

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
10004	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION	\$ 36.24	\$ 43.02	1/1/2019
10005	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	\$ 61.37	\$ 103.50	1/1/2019
10006	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	\$ 41.82	\$ 49.73	1/1/2019
10007	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPICE GUIDANCE	\$ 78.78	\$ 231.20	1/1/2019
10008	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPICE GUIDANCE	\$ 51.38	\$ 130.56	1/1/2019
10009	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	\$ 95.63	\$ 377.56	1/1/2019
10060		DRAINAGE OF ABSCESS	\$66.04	\$76.18	1/1/2014
10061		DRAINAGE OF ABSCESS	\$117.74	\$131.17	1/1/2014
10120		FOREIGN BODY REMOVAL, SKIN	\$64.76	\$92.99	1/1/2014
10121		FOREIGN BODY REMOVAL, SKIN	\$132.58	\$181.38	1/1/2014
10140		DRAINAGE OF BLOOD EFFUSION	\$84.60	\$107.09	1/1/2014
10160		PUNCTURE DRAINAGE OF LESION	\$68.13	\$87.04	1/1/2014
10180		INCISION AND DRAINAGE, COMPLEX	\$124.85	\$160.77	1/1/2014
11000		SURGICAL CLEANSING OF SKIN	\$24.03	\$37.74	1/1/2014
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF	\$12.12	\$15.95	1/1/2014
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$204.86	\$324.40	1/1/2014
11012		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$319.73	\$494.38	1/1/2014
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	\$34.39	\$52.20	1/1/2014
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND MUSCLE	\$167.12	\$190.43	1/1/2014
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUSCLE BONE	\$229.96	\$260.13	1/1/2014
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$13.93	\$24.06	1/1/2014
11046		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$29.66	\$41.92	1/1/2014
11047		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE	\$51.53	\$68.85	1/1/2014
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE	\$17.26	\$33.70	1/1/2014
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$24.34	\$41.33	1/1/2014
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$31.60	\$49.96	1/1/2014
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	\$35.53	\$71.46	1/1/2014
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	\$18.29	\$23.50	1/1/2014
11102	@3	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	\$ 32.97	79.92	1/1/2019
11103	@3	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 19.10	43.14	1/1/2019
11104	@3	PUNCH BIOPSY OF SINGLE SKIN LESION	\$ 41.39	100.49	1/1/2019
11105	@3	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	\$ 22.57	49.43	1/1/2019
11106	@3	INCISIONAL BIOPSY OF SINGLE SKIN LESION	\$ 50.32	121.58	1/1/2019
11107	@3	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 26.93	58.32	1/1/2019
11200		REMOVAL OF SKIN TAGS	\$48.02	\$56.52	1/1/2014
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCYTANEOUS TAGS, ANY AREA; EACH ADDITIONAL	\$12.25	\$13.36	1/1/2014
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0.5 CM	\$27.48	\$48.31	1/1/2014
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	\$41.62	\$66.84	1/1/2014
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.1 - 2.0 CM	\$49.08	\$78.97	1/1/2014
11308		SHAVING OF LESION SCALP/NECK/HAND/ETC OVER 2.0 CM	\$59.04	\$88.93	1/1/2014
11420		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$56.82	\$80.40	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
11421		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$76.92	\$104.62	1/1/2014
11422		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$92.76	\$116.89	1/1/2014
11423		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$108.34	\$136.30	1/1/2014
11424		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$125.01	\$157.37	1/1/2014
11426		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$191.33	\$226.44	1/1/2014
11620		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$80.35	\$125.03	1/1/2014
11621		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$103.55	\$152.89	1/1/2014
11622		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$119.47	\$173.20	1/1/2014
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$147.37	\$202.75	1/1/2014
11624		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$167.64	\$228.23	1/1/2014
11626		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$209.96	\$278.23	1/1/2014
11641		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$110.52	\$160.97	1/1/2014
11642		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$130.47	\$185.84	1/1/2014
11643		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$163.16	\$219.09	1/1/2014
11644		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$203.47	\$270.64	1/1/2014
11646		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$286.55	\$357.56	1/1/2014
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$6.78	\$14.74	1/1/2014
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$12.70	\$21.75	1/1/2014
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$21.70	\$31.30	1/1/2014
11730		REMOVAL OF NAIL	\$44.00	\$68.96	1/1/2014
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$22.87	\$32.18	1/1/2014
11740		EVACUATION OF SUBUNGUAL HEMATOMA	\$22.68	\$31.19	1/1/2014
11750		REMOVAL OF NAIL BED	\$125.17	\$149.29	1/1/2014
11752		EXC NAIL WITH AMPUTATION OF TUFT OF DISTAL PHALANX	\$187.04	\$212.54	1/1/2014
11755		BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL	\$62.29	\$92.72	1/1/2014
11760		RECONSTRUCTION OF NAIL BED	\$93.04	\$138.55	1/1/2014
11762		RECONSTRUCTION OF NAIL BED	\$143.74	\$187.33	1/1/2014
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD	\$47.77	\$87.80	1/1/2014
11900		INJECTION INTO SKIN LESIONS	\$22.64	\$39.09	1/1/2014
11901		INJECTION INTO SKIN LESIONS	\$35.24	\$49.77	1/1/2014
11950		THERAPY FOR CONTOUR DEFECTS	\$36.99	\$52.89	1/1/2014
11951		THERAPY FOR CONTOUR DEFECTS	\$51.58	\$70.79	1/1/2014
11954		THERAPY FOR CONTOUR DEFECTS	\$83.66	\$113.82	1/1/2014
11971		TISSUE EXPANDER REMOVAL	\$208.63	\$311.99	1/1/2014
12001		REPAIR OF RECENT WOUND	\$74.09	\$102.33	1/1/2014
12002		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$82.22	\$109.09	1/1/2014
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$96.71	\$128.78	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
12005		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$120.59	\$160.62	1/1/2014
12006		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$152.39	\$199.54	1/1/2014
