02	18.02	10/1/2009
83586		KETOSTEROIDS, 17- (17-KS); TOTAL	16.28	16.28	10/1/2009
83593		KETOSTEROIDS, 17- (17-KS); FRACTIONATION	33.44	33.44	10/1/2009
83605		"LACTATES"	13.58	13.58	10/1/2009
83615		LACTATE DEHYDROGENASE (LD), (LDH)	7.68	7.68	10/1/2009
83625		LDH ISOENZYMES	11.83	11.83	10/1/2009
83632		LACTOGEN, HUMAN PLACENTAL (HPL)	25.70	25.70	10/1/2009
83633		LACTOSE URINE QUALITATIVE	7.00	7.00	10/1/2009
83634		LACTOSE URINE QUANTITATIVE	14.65	14.65	10/1/2009
83655		LEAD	15.39	15.39	10/1/2009
83661		FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RA	27.95	27.95	10/1/2009
83662		L/S RATIO	24.05	24.05	10/1/2009
83663		FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	24.05	24.05	10/1/2009
83664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	24.05	24.05	10/1/2009
83670		LEUCINE AMINOPEPTIDASE (LAP)	11.65	11.65	10/1/2009
83690		LIPASE	8.75	8.75	10/1/2009
83718		LIPOPROTEIN. DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL	10.41	10.41	10/1/2009
83719		LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, VLDL CHO	14.80	14.80	10/1/2009
83721		LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT, LDL CHOL	12.13	12.13	10/1/2009
83727		LUTEINIZING RELEASING FACTOR (LRH)	21.86	21.86	10/1/2009
83735		MAGNESIUM	8.52	8.52	10/1/2009
83775		MALATE DEHYDROGENASE	9.37	9.37	10/1/2009
83785		MANGANESE BLOOD OR URINE	31.27	31.27	10/1/2009
83788		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS),	22.96	22.96	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
83789		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS),	22.96	22.96	10/1/2009
83805		MEPROBAMATE BLOOD/URINE	22.41	22.41	10/1/2009
83825		MERCURY, QUANTITATIVE	20.68	20.68	10/1/2009
83835		METHANEPHRINES	21.54	21.54	10/1/2009
83840		METHADONE OR COCAINE	20.76	20.76	10/1/2009
83857		METHMALBUMIN	13.66	13.66	10/1/2009
83858		METHSUXIMIDE	18.85	18.85	10/1/2009
83861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND AN	5.28	5.28	1/1/2011
83864		MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	25.32	25.32	10/1/2009
83866		MUCOPOLYSACCHARIDES ACID URINE SCREEN	12.52	12.52	10/1/2009
83872		MUCIN SYNOVIAL FLUID	7.45	7.45	10/1/2009
83873		MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID	21.88	21.88	10/1/2009
83874		MYOGLOBIN	16.42	16.42	10/1/2009
83880		NATRIURETIC PEPTIDE	43.16	43.16	10/1/2009
83883		NEPHELOMETRY, EACH ANALYTE	17.29	17.29	10/1/2009
83885		NICKEL	31.15	31.15	10/1/2009
83887		NICOTINE	30.11	30.11	10/1/2009
83890		MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	5.10	5.10	10/1/2009
83891		MOLECULAR DIAGNOSTICS; ISOLATION OR EXTRACTION OF HIGHLY PURIF	5.10	5.10	10/1/2009
83892		NUCLEAR MOLECULAR DX; ENZYMTIC DIGESTION	5.10	5.10	10/1/2009
83893		MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	5.10	5.10	10/1/2009
83894		MOLECULAR DIAGNOSTICS; SEPARATION BY GEL ELECTROPHORESIS (EG,	5.10	5.10	10/1/2009
83896		NUCLEAR MOLECULAR DX; EACH	5.10	5.10	10/1/2009
83897		MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER (EG, SOUTHERN, NO	5.10	5.10	10/1/2009
83898		MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, EA	5.23	5.23	10/1/2009
83901		MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, MI	5.23	5.23	10/1/2009
83902		MOLECULAR DIAGNOSTICS; REVERSE TRANSCRIPTION	5.23	5.23	10/1/2009
83903		MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPERT	5.23	5.23	10/1/2009
83904		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING, S	5.23	5.23	10/1/2009
83905		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIF	5.23	5.23	10/1/2009
83906		MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIF	5.23	5.23	10/1/2009
83912		NUCLEAR MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	5.10	5.10	10/1/2009
83912	26	NUCLEAR MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	14.91	14.91	10/1/2009
83913		MOLECULAR DIAGNOSTICS; RNA STABILIZATION	16.98	16.98	10/1/2009
83915		5 NUCLEOTIDASE	14.18	14.18	10/1/2009
83916		OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	25.56	25.56	10/1/2009
83918		ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN	20.93	20.93	10/1/2009
83919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	20.93	20.93	10/1/2009
83921		ORGANIC ACID, SINGLE, QUANTITATIVE	20.93	20.93	10/1/2009
83925		OPIATES	24.74	24.74	10/1/2009
83930		OSMOLALITY BLOOD	8.41	8.41	10/1/2009
83935		OSMOLALITY	8.66	8.66	10/1/2009
83937		OSTEOCALCIN (BONE G1A PROTEIN)	36.20	36.20	10/1/2009
83945		OXALATE	16.37	16.37	10/1/2009
83950		ONCOPROTEIN, HER-2/NEU	81.89	81.89	10/1/2009
83970		PARATHORMONE	52.48	52.48	10/1/2009
83986		PH BODY FLUID EXCEPT BLOOD	4.55	4.55	10/1/2009
83992		PHENCYCLIDINE	18.69	18.69	10/1/2009
84022		PHENOTHIAZINE	19.80	19.80	10/1/2009
84030		PHENYLALANINE (PKU), BLOOD	7.00	7.00	10/1/2009
84035		PHENYLKETONES, QUALITATIVE	4.65	4.65	10/1/2009
84060		PHOSPHATASE ACID	9.39	9.39	10/1/2009
84061		PHOSPHATASE ACID; FORENSIC EXAM	10.06	10.06	10/1/2009
84066		PHOSPHATASE ACID; PROSTATIC	12.29	12.29	10/1/2009
84075		PHOSPHATASE ALKALINE	6.58	6.58	10/1/2009
84078		PHOSPHATASE ALKALINE BLOOD HEAT STABLE	9.28	9.28	10/1/2009
84080		ALKALINE PHOSPHATASE ISOENZYME	18.80	18.80	10/1/2009
84081		PHOSPHATIDYLGLYCEROL	21.01	21.01	10/1/2009
84085		PHOSPHOGLUCONAT6 6-DEHYDROGENASE RBC	8.57	8.57	10/1/2009
84087		PHOSPHOHEXOSE ISOMERASE	13.12	13.12	10/1/2009
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	6.03	6.03	10/1/2009
84105		PHOSPHORUS (PHOSPHATE) URINE	6.58	6.58	10/1/2009
84106		PORPHOBILINOGEN	5.45	5.45	10/1/2009
84110		PORPHOBILINOGEN URINE QUANTITATIVE	10.74	10.74	10/1/2009
84112		PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRE	82.48	82.48	1/1/2011

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
84119		PORPHYRINS QUALITATIVE	10.95	10.95	10/1/2009
84120		PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	18.70	18.70	10/1/2009
84126		PROPHYRINS FECES QUANITATIVE	32.39	32.39	10/1/2009
84127		PORPHYRINS, FECES; QUALITATIVE	11.83	11.83	10/1/2009
84132		POTASSIUM SERUM	5.84	5.84	10/1/2009
84133		POTASSIUM URINE	5.47	5.47	10/1/2009
84134		PREALBUMIN	18.55	18.55	10/1/2009
84135		PREGNANEDIOL	24.32	24.32	10/1/2009
84138		PREGNANETRIOL	24.08	24.08	10/1/2009
84140		PREGNENOLONE	25.45	25.45	10/1/2009
84143		17-HYDROXYPREGNENOLONE	29.02	29.02	10/1/2009
84144		PROGESTERONE	26.53	26.53	10/1/2009
84146		PROLACTIN	24.64	24.64	10/1/2009
84150		PROSTAGLANDIN, EACH	31.74	31.74	10/1/2009
84152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	23.39	23.39	10/1/2009
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	23.39	23.39	10/1/2009
84154		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	23.39	23.39	10/1/2009
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM	4.66	4.66	10/1/2009
84160		PROTEIN REFRACTOMETRIC	6.58	6.58	10/1/2009
84165		PROTEIN ELECTROPHORESIS	13.60	13.60	10/1/2009
84165	26	PROTEIN ELECTROPHORESIS	15.20	15.20	10/1/2009
84181		PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	14.95	14.95	10/1/2009
84181	26	PROTEIN; WESTERN BLOT, WITH REPORT AND INTERPRETATION	15.20	15.20	10/1/2009
84182		PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	14.95	14.95	10/1/2009
84182	26	PROTEIN;IMMUNO PROBE FOR BAND ID, EACH	15.68	15.68	10/1/2009
84202		PROTOPORPHYRIN RBC QUANTITATIVE	18.25	18.25	10/1/2009
84203		PROTOPORPHYRIN RBC SCREEN	10.95	10.95	10/1/2009
84206		PROINSULIN	22.65	22.65	10/1/2009
84207		PYRIDOXINE VITAMINE B-6	35.72	35.72	10/1/2009
84210		PYRUVATE	13.80	13.80	10/1/2009
84220		PYRUVATE KINASE	11.99	11.99	10/1/2009
84228		QUININE	14.80	14.80	10/1/2009
84233		RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	81.89	81.89	10/1/2009
84234		RECEPTOR ASSAY PROGESTERONE	82.48	82.48	10/1/2009
84235		RECEPTOR ASSAY ENDOCRINE NOT ESTROGEN OR PROGESTER	66.54	66.54	10/1/2009
84238		RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)	46.49	46.49	10/1/2009
84244		RENIN	27.96	27.96	10/1/2009
84252		RIBOFLAVIN	25.73	25.73	10/1/2009
84255		SELENIUM	32.46	32.46	10/1/2009
84260		SEROTONIN	20.71	20.71	10/1/2009
84270		SHBG	27.63	27.63	10/1/2009
84275		SIALIC ACID	17.08	17.08	10/1/2009
84285		SILICA	29.94	29.94	10/1/2009
84295		SODIUM BLOOD	6.12	6.12	10/1/2009
84300		SODIUM URINE	6.18	6.18	10/1/2009
84302		SODIUM; OTHER SOURCE	6.18	6.18	10/1/2009
84305		SOMATOMEDIN	17.63	17.63	10/1/2009
84307		SOMATOSTATIN	17.63	17.63	10/1/2009
84311		SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	8.89	8.89	10/1/2009
84315		SPECIFIC GRAVITY CEXCE PT URINE	3.19	3.19	10/1/2009
84375		SUGAR CHOMATOGRAPHIC TLC/PAPER CHOMATOGRAPHY	24.92	24.92	10/1/2009
84376		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH	7.00	7.00	10/1/2009
84377		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH	7.00	7.00	10/1/2009
84378		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH	14.65	14.65	10/1/2009
84379		SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH	14.65	14.65	10/1/2009
84392		SULFATE, URINE	6.04	6.04	10/1/2009
84402		TESTOSTERONE; FREE	32.37	32.37	10/1/2009
84403		TESTOSTERONE; TOTAL	32.83	32.83	10/1/2009
84425		THIAMINE	27.00	27.00	10/1/2009
84430		THIOCYANATE	7.33	7.33	10/1/2009
84432		THYROGLOBULIN	20.42	20.42	10/1/2009
84436		THYROXINE; TOTAL	7.33	7.33	10/1/2009
84437		THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	8.23	8.23	10/1/2009
84439		THYROXINE; FREE	11.47	11.47	10/1/2009
84442		TBG BY RIA	18.80	18.80	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
84443		TSH	20.72	20.72	10/1/2009
84445		THYROID STIMULATING IMMUNE GLOBULINS (TSI)	64.66	64.66	10/1/2009
84446		VITAMIN E	18.03	18.03	10/1/2009
84449		TRANSCORTIN (CORTISOL BINDING GLOBULIN)	22.89	22.89	10/1/2009
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	6.57	6.57	10/1/2009
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	6.73	6.73	10/1/2009
84466		TRANSFERRIN	16.23	16.23	10/1/2009
84478		TRIGLYCERIDES	7.32	7.32	10/1/2009
84479		THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING F	7.58	7.58	10/1/2009
84480		TRIIODOTHYRONINE T3; TOTAL (TT-3)	18.03	18.03	10/1/2009
84481		TRIDOTHYRONINE (T-3); FREE	21.54	21.54	10/1/2009
84482		T-3; REVERSE	20.04	20.04	10/1/2009
84484		TROPONIN, QUANTITATIVE	12.51	12.51	10/1/2009
84485		TRYPSIN DUODENAL FLUID	9.55	9.55	10/1/2009
84488		TRYPSIN; FECES, QUALITATIVE	9.28	9.28	10/1/2009
84490		TRYPSIN FECES QUANTITATIVE	9.67	9.67	10/1/2009
84510		TYROSINE	13.22	13.22	10/1/2009
84512		TROPONIN, QUALITATIVE	7.91	7.91	10/1/2009
84520		UREA NITROGEN; QUANTITATIVE	5.01	5.01	10/1/2009
84525		UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	4.78	4.78	10/1/2009
84540		LABORATORY SERVICES, ANALYSIS	6.04	6.04	10/1/2009
84545		UREA CLEARANCE	7.33	7.33	10/1/2009
84550		URIC ACID; BLOOD	5.74	5.74	10/1/2009
84560		URIC ACID; OTHER SOURCE	6.04	6.04	10/1/2009
84577		FECAL UROBILINOGEN QUANTITATIVE	15.86	15.86	10/1/2009
84578		UROBILINOGEN QUALITATIVE	2.98	2.98	10/1/2009
84580		UROBILINOGEN URINE QUANTITATIVE	9.03	9.03	10/1/2009
84583		UROBILINOGEN URINE SEMIQUANTITATIVE	6.39	6.39	10/1/2009
84585		UMA	19.71	19.71	10/1/2009
84586		VASOACTIVE INTESTINAL PEPTIDE (VIP)	20.32	20.32	10/1/2009
84588		VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	43.16	43.16	10/1/2009
84590		VITAMIN A	14.74	14.74	10/1/2009
84591		VITAMIN, NOT OTHERWISE SPECIFIED	14.74	14.74	10/1/2009
84597		VITAMIN K	17.43	17.43	10/1/2009
84600		VOLATILES	17.70	17.70	10/1/2009
84620		D-XYLOSE TOLERANCE	15.06	15.06	10/1/2009
84630		ZINC	14.48	14.48	10/1/2009
84681		C-PEPTIDE ANY METHOD	20.20	20.20	10/1/2009
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	11.12	11.12	10/1/2009
84703		PREGNANCY TEST (GONODOTROPIN, CHORIONIC (HCG); QUALITATIVE)	9.55	9.55	10/1/2009
85002		BLEEDING TIME	5.72	5.72	10/1/2009
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	8.23	8.23	10/1/2009
85007		BLOOD COUNT DIFF WBC COUNT	4.38	4.38	10/1/2009
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MA	4.38	4.38	10/1/2009
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT	4.72	4.72	10/1/2009
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	3.01	3.01	10/1/2009
85014		BLOOD COUNT; HEMATOCRIT (HCT)	3.01	3.01	10/1/2009
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	3.01	3.01	10/1/2009
85025		BLOOD COUNT HEMOGRAM/PLATELET COUNT AUTO/AUTO COMP	9.88	9.88	10/1/2009
85027		BLOOD COUNT HEMOGRAM AUTOMATED W PLATELET COUNT	8.23	8.23	10/1/2009
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PL	5.47	5.47	10/1/2009
85041		RBC	3.82	3.82	10/1/2009
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	5.47	5.47	10/1/2009
85045		BLOOD COUNT; RETICULOCYTE COUNT, FLOW CYTOMETRY	5.09	5.09	10/1/2009
85046		BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE	7.10	7.10	10/1/2009
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.23	3.23	10/1/2009
85049		BLOOD COUNT; PLATELET, AUTOMATED	5.69	5.69	10/1/2009
85060		BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	18.76	18.76	10/1/2009
85060	26	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSICIAN	13.49	13.49	10/1/2009
85097		BONE MARROW, SMEAR INTERPRETATION	39.04	70.48	10/1/2009
85097	26	BONE MARROW, SMEAR INTERPRETATION	30.39	61.03	10/1/2009
85130		CHROMOGENIC SUBSTRATE ASSAY	15.12	15.12	10/1/2009
85170		CLOT RETRACTION	4.60	4.60	10/1/2009
85175		CLOT LYSIS TIME WHOLE BLOOD DILUTION	5.78	5.78	10/1/2009
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	16.51	16.51	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
85220		CLOTTING FACTOR V LABILE FACTOR	22.44	22.44	10/1/2009
85230		CLOTTING FACTOR VII	22.77	22.77	10/1/2009
85240		CLOTTING FACTOR VIII ONE STAGE	22.77	22.77	10/1/2009
85244		CLOTTING; FACTOR VIII RELATED ANTIGEN	25.96	25.96	10/1/2009
85245		CLOTTING; FACTOR 8	29.17	29.17	10/1/2009
85246		CLOTTING; FACTOR 8, VW FACTOR ANTIGEN	29.17	29.17	10/1/2009
85247		CLOTTING; FACTOR 8, MULTIMETRIC ANALYSIS	29.17	29.17	10/1/2009
85250		CLOTTING FACTOR IX	24.21	24.21	10/1/2009
85260		CLOTTING FACTOR X	22.77	22.77	10/1/2009
85270		CLOTTING FACTOR XI	22.77	22.77	10/1/2009
85280		CLOTTING FACTOR XII	24.61	24.61	10/1/2009
85290		CLOTTING FACTOR XIII	20.78	20.78	10/1/2009
85291		CLOTTING FACTOR XIII FIBRIN STABILIZING SCREEN SOL	11.30	11.30	10/1/2009
85292		CLOTTING; FACTOR II PREKALLIKREIN ASSAY	24.08	24.08	10/1/2009
85293		CLOTTING; FACTOR II MOLECULAR WEIGHT ASSAY	24.08	24.08	10/1/2009
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS ANTITHROMBIN	15.06	15.06	10/1/2009
85301		CLOTTING INHIBITORS; ANTITHROMBIN III, ANTIGEN ASS	13.75	13.75	10/1/2009
85302		CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	15.29	15.29	10/1/2009
85303		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN C	17.58	17.58	10/1/2009
85305		CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	14.74	14.74	10/1/2009
85306		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN S FREE	18.17	18.17	10/1/2009
85307		ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	18.17	18.17	10/1/2009
85335		FACTOR INHIBITOR TEST	16.37	16.37	10/1/2009
85337		THROMBOMODULIN	13.25	13.25	10/1/2009
85345		COAGULATION TIME	5.47	5.47	10/1/2009
85347		COAGULATION TIME OTHER METHODS	5.41	5.41	10/1/2009
85348		COAGULATION TIME OTHER METHODS	4.73	4.73	10/1/2009
85360		EUGLOBULIN LYSIS	10.68	10.68	10/1/2009
85362		FIBRIN DEGREDAATION PRODUCTS	8.75	8.75	10/1/2009
85370		FDP; QUANTITATIVE	11.71	11.71	10/1/2009
85378		FDP, D-DIMER; SEMIQUANTITATIVE	9.07	9.07	10/1/2009
85379		FDP, D-DIMER; QUANTITATIVE	11.71	11.71	10/1/2009
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EV	11.71	11.71	10/1/2009
85384		FIBRINOGEN; ACTIVITY	10.80	10.80	10/1/2009
85385		FIBRINOGEN; ANTIGEN	10.80	10.80	10/1/2009
85390		FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPC	6.57	6.57	10/1/2009
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPC	15.48	15.48	10/1/2009
85400		FIBRINOLYTIC MECHANISMS PLASMIN	11.25	11.25	10/1/2009
85410		FIBRINOLYTIC MECHANISMS ANTIPLASMIN	9.80	9.80	10/1/2009
85415		FIBRINOLYTIC FACTORS & INHIBITORS	21.86	21.86	10/1/2009
85420		FIBRINOLYTIC MECHANISMS PLASMINOGEN	8.31	8.31	10/1/2009
85421		PLASMINOGEN, ANTIGENIC ASSAY	12.95	12.95	10/1/2009
85441		HEINZ BODIES DIRECT	5.35	5.35	10/1/2009
85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	8.66	8.66	10/1/2009
85460		HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	9.58	9.58	10/1/2009