12007		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$174.19	\$226.01	1/1/2014
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$133.24	\$184.78	1/1/2014
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACKING	\$96.65	\$110.09	1/1/2014
12031		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$111.65	\$163.19	1/1/2014
12032		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$137.13	\$209.78	1/1/2014
12034		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$143.66	\$207.53	1/1/2014
12035		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$168.51	\$252.95	1/1/2014
12036		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$194.55	\$277.90	1/1/2014
12037		INTERMEDIATE REPAIR OVER 30 CM SCALP AXILLA TRUNK	\$226.50	\$313.69	1/1/2014
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$119.64	\$171.20	1/1/2014
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$139.84	\$199.60	1/1/2014
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$150.84	\$230.34	1/1/2014
12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$175.11	\$255.44	1/1/2014
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	\$206.32	\$302.55	1/1/2014
12047		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$225.79	\$324.76	1/1/2014
13131		REPAIR OF WOUND OR LESION	\$197.02	\$251.04	1/1/2014
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	\$332.14	\$402.60	1/1/2014
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$97.09	\$119.29	1/1/2014
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE	\$576.99	\$576.99	1/1/2014
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND/OR LEGS U	\$402.69	\$479.45	1/1/2014
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP ARMS LEGS DE	\$521.10	\$608.57	1/1/2014
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 10 SQ CM	\$458.65	\$533.78	1/1/2014
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM TO 30 SQ	\$566.76	\$664.36	1/1/2014
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0	\$521.70	\$615.75	1/1/2014
14302		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ	\$135.42	\$135.42	1/1/2014
14350		FILLETED FINGER OR TOE FLAP INCLUDING PREP OF RECI	\$535.88	\$535.88	1/1/2014
15004		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$206.07	\$281.74	1/1/2014
15005		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$66.36	\$85.28	1/1/2014
15040		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$92.58	\$174.82	1/1/2014
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE SM ULCER UP	\$308.32	\$372.76	1/1/2014
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$541.36	\$603.04	1/1/2014
15116		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$108.81	\$118.68	1/1/2014
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$544.97	\$604.47	1/1/2014
15136		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$61.37	\$65.77	1/1/2014
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$486.21	\$517.75	1/1/2014
15156		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$121.73	\$128.03	1/1/2014
15157		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$132.16	\$141.21	1/1/2014
15175		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$346.81	\$383.00	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
15176		ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$102.74	\$108.49	1/1/2014
15240		SKIN GRAFT PROCEDURE	\$559.39	\$637.25	1/1/2014
15241		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$83.30	\$127.99	1/1/2014
15275		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$56.08	\$85.24	1/1/2014
15276		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$13.81	\$18.67	1/1/2014
15277		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$119.51	\$164.57	1/1/2014
15278		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$30.38	\$45.52	1/1/2014
15320		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$236.11	\$272.04	1/1/2014
15321		ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$63.77	\$68.15	1/1/2014
15335		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$202.11	\$234.74	1/1/2014
15336		ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$58.75	\$63.69	1/1/2014
15340		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$192.35	\$221.97	1/1/2014
15341		TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$20.33	\$32.95	1/1/2014
15365		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	\$216.22	\$247.48	1/1/2014
15366		TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH,	\$58.51	\$63.17	1/1/2014
15420		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	\$276.17	\$309.61	1/1/2014
15421		XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	\$62.93	\$81.31	1/1/2014
15430		ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY	\$352.39	\$365.00	1/1/2014
15431		ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE	\$124.66	\$127.38	1/1/2014
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	\$541.90	\$628.54	1/1/2014
15620		SKIN GRAFT PROCEDURE	\$220.79	\$298.93	1/1/2014
15738		MUSCLE FLAP LOWER EXTREMITY	\$908.23	\$1,022.01	1/1/2014
15740		SKIN GRAFT PROCEDURE	\$611.38	\$707.34	1/1/2014
15750		SKIN GRAFT PROCEDURE	\$648.82	\$648.82	1/1/2014
15760		SKIN GRAFT PROCEDURE	\$501.38	\$587.46	1/1/2014
15770		SKIN GRAFT PROCEDURE	\$464.10	\$464.10	1/1/2014
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	\$287.78	\$388.67	1/1/2014
15783		SUPERFICIAL DERMABRASION	\$260.26	\$335.39	1/1/2014
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	\$98.47	\$164.27	1/1/2014
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO	\$13.82	\$33.56	1/1/2014
15851		REMOVAL SUTURES HOSP ER UNDER ANESTHESIA	\$33.75	\$64.73	1/1/2014
15852		DRESSING CHANGE W/ ANESTHESIA, EXCLUDES BURNS	\$35.13	\$35.13	1/1/2014
15860		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCHEIN) TO TEST VASCULAR FLOW IN FLAP	\$82.61	\$82.61	1/1/2014
16000		TREATMENT OF BURNS	\$34.46	\$48.44	1/1/2014
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$40.58	\$56.46	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
16035		ESCHAROTOMY; INITIAL INCISION	\$156.78	\$156.78	1/1/2014
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$62.48	\$62.48	1/1/2014
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	\$38.13	\$54.31	1/1/2014
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL	\$3.36	\$5.28	1/1/2014