85461		HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE;	8.43	8.43	10/1/2009
85475		HEMOLYSIN, ACID	9.58	9.58	10/1/2009
85520		HEPARIN ASSAY	16.64	16.64	10/1/2009
85525		HEPARIN NEUTRALIZATION	15.06	15.06	10/1/2009
85530		HEPARIN-PROTAMINE TOLERANCE TEST	18.03	18.03	10/1/2009
85536		IRON STAIN, PERIPHERAL BLOOD	8.23	8.23	10/1/2009
85540		LEUKOCYTE ALKALINE PHOSPHATASE	10.94	10.94	10/1/2009
85547		RBC FRAGILITY	5.21	5.21	10/1/2009
85549		MURAMIDASE	23.85	23.85	10/1/2009
85555		OSMOTIC FRAGILITY, RBC; UNINCUBATED	8.50	8.50	10/1/2009
85557		OSMOTIC FRAGILITY INCUBATED QUANTITATIVE	16.98	16.98	10/1/2009
85576		PLATELET; AGGREGATION (IN VITRO), EACH AGENT	27.31	27.31	10/1/2009
85576	26	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	15.48	15.48	10/1/2009
85597		PLATELET NEUTRALIZATION	22.86	22.86	10/1/2009
85598		PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	23.02	23.02	1/1/2011
85610		PROTHROMBIN TIME	5.00	5.00	10/1/2009
85611		PROTHROMBIN TIME	5.01	5.01	10/1/2009
85612		RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDLUTED	12.17	12.17	10/1/2009
85613		RUSSELL VIPOR VENOM TIME; DULUTED	12.17	12.17	10/1/2009
85635		REPTILASE TEST	12.52	12.52	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUTOMATED	4.51	4.51	10/1/2009
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	3.43	3.43	10/1/2009
85660		SICKLING RBC REDUCTION SLIDE METHOD	7.02	7.02	10/1/2009
85670		THROMBIN TIME PLASMA	7.34	7.34	10/1/2009
85675		THROMBIN TIME TITER	8.72	8.72	10/1/2009
85705		THROMBOPLASTIN INHIBITION; TISSUE	12.24	12.24	10/1/2009
85730		PTT	7.63	7.63	10/1/2009
85732		THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA FRACTIOI	8.23	8.23	10/1/2009
85810		VISCOSITY	12.89	12.89	10/1/2009
86000		AGGLUTINS FEBRILE EA	8.87	8.87	10/1/2009
86001		ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALI	6.64	6.64	10/1/2009
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALI	6.64	6.64	10/1/2009
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTIC	10.14	10.14	10/1/2009
86021		ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	19.14	19.14	10/1/2009
86022		ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	23.35	23.35	10/1/2009
86023		ANTIBODY ID PLATELET ASSOCIATED IMMUNOGLOBULIN	15.83	15.83	10/1/2009
86038		ANTINUCLEAR ANTIBODIES (ANA);	15.37	15.37	10/1/2009
86039		ANA; TITER	14.20	14.20	10/1/2009
86060		ASO TITER	9.28	9.28	10/1/2009
86063		ANTISTREPTOLYSIN SCREEN	7.34	7.34	10/1/2009
86077		BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	39.13	40.86	10/1/2009
86077	26	BLOOD BANK SERVICES; EVALUATION OF IRREGULAR ANTIB	29.77	31.02	10/1/2009
86078		BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	39.13	41.44	10/1/2009
86078	26	BLOOD BANK IRREGULAR ANTIB INVESTIGATION OF TRANSF	30.04	31.69	10/1/2009
86079		BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	39.42	41.72	10/1/2009
86079	26	BLOOD BANK AUTHORIZATION FOR DEVIATION STAND PROCE	29.86	31.31	10/1/2009
86140		CRP	6.58	6.58	10/1/2009
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	16.46	16.46	10/1/2009
86146		BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	18.45	18.45	10/1/2009
86147		CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS	18.45	18.45	10/1/2009
86148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	18.98	18.98	10/1/2009
86155		CHEMOTAXIS ASSAY SPECIFY METHOD	20.32	20.32	10/1/2009
86156		COLD AGGLUTININ; SCREEN	8.16	8.16	10/1/2009
86157		COLD AGGLUTININ; TITER	8.16	8.16	10/1/2009
86160		COMPLEMENT; ANTIGEN, EACH COMPONENT	15.27	15.27	10/1/2009
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH	15.27	15.27	10/1/2009
86162		COMPLEMENT TOTAL	25.83	25.83	10/1/2009
86171		COMPLEMENT FIXATION TEST, EACH	12.74	12.74	10/1/2009
86185		COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	11.38	11.38	10/1/2009
86215		ASH TITER	16.84	16.84	10/1/2009
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDE	17.47	17.47	10/1/2009
86226		DNA ANTIBODY; SINGLE STRANDED	15.40	15.40	10/1/2009
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	22.80	22.80	10/1/2009
86243		FC RECEPTOR	26.10	26.10	10/1/2009
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIB	15.32	15.32	10/1/2009
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIB	15.48	15.48	10/1/2009
86256		FLUORESCENT ANTIBODY TITER	15.32	15.32	10/1/2009
86256	26	FLUORESCENT ANTIBODY TITER	15.48	15.48	10/1/2009
86277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY	20.01	20.01	10/1/2009
86280		HEMAGGLUTINATION INHIBITON	10.41	10.41	10/1/2009
86294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIV	24.94	24.94	10/1/2009
86300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	26.45	26.45	10/1/2009
86301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	26.45	26.45	10/1/2009
86304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	26.45	26.45	10/1/2009
86308		HETEROPHILE ANTIBODIES; SCREENING	6.58	6.58	10/1/2009
86309		HETEROPHILE ANTIBODIES; TITER	8.23	8.23	10/1/2009
86310		HETEROPHILE ABSORPTION	9.37	9.37	10/1/2009
86316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANTIGEN, QUANTITATIVE (EC	26.45	26.45	10/1/2009
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT O	18.45	18.45	10/1/2009
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMI	16.46	16.46	10/1/2009
86320		IMMUNOELECTROPHORESIS; SERUM	28.50	28.50	10/1/2009
86320	26	IMMUNOELECTROPHORESIS; SERUM	15.48	15.48	10/1/2009
86325		IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL	28.43	28.43	10/1/2009
86325	26	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL	15.20	15.20	10/1/2009
86327		IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	28.85	28.85	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
86327	26	IMMUNOELECTROPHORESIS, SERUM EACH SPECIMEN PLATE	17.82	17.82	10/1/2009
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	17.85	17.85	10/1/2009
86331		GEL DIFFUSION QUALITATIVE OUCHTERLONY	14.43	14.43	10/1/2009
86332		IMMUNE COMPLEX ASSAY	30.99	30.99	10/1/2009
86334		IMMUNOFIXATION ELECTOPHORESIS	28.40	28.40	10/1/2009
86334	26	IMMUNOFIXATION ELECTOPHORESIS	15.48	15.48	10/1/2009
86337		INSULIN ANTIBODIES	27.23	27.23	10/1/2009
86340		INTRINSIC FACTOR ANTIBODIES	19.16	19.16	10/1/2009
86341		ISLET CELL ANTIBODY	17.08	17.08	10/1/2009
86343		LEUKOCYTE HISTAMINE RELEASE	15.84	15.84	10/1/2009
86344		LEUKOCYTE PHAGOCYTOSIS	10.16	10.16	10/1/2009
86353		LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGE	62.33	62.33	10/1/2009
86359		T CELLS;	47.96	47.96	10/1/2009
86360		T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	59.74	59.74	10/1/2009
86361		T CELLS; ABSOLUTE CD4 COUNT	34.04	34.04	10/1/2009
86376		MICROSOMAL ANTIBODIES (EG, THRYOID OR LIVER-KIDNEY), EACH	17.62	17.62	10/1/2009
86378		MIGRATION INHIBITORY FACTOR TEST	25.03	25.03	10/1/2009
86382		NEUTRALIZATION TEST VIRAL	21.49	21.49	10/1/2009
86384		NBT TEST	14.48	14.48	10/1/2009
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY	12.96	12.96	10/1/2009
86406		PARTICLE AGGLUTINATION;	13.53	13.53	10/1/2009
86430		RHEUMATOID FACTOR; QUALITATIVE	7.22	7.22	10/1/2009
86431		RHEUMATOID FACTOR; QUANTITATIVE	7.22	7.22	10/1/2009
86481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE ME	79.37	79.37	1/1/2011
86485		SKIN TEAT; CANDIDA	6.33	6.33	10/1/2009
86490		SENSITIVITY TEST COCCIDIOIDOMYCOSIS	5.30	5.30	10/1/2009
86510		SENSITIVITY TEST HISTOPLASMOSIS	5.30	5.30	10/1/2009
86580		TUBERCULIN SKIN TEST - PPD (MANTOUX METHOD)	5.59	5.59	10/1/2009
86590		STREPTOKINASE ANTIBODY	14.02	14.02	10/1/2009
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION TESTS	5.42	5.42	10/1/2009
86593		SYPHILIS PRECIPITATION FLOCCULATION TEST QUANTITATIVE	5.61	5.61	10/1/2009
86602		ANTIBODY; ACTINOMYCES	12.94	12.94	10/1/2009
86603		ANTIBODY; ADENOVIRUS	16.21	16.21	10/1/2009
86606		ANTIBODY; ASPIRGILLUS	16.21	16.21	10/1/2009
86609		ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	16.21	16.21	10/1/2009
86611		ANTIBODY; BARTONELLA	12.94	12.94	10/1/2009
86612		ANTIBODY; BLASTOMYCES	16.21	16.21	10/1/2009
86615		ANTIBODY; BORDETELLA	16.77	16.77	10/1/2009
86617		ANTIBODY;	15.05	15.05	10/1/2009
86618		ANITBODY;LYME DISEASE	18.45	18.45	10/1/2009
86619		ANTIBODY; BORRELIA	17.01	17.01	10/1/2009
86622		ANTIBODY; BRUCELLA	9.58	9.58	10/1/2009
86625		ANTIBODY; CAMPYLOBACTOR	9.58	9.58	10/1/2009
86628		ANTIBODY; CANDIDA	14.43	14.43	10/1/2009
86631		ANTIBODY; CHLAMYDIA	15.03	15.03	10/1/2009
86632		ANTIBODY; CHLAMIDIA, IGM	16.14	16.14	10/1/2009
86635		ANTIBODY, COCCIDIOIDES	14.59	14.59	10/1/2009
86638		ANTIBODY; Q FEVER	15.42	15.42	10/1/2009
86641		ANTIBODY; CRYPTOCOCCUS	18.33	18.33	10/1/2009
86644		ANTIBODY; CMV	18.27	18.27	10/1/2009
86645		ANTIBODY; CMV, IGM	18.45	18.45	10/1/2009
86648		ANTIBODY; DIPHTHERIA	18.45	18.45	10/1/2009
86651		ANTIBODY; ENCEPHALITIS, CALIFORNIA	16.77	16.77	10/1/2009
86652		ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	16.77	16.77	10/1/2009
86653		ANTIBODY; ENCEPHALITIS ST, LOUIS	16.77	16.77	10/1/2009
86654		ANTIBODY;ENCEPHALITIS WESTERN EQUINE	16.77	16.77	10/1/2009
86658		ANTIBODY; ENTEROVIRUS	16.21	16.21	10/1/2009
86663		ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	16.68	16.68	10/1/2009
86664		ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	18.45	18.45	10/1/2009
86665		ANTIBODY; EPSTEIN-BARR VIRAL CAPSID	20.66	20.66	10/1/2009
86666		ANTIBODY; EHRlichia	12.94	12.94	10/1/2009
86668		ANTIBODY; FRACISELLA TULARENSIS	13.22	13.22	10/1/2009
86671		ANTIBODY; FUNGUS	15.59	15.59	10/1/2009
86674		ANTIBODY; GIARDIA LAMBLIA	18.45	18.45	10/1/2009
86677		ANTIBODY; HELICOBACTER PYLOUI	18.45	18.45	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

				Medicaid Maximum Allowable	
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
86682		ANTIBODY; HELMINTH	16.53	16.53	10/1/2009
86684		ANTIBODY; HEMOPHILUS INFLUENZA	18.45	18.45	10/1/2009
86687		ANTIBODY; HTLV I	10.67	10.67	10/1/2009
86688		ANTIBODY; HTLV-IT	14.95	14.95	10/1/2009
86689		HTLV 1, ANTIBODY DETECTION, CONFIRMATORY TEST	24.62	24.62	10/1/2009
86692		ANTOBODY; HEPATITIS, DELTA AGENT	18.45	18.45	10/1/2009
86694		ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	18.27	18.27	10/1/2009
86695		ANTIBODY; HERPES SIMPLEX, TYPE 1	16.77	16.77	10/1/2009
86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	24.62	24.62	10/1/2009
86698		ANTOBODY; HISTOPLASM	15.89	15.89	10/1/2009
86701		ANTIBODY; HIV-1	11.29	11.29	10/1/2009
86702		ANTIBODY; HIV-2	14.95	14.95	10/1/2009
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	14.95	14.95	10/1/2009
86704		HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	14.80	14.80	10/1/2009
86705		HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	14.96	14.96	10/1/2009
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	13.66	13.66	10/1/2009
86707		HEPATITIS BE ANTIBODY (HBEAB)	14.71	14.71	10/1/2009
86708		HEPATITIS A ANTIBODY (HAAB), TOTAL	15.75	15.75	10/1/2009
86709		HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	14.31	14.31	10/1/2009
86710		ANTIBODY; INFLUENZA VIRUS	17.24	17.24	10/1/2009
86713		ANTIBODY; LEGIONELLA	19.46	19.46	10/1/2009
86717		ANTIBODY; LEISHMANIA	10.66	10.66	10/1/2009
86720		ANTIBODY; LEPTOSPIRA	12.54	12.54	10/1/2009
86723		ANTIBODY; LISTERIA MONOCYTOGENES	16.77	16.77	10/1/2009
86727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	16.21	16.21	10/1/2009
86729		ANTIBODY; LYMPHOGRANULOMA VENERUM	15.19	15.19	10/1/2009
86732		ANTIBODY; MUCORMYCOSIS	16.77	16.77	10/1/2009
86735		ANTIBODY; MUMPS	16.59	16.59	10/1/2009
86738		ANTIBODY; MYCOPLASMA	16.84	16.84	10/1/2009
86744		ANTIBODY; NOCARDIA	16.77	16.77	10/1/2009
86747		ANTIBODY; PARVOVIRUS	18.45	18.45	10/1/2009
86750		ANTIBODY; MALARIA	16.77	16.77	10/1/2009
86753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	10.66	10.66	10/1/2009
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	16.39	16.39	10/1/2009
86757		ANTIBODY; RICKETTSIA	24.62	24.62	10/1/2009
86759		ANTIBODY; ROTAVIRUS	16.21	16.21	10/1/2009
86762		ANTIBODY; RUBELLA	18.27	18.27	10/1/2009
86765		ANTIBODY; RUBEOLA	16.38	16.38	10/1/2009
86768		ANTIBODY; SALMONELLA	16.77	16.77	10/1/2009
86771		ANTIBODY; SHIGELLA	16.77	16.77	10/1/2009
86774		ANTIBODY; TETANUS	18.45	18.45	10/1/2009
86777		ANTIBODY; TOXOPLASMA	18.27	18.27	10/1/2009
86778		ANTIBODY; TOXOPLASMA, IGM	18.31	18.31	10/1/2009
86781		ANTIBODY; TREPONEMA PALLIDUM, CONFIRM. TEST	16.84	16.84	10/1/2009
86784		ANTIBODY; TRICHINELLA	15.97	15.97	10/1/2009
86787		ANTIBODY; VARICELLA-ZOSTER	16.38	16.38	10/1/2009
86788		ANTIBODY; WEST NILE VIRUS, IGM	18.45	18.45	10/1/2009
86789		ANTIBODY; WEST NILE VIRUS	18.27	18.27	10/1/2009
86790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	16.38	16.38	10/1/2009
86793		ANTIBODY; YERSINIA	16.77	16.77	10/1/2009
86800		THYROGLOBULIN ANTIBODY	20.22	20.22	10/1/2009
86803		HEPATITIS C ANTIBODY;	18.15	18.15	10/1/2009
86804		HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	15.05	15.05	10/1/2009
86805		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/ TITRATION	66.48	66.48	10/1/2009
86806		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/O TITRATION	60.51	60.51	10/1/2009
86807		SERUM SCREENING FOR CYTOTOXIC PRA; STANDARD METHOD	50.31	50.31	10/1/2009
86808		SERUM SCREENING FOR CYTOTOXIC PRA; QUICK METHOD	37.74	37.74	10/1/2009
86812		TISSUE TYPING HLA TYPING A,B, OR C SINGLE ANTIGEN	32.81	32.81	10/1/2009
86813		TISSUE TYPING HLA TYPING A,B, &/OR C MULT ANTIGENS	73.73	73.73	10/1/2009
86816		HLA TYPING; DR/DQ, SINGLE ANTIGEN	35.42	35.42	10/1/2009
86817		HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	81.85	81.85	10/1/2009
86821		TISSUE TYPING LYMPHOCYTE CULTURE MIXED (MLC)	71.78	71.78	10/1/2009
86822		TISSUE TYPING LYMPHOCYTE CULTURE PRIMED (PLC)	46.47	46.47	10/1/2009
86850		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	14.81	14.81	10/1/2009
86860		ANTIBODY ELUTION, EACH ELUTION	14.49	14.49	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
86870		ANTIBODY ID, EACH PANEL FOR EACH SERUM TECHNIQUE	26.15	26.15	10/1/2009
86880		COOMBS TEST; DIRECT, EACH ANTISERUM	6.83	6.83	10/1/2009
86885		ANTI HUMAN GLOBULIN TEST INDIRECT, QUALITATIVE EACH ANTISERUM	7.27	7.27	10/1/2009
86886		COOMBS TEST, INDIRECT TITER, EACH ANTISERUM	6.58	6.58	10/1/2009
86900		BLOOD TYPING; ABO	3.79	3.79	10/1/2009
86901		BLOOD TYPING; RH (D)	3.79	3.79	10/1/2009
86902		BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SE	4.90	4.90	1/1/2011
86904		BLOOD TYPING; ANTIGEN SCREENING, PER UNIT SCREENED	12.08	12.08	10/1/2009
86905		BLOOD TYPING; RBC ANTIGENS, EACH	4.86	4.86	10/1/2009
86906		BLOOD TYPING; RH PHENOTYPING, COMPLETE	9.86	9.86	10/1/2009
86940		HEMOLYSINS/AGGLUTININS, AUTO, SCREEN, EACH	10.43	10.43	10/1/2009
86941		HEMOLYSINS/ AGGLUTININS, EACH; INCUBATED	15.40	15.40	10/1/2009
87001		ANIMAL INOCULATION SMALL ANIMAL W/OBSERVATION	16.81	16.81	10/1/2009
87003		ANIMAL INNOCULATION SMALL ANIMAL W/OBSERVATION AND	21.40	21.40	10/1/2009
87015		CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	8.49	8.49	10/1/2009
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPT	13.12	13.12	10/1/2009
87045		CULTURE, BACTERIAL; FECES, WITH ISOLATION AND PRELIMINARY EXAMIN	11.99	11.99	10/1/2009
87046		CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND F	11.99	11.99	10/1/2009
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR ST	10.95	10.95	10/1/2009
87071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRE	11.99	11.99	10/1/2009
87073		CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND P	11.99	11.99	10/1/2009
87075		CULTURE, BACTERIAL; ANY SOURCE, ANAEROBIC WITH ISOLATION AND PR	12.03	12.03	10/1/2009
87076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQU	10.27	10.27	10/1/2009
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRE	10.27	10.27	10/1/2009
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	7.33	7.33	10/1/2009
87084		CULTURE W COLONY ESTIMATION FROM DENSITY CHART INC	10.95	10.95	10/1/2009
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	10.26	10.26	10/1/2009
87088		CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATIO	10.29	10.29	10/1/2009
87101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENT	9.80	9.80	10/1/2009
87102		CULTURE FUNGI ISOLATION OTHER SOURCE	10.68	10.68	10/1/2009
87103		BLOOD CULTURE FOR FUNGI	11.47	11.47	10/1/2009