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$96.31	\$122.37	1/1/2014
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	\$198.84	\$240.51	1/1/2014
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESION 10SQ LES	\$262.96	\$318.62	1/1/2014
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	\$343.17	\$407.58	1/1/2014
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$47.38	\$75.09	1/1/2014
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$59.23	\$89.40	1/1/2014
17250		CHEMICAL CAUTERIZATION OF WOUND	\$26.09	\$51.04	1/1/2014
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$69.71	\$101.80	1/1/2014
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	\$78.51	\$112.50	1/1/2014
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	\$91.10	\$128.94	1/1/2014
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	\$102.90	\$144.02	1/1/2014
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	\$126.39	\$170.82	1/1/2014
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	\$152.18	\$198.24	1/1/2014
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$277.65	\$480.26	1/1/2014
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$147.68	\$286.96	1/1/2014
20005		INCISION OF ABSCESS	\$171.43	\$213.12	1/1/2014
20103		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$254.00	\$389.71	1/1/2014
20200		MUSCLE BIOPSY	\$67.62	\$132.04	1/1/2014
20205		MUSCLE BIOPSY	\$107.66	\$180.86	1/1/2014
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$47.37	\$181.99	1/1/2014
20220		BONE BIOPSY	\$59.16	\$126.33	1/1/2014
20240		BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$164.64	\$164.64	1/1/2014
20245		BONE BIOPSY	\$449.32	\$449.32	1/1/2014
20500		INJECTION OF SINUS TRACT	\$68.37	\$82.61	1/1/2014
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	\$31.22	\$92.09	1/1/2014
20520		REMOVAL OF FOREIGN BODY	\$101.33	\$132.31	1/1/2014
20525		REMOVAL OF FOREIGN BODY	\$178.04	\$321.16	1/1/2014
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	\$31.32	\$41.74	1/1/2014
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$31.96	\$41.28	1/1/2014
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$27.08	\$37.50	1/1/2014
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$30.12	\$41.89	1/1/2014
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$29.84	\$39.17	1/1/2014
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$30.98	\$41.95	1/1/2014
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$31.95	\$41.82	1/1/2014
20615		ASPIRATION & INJ FOR TREATMENT OF BONE CYST	\$114.70	\$152.26	1/1/2014
20650		INSERTION & REMOVAL BONE PIN	\$113.08	\$138.87	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	\$106.23	\$269.63	1/1/2014
20680		REMOVAL OF BURIED SUPPORT	\$296.16	\$412.12	1/1/2014
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	\$390.85	\$390.85	1/1/2014
20692		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIX	\$730.83	\$730.83	1/1/2014
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	\$327.78	\$327.78	1/1/2014
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATION SYSTEM	\$239.28	\$296.30	1/1/2014
20700		MNL PREP&INSJ DP RX DLVR DEV	\$70.29	\$70.29	1/1/2020
20701		RMVL DEEP RX DELIVERY DEVICE	\$52.51	\$52.51	1/1/2020
20702		MNL PREP&INSJ IMED RX DEV	\$116.91	\$116.91	1/1/2020
20703		RMVL IMED RX DELIVERY DEVICE	\$83.91	\$83.91	1/1/2020
20704		MNL PREP&INSJ I-ARTIC RX DEV	\$121.79	\$121.79	1/1/2020
20705		RMVL I-ARTIC RX DELIVERY DEV	\$100.30	\$100.30	1/1/2020
21601		EXC CHEST WALL TUMOR W/RIBS	\$976.64	\$976.64	1/1/2020
21602		EXC CH WAL TUM W/O LYMPHADEC	\$1,309.70	\$1,309.70	1/1/2020
21603		EXC CH WAL TUM W/LYMPHADEC	\$1,449.16	\$1,449.16	1/1/2020
20900		REMOVAL OF BONE FOR GRAFT	\$189.93	\$293.29	1/1/2014
20902		REMOVAL OF BONE FOR GRAFT	\$263.00	\$263.00	1/1/2014
20910		REMOVE CARTILAGE FOR GRAFT	\$307.76	\$307.76	1/1/2014
20920		REMOVAL OF TISSUE FOR GRAFT	\$291.49	\$291.49	1/1/2014
20922		REMOVAL OF TISSUE FOR GRAFT	\$357.36	\$429.19	1/1/2014
20924		REMOVAL OF TENDON FOR GRAFT	\$360.72	\$360.72	1/1/2014
20926		REMOVAL OF TISSUE FOR GRAFT	\$311.41	\$311.41	1/1/2014
20950		MONITOR INTERSTITIAL PRESSURE	\$65.79	\$169.41	1/1/2014
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	\$1,895.83	\$1,895.83	1/1/2014
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	\$1,990.36	\$1,990.36	1/1/2014
20974		BIO-OSTEGEN SYSTEM	\$34.44	\$45.94	1/1/2014
20975		OSTEOSTIM SYSTEM	\$129.69	\$129.69	1/1/2014
20979		LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$26.65	\$37.89	1/1/2014
27600		DECOMPRESSION OF LEG	\$304.63	\$304.63	1/1/2014
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	\$315.29	\$315.29	1/1/2014
27602		DECOMPRESSION OF LEG	\$374.49	\$374.49	1/1/2014
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	\$275.32	\$361.14	1/1/2014
27604		INCISION AND DRAINAGE INFECTED BURSA	\$242.60	\$316.89	1/1/2014
27605		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$145.72	\$251.01	1/1/2014
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	\$214.11	\$214.11	1/1/2014
27607		INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$440.81	\$440.81	1/1/2014
27610		ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$470.47	\$470.47	1/1/2014
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$410.81	\$410.81	1/1/2014
27613		BIOPSY SOFT TISSUES SUPERFICIAL	\$118.56	\$171.48	1/1/2014
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$294.66	\$388.43	1/1/2014
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	\$635.23	\$635.23	1/1/2014
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	\$748.68	\$748.68	1/1/2014
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	\$272.80	\$339.42	1/1/2014
27620		BIOPSY OF ANKLE JOINT	\$330.22	\$330.22	1/1/2014
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	\$428.68	\$428.68	1/1/2014
27626		EXPLORATION OF ANKLE JOINT	\$462.85	\$462.85	1/1/2014
27630		REMOVAL OF TENDON LESION	\$265.67	\$369.86	1/1/2014
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$241.06	\$241.06	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27634		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$393.56	\$393.56	1/1/2014
27635		REMOVAL OF BONE LESION	\$425.20	\$425.20	1/1/2014
27637		REMOVAL/GRAFT OF BONE LESION	\$539.62	\$539.62	1/1/2014
27638		REMOVAL/GRAFT OF BONE LESION	\$563.11	\$563.11	1/1/2014
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$623.89	\$623.89	1/1/2014
27641		PARTIAL REMOVAL OF FIBULA	\$500.06	\$500.06	1/1/2014
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$757.15	\$757.15	1/1/2014
27646		REMOVAL OF FIBULA	\$669.87	\$669.87	1/1/2014
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	\$595.16	\$595.16	1/1/2014
27648		INJECTION PROCEDURE FOR ANKLE ARTHOGRAPHY	\$39.56	\$111.93	1/1/2014
27650		REPAIR ACHILLES TENDON	\$485.81	\$485.81	1/1/2014
27652		REPAIR/GRAFT ACHILLES TENDON	\$536.57	\$536.57	1/1/2014
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$523.64	\$523.64	1/1/2014
27656		REPAIR FASCIAL DEFECT OF LEG	\$251.07	\$371.43	1/1/2014
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$275.24	\$275.24	1/1/2014
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$362.55	\$362.55	1/1/2014
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$262.03	\$262.03	1/1/2014
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$300.56	\$300.56	1/1/2014
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEO	\$369.79	\$369.79	1/1/2014
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	\$448.45	\$448.45	1/1/2014
27680		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$312.18	\$312.18	1/1/2014
27681		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$372.06	\$372.06	1/1/2014
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$344.84	\$440.79	1/1/2014
27686		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$406.29	\$406.29	1/1/2014
27687		GASTROCNEMIUS RECESSON	\$334.38	\$334.38	1/1/2014
27690		REVISION OF LEG TENDON	\$461.09	\$461.09	1/1/2014
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$540.59	\$540.59	1/1/2014
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$83.09	\$83.09	1/1/2014
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$355.68	\$355.68	1/1/2014
27696		REPAIR OF ANKLE LIGAMENTS	\$426.13	\$426.13	1/1/2014
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$478.61	\$478.61	1/1/2014
27700		REPAIR OF ANKLE	\$453.86	\$453.86	1/1/2014
27702		ARTHROPLASTY ANKLE WITH IMPLANT	\$723.22	\$723.22	1/1/2014
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$837.58	\$837.58	1/1/2014
27704		REMOVAL ANKLE IMPLANT	\$408.61	\$408.61	1/1/2014
27705		INCISION OF TIBIA	\$554.40	\$554.40	1/1/2014
27707		INCISION OF FIBULA	\$279.64	\$279.64	1/1/2014
27709		INCISION OF TIBIA & FIBULA	\$812.53	\$812.53	1/1/2014
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	\$791.25	\$791.25	1/1/2014
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$772.84	\$772.84	1/1/2014
27720		REPAIR OF LOWER LEG	\$634.30	\$634.30	1/1/2014
27722		REPAIR/GRAFT OF LOWER LEG	\$633.05	\$633.05	1/1/2014
27724		REPAIR/GRAFT OF LOWER LEG	\$934.84	\$934.84	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	\$867.87	\$867.87	1/1/2014
27726		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	\$663.52	\$663.52	1/1/2014
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$706.34	\$706.34	1/1/2014
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$421.14	\$421.14	1/1/2014
27732		REPAIR OF FIBULA EPIPHYSIS	\$286.31	\$286.31	1/1/2014
27734		REPAIR LOWER LEG EPIPHYSES	\$431.05	\$431.05	1/1/2014
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$478.13	\$478.13	1/1/2014
27742		REPAIR OF LEG EPIPHYSES	\$504.57	\$504.57	1/1/2014
27750		TREATMENT OF TIBIA FRACTURE	\$210.33	\$228.42	1/1/2014
27752		REPAIR OF TIBIA FRACTURE	\$346.83	\$370.42	1/1/2014
27756		REPAIR OF TIBIA FRACTURE	\$403.46	\$403.46	1/1/2014
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	\$639.45	\$639.45	1/1/2014
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$725.40	\$725.40	1/1/2014
27760		TREATMENT OF ANKLE FRACTURE	\$200.40	\$219.86	1/1/2014
27762		REPAIR OF ANKLE FRACTURE	\$307.20	\$331.05	1/1/2014
27766		REPAIR OF ANKLE FRACTURE	\$434.11	\$434.11	1/1/2014
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$175.42	\$174.60	1/1/2014
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$283.96	\$283.96	1/1/2014
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	\$497.45	\$497.45	1/1/2014
27780		TREATMENT OF FIBULA FRACTURE	\$178.80	\$196.61	1/1/2014
27781		REPAIR OF FIBULA FRACTURE	\$267.92	\$286.31	1/1/2014
27784		REPAIR OF FIBULA FRACTURE	\$493.89	\$493.89	1/1/2014
27786		TREATMENT OF ANKLE FRACTURE	\$188.38	\$208.40	1/1/2014
27788		REPAIR OF ANKLE FRACTURE	\$267.41	\$288.79	1/1/2014
27792		REPAIR OF ANKLE FRACTURE	\$499.23	\$499.23	1/1/2014
27808		TREATMENT OF ANKLE FRACTURE	\$196.34	\$217.73	1/1/2014
27810		REPAIR OF ANKLE FRACTURE	\$299.49	\$323.89	1/1/2014
27814		REPAIR OF ANKLE FRACTURE	\$557.19	\$557.19	1/1/2014
27816		TREATMENT OF ANKLE FRACTURE	\$186.83	\$206.57	1/1/2014
27818		REPAIR OF ANKLE FRACTURE	\$306.62	\$334.31	1/1/2014
27822		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	\$609.20	\$609.20	1/1/2014
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	\$695.05	\$695.05	1/1/2014
27824		CLOSED TX FX WT BEARING PORTION DISTAL TIBIA	\$200.63	\$208.04	1/1/2014
27825		CLOSED TX FX WT BEARING PORTION TIBIA; WITH SKEL TRAC	\$352.42	\$381.47	1/1/2014
27826		OPEN TX FX DISTAL TIBIA WITH FIXATION OF FIBULA ONLY	\$584.87	\$584.87	1/1/2014
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	\$780.35	\$780.35	1/1/2014
27828		OPEN TX FX TIBIA WITH INT & EXT FIX OF BOTH TIBIA & FIBULA	\$934.86	\$934.86	1/1/2014
27829		OPEN TX TIBIOFIBULAR JOINT	\$466.95	\$466.95	1/1/2014
27830		REPAIR LOWER LEG DISLOCATION	\$227.62	\$242.16	1/1/2014
27831		REPAIR LOWER LEG DISLOCATION	\$265.52	\$265.52	1/1/2014
27832		REPAIR LOWER LEG DISLOCATION	\$504.12	\$504.12	1/1/2014
27840		REPAIR ANKLE DISLOCATION	\$245.44	\$245.44	1/1/2014
27842		REPAIR ANKLE DISLOCATION	\$343.51	\$343.51	1/1/2014
27846		REPAIR ANKLE DISLOCATION	\$532.05	\$532.05	1/1/2014
27848		REPAIR ANKLE DISLOCATION	\$602.45	\$602.45	1/1/2014
27860		FIXATION OF ANKLE	\$128.26	\$128.26	1/1/2014
27870		ARTHRODESIS, ANKLE, OPEN	\$761.01	\$761.01	1/1/2014
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	\$498.52	\$498.52	1/1/2014
27880		AMPUTATION OF LOWER LEG	\$676.14	\$676.14	1/1/2014
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$649.33	\$649.33	1/1/2014
27882		AMPUTATION OF LOWER LEG	\$458.07	\$458.07	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27884		AMPUTATION FOLLOW-UP SURGERY	\$425.14	\$425.14	1/1/2014
27886		AMPUTATION FOLLOW-UP SURGERY	\$485.02	\$485.02	1/1/2014
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	\$512.54	\$512.54	1/1/2014