87106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST	13.12	13.12	10/1/2009
87107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	13.12	13.12	10/1/2009
87109		CULTURE MYCOPLASM ANY SOURCE	19.57	19.57	10/1/2009
87110		CULTURE CHLAMYDIA, ANY SOURCE	24.91	24.91	10/1/2009
87116		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBA	13.74	13.74	10/1/2009
87118		CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE	13.91	13.91	10/1/2009
87140		CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM	7.09	7.09	10/1/2009
87143		CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESS	15.93	15.93	10/1/2009
87147		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORE	6.58	6.58	10/1/2009
87149		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	25.50	25.50	10/1/2009
87152		CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	6.65	6.65	10/1/2009
87158		CULTURE TYPING OTHER METHODS	6.65	6.65	10/1/2009
87164		DARKFIELD EXAMINATION	8.05	8.05	10/1/2009
87164	26	DARKFIELD EXAMINATION	15.20	15.20	10/1/2009
87166		DARK FIELD EXAM ANY SOURCE W/O COLLECTION	14.36	14.36	10/1/2009
87168		MACROSCOPIC EXAMINATION; ARTHROPOD	4.85	4.85	10/1/2009
87169		MACROSCOPIC EXAMINATION; PARASITE	4.85	4.85	10/1/2009
87172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	4.85	4.85	10/1/2009
87176		HOMOGENIZATION, TISSUE, FOR CULTURE	7.48	7.48	10/1/2009
87177		OVA AND PARASITES	11.31	11.31	10/1/2009
87181		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHO	6.04	6.04	10/1/2009
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLA	8.76	8.76	10/1/2009
87185		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (E	6.04	6.04	10/1/2009
87186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AG	10.99	10.99	10/1/2009
87187		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AG	13.18	13.18	10/1/2009
87188		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTIO	8.44	8.44	10/1/2009
87190		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPI	7.19	7.19	10/1/2009
87197		SERUM BACTERICIDAL TITER	19.10	19.10	10/1/2009
87205		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STA	5.42	5.42	10/1/2009
87206		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OF	6.83	6.83	10/1/2009
87207		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR IN	7.62	7.62	10/1/2009
87207	26	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR IN	15.48	15.48	10/1/2009
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFE	4.85	4.85	10/1/2009
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR N/	5.42	5.42	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
87230		TISSUE CULTURE LYMPHOCYTE	25.11	25.11	10/1/2009
87250		VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIM	20.71	20.71	10/1/2009
87252		VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PF	20.71	20.71	10/1/2009
87253		VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE	20.71	20.71	10/1/2009
87254		VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCI	20.71	20.71	10/1/2009
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC MET	31.07	31.07	10/1/2009
87260		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87265		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87270		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87272		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87273		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87274		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87277		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87278		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87279		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87280		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87281		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87283		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87285		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87290		INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIE	14.57	14.57	10/1/2009
87299		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87300		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECH	14.57	14.57	10/1/2009
87301		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87305		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87320		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87324		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87327		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87328		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87332		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87335		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87336		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87337		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87338		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	18.29	18.29	10/1/2009
87339		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87340		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	11.83	11.83	10/1/2009
87341		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	11.83	11.83	10/1/2009
87350		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.07	14.07	10/1/2009
87380		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	20.88	20.88	10/1/2009
87385		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87390		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	22.43	22.43	10/1/2009
87391		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	22.43	22.43	10/1/2009
87400		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87420		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87425		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87427		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	14.57	14.57	10/1/2009
87449		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY	14.57	14.57	10/1/2009
87450		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	9.72	9.72	10/1/2009
87451		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECI	9.72	9.72	10/1/2009
87470		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	25.50	25.50	10/1/2009
87471		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	31.18	31.18	10/1/2009
87472		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTON	41.41	41.41	10/1/2009
87475		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	25.50	25.50	10/1/2009
87476		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	31.18	31.18	10/1/2009
87477		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELI	41.41	41.41	10/1/2009
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	25.50	25.50	10/1/2009
87481		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	31.18	31.18	10/1/2009
87482		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA	41.41	41.41	10/1/2009
87485		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	25.50	25.50	10/1/2009
87486		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	31.18	31.18	10/1/2009
87487		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	41.41	41.41	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
87490		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	25.50	25.50	10/1/2009
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	31.18	31.18	10/1/2009
87492		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMY	41.41	41.41	10/1/2009
87495		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOME	25.50	25.50	10/1/2009
87496		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOME	31.18	31.18	10/1/2009
87497		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOME	41.41	41.41	10/1/2009
87498		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTERO'	31.18	31.18	10/1/2009
87501		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUEN	36.68	36.68	1/1/2011
87502		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUEN	68.08	68.08	1/1/2011
87503		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUEN	11.81	11.82	1/1/2011
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNE	25.50	25.50	10/1/2009
87511		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNE	31.18	31.18	10/1/2009
87512		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNE	41.41	41.41	10/1/2009
87515		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	25.50	25.50	10/1/2009
87516		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	31.18	31.18	10/1/2009
87517		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	41.41	41.41	10/1/2009
87520		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	25.50	25.50	10/1/2009
87521		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	31.18	31.18	10/1/2009
87522		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	41.41	41.41	10/1/2009
87525		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	25.50	25.50	10/1/2009
87526		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	31.18	31.18	10/1/2009
87527		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATIT	41.41	41.41	10/1/2009
87528		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	25.50	25.50	10/1/2009
87529		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	31.18	31.18	10/1/2009
87530		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	41.41	41.41	10/1/2009
87531		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	25.50	25.50	10/1/2009
87532		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	31.18	31.18	10/1/2009
87533		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES	41.41	41.41	10/1/2009
87534		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DII	25.50	25.50	10/1/2009
87535		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AN	31.18	31.18	10/1/2009
87536		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QL	67.59	67.59	10/1/2009
87537		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DII	25.50	25.50	10/1/2009
87538		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AN	31.18	31.18	10/1/2009
87539		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, QL	41.41	41.41	10/1/2009
87540		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONE	25.50	25.50	10/1/2009
87541		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONE	31.18	31.18	10/1/2009
87542		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONE	41.41	41.41	10/1/2009
87550		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	25.50	25.50	10/1/2009
87551		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	31.18	31.18	10/1/2009
87552		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87555		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	25.50	25.50	10/1/2009
87556		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	31.18	31.18	10/1/2009
87557		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87560		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	25.50	25.50	10/1/2009
87561		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	31.18	31.18	10/1/2009
87562		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBA	41.41	41.41	10/1/2009
87580		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	25.50	25.50	10/1/2009
87581		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	31.18	31.18	10/1/2009
87582		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPL	41.41	41.41	10/1/2009
87590		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	25.50	25.50	10/1/2009
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	31.18	31.18	10/1/2009
87592		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSER	41.41	41.41	10/1/2009
87620		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	25.50	25.50	10/1/2009
87621		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	31.18	31.18	10/1/2009
87622		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLO	41.41	41.41	10/1/2009
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYL	31.18	31.18	10/1/2009
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYL	31.18	31.18	10/1/2009
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	25.50	25.50	10/1/2009
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	31.18	31.18	10/1/2009
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	41.41	41.41	10/1/2009
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTC	31.18	31.18	10/1/2009
87797		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTI-	25.50	25.50	10/1/2009
87798		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTI-	31.18	31.18	10/1/2009
87799		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTI-	41.41	41.41	10/1/2009
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MULTIPL	50.99	50.99	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPL	62.35	62.35	10/1/2009
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT	14.57	14.57	10/1/2009
87810		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87850		INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87880		"INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	14.57	14.57	10/1/2009
87899		INFECTIOUS AGENT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL C	14.57	14.57	10/1/2009
87901		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	99.24	99.24	10/1/2009
87902		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	99.24	99.24	10/1/2009
87903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RN/	346.04	346.04	10/1/2009
87904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RN/	20.71	20.71	10/1/2009
87906		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA)	49.98	49.98	1/1/2011
88104		CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	49.40	49.40	10/1/2009
88104	26	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	23.05	23.05	10/1/2009
88104	TC	CYTOPATHOLOGY,FLD,WASH OR BRUSH, EXCPT CERV OR VAG	26.35	26.35	10/1/2009
88106		CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	61.22	61.22	10/1/2009
88106	26	CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	23.05	23.05	10/1/2009
88106	TC	CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG FLTME	38.17	38.17	10/1/2009
88107		CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	77.18	77.18	10/1/2009
88107	26	CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	31.79	31.79	10/1/2009
88107	TC	CYTOPHTLGY,FLD,WASH OR BRUSH,EXPT CER OR VAG SM&FL	45.39	45.39	10/1/2009
88108		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	58.05	58.05	10/1/2009
88108	26	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	23.05	23.05	10/1/2009
88108	TC	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRE	35.01	35.01	10/1/2009
88120		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPI	283.81	283.81	1/1/2011
88121		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPI	239.64	239.64	1/1/2011
88125		CYTOPATHOLOGY, FORENSIC	17.44	17.44	10/1/2009
88125	26	CYTOPATHOLOGY, FORENSIC	10.90	10.90	10/1/2009
88125	TC	CYTOPATHOLOGY, FORENSIC	6.54	6.54	10/1/2009
88130		BUCCAL SMEAR	19.13	19.13	10/1/2009
88130	26	BUCCAL SMEAR	20.11	20.11	10/1/2009
88140		SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	10.16	10.16	10/1/2009
88140	26	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	10.26	10.26	10/1/2009
88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REC	22.43	22.43	10/1/2009
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	25.76	25.76	10/1/2009
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	25.76	25.76	10/1/2009
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOI	13.43	13.43	10/1/2009
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOI	13.43	13.43	10/1/2009
88150		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING U	13.43	13.43	10/1/2009
88152		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREEN	13.43	13.43	10/1/2009
88155		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAI	7.62	7.62	10/1/2009
88160		CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	41.76	41.76	10/1/2009
88160	26	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	20.60	20.60	10/1/2009
88160	TC	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTER	21.16	21.16	10/1/2009
88161		CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	43.49	43.49	10/1/2009
88161	26	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	20.31	20.31	10/1/2009
88161	TC	CYTOPATHOLOGY,ANY OTHR SOURCE; PREP,SCREEN & INTER	23.18	23.18	10/1/2009
88162		CYTOPATHOLOGY, EXTEND STDY INVOLV OVERSSLID &/ORMU	63.04	63.04	10/1/2009
88162	26	CYTOPATHOLOGY, EXTEND STDY INVOLV OVERSSLID &/ORMU	31.50	31.50	10/1/2009