27889		ANKLE DISARTICULATION	\$501.99	\$501.99	1/1/2014
27892		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT COMPAR	\$393.09	\$393.09	1/1/2014
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	\$397.67	\$397.67	1/1/2014
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	\$611.60	\$611.60	1/1/2014
28001		INCISION AND DRAINAGE, BURSA, FOOT	\$133.77	\$188.04	1/1/2014
28002		INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$282.03	\$351.94	1/1/2014
28003		DRAINAGE OF FOOT	\$416.55	\$487.28	1/1/2014
28005		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$452.89	\$452.89	1/1/2014
28008		INCISION OF FOOT LIGAMENTS	\$226.06	\$297.33	1/1/2014
28010		TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$156.03	\$166.17	1/1/2014
28011		TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$220.27	\$235.62	1/1/2014
28020		ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$264.95	\$352.41	1/1/2014
28022		EXPLORATION OF A FOOT JOINT	\$245.31	\$325.37	1/1/2014
28024		EXPLORATION OF A TOE JOINT	\$232.40	\$309.17	1/1/2014
28035		RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$267.49	\$354.68	1/1/2014
28039		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$200.72	\$279.08	1/1/2014
28041		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL EG INTRAMUSCULAR 1.5 CM	\$263.74	\$263.74	1/1/2014
28043		EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	\$191.79	\$236.76	1/1/2014
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	\$244.24	\$331.43	1/1/2014
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	\$501.10	\$607.48	1/1/2014
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR	\$559.20	\$559.20	1/1/2014
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$230.29	\$311.18	1/1/2014
28052		BIOPSY OF A FOOT JOINT	\$209.63	\$286.94	1/1/2014
28054		BIOPSY TO TOE JOINT	\$190.77	\$268.90	1/1/2014
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$294.45	\$294.45	1/1/2014
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$268.91	\$350.07	1/1/2014
28062		REMOVAL OF FOOT FASCIA	\$316.18	\$412.68	1/1/2014
28070		EXPLORATION OF A FOOT JOINT	\$263.13	\$347.03	1/1/2014
28072		EXPLORATION OF A FOOT JOINT	\$253.92	\$341.10	1/1/2014
28080		EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$256.32	\$334.73	1/1/2014
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	\$265.19	\$365.80	1/1/2014
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	\$220.54	\$309.92	1/1/2014
28090		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$231.56	\$314.08	1/1/2014
28092		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$202.75	\$282.80	1/1/2014
28100		REMOVAL OF HEEL LESION	\$300.64	\$405.10	1/1/2014
28102		REMOVAL/GRAFT HEEL LESION	\$410.26	\$410.26	1/1/2014
28103		REMOVAL/GRAFT HEEL LESION	\$331.90	\$331.90	1/1/2014
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$263.44	\$348.16	1/1/2014
28106		REMOVAL/GRAFT FOOT LESION	\$351.24	\$351.24	1/1/2014
28107		REMOVAL/GRAFT FOOT LESION	\$287.40	\$386.11	1/1/2014
28108		REMOVAL OF TOE LESIONS	\$217.27	\$292.66	1/1/2014
28110		PARTIAL REMOVAL METATARSAL	\$216.73	\$306.66	1/1/2014
28111		PARTIAL REMOVAL METATARSAL	\$253.87	\$349.81	1/1/2014
28112		PARTIAL REMOVAL METATARSALS	\$237.05	\$330.54	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28113		PARTIAL REMOVAL METATARSAL	\$309.49	\$396.14	1/1/2014
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$599.17	\$722.27	1/1/2014
28116		REVISION OF FOOT	\$426.62	\$517.64	1/1/2014
28118		PARTIAL REMOVAL OF HEEL	\$307.99	\$399.29	1/1/2014
28119		REMOVAL OF HEEL SPUR	\$272.57	\$355.91	1/1/2014
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$292.95	\$394.12	1/1/2014
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$376.55	\$460.44	1/1/2014
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$251.06	\$325.62	1/1/2014
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$188.54	\$262.30	1/1/2014
28130		REMOVAL OF BONE OF ANKLE	\$467.94	\$467.94	1/1/2014
28140		REMOVAL OF METATARSAL	\$342.99	\$433.20	1/1/2014
28150		PHALANGECTOMY, TOE, EACH TOE	\$215.47	\$292.78	1/1/2014
28153		RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$195.83	\$272.60	1/1/2014
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$204.07	\$279.73	1/1/2014
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$460.06	\$460.06	1/1/2014
28173		RADICAL RESECTION OF TUMOR, BONE; METATARSAL	\$419.79	\$517.66	1/1/2014
28175		RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	\$295.57	\$378.64	1/1/2014
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$100.10	\$166.45	1/1/2014
28192		REMOVAL FOREIGN BODY DEEP	\$239.85	\$321.83	1/1/2014
28193		REMOVAL FOREIGN BODY COMPLICATED	\$285.67	\$370.11	1/1/2014
28200		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH	\$239.21	\$321.74	1/1/2014
28202		REPAIR/GRAFT OF FOOT TENDON	\$334.97	\$429.56	1/1/2014
28208		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$229.64	\$309.69	1/1/2014
28210		REPAIR/GRAFT OF FOOT TENDON	\$312.68	\$400.13	1/1/2014
28220		TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$231.99	\$306.30	1/1/2014
28222		TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$276.70	\$354.84	1/1/2014
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$192.06	\$265.53	1/1/2014
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$239.59	\$319.36	1/1/2014
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$220.54	\$294.01	1/1/2014
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$186.98	\$259.90	1/1/2014
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$195.47	\$269.22	1/1/2014
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$376.23	\$471.65	1/1/2014
28240		RELEASE OF BIG TOE	\$226.31	\$302.53	1/1/2014
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$300.64	\$385.64	1/1/2014
28260		RELEASE OF MIDFOOT JOINT	\$388.94	\$473.12	1/1/2014
28261		CAPULOTOMY WITH TENDON LEGTHENING	\$593.38	\$688.51	1/1/2014
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$829.65	\$960.71	1/1/2014
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$521.17	\$613.85	1/1/2014
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$250.46	\$327.24	1/1/2014
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$195.39	\$267.23	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$272.39	\$359.03	1/1/2014
28285		CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$240.48	\$316.97	1/1/2014
28286		CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$231.24	\$309.92	1/1/2014
28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$312.73	\$396.90	1/1/2014
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$407.88	\$503.56	1/1/2014
28290		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE	\$297.91	\$391.40	1/1/2014
28291		CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	\$401.82	\$607.38	1/1/2017
28292		REMOVAL OF BIG TOE JOINT	\$438.95	\$535.19	1/1/2014
28293		REMOVAL OF BIG TOE JOINT	\$532.28	\$712.95	1/1/2014
28294		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH TENDON	\$406.51	\$517.82	1/1/2014
28295		CORRECTION OF BUNION	\$447.72	\$776.63	1/1/2017
28296		INCISION OF METATARSAL	\$403.49	\$507.40	1/1/2014
28297		HALLUX VALGUS CORRECTION,LAPIDUS TYPE PROCEDURE	\$453.46	\$573.27	1/1/2014
28298		INCISION OF TOE	\$386.27	\$494.85	1/1/2014
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$523.72	\$638.06	1/1/2014
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$488.70	\$488.70	1/1/2014
28302		INCISION OF ANKLE BONE	\$484.26	\$484.26	1/1/2014
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$445.90	\$550.62	1/1/2014
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$512.48	\$512.48	1/1/2014
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$301.17	\$410.28	1/1/2014
28307		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$339.01	\$482.39	1/1/2014
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$275.93	\$371.62	1/1/2014
28309		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$661.47	\$661.47	1/1/2014
28310		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$269.62	\$366.40	1/1/2014
28312		INCISION OF BIG TOES	\$239.75	\$334.61	1/1/2014
28313		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$274.18	\$352.04	1/1/2014
28315		SESAMOIDECTOMY FIRST TOE	\$245.37	\$323.79	1/1/2014
28320		REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$462.52	\$462.52	1/1/2014
28322		REPAIR OF METATARSALS	\$426.66	\$533.87	1/1/2014
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$333.56	\$425.96	1/1/2014
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESECTION	\$395.33	\$491.84	1/1/2014
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	\$232.74	\$324.58	1/1/2014
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAFT EACH WEB	\$304.95	\$393.51	1/1/2014
28360		RECONSTRUCTION, CLEFT FOOT	\$712.79	\$712.79	1/1/2014
28400		TREATMENT OF HEEL FRACTURE	\$152.43	\$165.32	1/1/2014
28405		REPAIR OF HEEL FRACTURE	\$256.23	\$272.41	1/1/2014
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	\$374.31	\$374.31	1/1/2014
28415		REPAIR OF HEEL FRACTURE	\$827.26	\$827.26	1/1/2014
28420		REPAIR/GRAFT HEEL FRACTURE	\$872.06	\$872.06	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28430		TREATMENT OF ANKLE FRACTURE	\$138.61	\$154.79	1/1/2014
28435		REPAIR OF ANKLE FRACTURE	\$204.44	\$219.79	1/1/2014
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND PINNING	\$299.19	\$299.19	1/1/2014
28445		REPAIR OF ANKLE FRACTURE	\$781.21	\$781.21	1/1/2014
28450		TREATMENT MIDFOOT FRACTURE	\$128.85	\$143.11	1/1/2014
28455		REPAIR MIDFOOT FRACTURE	\$187.17	\$199.78	1/1/2014
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MANIP,PINNIN	\$191.23	\$191.23	1/1/2014
28465		REPAIR MIDFOOT FRACTURE(S)	\$443.72	\$443.72	1/1/2014
28470		TREAT METATARSAL FRACTURES	\$129.59	\$143.03	1/1/2014
28475		REPAIR METATARSAL FRACTURES	\$169.50	\$182.66	1/1/2014
28476		TREATMENT OF CLOSED METATARSAL FX W/ MANIP,PINNING	\$236.89	\$236.89	1/1/2014
28485		REPAIR METATARSAL FRACTURES	\$382.43	\$382.43	1/1/2014
28490		TREAT BIG TOE FRACTURE	\$80.78	\$91.75	1/1/2014
28495		REPAIR BIG TOE FRACTURE	\$103.86	\$116.48	1/1/2014
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND PLANNING	\$159.02	\$279.38	1/1/2014
28505		REPAIR OF BIG TOE FRACTURE	\$352.41	\$453.30	1/1/2014
28510		TREATMENT OF TOE FRACTURE	\$78.60	\$79.97	1/1/2014
28515		REPAIR OF TOE FRACTURE	\$97.47	\$105.41	1/1/2014
28525		REPAIR OF TOE FRACTURE	\$279.61	\$380.22	1/1/2014
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	\$71.65	\$77.13	1/1/2014
28531		OPEN TX SESAMOID FX	\$138.36	\$247.75	1/1/2014
28540		REPAIR FOOT DISLOCATION	\$128.82	\$137.31	1/1/2014
28545		REPAIR FOOT DISLOCATION	\$156.19	\$168.81	1/1/2014
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	\$210.63	\$315.08	1/1/2014
28555		REPAIR OF FOOT DISLOCATION	\$473.26	\$593.08	1/1/2014
28570		REPAIR FOOT DISLOCATION	\$107.08	\$118.31	1/1/2014
28575		REPAIR FOOT DISLOCATION	\$212.96	\$226.96	1/1/2014
28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC.	\$251.03	\$251.03	1/1/2014
28585		REPAIR OF FOOT DISLOCATION	\$532.75	\$634.48	1/1/2014
28600		REPAIR FOOT DISLOCATION	\$128.92	\$142.63	1/1/2014
28605		REPAIR FOOT DISLOCATION	\$173.54	\$185.06	1/1/2014
28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT SKEL FIX	\$277.86	\$277.86	1/1/2014
28615		REPAIR FOOT DISLOCATION	\$557.62	\$557.62	1/1/2014
28630		REPAIR OF TOE DISLOCATION	\$80.23	\$102.43	1/1/2014
28635		REPAIR OF TOE DISLOCATION	\$99.92	\$122.13	1/1/2014
28636		PERCU. SKELETAL FIX MET AT ARSOPHALANGEAL JNT DISLOC	\$148.03	\$200.39	1/1/2014
28645		REPAIR OF TOE DISLOCATION	\$344.37	\$429.91	1/1/2014
28660		REPAIR OF TOE DISLOCATION	\$61.15	\$74.58	1/1/2014
28665		REPAIR OF TOE DISLOCATION	\$99.41	\$109.26	1/1/2014
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL JOINT DISLOCATION	\$141.76	\$141.76	1/1/2014
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	\$286.27	\$388.80	1/1/2014
28705		ARTHRODESIS; PANTALAR	\$965.31	\$965.31	1/1/2014
28715		ARTHRODESIS; TRIPLE	\$713.51	\$713.51	1/1/2014
28725		ARTHRODESIS; SUBTALAR	\$587.60	\$587.60	1/1/2014
28730		FUSION OF FOOT BONES	\$613.90	\$613.90	1/1/2014
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$587.91	\$587.91	1/1/2014
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$521.62	\$521.62	1/1/2014
28740		FUSION OF FOOT BONES	\$460.14	\$586.79	1/1/2014
28750		FUSION OF BIG TOE JOINT	\$437.38	\$570.35	1/1/2014
28755		FUSION OF BIG TOE JOINT	\$248.78	\$342.81	1/1/2014
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$432.47	\$541.60	1/1/2014
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$421.11	\$421.11	1/1/2014