88162	TC	CYTOPATHOLOGY, EXTEND STDY INVOLV OVERSSLID &/ORMU	31.54	31.54	10/1/2009
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTE	13.43	13.43	10/1/2009
88172		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	42.57	42.57	10/1/2009
88172	26	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	24.87	24.87	10/1/2009
88172	TC	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	17.70	17.70	10/1/2009
88173		EVAL FN NDL SSPIR WWO PREP SM; INTERPRET & REPORT	107.89	107.89	10/1/2009
88173	26	EVAL FN NDL SSPIR WWO PREP SM; INTERPRET & REPORT	57.30	57.30	10/1/2009
88173	TC	EVAL FN NDL SSPIR WWO PREP SM; INTERPRET & REPORT	50.58	50.58	10/1/2009
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	27.16	27.16	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COI	33.04	33.04	10/1/2009
88177		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE C	17.26	17.26	1/1/2011
88182		CELL CYCLE OR DNA ANALYSIS	81.92	81.92	10/1/2009
88182	26	CELL CYCLE OR DNA ANALYSIS	29.79	29.79	10/1/2009
88182	TC	CELL CYCLE OR DNA ANALYSIS	52.12	52.12	10/1/2009
88230		TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	148.12	148.12	10/1/2009
88230	26	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	121.17	121.17	10/1/2009
88230	TC	TISSUE CULTURE FOR NON-NEOPLASTIC DISEASE	39.78	39.78	10/1/2009
88233		TISSUE CULTURE, SKIN	178.93	178.93	10/1/2009
88233	26	TISSUE CULTURE, SKIN	146.56	146.56	10/1/2009
88233	TC	TISSUE CULTURE, SKIN	48.25	48.25	10/1/2009
88235		TISSUE CULTURE, PLACENTA	187.22	187.22	10/1/2009
88235	26	TISSUE CULTURE, PLACENTA	153.40	153.40	10/1/2009
88235	TC	TISSUE CULTURE, PLACENTA	50.52	50.52	10/1/2009
88237		TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD C	160.59	160.59	10/1/2009
88237	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD C	131.44	131.44	10/1/2009
88237	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD C	43.21	43.21	10/1/2009
88239		TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	187.57	187.57	10/1/2009
88239	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	153.68	153.68	10/1/2009
88239	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR	50.62	50.62	10/1/2009
88245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	189.26	189.26	10/1/2009
88245	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	155.08	155.08	10/1/2009
88245	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER	51.08	51.08	10/1/2009
88248		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	220.18	220.18	10/1/2009
88248	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	180.56	180.56	10/1/2009
88248	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAK	59.58	59.58	10/1/2009
88261		CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	224.71	224.71	10/1/2009
88261	26	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	184.29	184.29	10/1/2009
88261	TC	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	60.82	60.82	10/1/2009
88262		CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	158.47	158.47	10/1/2009
88262	26	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	129.70	129.70	10/1/2009
88262	TC	CHROMOSOME ANALYSIS, COUNT 15-20 CELLS, 2 KARYOTYPES W/BANDING	42.62	42.62	10/1/2009
88263		CHROMOSOME ANALYSIS	191.07	191.07	10/1/2009
88263	26	CHROMOSOME ANALYSIS	156.57	156.57	10/1/2009
88263	TC	CHROMOSOME ANALYSIS	51.58	51.58	10/1/2009
88264		CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	158.47	158.47	10/1/2009
88264	26	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	129.70	129.70	10/1/2009
88264	TC	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	42.62	42.62	10/1/2009
88267		CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELLS	228.56	228.56	10/1/2009
88267	26	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELLS	187.47	187.47	10/1/2009
88267	TC	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIOIC VILLUS, 15 CELLS	61.88	61.88	10/1/2009
88269		CHROMOSOME ANALYSIS, AMNIOTIC FLUID	211.47	211.47	10/1/2009
88269	26	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	173.38	173.38	10/1/2009
88269	TC	CHROMOSOME ANALYSIS, AMNIOTIC FLUID	57.18	57.18	10/1/2009
88271		MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	18.40	18.40	10/1/2009
88271	26	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	14.26	14.26	10/1/2009
88271	TC	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	4.14	4.14	10/1/2009
88272		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	34.04	34.04	10/1/2009
88272	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	27.15	27.15	10/1/2009
88272	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	8.44	8.44	10/1/2009
88273		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	40.85	40.85	10/1/2009
88273	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	32.76	32.76	10/1/2009
88273	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, AN	10.31	10.31	10/1/2009
88274		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	44.25	44.25	10/1/2009
88274	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	35.56	35.56	10/1/2009
88274	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	11.25	11.25	10/1/2009
88275		MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	51.06	51.06	10/1/2009
88275	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	41.17	41.17	10/1/2009
88275	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALY	13.12	13.12	10/1/2009
88280		CHROM ANALYSIS ADDITIONAL KAROTYPING	31.91	31.91	10/1/2009
88280	26	CHROM ANALYSIS ADDITIONAL KAROTYPING	25.39	25.39	10/1/2009
88280	TC	CHROM ANALYSIS ADDITIONAL KAROTYPING	7.86	7.86	10/1/2009
88283		BANDING FOR CHROMOSOME ANALYSIS	24.49	24.49	10/1/2009
88283	26	BANDING FOR CHROMOSOME ANALYSIS	19.27	19.27	10/1/2009
88283	TC	BANDING FOR CHROMOSOME ANALYSIS	5.82	5.82	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
88285		CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	24.15	24.15	10/1/2009
88285	26	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	19.00	19.00	10/1/2009
88285	TC	CHROMOSOME ANALYSIS, ADDITIONAL CELLS COUNTED	5.72	5.72	10/1/2009
88289		CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	43.12	43.12	10/1/2009
88289	26	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	34.63	34.63	10/1/2009
88289	TC	CHROMOSOME ANALYSIS, ADDITIONAL HIGH RESOLUTION STUDY	10.94	10.94	10/1/2009
88291		CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND	23.81	23.81	10/1/2009
88300		LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	18.46	18.46	10/1/2009
88300	26	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	3.56	3.56	10/1/2009
88300	TC	LEVEL I-SURGICAL PATHOLOGY, GROSS EXAM ONLY	14.91	14.91	10/1/2009
88302		LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	38.68	38.68	10/1/2009
88302	26	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	5.41	5.41	10/1/2009
88302	TC	LEVEL II-SURGICAL PATHOLOGY, GROSS&MICRO EXAM	33.28	33.28	10/1/2009
88304		LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	49.28	49.28	10/1/2009
88304	26	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	9.08	9.08	10/1/2009
88304	TC	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	40.19	40.19	10/1/2009
88305		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	84.18	84.18	10/1/2009
88305	26	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	31.19	31.19	10/1/2009
88305	TC	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	52.99	52.99	10/1/2009
88307		LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	168.75	168.75	10/1/2009
88307	26	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	66.34	66.34	10/1/2009
88307	TC	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIC	102.42	102.42	10/1/2009
88309		LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	255.05	255.05	10/1/2009
88309	26	LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	114.55	114.55	10/1/2009
88309	TC	LEVEL VI-SURGICLA PATHOLOGY, GROSS & MICRO EXAM	140.49	140.49	10/1/2009
88311		DECALCIFICATION PROCEDURE	14.80	14.80	10/1/2009
88311	26	DECALCIFICATION PROCEDURE	9.99	9.99	10/1/2009
88311	TC	DECALCIFICATION PROCEDURE	4.81	4.81	10/1/2009
88312		SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	79.15	79.15	10/1/2009
88312	26	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	22.13	22.13	10/1/2009
88312	TC	SPECIAL STAINS; GROUP I FOR MICROORGANISMS, EACH	57.01	57.01	10/1/2009
88313		GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	57.48	57.48	10/1/2009
88313	26	GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	9.70	9.70	10/1/2009
88313	TC	GROUP II, ALL OTHER,EXCPT IMMUNOCYTOCHEM &IMMUNOPE	47.78	47.78	10/1/2009
88314		GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	70.49	70.49	10/1/2009
88314	26	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	18.76	18.76	10/1/2009
88314	TC	GROUP II, HISTOCHEMICAL STAINING W/FROZEN SECTION	51.73	51.73	10/1/2009
88318		DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	79.16	79.16	10/1/2009
88318	26	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	17.24	17.24	10/1/2009
88318	TC	DETERMINATIVE HISTOCHEMISTRY IDENTIFY CHEMICAL COMPONENTS	61.92	61.92	10/1/2009
88319		DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	109.89	109.89	10/1/2009
88319	26	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	21.82	21.82	10/1/2009
88319	TC	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY/ENZYME /EACH	88.07	88.07	10/1/2009
88321		CONSULTATION ON TISSUE EXAM	66.23	73.15	10/1/2009
88323		CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	116.70	116.70	10/1/2009
88323	26	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	71.89	71.89	10/1/2009
88323	TC	CONSULT & REPORT ON REFERRED MAT' REQ.PREP OF SLD	44.81	44.81	10/1/2009
88325		COMPREHENSIVE REVIEW RECORDS SLIDES W/REPORT	102.98	155.47	10/1/2009
88329		OPERATING ROOM CONSULTATION	27.92	40.32	10/1/2009
88331		PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WI	73.01	73.01	10/1/2009
88331	26	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WI	50.00	50.00	10/1/2009
88331	TC	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WI	23.00	23.00	10/1/2009
88332		PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	32.74	32.74	10/1/2009
88332	26	PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	24.56	24.56	10/1/2009
88332	TC	PATHLGY CONSULT DUR. SURG; EA ADD TIS BLK W/FRZ SC	8.18	8.18	10/1/2009
88342		IMMUNOCYTOCHEMISTRY EACH ANTIBODY	79.98	79.98	10/1/2009
88342	26	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	34.60	34.60	10/1/2009
88342	TC	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	45.39	45.39	10/1/2009
88346		IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	80.29	80.29	10/1/2009
88346	26	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	35.20	35.20	10/1/2009
88346	TC	IMMUNOFLUORESCENT STDY, EA. ANTIBDY; DIRECT METHOD	45.10	45.10	10/1/2009
88347		IMMUNOFLUORESCENT STUDY INDIRECT METHOD	63.85	63.85	10/1/2009
88347	26	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	33.75	33.75	10/1/2009
88347	TC	IMMUNOFLUORESCENT STUDY INDIRECT METHOD	30.10	30.10	10/1/2009
88348		ELECTRON MICROSCOPY DIAGNOSTIC	496.11	496.11	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
88348	26	ELECTRON MICROSCOPY DIAGNOSTIC	62.11	62.11	10/1/2009
88348	TC	ELECTRON MICROSCOPY DIAGNOSTIC	434.00	434.00	10/1/2009
88349		ELECTRON MICROSCOPY SCANNING	236.02	236.02	10/1/2009
88349	26	ELECTRON MICROSCOPY SCANNING	31.79	31.79	10/1/2009
88349	TC	ELECTRON MICROSCOPY SCANNING	204.23	204.23	10/1/2009
88355		MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	192.06	192.06	10/1/2009
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	72.91	72.91	10/1/2009
88355	TC	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	119.15	119.15	10/1/2009
88356		MORPHOMETRIC ANALYSIS NERVE	234.33	234.33	10/1/2009
88356	26	MORPHOMETRIC ANALYSIS NERVE	116.43	116.43	10/1/2009
88356	TC	MORPHOMETRIC ANALYSIS NERVE	117.90	117.90	10/1/2009
88358		MORPHOMETRIC ANALYSIS OF TUMOR	62.69	62.69	10/1/2009
88358	26	MORPHOMETRIC ANALYSIS OF TUMOR	37.95	37.95	10/1/2009
88358	TC	MORPHOMETRIC ANALYSIS OF TUMOR	24.74	24.74	10/1/2009
88362		NERVE TEASING PREPARATION	211.08	211.08	10/1/2009
88362	26	NERVE TEASING PREPARATION	89.05	89.05	10/1/2009
88362	TC	NERVE TEASING PREPARATION	122.03	122.03	10/1/2009
88363		EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY	10.44	23.50	1/1/2011
88365		TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	125.79	125.79	10/1/2009
88365	26	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	48.39	48.39	10/1/2009
88365	TC	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	77.40	77.40	10/1/2009
88371		PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	18.45	18.45	10/1/2009
88371	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, INTERP AND REPORT	15.20	15.20	10/1/2009
88372		PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	14.95	14.95	10/1/2009
88372	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	15.20	15.20	10/1/2009
88372	TC	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, IMMUNOLOGICAL PROE	15.52	15.52	10/1/2009
88400		BILIRUBIN, TOTAL, TRANSCUTANEOUS	6.39	6.39	10/1/2009
88749		UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	6.42	6.42	1/1/2011
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID,	6.02	6.02	10/1/2009
89051		SYNOVIAL FLUID DIFF	6.62	6.62	10/1/2009
89055		LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE	5.42	5.42	10/1/2009
89060		CRYSTAL ID, SYNOVIAL FLUID	9.09	9.09	10/1/2009
89125		FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS	5.49	5.49	10/1/2009
89160		MEAT FIBERS FECES	4.69	4.69	10/1/2009
89190		NASAL SMEAR FOR EOSINOPHILS	5.92	5.92	10/1/2009
89300		SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HU	11.33	11.33	10/1/2009
89310		SEMEN ANALYSIS	10.66	10.66	10/1/2009
89320		SEMEN ANALYSIS COMPLETE	15.32	15.32	10/1/2009
89325		SPERM AGGLUTINATION WITH ANTIBODY TITER	13.57	13.57	10/1/2009
90460	EP	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROI	14.31	14.31	1/1/2011
90461	EP	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROI	7.14	7.14	1/1/2011
90471		IMMUNIZATION ADMIN (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCU	15.70	15.70	10/1/2009
90471	EP	IMMUNIZATION ADMINISTRATION-ONE SINGLE OR COMBO VACCINE TOXIOI	15.70	15.70	10/1/2009
90472		EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	8.84	8.84	10/1/2009
90472	EP	EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMBC	8.84	8.84	10/1/2009
90473		EACH ADDITIONAL IMMUNIZATION ADMIN;ONE VACCINE SINGLE OR COMBC	6.94	11.27	10/1/2009
90473	EP	IMMUNIZATION ADMIN (INTRANASAL OR ORAL)	6.94	11.27	10/1/2009
90474		EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.32	7.47	10/1/2009
90474	EP	EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TAXOID)	6.32	7.47	10/1/2009
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	108.39	128.29	10/1/2009
90802		PSYCHIATRIC INTERVIEW INTERACTIVE	116.58	136.76	10/1/2009
90804		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	48.11	56.28	10/1/2009
90805		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	65.07	67.49	10/1/2009
90806		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	73.84	78.98	10/1/2009
90807		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	93.15	95.27	10/1/2009
90808		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	111.06	116.21	10/1/2009
90809		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	117.42	125.28	10/1/2009
90810		INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 20-30 MINUTES	52.52	59.79	10/1/2009
90811		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	58.98	69.58	10/1/2009
90812		INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 45-50 MINUTES	78.35	85.91	10/1/2009
90813		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	84.70	95.30	10/1/2009
90814		INDIVIDUAL PSYCHOTHERAPY INTERACTIVE 75-80 MINUTES	117.39	124.66	10/1/2009
90815		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	121.62	132.21	10/1/2009
90816		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	52.45	52.45	10/1/2009
90817		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	58.29	58.29	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
90818		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	78.14	78.14	10/1/2009