28805		AMPUTATION THRU METATARSAL	\$556.45	\$556.45	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28810		AMPUTATION TOE & METATARSAL	\$324.01	\$324.01	1/1/2014
28820		AMPUTATION OF TOE	\$255.10	\$362.30	1/1/2014
28825		PARTIAL AMPUTATION OF TOE	\$291.09	\$393.63	1/1/2014
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$25.52	\$36.22	1/1/2014
29450		APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	\$92.23	\$108.13	1/1/2014
29540		STRAPPING; ANKLE AND/OR FOOT	\$24.47	\$29.94	1/1/2014
29550		STRAPPING TOES	\$23.02	\$29.04	1/1/2014
29580		STRAPPING UNNA BOOT	\$26.94	\$36.53	1/1/2014
29582		APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE	\$8.68	\$38.60	1/1/2014
29700		REMOVAL/REVISION OF CAST	\$25.81	\$43.89	1/1/2014
29730		REVISION OF CAST	\$34.08	\$45.32	1/1/2014
29740		REVISION OF CAST	\$49.74	\$65.10	1/1/2014
29750		REVISION OF CAST	\$56.92	\$71.17	1/1/2014
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$497.63	\$497.63	1/1/2014
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$509.47	\$509.47	1/1/2014
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$312.96	\$410.83	1/1/2014
29894		ARTHROSCOPY ANKLE SURGICAL	\$373.87	\$373.87	1/1/2014
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	\$361.66	\$361.66	1/1/2014
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	\$378.57	\$378.57	1/1/2014
29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	\$423.76	\$423.76	1/1/2014
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	\$762.59	\$762.59	1/1/2014
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN	\$442.12	\$442.12	1/1/2014
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$475.53	\$475.53	1/1/2014
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$500.91	\$500.91	1/1/2014
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$614.82	\$614.82	1/1/2014
33016		PERICARDIOCENTESIS W/IMAGING	\$196.82	\$196.82	1/1/2020
33017		PRCRD DRG 6YR+ W/O CGEN CAR	\$204.39	\$204.39	1/1/2020
33018		PRCRD DRG 0-5YR OR W/ANOMLY	\$233.69	\$233.69	1/1/2020
33019		PERQ PRCRD DRG INSJ CATH CT	\$189.28	\$189.28	1/1/2020
33858		AS-AORT GRF F/AORTIC DSJ	\$2,825.00	\$2,825.00	1/1/2020
33859		AS-AORT GRF F/DS OTH/THN DSJ	\$2,028.03	\$2,028.03	1/1/2020
33871		TRANSVRS A-ARCH GRF HYPTRHM	\$2,715.25	\$2,715.25	1/1/2020
34718		EVASC RPR N/A A-ILIAC NDGFT	\$1,034.36	\$1,034.36	1/1/2020
35702		EXPL N/FLWD SURG UXTR ART	\$341.24	\$341.24	1/1/2020
35703		EXPL N/FLWD SURG LXTR ART	\$346.22	\$346.22	1/1/2020
36600		WITHDRAWAL OF ARTERIAL BLOOD	\$12.06	\$23.03	1/1/2014
36620		ESTABLISH ACCESS TO ARTERY	\$40.06	\$40.06	1/1/2014
36625		ESTABLISH ACCESS TO ARTERY	\$82.78	\$82.78	1/1/2014
36640		INSERTION CATHETER, ARTERY	\$92.51	\$92.51	1/1/2014
36908		INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$156.40	\$2,139.70	1/1/2017
49013		PRPERTL PEL PACK HEMRRG TRMA	\$366.99	\$366.99	1/1/2020
49014		REEXPLORATION PELVIC WOUND	\$303.27	\$303.27	1/1/2020
62328		DX LMBR SPI PNXR W/FLUOR/CT	\$75.11	\$211.17	1/1/2020
62329		THER SPI PNXR CSF FLUOR/CT	\$93.60	\$261.34	1/1/2020
64451		NJX AA&/STRD NRV NRVTG SI JT	\$66.72	\$171.38	1/1/2020
64454		NJX AA&/STRD GNCLR NRV BRNCH	\$68.70	\$173.08	1/1/2020
64624		DSTRJ NULYT AGT GNCLR NRV	\$122.88	\$330.51	1/1/2020
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$20.12	\$20.12	1/1/2014
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$6.30	\$6.30	1/1/2014
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$13.80	\$13.80	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
73610		X-RAY EXAM OF ANKLE	\$23.14	\$23.14	1/1/2014
73610	26	ANKLE COMPLETE	\$6.88	\$6.88	1/1/2014
73610	TC	RADIOLOGIC EXAM COMPLETE	\$16.29	\$16.29	1/1/2014
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$19.56	\$19.56	1/1/2014
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$6.30	\$6.30	1/1/2014
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$13.26	\$13.26	1/1/2014
73630		X-RAY EXAM OF FOOT	\$22.87	\$22.87	1/1/2014
73630	26	FOOT COMPLETE	\$6.88	\$6.88	1/1/2014
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	\$16.01	\$16.01	1/1/2014
73650		X-RAY EXAM OF HEEL	\$19.84	\$19.84	1/1/2014
73650	26	OS CALCIS	\$6.30	\$6.30	1/1/2014
73650	TC	RADIOLOGIC EXAM CALCANEUS	\$13.54	\$13.54	1/1/2014
73660		X-RAY EXAM OF TOE(S)	\$20.32	\$20.32	1/1/2014
73660	26	TOES	\$5.14	\$5.14	1/1/2014
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$15.18	\$15.18	1/1/2014
74221		X-RAY XM ESOPHAGUS 2CNTRST	\$87.60	\$87.60	1/1/2020
74363	TC	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$171.90	\$171.90	1/1/2014
75978	TC	TRANSLUMINAL ANGIOPLASTY, VENOUS	\$185.19	\$185.19	1/1/2014
76140		X-RAY CONSULTATION	\$30.44	\$30.44	1/1/2014
76970		FOLLOW UP ECHO EXAM	\$62.98	\$62.98	1/1/2014
76970	26	ULTRASOUND STUDY	\$15.52	\$15.52	1/1/2014
76970	TC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$47.46	\$47.46	1/1/2014
77072		BONE AGE STUDIES	\$17.98	\$17.98	1/1/2014
77072	26	BONE AGE STUDIES	\$7.74	\$7.74	1/1/2014
77072	TC	BONE AGE STUDIES	\$10.23	\$10.23	1/1/2014
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$28.60	\$28.60	1/1/2014
77073	26	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$10.93	\$10.93	1/1/2014
77073	TC	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$17.66	\$17.66	1/1/2014
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$52.41	\$52.41	1/1/2014
77074	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$18.37	\$18.37	1/1/2014
77074	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$34.03	\$34.03	1/1/2014
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR)	\$75.74	\$75.74	1/1/2014
77075	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR)	\$21.86	\$21.86	1/1/2014
77075	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR)	\$53.87	\$53.87	1/1/2014
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$32.35	\$32.35	1/1/2014
77077	26	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$12.58	\$12.58	1/1/2014
77077	TC	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$19.77	\$19.77	1/1/2014
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$26.20	\$26.20	1/1/2014
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$3.09	\$3.09	1/1/2014
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$4.74	\$4.74	1/1/2014
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),	\$5.72	\$5.72	1/1/2014
89051		SYNOVIAL FLUID DIFF	\$6.30	\$6.30	1/1/2014
90703		TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE	\$19.68	\$19.68	1/1/2014