90819		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	83.90	83.90	10/1/2009
90821		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	109.90	109.90	10/1/2009
90822		INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING	121.35	121.35	10/1/2009
90823		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	56.65	56.65	10/1/2009
90824		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	63.01	63.01	10/1/2009
90826		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	82.90	82.90	10/1/2009
90827		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	88.10	88.10	10/1/2009
90828		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	119.91	119.91	10/1/2009
90829		INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PH	125.34	125.34	10/1/2009
90845		PSYCHOANALYSIS	67.85	69.30	10/1/2009
90846		FAMILY THERAPY	71.98	73.71	10/1/2009
90847		FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT P	86.33	91.53	10/1/2009
90849		MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	25.13	27.45	10/1/2009
90853		GROUP THERAPY	24.65	26.09	10/1/2009
90857		INTERACTIVE GROUP PSYCHOTHERAPY	26.19	29.36	10/1/2009
90862		PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, REVIEW OF I	48.07	50.49	10/1/2009
90865		NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PUF	111.98	129.28	10/1/2009
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	72.10	113.34	10/1/2009
90935		HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	55.56	55.56	10/1/2009
90937		HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	91.40	91.40	10/1/2009
90945		DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIAI	57.72	57.72	10/1/2009
90947		DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIAI	93.54	93.54	10/1/2009
91010		ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	149.79	149.79	10/1/2009
91010	26	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	55.74	55.74	10/1/2009
91010	TC	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/O	94.06	94.06	10/1/2009
91020		GASTRIC MOTILITY (MANOMETRIC) STUDIES	181.87	181.87	10/1/2009
91020	26	GASTRIC MOTILITY (MANOMETRIC) STUDIES	63.87	63.87	10/1/2009
91020	TC	GASTRIC MOTILITY (MANOMETRIC) STUDIES	117.99	117.99	10/1/2009
91030		ESOPHAGUS, ACID PERFUSION	109.16	109.16	10/1/2009
91030	26	ESOPHAGUS, ACID PERFUSION	41.28	41.28	10/1/2009
91030	TC	ESOPHAGUS, ACID PERFUSION	67.89	67.89	10/1/2009
91034		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	156.35	156.35	10/1/2009
91034	26	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	43.25	43.25	10/1/2009
91034	TC	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETE	113.09	113.09	10/1/2009
91037		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	125.77	125.77	10/1/2009
91037	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	43.83	43.83	10/1/2009
91037	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	81.95	81.95	10/1/2009
91038		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	111.37	111.37	10/1/2009
91038	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	49.61	49.61	10/1/2009
91038	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH	61.75	61.75	10/1/2009
91040		ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	296.22	296.22	10/1/2009
91040	26	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	44.98	44.98	10/1/2009
91040	TC	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	251.24	251.24	10/1/2009
91065		BREATH HYDROGEN TEST	51.24	51.24	10/1/2009
91065	26	BREATH HYDROGEN TEST	8.75	8.75	10/1/2009
91065	TC	BREATH HYDROGEN TEST	42.51	42.51	10/1/2009
91110		GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	707.90	707.90	10/1/2009
91110	26	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	162.28	162.28	10/1/2009
91110	TC	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (E.G., CAPSULE ENDC	545.62	545.62	10/1/2009
91120		RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	303.52	303.52	10/1/2009
91120	26	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	40.86	40.86	10/1/2009
91120	TC	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GR	262.67	262.67	10/1/2009
91122		ANORECTAL MANOMETRY	183.65	183.65	10/1/2009
91122	26	ANORECTAL MANOMETRY	75.64	75.64	10/1/2009
91122	TC	ANORECTAL MANOMETRY	108.01	108.01	10/1/2009
92002		EYE EXAM & TREATMENT,INITIAL	36.48	55.52	10/1/2009
92004		EYE EXAM & TREATMENT,INITIAL	75.71	104.84	10/1/2009
92012		EYE EXAM & TREATMENT	38.60	58.49	10/1/2009
92014		EYE EXAM & TREATMENT	59.29	85.53	10/1/2009
92015		2ETERMINATION OF REFRACTIVE STATE	15.80	25.89	10/1/2009
92018		OPHTHALMOLOGICAL EXAMINATION AND EVALUATION W/ANES	107.31	107.31	10/1/2009
92019		OPHTHALMOL EXAM/EVAL UNDER GEN ANESTHESIA SUBSEQUEN	53.55	53.55	10/1/2009
92020		GONIOSCOPY (SEPARATE PROCEDURE)	15.77	19.81	10/1/2009
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	25.44	25.44	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	14.86	14.86	10/1/2009
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WIT	10.58	10.58	10/1/2009
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCUL	44.32	44.32	10/1/2009
92070		THERAPEUTIC BANDAGE LENS	29.72	49.62	10/1/2009
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRET	39.02	39.02	10/1/2009
92082		SPECIAL EYE EXAM	51.61	51.61	10/1/2009
92083		SPECIAL EYE EXAM	58.96	58.96	10/1/2009
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH	61.11	61.11	10/1/2009
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH	23.38	23.38	10/1/2009
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH	37.72	37.72	10/1/2009
92235		FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	94.61	94.61	10/1/2009
92235	26	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	35.17	35.17	10/1/2009
92235	TC	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INT	59.44	59.44	10/1/2009
92265		NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUS	58.17	58.17	10/1/2009
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	66.62	66.62	10/1/2009
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	99.10	99.10	10/1/2009
92283		COLOR VISION EXAMINATION	33.39	33.39	10/1/2009
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	44.80	44.80	10/1/2009
92502		EAR AND THROAT EXAMINATION UNDER GENERAL ANESTHESIA	76.05	76.05	10/1/2009
92504		SPECIAL EAR EXAMINATION	7.83	22.25	10/1/2009
92506		EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR A	36.64	119.41	10/1/2009
92507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR A	24.42	68.25	10/1/2009
92508		TREATMENT OF SPEECH, LANGUAGE 2 OR MORE	11.19	23.88	10/1/2009
92511		VISUALIZATION NOSE & THROAT	46.97	117.34	10/1/2009
92512		NASAL FUNCTION STUDIES	23.02	46.97	10/1/2009
92516		FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	18.51	48.21	10/1/2009
92520		LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUST	32.34	48.20	10/1/2009
92531		SPONTANEOUS NYSTAGMUS TEST	18.05	18.05	10/1/2009
92532		POSITIONAL NYSTAGMUS TEST	18.41	18.41	10/1/2009
92533		INNER EAR TEST	11.73	11.73	10/1/2009
92534		OPTOKINETIC NYSTAGMUS TEST	34.67	34.67	10/1/2009
92541		SPONTANEOUS NYSTAGMUS TEST	46.14	46.14	10/1/2009
92541	26	SPONTANEOUS NYSTAGMUS TEST	16.91	16.91	10/1/2009
92541	TC	SPONTANEOUS NYSTAGMUS TEST	29.24	29.24	10/1/2009
92542		POSITIONAL NYSTAGMUS TEST	47.80	47.80	10/1/2009
92542	26	POSITIONAL NYSTAGMUS TEST	13.95	13.95	10/1/2009
92542	TC	POSITIONAL NYSTAGMUS TEST	33.85	33.85	10/1/2009
92543		CALORIC VESTIBULAR TEST	21.97	21.97	10/1/2009
92543	26	CALORIC VESTIBULAR TEST	4.47	4.47	10/1/2009
92543	TC	CALORIC VESTIBULAR TEST	17.50	17.50	10/1/2009
92544		OPTOKIMETIC NUSTAGMUS TEST	38.40	38.40	10/1/2009
92544	26	OPTOKIMETIC NUSTAGMUS TEST	10.90	10.90	10/1/2009
92544	TC	OPTOKIMETIC NUSTAGMUS TEST	27.51	27.51	10/1/2009
92545		OSCILLATING TRACKING TEST	36.03	36.03	10/1/2009
92545	26	OSCILLATING TRACKING TEST	9.67	9.67	10/1/2009
92545	TC	OSCILLATING TRACKING TEST	26.35	26.35	10/1/2009
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	64.44	64.44	10/1/2009
92546	26	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	12.12	12.12	10/1/2009
92546	TC	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	52.31	52.31	10/1/2009
92547		USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE	4.07	4.07	10/1/2009
92551		SCREENING TEST, PURE TONE AIR ONLY	8.27	8.27	10/1/2009
92552		PURE TONE AUDIOMETRY (THRESHOLD) AIR ONLY	16.65	16.65	10/1/2009
92553		AUDIOMETRY AIR AND BONE	22.24	22.24	10/1/2009
92555		SPEECH AUDIOMETRY THRESHOLD	12.33	12.33	10/1/2009
92556		SPEECH AUDIOMETRY AND SPEECH RECOGNITION	19.06	19.06	10/1/2009
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL AND SPEECH RECOGNI	34.34	36.36	10/1/2009
92560		HEARING TEST, SCREENING	17.50	17.50	10/1/2009
92561		SPECIAL HEARING TEST	21.67	21.67	10/1/2009
92562		SPECIAL HEARING TEST	17.52	17.52	10/1/2009
92563		SPECIAL HEARING TEST	15.79	15.79	10/1/2009
92564		SPECIAL HEARING TEST	15.12	15.12	10/1/2009
92565		SPECIAL HEARING TEST	9.73	9.73	10/1/2009
92567		TYMPANOMETRY IMPEDANCE TESTING	12.61	14.06	10/1/2009
92568		ACOUSTIC REFLEX TESTING; THRESHOLD	14.73	14.73	10/1/2009
92569		ACOUSTIC REFLEX TESTING; DECAY	11.64	11.64	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
92571		FILTERED SPEECH TEST	12.61	12.61	10/1/2009
92572		STAGGERED SPORATIC WORD TEST	13.47	13.47	10/1/2009
92575		SPECIAL HEARING TEST	27.22	27.22	10/1/2009
92576		SYNTHETIC SENTENCE IDENTIFICATION TEST	16.27	16.27	10/1/2009
92577		SPECIAL HEARING TEST	13.20	13.20	10/1/2009
92582		CONDITIONING PLAY AUDIOMETRY	31.76	31.76	10/1/2009
92583		SELECT PICTURE AUDIOMETRY	25.52	25.52	10/1/2009
92584		ELECTROCOCHLEOGRAPHY	51.74	51.74	10/1/2009
92585		EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	79.22	79.22	10/1/2009
92585	26	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	21.38	21.38	10/1/2009
92585	TC	EVOKED OTOACOUSTIC POTENTIALS FOR EVOKED RESPONSE	57.86	57.86	10/1/2009
92586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AI	48.05	48.05	10/1/2009
92587		EVOKED OTOACOUSTIC EMISSIONS;LIMITED	30.08	30.08	10/1/2009
92588		EVOKED OTOACOUSTIC EMISSIONS;COMPREHENSIVE	49.76	49.76	10/1/2009
92590		HEARING AID EXAM AND SELECTION MONAURAL	35.53	35.53	10/1/2009
92591		HEARING AID EXAM BINAURAL	53.36	53.36	10/1/2009
92592		HEARING AID CHECK MONAURAL	15.55	15.55	10/1/2009
92593		HEARING AID CHECK BINAURAL	23.51	23.51	10/1/2009
92594		ELECTRACOUSTIC EVAL FOR HEARING AID MONAURAL	17.17	17.17	10/1/2009
92595		ELECTRONACOUSTIC EVAL BINAURAL	25.66	25.66	10/1/2009
92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	26.85	26.85	10/1/2009
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	115.78	126.16	10/1/2009
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS	69.02	78.54	10/1/2009
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER	104.41	113.93	10/1/2009
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER	59.68	67.47	10/1/2009
92607		EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVIC	119.81	119.81	10/1/2009
92608		EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	22.90	22.90	10/1/2009
92609		THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDIN	63.66	63.66	10/1/2009
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	61.57	61.57	10/1/2009
92611		MOTION FLOURSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE	67.05	67.05	10/1/2009
92612		ENDOSCOPIC STUDY OF SWALLOWING	54.81	123.74	10/1/2009
92614		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY	54.81	110.47	10/1/2009
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND L	80.85	152.10	10/1/2009
92620		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60	60.25	60.25	10/1/2009
92621		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADE	14.00	14.00	10/1/2009
92625		ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND	47.70	47.70	10/1/2009
92950		HEART-LUNG RESUSCITATION	147.93	222.34	10/1/2009
92953		TEMPORARY EXTERNAL PACING	9.87	9.87	10/1/2009
92960		CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; I	111.34	208.54	10/1/2009
92961		CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; I	217.78	217.78	10/1/2009
92970		CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	152.12	152.12	10/1/2009
92971		CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	86.37	86.37	10/1/2009
92973		PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPA	154.40	154.40	10/1/2009
92974		TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUB	141.53	141.53	10/1/2009
92975		THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION	339.17	339.17	10/1/2009
92977		THROMBOLYSIS CORONARY BY INTRAVENOUS INFUSION	103.11	103.11	10/1/2009
92980		TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCU	703.37	703.37	10/1/2009
92981		TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCU	195.71	195.71	10/1/2009
92982		PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	521.44	521.44	10/1/2009
92984		PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EAI	139.73	139.73	10/1/2009
92986		PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	1151.79	1151.79	10/1/2009
92990		PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	917.49	917.49	10/1/2009
92995		PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAN	574.65	574.65	10/1/2009
92996		PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHAN	150.92	150.92	10/1/2009
92997		PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPL	532.86	532.86	10/1/2009
92998		PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPL	272.76	272.76	10/1/2009
93000		ELECTROCARDIOGRAM, ROUTINE EKG AT LEAST 12 LEADS; INTERP AND RI	16.85	16.85	10/1/2009
93005		ELECTROCARDIOGRAM, TRACING	9.34	9.34	10/1/2009
93010		ELECTROCARDIOGRAM REPORT	7.52	7.52	10/1/2009
93015		CARDIOVASCULAR STRESS TEST	80.66	80.66	10/1/2009
93016		CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREAD	20.48	20.48	10/1/2009
93017		ELECTROCARDIOGRAM TRACING	46.59	46.59	10/1/2009
93018		TREADMILL EKG-INTERP ONLY	13.59	13.59	10/1/2009
93024		ERGONOVINE PROVOCATION TEST	99.13	99.13	10/1/2009
93024	26	ERGONOVINE PROVOCATION TEST	52.84	52.84	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
93024	TC	ERGONOVINE PROVOCATION TEST	46.28	46.28	10/1/2009
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIA	170.93	170.93	10/1/2009
93040		ELECTROCARDIOGRAM REPORT	10.86	10.87	10/1/2009
93041		RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY W/O INTERPRETATION	4.23	4.23	10/1/2009
93042		RHYTHM STRIP-INTERP ONLY	6.63	6.63	10/1/2009
93224		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS (ECG) RECORDING	94.50	94.50	10/1/2009
93225		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS (ECG) RECORDING	27.83	27.83	10/1/2009
93226		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS (ECG) RECORDING	42.86	42.86	10/1/2009
93227		ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS (ECG) RECORDING	23.82	23.81	10/1/2009
93271		PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	171.42	171.42	10/1/2009
93272		PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH	22.95	22.95	10/1/2009
93278		SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	32.09	32.09	10/1/2009
93278	26	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	10.87	10.87	10/1/2009
93278	TC	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	21.21	21.21	10/1/2009
93307		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	141.40	141.40	10/1/2009
93307	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	41.68	41.68	10/1/2009
93307	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	99.73	99.73	10/1/2009
93308		ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	89.29	89.29	10/1/2009
93308	26	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	24.42	24.42	10/1/2009
93308	TC	ECHOCARDIOGRAPHY REAL TIME SCAN LIMITED	64.86	64.86	10/1/2009
93312		ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION	262.23	262.23	10/1/2009
93312	26	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION	97.29	97.29	10/1/2009
93312	TC	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION	164.94	164.94	10/1/2009
93313		ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL; PLC PRO	34.84	34.84	10/1/2009
93314		ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	224.02	224.02	10/1/2009
93314	26	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	55.06	55.06	10/1/2009
93314	TC	ECHOCARDIO, RL TIME W/DOC TRANSESOPHAGEAL INTRP.ON	168.98	168.98	10/1/2009
93320		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	62.30	62.30	10/1/2009
93320	26	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	17.24	17.24	10/1/2009
93320	TC	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	45.05	45.05	10/1/2009
93321		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	27.51	27.51	10/1/2009
93321	26	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	6.90	6.90	10/1/2009
93321	TC	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE	20.62	20.62	10/1/2009
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST S)	41.43	41.43	10/1/2009
93325	26	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST S)	3.25	3.25	10/1/2009
93350		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	171.08	171.08	10/1/2009
93350	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	67.28	67.28	10/1/2009
93350	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION	103.80	103.80	10/1/2009
93503		PLACEMENT OF FLOW DIRECTED CATHETER	94.69	94.69	10/1/2009
93505		ENDOCARDIAL BIOPSY	603.06	603.06	10/1/2009
93505	26	ENDOCARDIAL BIOPSY	203.90	203.90	10/1/2009
93505	TC	ENDOCARDIAL BIOPSY	399.15	399.15	10/1/2009
93530		RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	734.37	734.37	10/1/2009
93530	26	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	194.70	194.70	10/1/2009
93530	TC	RIGHT HEART CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	542.86	542.86	10/1/2009
93531		COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	1922.17	1922.17	10/1/2009
93531	26	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	381.39	381.39	10/1/2009
93531	TC	COMBINED RIGHT HEART CATH AND RETROGRADE LEFT HEART CATH FOR	1548.93	1548.93	10/1/2009
93532		COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	1882.05	1882.05	10/1/2009
93532	26	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	452.32	452.32	10/1/2009
93532	TC	COMBINED RIGHT AND LEFT CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES	1429.75	1429.75	10/1/2009
93533		COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	1747.63	1747.63	10/1/2009
93533	26	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	304.40	304.40	10/1/2009
93533	TC	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	1443.22	1443.22	10/1/2009
93561		INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	37.52	37.52	10/1/2009
93561	26	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	20.02	20.02	10/1/2009
93561	TC	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH.	17.22	17.22	10/1/2009
93562		INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBS	17.06	17.06	10/1/2009
93562	26	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBS	6.34	6.34	10/1/2009
93562	TC	INDICATOR DILUTION STUDIES, INCLUDING ARTERIAL/VENOUS CATH. SUBS	10.66	10.66	10/1/2009
93571		INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW	221.36	221.36	10/1/2009
93571	26	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW	82.97	82.97	10/1/2009
93571	TC	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW	142.84	142.84	10/1/2009
93572		INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW	138.93	138.93	10/1/2009
93572	26	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW	65.30	65.30	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

				Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	
93572	TC	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED COROI	73.63	73.63	10/1/2009	
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL	845.44	845.44	10/1/2009	
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICUL	1108.55	1108.55	10/1/2009	
93600		SPECIAL ELECTROCARDIOGRAM	155.28	155.28	10/1/2009	
93600	26	SPECIAL ELECTROCARDIOGRAM	98.97	98.97	10/1/2009	
93600	TC	SPECIAL ELECTROCARDIOGRAM	60.73	60.73	10/1/2009	
93602		INTRA ATRIAL RECORDING	127.86	127.86	10/1/2009	
93602	26	INTRA ATRIAL RECORDING	98.59	98.59	10/1/2009	
93602	TC	INTRA ATRIAL RECORDING	33.39	33.39	10/1/2009	
93603		RIGHT VENTRICULAR RECORDING	146.08	146.08	10/1/2009	
93603	26	RIGHT VENTRICULAR RECORDING	98.79	98.79	10/1/2009	
93603	TC	RIGHT VENTRICULAR RECORDING	51.72	51.72	10/1/2009	
93609	26	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SI	233.45	233.45	10/1/2009	
93610		INTRA-ATRIAL PACING	174.71	174.71	10/1/2009	
93610	26	INTRA-ATRIAL PACING	140.15	140.15	10/1/2009	
93610	TC	INTRA-ATRIAL PACING	40.76	40.76	10/1/2009	
93612		INTRAVENTRICULAR PACING	183.10	183.10	10/1/2009	
93612	26	INTRAVENTRICULAR PACING	139.48	139.48	10/1/2009	
93612	TC	INTRAVENTRICULAR PACING	49.26	49.26	10/1/2009	
93613		INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	328.00	328.00	10/1/2009	
93613	26	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	188.75	188.75	10/1/2009	
93613	TC	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEI	122.43	122.43	10/1/2009	
93618		INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	311.58	311.58	10/1/2009	
93618	26	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	200.45	200.45	10/1/2009	
93618	TC	INDUCTION ARRHYTHMIA BY ELECTRICAL PACING	121.66	121.66	10/1/2009	
93619		COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	574.12	574.12	10/1/2009	
93619	26	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	346.15	346.15	10/1/2009	
93619	TC	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	241.28	241.28	10/1/2009	
93620		COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	807.94	807.94	10/1/2009	
93620	26	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	544.13	544.13	10/1/2009	
93620	TC	COMPREHENSIVE EP EVAL WITH RT ATRIAL PACING AND RECORDING, RT \	272.45	272.45	10/1/2009	
93621		COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	174.11	174.11	10/1/2009	
93621	26	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	98.43	98.43	10/1/2009	
93621	TC	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	75.67	75.67	10/1/2009	
93622		COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	254.50	254.50	10/1/2009	
93622	26	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	143.98	143.98	10/1/2009	
93622	TC	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	110.52	110.52	10/1/2009	
93623	26	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INF	133.48	133.48	10/1/2009	
93640		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	381.44	381.44	10/1/2009	
93640	26	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	163.79	163.79	10/1/2009	
93640	TC	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR I	225.18	225.18	10/1/2009	
93641		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	486.38	486.38	10/1/2009	
93641	26	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	277.20	277.20	10/1/2009	
93641	TC	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER- DEFIBRILLATOR	222.72	222.72	10/1/2009	
93642		ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	384.35	384.35	10/1/2009	
93642	26	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	227.51	227.51	10/1/2009	
93642	TC	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	156.84	156.84	10/1/2009	
93660		EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATI	140.69	140.69	10/1/2009	
93662		INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	253.66	253.66	10/1/2009	
93662	26	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	128.88	128.88	10/1/2009	
93662	TC	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC	103.88	103.88	10/1/2009	
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	27.33	27.33	10/1/2009	
93701	26	BIOIMPEDANCE, THORACIC, ELECTRICAL	7.52	7.52	10/1/2009	
93701	TC	BIOIMPEDANCE, THORACIC, ELECTRICAL	19.81	19.81	10/1/2009	
93720		PLETH., TOTAL BODY; WITH INTERP	36.68	36.68	10/1/2009	
93721		PLETH., TRACING ONLY	29.74	29.74	10/1/2009	
93722		PLETH., INTERP. ONLY	6.94	6.94	10/1/2009	
93724		ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	275.52	275.52	10/1/2009	
93724	26	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	223.76	223.76	10/1/2009	
93724	TC	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCL	51.75	51.75	10/1/2009	
93740		ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	7.98	7.98	10/1/2009	
93740	26	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	6.62	6.62	10/1/2009	
93740	TC	ANALYSIS PACEMAKER SINGLE CHAMBER/TELEPHONIC	1.35	1.35	10/1/2009	
93745		INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	59.58	59.58	10/1/2009	
93745	26	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	37.63	37.63	10/1/2009	

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
93745	TC	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE	21.95	21.95	10/1/2009
93770		DETERMINATION OF VENOUS PRESSURE	7.12	7.12	10/1/2009
93770	26	DETERMINATION OF VENOUS PRESSURE	6.62	6.62	10/1/2009
93770	TC	DETERMINATION OF VENOUS PRESSURE	0.48	0.48	10/1/2009
93875		BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	80.47	80.47	10/1/2009
93875	26	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	9.36	9.36	10/1/2009
93875	TC	BILAT. EXTRACRANIAL ARTERY STUDIES, NON-INVASIVE	71.11	71.11	10/1/2009
93880		DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	196.58	196.58	10/1/2009
93880	26	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	25.84	25.84	10/1/2009
93880	TC	DUPLEX SCAN EXTRACRANIAL ARTERIES, BILAT. COMPLETE	170.73	170.73	10/1/2009
93882		DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	129.51	129.51	10/1/2009
93882	26	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	17.01	17.01	10/1/2009
93882	TC	DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	112.50	112.50	10/1/2009
93886		TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	236.35	236.35	10/1/2009
93886	26	TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	39.44	39.44	10/1/2009
93886	TC	TRANSCRANIAL DOPPLER STDY OF INTRACRANIAL ART;COMP	196.91	196.91	10/1/2009
93888		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	160.92	160.92	10/1/2009
93888	26	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	26.66	26.66	10/1/2009
93888	TC	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITE	134.26	134.26	10/1/2009
93890		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	207.64	207.64	10/1/2009
93890	26	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	41.89	41.89	10/1/2009
93890	TC	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOI	165.76	165.76	10/1/2009
93892		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	227.89	227.89	10/1/2009
93892	26	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	47.71	47.71	10/1/2009
93892	TC	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	180.18	180.18	10/1/2009
93893		TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	227.32	227.32	10/1/2009
93893	26	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	48.00	48.00	10/1/2009
93893	TC	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBO	179.32	179.32	10/1/2009
93922		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	95.55	95.55	10/1/2009
93922	26	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	10.50	10.50	10/1/2009
93922	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	85.06	85.06	10/1/2009
93923		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	147.51	147.51	10/1/2009
93923	26	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	19.15	19.15	10/1/2009
93923	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	128.36	128.36	10/1/2009
93924		NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	181.59	181.59	10/1/2009
93924	26	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	21.77	21.77	10/1/2009
93924	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES,	159.82	159.82	10/1/2009
93925		DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	244.41	244.41	10/1/2009
93925	26	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	24.64	24.64	10/1/2009
93925	TC	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT,COMPLETE	219.77	219.77	10/1/2009
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	155.94	155.94	10/1/2009
93926	26	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	16.70	16.70	10/1/2009
93926	TC	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR	139.24	139.24	10/1/2009
93930		DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	192.61	192.61	10/1/2009
93930	26	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	19.75	19.75	10/1/2009
93930	TC	DUPLEX SCAN UPPER EXTREM. ARTERIES; BILAT COMPLETE	172.86	172.86	10/1/2009
93931		DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	128.93	128.93	10/1/2009
93931	26	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	13.14	13.14	10/1/2009
93931	TC	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GR.	115.78	115.78	10/1/2009
93965		NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	97.90	97.90	10/1/2009
93965	26	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	14.77	14.77	10/1/2009
93965	TC	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE B	83.13	83.13	10/1/2009
93970		DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	200.45	200.45	10/1/2009
93970	26	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	29.02	29.02	10/1/2009
93970	TC	DUPLEX SCAN OF EXTREMITY VEINS; COMPLETE, BILATERA	171.43	171.43	10/1/2009
93971		DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE!	132.73	132.73	10/1/2009
93971	26	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE!	19.24	19.24	10/1/2009
93971	TC	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRE!	113.50	113.50	10/1/2009
93975		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	301.67	301.67	10/1/2009
93975	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	77.44	77.44	10/1/2009
93975	TC	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	224.23	224.23	10/1/2009
93976		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	174.15	174.15	10/1/2009
93976	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	51.41	51.41	10/1/2009
93976	TC	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMIN	122.74	122.74	10/1/2009
93978		DUPLEX SCAN COMPLETE; AORTA,VENA CAVA,ILIAC VASC.	188.54	188.54	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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		
			NON-		EFFECTIVE
CODE	MOD	DESCRIPTION	FACILITY	FACILITY	DATE
93978	26	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	27.80	27.80	10/1/2009
93978	TC	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	160.75	160.75	10/1/2009
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	130.38	130.38	10/1/2009
93979	26	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	18.64	18.64	10/1/2009
93979	TC	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR	111.75	111.75	10/1/2009
93990		DUPLEX SCAN OF HEMODIALYSIS	152.53	152.53	10/1/2009
93990	26	DUPLEX SCAN OF HEMODIALYSIS	10.41	10.41	10/1/2009
94002		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VO	73.92	73.92	10/1/2009
94003		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VO	53.42	53.42	10/1/2009
94004		VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VO	38.89	38.89	10/1/2009
94010		SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	26.37	26.37	10/1/2009
94010	26	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	6.94	6.94	10/1/2009
94010	TC	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL TIMED VITAL CAPACITY	19.43	19.43	10/1/2009
94060		BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	46.24	46.24	10/1/2009
94060	26	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	12.17	12.17	10/1/2009
94060	TC	BRONCHOSPASM EVALUATION, SPIROMETRY AS IN 94010 BEFORE & AFTEF	34.06	34.06	10/1/2009
94070		PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	48.38	48.38	10/1/2009
94070	26	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	23.91	23.91	10/1/2009
94070	TC	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MU	24.47	24.47	10/1/2009
94150		VITAL CAPACITY TOTAL	17.86	17.86	10/1/2009
94150	26	VITAL CAPACITY TOTAL	3.25	3.25	10/1/2009
94150	TC	VITAL CAPACITY TOTAL	14.61	14.61	10/1/2009
94200		MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	17.86	17.86	10/1/2009
94200	26	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	4.50	4.50	10/1/2009
94200	TC	MAX BREATHING CAPACITY, MAX VOLUNTARY VENTILATION	13.38	13.38	10/1/2009
94240		FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	31.21	31.21	10/1/2009
94240	26	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	10.32	10.32	10/1/2009
94240	TC	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME, HELIUM METHO	20.88	20.88	10/1/2009
94250		EXPIRED GAS COLLECTION	19.40	19.40	10/1/2009
94250	26	EXPIRED GAS COLLECTION	4.50	4.50	10/1/2009
94250	TC	EXPIRED GAS COLLECTION	14.91	14.91	10/1/2009
94260		THORACIC GAS VOLUME	24.94	24.94	10/1/2009
94260	26	THORACIC GAS VOLUME	5.11	5.11	10/1/2009
94260	TC	THORACIC GAS VOLUME	19.83	19.83	10/1/2009
94350		DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	27.85	27.85	10/1/2009
94350	26	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	10.32	10.32	10/1/2009
94350	TC	DETERMINATION MALDISTRIBUTION OF INSPIRED GAS	17.52	17.52	10/1/2009
94360		DETERMINATION OF RESISTANCE TO AIRFLOW	34.58	34.58	10/1/2009
94360	26	DETERMINATION OF RESISTANCE TO AIRFLOW	10.32	10.32	10/1/2009
94360	TC	DETERMINATION OF RESISTANCE TO AIRFLOW	24.26	24.26	10/1/2009
94370		LUNG FUNCTION TEST	26.87	26.87	10/1/2009
94375		RESPIRATORY FLOW VOLUME LOOP	29.87	29.87	10/1/2009
94375	26	RESPIRATORY FLOW VOLUME LOOP	12.17	12.17	10/1/2009
94375	TC	RESPIRATORY FLOW VOLUME LOOP	17.70	17.70	10/1/2009
94400		BREATHING RESPONSE TO CO2	42.22	42.22	10/1/2009
94400	26	BREATHING RESPONSE TO CO2	16.23	16.23	10/1/2009
94400	TC	BREATHING RESPONSE TO CO2	25.99	25.99	10/1/2009
94450		BREATHING RESPONSE TO HYPOXIA	40.66	40.66	10/1/2009
94450	26	BREATHING RESPONSE TO HYPOXIA	15.75	15.75	10/1/2009
94450	TC	BREATHING RESPONSE TO HYPOXIA	24.91	24.91	10/1/2009
94610		INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROL	51.98	51.98	10/1/2009
94620		PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	57.71	57.71	10/1/2009
94620	26	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	25.74	25.74	10/1/2009
94620	TC	PULMONARY STRESS TESTING; SIMPLE (EG, PROLONGED EXERCISE TEST	31.97	31.97	10/1/2009
94621		PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	130.50	130.50	10/1/2009
94621	26	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	59.01	59.01	10/1/2009
94621	TC	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF	71.48	71.48	10/1/2009
94640		NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRU	10.49	10.49	10/1/2009
94642		AEROSOL INHALATION PENTAMIDINE PROPHYLAXIS	9.20	9.20	10/1/2009
94644		CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR /	26.93	26.93	10/1/2009
94645		CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR /	10.49	10.49	10/1/2009
94660		CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIAT	30.26	46.12	10/1/2009
94662		CONT NEGATIVE PRESSURE VENT INIATION/MANAGEMENT	30.06	30.06	10/1/2009
94664		AEROSOL TX INITIAL	11.46	11.47	10/1/2009
94667		MANIPULATION OF CHEST WALL	15.99	15.99	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
94668		SUBSEQUENT MANIPULATION OF CHEST WALL	15.11	15.11	10/1/2009
94680		EXPIRED GAS ANALYSIS	45.83	45.83	10/1/2009
94680	26	EXPIRED GAS ANALYSIS	10.32	10.32	10/1/2009
94680	TC	EXPIRED GAS ANALYSIS	35.51	35.51	10/1/2009
94681		EXPIRED GAS ANALYSIS WITH CO2	49.47	49.47	10/1/2009
94681	26	EXPIRED GAS ANALYSIS WITH CO2	7.87	7.87	10/1/2009
94681	TC	EXPIRED GAS ANALYSIS WITH CO2	41.60	41.60	10/1/2009
94690		EXPIRED GAS ANALYSIS REST, INDIRECT	39.80	39.80	10/1/2009
94690	26	EXPIRED GAS ANALYSIS REST, INDIRECT	2.96	2.96	10/1/2009
94690	TC	EXPIRED GAS ANALYSIS REST, INDIRECT	36.85	36.85	10/1/2009
94720		CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY S	40.93	40.93	10/1/2009
94720	26	CARBON MONOXIDE DIFFUSING CAPACITY (EG, SINGLE BREATH, STEADY S	10.32	10.32	10/1/2009
94725		MEMBRANE DIFFUSION CAPACITY	52.79	52.79	10/1/2009
94725	26	MEMBRANE DIFFUSION CAPACITY	10.32	10.32	10/1/2009
94725	TC	MEMBRANE DIFFUSION CAPACITY	42.46	42.46	10/1/2009
94750		PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND	56.32	56.32	10/1/2009
94750	26	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND	9.10	9.10	10/1/2009
94750	TC	PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND	47.23	47.23	10/1/2009
94760		NON-INVASIVE EAR OR PULSE OXIMETRY	2.13	2.13	10/1/2009
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIPLE DETERM.	4.07	4.07	10/1/2009
94762		NONINVASIVE PULSE OXIMETRY FOR O2 SATURATION; BY CONTINUOUS O	22.74	22.74	10/1/2009
94770		CARBON DIOXIDE /INFRARED ANALYSIS	28.76	28.76	10/1/2009
94770	26	CARBON DIOXIDE /INFRARED ANALYSIS	6.02	6.02	10/1/2009
94770	TC	CARBON DIOXIDE /INFRARED ANALYSIS	22.72	22.72	10/1/2009
94772		RESPIRATORY PATTERN RECORDING	95.65	95.65	10/1/2009
94772	26	RESPIRATORY PATTERN RECORDING	50.37	50.37	10/1/2009
94772	TC	RESPIRATORY PATTERN RECORDING	45.29	45.29	10/1/2009
95004		PERCUTANEOUS TEST ALLERGENIC EXTRACT, EACH TEST	4.55	4.55	10/1/2009
95010		PERCUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	13.81	13.81	10/1/2009
95015		INTRACUTANEOUS TEST W/DRUGS OR INSECTS, EACH TEST	10.36	10.36	10/1/2009
95024		INTERACUTANEOUS TEST W/ALLERGENIC EXTRACT EACH TEST	5.41	5.41	10/1/2009
95027		SKIN END POINT TITRATION	3.69	3.69	10/1/2009
95028		INTERACUTANEOUS TEST DELAYED REACTION,EACH TEST	8.56	8.56	10/1/2009
95044		PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	4.81	4.81	10/1/2009
95052		PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	5.39	5.39	10/1/2009
95056		PHOTOSENSITIVITY TESTS	27.31	27.31	10/1/2009
95060		ALLERGY EYE TESTS	18.27	18.27	10/1/2009
95065		ALLERGY NOSE TEST	16.63	16.63	10/1/2009
95070		ALLERGY BRONCHIAL TESTS	33.85	33.85	10/1/2009
95071		INHALA BRONCH CHALLENGE TESTING W/ANTIGENS SPECIFY	41.92	41.92	10/1/2009
95075		INGESTION CHALLENGE TEST	39.44	51.56	10/1/2009
95115		IMMUNOTHERAPY, ONE INJECTION	8.18	8.18	10/1/2009
95117		PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDI	9.91	9.91	10/1/2009
95120		PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIB	4.39	4.39	10/1/2009
95125		PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIB	6.60	6.60	10/1/2009
95130		IMMUNOTHERAPY	28.52	28.52	10/1/2009
95131		IMMUNOTHERAPY 2 STINGING INSECT VENOMS	35.53	35.53	10/1/2009
95132		IMMUNOTHERAPY 3 STINGING INSECT VENOMS	27.97	27.97	10/1/2009
95133		IMMUNOTHERAPY 4 STINGING INSECT VENOMS	51.74	51.74	10/1/2009
95134		IMMUNOTHERAPY 5 STINGING INSECT VENOMS	61.93	61.93	10/1/2009
95144		PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND I	2.65	9.28	10/1/2009
95165		PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND I	2.65	9.28	10/1/2009
95180		RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILL	88.26	115.38	10/1/2009
95805		MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	337.65	337.65	10/1/2009
95805	26	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	76.55	76.55	10/1/2009
95805	TC	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING	261.10	261.10	10/1/2009
95806		SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATOR	167.62	167.62	10/1/2009
95807		SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATOR	393.89	393.89	10/1/2009
95807	26	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATOR	67.19	67.19	10/1/2009
95807	TC	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATOR	326.71	326.71	10/1/2009
95808		POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	517.17	517.17	10/1/2009
95808	26	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	107.69	107.69	10/1/2009
95808	TC	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADD'L PARAMETERS OF SI	409.48	409.48	10/1/2009
95810		POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	616.62	616.62	10/1/2009
95810	26	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	141.95	141.95	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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
CODE	MOD	DESCRIPTION	FACILITY	NON- FACILITY	
95810	TC	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADD'L PARAMETE	474.67	474.67	10/1/2009
95811		POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP S	679.36	679.36	10/1/2009
95812		EEG EXTENDED MONITORING; UP TO 1 HOUR	189.03	189.03	10/1/2009
95812	26	EEG EXTENDED MONITORING; UP TO 1 HOUR	44.95	44.95	10/1/2009
95813		EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	232.67	232.67	10/1/2009
95813	26	EEG EXTENDED MONITORING; GREATER THAN 1 HOUR	71.58	71.58	10/1/2009
95816		ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	173.55	173.55	10/1/2009
95816	26	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	44.95	44.95	10/1/2009
95816	TC	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DF	128.59	128.59	10/1/2009
95819		ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	186.23	186.23	10/1/2009
95819	26	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	44.95	44.95	10/1/2009
95819	TC	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND AS	141.28	141.28	10/1/2009
95822		ELECTROENCEPHALOGRAM; SLEEP ONLY	185.39	185.39	10/1/2009
95822	26	ELECTROENCEPHALOGRAM; SLEEP ONLY	44.95	44.95	10/1/2009
95822	TC	ELECTROENCEPHALOGRAM; SLEEP ONLY	140.43	140.43	10/1/2009
95824		ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	49.90	49.90	10/1/2009
95824	26	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	30.79	30.79	10/1/2009
95824	TC	ELECTROENCEPHALOGRAM; CEREBRAL DEATH EVAL. ONLY	13.44	13.44	10/1/2009
95827		ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	298.73	298.73	10/1/2009
95827	26	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	44.47	44.47	10/1/2009
95827	TC	ELECTROENCEPHALOGRAM; ALL NIGHT SLEEP ONLY	254.26	254.26	10/1/2009
95829		ELECTROCORTICOGRAM AT SURGER	967.48	967.48	10/1/2009
95829	26	ELECTROCORTICOGRAM AT SURGER	260.77	260.77	10/1/2009
95829	TC	ELECTROCORTICOGRAM AT SURGER	706.72	706.72	10/1/2009
95830		INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	70.75	142.28	10/1/2009
95830	26	INSERTION OF ELECTRODES FOR ELECTROENCEPHALOGRAPHI	23.46	24.96	10/1/2009
95831		MUSCLE TESTING, MANUAL W/REPORT; EXTREMITY	11.81	20.76	10/1/2009
95832		MUSCLE TESTING, MANUAL WITH REPORT; HAND	12.32	19.53	10/1/2009
95833		MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY EXCLUDI	19.67	28.89	10/1/2009
95834		MUSCLE TESTING, MANUAL WITH REPORT; TOTAL EVAL OF BODY INCLUDIN	24.78	34.30	10/1/2009
95851		RANGE OF MOTION EVALUATION	6.62	13.26	10/1/2009
95851	26	RANGE OF MOTION EVALUATION	4.98	10.68	10/1/2009
95852		RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	4.78	10.26	10/1/2009
95852	26	RANGE OF MOTION MEASUREMENTS AND REPORT OF HANDS	1.19	2.57	10/1/2009
95857		TENSILON TEST FOR MYASTHENIA GRAVIS	22.40	33.65	10/1/2009
95857	26	TENSILON TEST FOR MYASTHENIA GRAVIS	5.60	8.41	10/1/2009
95860		NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA	65.93	65.93	10/1/2009
95860	26	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA	41.01	41.01	10/1/2009
95860	TC	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELA	24.91	24.91	10/1/2009
95861		NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	95.87	95.87	10/1/2009
95861	26	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	65.55	65.55	10/1/2009
95861	TC	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT REL	30.31	30.31	10/1/2009
95863		NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	114.34	114.34	10/1/2009
95863	26	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	78.54	78.54	10/1/2009
95863	TC	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT R	35.80	35.80	10/1/2009
95864		NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	130.80	130.80	10/1/2009
95864	26	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	84.01	84.01	10/1/2009
95864	TC	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RE	46.78	46.78	10/1/2009
95867		NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,UNIL	57.17	57.17	10/1/2009
95867	26	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,UNIL	33.30	33.30	10/1/2009
95867	TC	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,UNIL	23.86	23.86	10/1/2009
95868		NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA	78.57	78.57	10/1/2009
95868	26	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA	49.60	49.60	10/1/2009
95868	TC	NEEDLE ELECTROMYOGRAPHY,CRANIAL NERVE SUPPLIED MUSCLES,BILA	28.97	28.97	10/1/2009
95869		NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	36.26	36.26	10/1/2009
95869	26	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	15.68	15.68	10/1/2009
95869	TC	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	20.58	20.58	10/1/2009
95870		NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	35.40	35.40	10/1/2009
95870	26	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	15.68	15.68	10/1/2009
95870	TC	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN	19.72	19.72	10/1/2009
95872		NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	136.78	136.78	10/1/2009
95872	26	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	115.90	115.90	10/1/2009
95872	TC	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QI	20.88	20.88	10/1/2009
95875		ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	75.12	75.12	10/1/2009
95875	26	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	45.96	45.96	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

		Medicaid Maximum Allowable			
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
95875	TC	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION F	29.17	29.17	10/1/2009
95900		NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	42.44	42.44	10/1/2009
95900	26	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	17.82	17.82	10/1/2009
95900	TC	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	24.62	24.62	10/1/2009
95904		NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	37.35	37.35	10/1/2009
95904	26	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	14.46	14.46	10/1/2009
95904	TC	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH I	22.90	22.90	10/1/2009
95920		INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA'	122.82	122.82	10/1/2009
95920	26	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA'	89.43	89.43	10/1/2009
95920	TC	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARA'	33.40	33.40	10/1/2009
95925		SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	93.22	93.22	10/1/2009
95925	26	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	22.82	22.82	10/1/2009
95925	TC	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULA	70.41	70.41	10/1/2009
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	51.23	51.23	10/1/2009
95933	26	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	24.95	24.95	10/1/2009
95933	TC	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	26.28	26.28	10/1/2009
95937		NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	45.89	45.89	10/1/2009
95937	26	NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	28.19	28.19	10/1/2009
95937	TC	NEUROMUSCULAR JUNCTN TESTING, EA NERVE,ANY 1 METH.	17.70	17.70	10/1/2009
95950		MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	188.68	188.68	10/1/2009
95950	26	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	62.80	62.80	10/1/2009
95950	TC	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SE	125.88	125.88	10/1/2009
95951		MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	1436.21	1436.21	10/1/2009
95951	26	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	249.62	249.62	10/1/2009
95951	TC	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLI	1154.21	1154.21	10/1/2009
95953		MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	321.26	321.26	10/1/2009
95953	26	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	136.54	136.54	10/1/2009
95953	TC	MONITOR FOR LOCLZN OF CERBRAL SEIZ.BY COMP EEG;RE	184.72	184.72	10/1/2009
95954		PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATT	198.68	198.68	10/1/2009
95954	26	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATT	95.11	95.11	10/1/2009
95954	TC	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATT	103.58	103.58	10/1/2009
95955		ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	109.67	109.67	10/1/2009
95955	26	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	41.42	41.42	10/1/2009
95955	TC	ELECTROENCEPHALOGRAM DURING SURGERY INTERPRETATION	68.25	68.25	10/1/2009
95956		MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	561.94	561.94	10/1/2009
95956	26	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	128.33	128.33	10/1/2009
95956	TC	MONITOR FOR LOCALIZATION OF CEREBRAL SEIZER BY TELEMET. EEG	433.62	433.62	10/1/2009
95957		DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPT	207.61	207.61	10/1/2009
95958		WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	308.80	308.80	10/1/2009
95958	26	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	176.73	176.73	10/1/2009
95958	TC	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCT.INC.EEG	132.07	132.07	10/1/2009
95961		FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	187.11	187.11	10/1/2009
95961	26	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	131.51	131.51	10/1/2009
95961	TC	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION ANI	55.60	55.60	10/1/2009
95962		FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	173.85	173.85	10/1/2009
95962	26	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	136.69	136.69	10/1/2009
95962	TC	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BI	37.15	37.15	10/1/2009
95965		MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SF	340.70	340.70	10/1/2009
95966		MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EV	169.70	169.70	10/1/2009
95967		MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EV	145.44	145.44	10/1/2009
95970		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	18.37	40.00	10/1/2009
95971		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	33.21	46.47	10/1/2009
95972		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	63.09	82.99	10/1/2009
95973		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	37.56	45.65	10/1/2009
95974		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	123.81	140.54	10/1/2009
95975		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	71.24	77.88	10/1/2009
95978		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	145.28	166.91	10/1/2009
95979		ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENER	68.29	74.92	10/1/2009
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FO	46.18	46.18	10/1/2009
95991		REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FO	30.38	70.48	10/1/2009
96000		COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	72.43	72.43	10/1/2009
96001		COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING	85.74	85.74	10/1/2009
96002		DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER F	16.93	16.93	10/1/2009
96003		DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER	14.81	14.81	10/1/2009
96004		PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTE	91.68	91.68	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
96040		MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINU	32.05	32.05	10/1/2009
96110		DEVELOPMENTAL SCREENING	8.75	8.75	10/1/2009
96150		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL IN	18.96	19.25	10/1/2009
96151		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL IN	18.34	18.63	10/1/2009
96405		CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDIN	24.01	68.43	10/1/2009
96406		CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESION	35.05	94.76	10/1/2009
96420		CHEMOTHERAPY ADMIN, INTRA-ARTERIAL PUSH	85.90	85.90	10/1/2009
96422		CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION UP TO 1 HOUR	138.68	138.68	10/1/2009
96423		CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQU	62.23	62.23	10/1/2009
96425		CHEMOTHERAPY ADMIN, INTRA-ARTERIAL INFUSION, OVER 8 HOURS (PUM	136.66	136.66	10/1/2009
96440		CHEMOTHERAPY ADMIN, INTO PLEURAL CAVITY INCLUDING THORACENTE	109.85	482.18	10/1/2009
96450		CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIR	73.14	169.18	10/1/2009
96542		CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA	37.46	108.41	10/1/2009
96570		PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AB	48.01	48.01	10/1/2009
96571		PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO AB	23.22	23.22	10/1/2009
96900		ULTRAVIOLET LIGHT THERAPY	15.40	15.40	10/1/2009
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	49.82	49.82	10/1/2009
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	63.86	63.86	10/1/2009
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS) TOTA	53.27	130.57	10/1/2009
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 S	52.93	127.92	10/1/2009
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVEF	94.53	190.28	10/1/2009
97001		PHYSICAL THERAPY EVAL	58.30	58.30	10/1/2009
97002		PHYSICAL THERAPY RE-EVAL	31.21	31.21	10/1/2009
97003		OCCUPATIONAL THERAPY EVAL	61.67	61.67	10/1/2009
97004		OCCUPATIONAL THERAPY RE-EVAL	35.54	35.54	10/1/2009
97010		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	3.79	3.79	10/1/2009
97012		TRACTION; MECHANICAL	12.03	12.03	10/1/2009
97014		ELECTRICAL STIMULATION (UNATTENDED)	11.00	11.00	10/1/2009
97016		VASOPNEUMATIC DEVICES	12.44	12.44	10/1/2009
97018		PARAFFIN BATH	6.40	6.40	10/1/2009
97022		WHIRLPOOL	14.15	14.15	10/1/2009
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, I	4.38	4.38	10/1/2009
97026		INFARED	4.09	4.09	10/1/2009
97028		ULTRAVIOLET	5.00	5.00	10/1/2009
97032		APPLICATION OF MODALITY TO 1 OR MORE AREAS	13.47	13.47	10/1/2009
97033		IONTOPHORESIS	19.84	19.84	10/1/2009
97034		CONTRAST BATH	12.22	12.22	10/1/2009
97035		ULTRASOUND	9.63	9.63	10/1/2009
97036		HUBBARD TANK	20.76	20.76	10/1/2009
97110		THERAPEUTIC PROCEDURE 1 OR MORE AREA	23.37	23.37	10/1/2009
97112		NEUROMUSCULAR RE-EDUCATION OF MOVEMENT	24.03	24.03	10/1/2009
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	28.34	28.34	10/1/2009
97116		THERAPEUTIC PROCEDURE 1 OR MORE AREAS	20.46	20.46	10/1/2009
97124		MASSAGE INCLUDING EFFLEURAGE	18.61	18.61	10/1/2009
97140		MANUAL THERAPY TECHNIQUES; EACH 15 MINS	21.68	21.68	10/1/2009
97530		THERAPEUTIC ACTIVITIES DIRECT 1 ON 1 BY PROVIDER; EACH 15 MINS	24.59	24.59	10/1/2009
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEI	26.57	47.63	10/1/2009
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEI	35.45	59.10	10/1/2009
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	23.94	23.94	10/1/2009
97802		MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION,	23.07	24.51	10/1/2009
97803		MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDI	19.99	21.44	10/1/2009
99050		MEDICAL SERVICES AFTER HOURS	27.30	27.30	10/1/2009
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED E	27.30	27.30	10/1/2009
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACIL	27.30	27.30	10/1/2009
99058		OFFICE VISIT/EMERGENCY	18.20	18.20	10/1/2009
99070		SPECIAL SUPPLIES	9.71	9.71	10/1/2009
99082		UNUSUAL TRAVEL	0.85	0.85	10/1/2009
99100		ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER ONE YEAR AND OVE	17.90	17.90	10/1/2009
99116		ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERM	17.90	17.90	10/1/2009
99135		ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSII	17.51	17.51	10/1/2009
99140		ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST	17.90	17.90	10/1/2009
99170		ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILD	78.64	117.00	10/1/2009
99175		INDUCED VOMITING	19.86	19.86	10/1/2009
99183		PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THE	94.59	155.44	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

*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.*

CODE	MOD	DESCRIPTION	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
99185		HYPOTHERMIA, REGIONAL	44.63	44.63	10/1/2009
99186		HYPOTHERMIA, TOTAL BODY	57.06	57.06	10/1/2009
99190		MONITORING SERVICES	92.52	92.52	10/1/2009
99191		MONITORING SERVICES	59.41	59.41	10/1/2009
99192		MONITORING SERVICES	43.02	43.02	10/1/2009
99195		THERAPEUTIC PHLEBOTOMY	56.06	56.06	10/1/2009
99201		OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	21.46	33.18	1/1/2009
99202		OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	41.38	57.54	1/1/2009
99203		OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	62.45	83.36	1/1/2009
99204		OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	104.87	129.27	1/1/2009
99205		OFFICE OR OTHER OUTPATIENT VISIT NEW PATIENT	136.47	163.41	1/1/2009
99211		OV ESTAB PT, MINIMAL WWO PHYS, TIME APPROX 5 MIN	7.94	16.82	1/1/2009
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	21.14	33.50	1/1/2009
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	41.37	55.94	1/1/2009
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	64.00	84.29	1/1/2009
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	90.87	114.00	1/1/2009
99217		OBSERVATION CARE DISCHARGE DAY MANAGEMENT	61.32	61.32	1/1/2009
99218		INITIAL OBSERVATION, PER DAY, LOW COMPLEXITY	57.84	57.84	1/1/2009
99219		INITIAL OBSERVATION CARE, PER DAY, MODERATE COMPLEXITY	95.78	95.78	1/1/2009
99220		INITIAL OBSERVATION CARE, PER DAY, HIGH COMPLEXITY	134.33	134.33	1/1/2009
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	83.05	83.05	1/1/2009
99222		INITIAL HOSP CARE,MODERATE-PHYS TIME APPROX 50 MIN	113.34	113.34	1/1/2009
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	166.89	166.89	1/1/2009
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	34.30	34.30	1/1/2009
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	61.81	61.81	1/1/2009
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	88.53	88.53	1/1/2009
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	117.16	117.16	1/1/2009
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	153.91	153.91	1/1/2009
99236		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND	191.29	191.29	1/1/2009
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	61.11	61.11	1/1/2009
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	88.81	88.81	1/1/2009
99241		OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	27.57	39.98	10/1/2009
99242		OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	58.18	74.90	10/1/2009
99243		OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	81.09	103.00	10/1/2009
99244		OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	128.77	152.99	10/1/2009
99245		OFFICE CONSULTATION NEW OR ESTABLISHED PATIENT	160.63	188.03	10/1/2009
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	40.82	40.82	10/1/2009
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	63.26	63.25	10/1/2009
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	96.03	96.02	10/1/2009
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	138.89	138.89	10/1/2009
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	169.23	169.23	10/1/2009
99281		ER VISIT, MINOR	17.03	17.03	10/1/2009
99282		ER VISIT, LOW SEVERITY	33.13	33.13	10/1/2009
99283		ER VISIT, MODERATE SEVERITY	51.35	51.35	10/1/2009
99284		ER VISIT, HIGH SEVERITY	96.14	96.14	10/1/2009
99285		EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMEN	142.93	142.93	10/1/2009
99288		PHYSICIAN DIRECTION OF EMS ADVANCED LIFE SUPPORT	44.63	44.63	10/1/2009
99291		CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL C	195.83	232.59	1/1/2009
99292		CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITI	97.86	105.47	1/1/2009
99354		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT :	80.13	84.57	1/1/2009
99355		PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT :	79.28	83.72	1/1/2009
99356		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.23	77.23	1/1/2009
99357		PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING	77.76	77.76	1/1/2009
99360		PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTEN	49.94	49.94	10/1/2009
99375		PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH	86.78	95.98	1/1/2009
99378		PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT)	89.95	99.15	1/1/2009
99404		PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING, APPX 60 MINUTES	81.40	91.49	10/1/2009
99412		PREVENTIVE MEDICINE, GROUP COUNSELING, APPX 60 MINUTES	10.59	16.07	10/1/2009
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION	51.95	51.95	1/1/2009
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION	69.49	69.49	1/1/2009
99464		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYS	59.50	59.50	10/1/2009
99468		INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUA	728.86	728.86	10/1/2009
99469		SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE E	319.19	319.19	10/1/2009
A4263		PERMANENT,LONG-TERM,NONDISSOLVABLE LACRIMAL DUCT IMPLANT,EAC	9.79	9.79	10/1/2009
G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	6.94	15.31	10/1/2009

**Physician Fee Schedule
Provider Specialty 075
Rural Health Clinic**

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

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

			Medicaid Maximum Allowable		
CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
H0001		ALCOHOL AND/OR DRUG ASSESSMENT	20.21	20.21	10/1/2009
H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY CLINICIAN (1!	7.45	7.45	10/1/2009
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	20.21	20.21	10/1/2009
S9442		BIRTHING CLASS (ONE UNIT = 2 HOURS)	8.69	8.69	10/1/2009
T1017		TARGETED CASE MANAGEMENT (ONE UNIT = 15 MINUTES)	17.67	17.67	10/1/2009
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.					

Physician Drug Program Procedure Codes And Rates

CODE	MOD	DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE
		Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous use			
90585			\$113.32	\$113.32	10/1/2009
90632		Hepatitis A Vaccine, Adult dosage, for Intramuscular use	\$44.41	\$44.41	10/1/2009
		Hepatitis A and Hepatitis B Vaccine (HepA-HepB), Adult dosage, for Intramuscular use			
90636			\$90.00	\$90.00	10/1/2009
		Hemophilus Influenza b Vaccine (HIB) PRP-OMP Conjugate (3 dose schedule), for Intramuscular use			
90647			\$19.79	\$19.79	10/1/2009
		Hemophilus Influenza b Vaccine (HIB), PRP-T Conjugate (4 dose schedule), Intramuscular use			
90648			\$21.11	\$21.11	10/1/2009
		Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, 3 dose schedule, for IM use (Gardasil), 0.5 ml			
90649			\$136.48	\$136.48	10/1/2009
90658		Influenza Virus Vaccine, Split Virus, 3 years and above, for Intramuscular use	\$12.82	\$12.82	10/1/2009
90660		Influenza Virus Vaccine, Live, for Intranasal use (FluMist)	\$21.36	\$21.36	10/1/2009
90703		Tetanus Toxoid Adsorbed, for Intramuscular use	\$20.81	\$20.81	10/1/2009
90704		Mumps Virus Vaccine, Live, for Subcutaneous use	\$21.24	\$21.24	10/1/2009
90705		Measles Virus Vaccine, Live, for Subcutaneous use	\$16.25	\$16.25	10/1/2009
90706		Rubella Virus Vaccine, Live, for Subcutaneous use	\$18.18	\$18.18	10/1/2009
90707		Measles, Mumps, and Rubella Virus Vaccine (MMR), Live, for Subcutaneous use	\$41.25	\$41.25	10/1/2009
90713		Poliovirus Vaccine, Inactivated, (IPV), for Subcutaneous use	\$24.92	\$24.92	10/1/2009
		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for IM use			
90715			\$34.06	\$34.06	10/1/2009
90716		Varicella Virus Vaccine, Live for Subcutaneous use	\$71.21	\$71.21	10/1/2009
		Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Hemophilus Influenza B Vaccine (DtaP-Hib), for Intramuscular use			
90721			\$41.58	\$41.58	10/1/2009
90723		Diphtheria, Tetanus TertussisHepatitis B and Polio, for Intramuscular use	\$73.03	\$73.03	10/1/2009
		Pneumococcal Polysaccharide Vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 yrs or older, for Subcutaneous or Intramuscular use			
90732			\$31.70	\$31.70	10/1/2009
90733		Meningococcal Polysaccharide Vaccine (any group(s)), for Subcutaneous use	\$91.00	\$91.00	10/1/2009
		Meningococcal conjugate vaccine, serogroups A, C, Y, W-135 (tetravalent) for IM use.			
90734			\$102.21	\$102.21	10/1/2009
		Hepatitis B Vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use			
90740			\$111.02	\$111.02	10/1/2009
90746		Hepatitis B Vaccine, Adult dosage, for Intramuscular use	\$55.51	\$55.51	10/1/2009
		Hepatitis B Vaccine, Dialysis or Immunosuppressed Patient dosage (4 dose schedule), for Intramuscular use			
90747			\$111.02	\$111.02	10/1/2009
***J1931		Laronidase, 0.1 mg, inj. (Aldurazyme)	\$23.60	\$23.60	10/1/2009
***J7302		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$479.84	\$479.84	10/1/2009
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.					

*** indicated NDC required