90862		PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, REVIEW OF MEDICATION	\$45.70	\$48.00	1/1/2014
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$68.54	\$107.74	1/1/2014
90935		HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	\$52.82	\$52.82	1/1/2014
90937		HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	\$86.88	\$86.88	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
91010	26	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL	\$52.99	\$52.99	1/1/2014
91010	TC	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL	\$89.41	\$89.41	1/1/2014
91020	26	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$60.71	\$60.71	1/1/2014
91020	TC	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$112.16	\$112.16	1/1/2014
91030		ESOPHAGUS ACID PERFUSION (BERNSTEIN)TEST FOR ESOPH	\$103.77	\$103.77	1/1/2014
91030	26	ESOPHAGUS, ACID PERFUSION	\$39.24	\$39.24	1/1/2014
91030	TC	ESOPHAGUS, ACID PERFUSION	\$64.53	\$64.53	1/1/2014
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$48.71	\$48.71	1/1/2014
91065	26	BREATH HYDROGEN TEST	\$8.32	\$8.32	1/1/2014
91065	TC	BREATH HYDROGEN TEST	\$40.41	\$40.41	1/1/2014
91122		ANORECTAL MANOMETRY	\$174.58	\$174.58	1/1/2014
91122	26	ANORECTAL MANOMETRY	\$71.91	\$71.91	1/1/2014
91122	TC	ANORECTAL MANOMETRY	\$102.67	\$102.67	1/1/2014
92950		HEART-LUNG RESUSCITATION	\$140.62	\$211.35	1/1/2014
93985		DUP-SCAN HEMO COMPL BI STD	\$213.81	\$213.81	1/1/2020
93986		DUP-SCAN HEMO COMPL UNI STD	\$123.99	\$123.99	1/1/2020
95717		EEG PHYS/QHP 2-12 HR W/O VID	\$84.99	\$86.12	1/1/2020
95718		EEG PHYS/QHP 2-12 HR W/VEEG	\$111.31	\$113.01	1/1/2020
95719		EEG PHYS/QHP EA INCR W/O VID	\$131.57	\$132.99	1/1/2020
95720		EEG PHY/QHP EA INCR W/VEEG	\$172.35	\$174.89	1/1/2020
95721		EEG PHY/QHP>36<60 HR W/O VID	\$172.91	\$176.31	1/1/2020
95722		EEG PHY/QHP>36<60 HR W/VEEG	\$210.26	\$213.94	1/1/2020
95723		EEG PHY/QHP>60<84 HR W/O VID	\$213.92	\$218.45	1/1/2020
95724		EEG PHY/QHP>60<84 HR W/VEEG	\$268.13	\$273.22	1/1/2020
95725		EEG PHY/QHP>84 HR W/O VID	\$243.40	\$249.34	1/1/2020
95726		EEG PHY/QHP>84 HR W/VEEG	\$338.79	\$345.29	1/1/2020
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$2.03	\$2.03	1/1/2014
95885		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$30.88	\$30.88	1/1/2014
95885	26	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$9.99	\$9.99	1/1/2014
95885	TC	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$20.89	\$20.89	1/1/2014
95886		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$48.68	\$48.68	1/1/2014
95886	26	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$26.67	\$26.67	1/1/2014
95886	TC	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$22.02	\$22.02	1/1/2014
96156		HLTH BHV ASSMT/REASSESSMENT	\$74.30	\$81.65	1/1/2020
96159		HLTH BHV IVNTJ INDIV EA ADDL	\$17.48	\$19.46	1/1/2020
96900		ULTRAVIOLET LIGHT THERAPY	\$14.64	\$14.64	1/1/2014
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	\$47.36	\$47.36	1/1/2014
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	\$60.70	\$60.70	1/1/2014
97010		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$3.60	\$3.60	1/1/2014
97012		PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.44	\$11.44	1/1/2014
97014		PHYSICAL MED TREATMENT ELECTRICAL STIMULATION	\$10.46	\$10.46	1/1/2014
97016		PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$11.82	\$11.82	1/1/2014
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.08	\$6.08	1/1/2014
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.45	\$13.45	1/1/2014
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$4.16	\$4.16	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$3.89	\$3.89	1/1/2014
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.75	\$4.75	1/1/2014
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$12.80	\$12.80	1/1/2014
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.62	\$11.62	1/1/2014
97035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$9.16	\$9.16	1/1/2014
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$19.73	\$19.73	1/1/2014
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$22.21	\$22.21	1/1/2014
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$22.84	\$22.84	1/1/2014
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	\$26.94	\$26.94	1/1/2014
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$19.45	\$19.45	1/1/2014
97124		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$17.69	\$17.69	1/1/2014
97129		THER IVNTJ 1ST 15 MIN	\$19.74	\$20.03	1/1/2020
97130		THER IVNTJ EA ADDL 15 MIN	\$19.14	\$19.14	1/1/2020
97140		MANUAL THERAPY TECHNIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	\$20.61	\$20.61	1/1/2014
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$66.11	\$66.11	1/1/2017
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$66.11	\$66.11	1/1/2017
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$66.11	\$66.11	1/1/2017
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$44.79	\$44.79	1/1/2017
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$64.14	\$64.14	1/1/2017
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$64.14	\$64.14	1/1/2017
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$64.14	\$64.14	1/1/2017
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$42.32	\$42.32	1/1/2017
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$23.38	\$23.38	1/1/2014
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$25.26	\$45.28	1/1/2014
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$33.70	\$56.18	1/1/2014
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$22.76	\$22.76	1/1/2014
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT	\$25.13	\$25.13	1/1/2014
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$22.48	\$22.48	1/1/2014
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$25.61	\$25.61	1/1/2014
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$26.40	\$ 26.40	1/1/2018
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	\$25.95	\$25.95	1/1/2014
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	\$25.95	\$25.95	1/1/2014
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	\$25.95	\$25.95	1/1/2014
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	\$17.30	\$17.30	1/1/2014
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	\$9.27	\$9.27	1/1/2014
99070		SPECIAL SUPPLIES	\$9.23	\$9.23	1/1/2014
99082		UNUSUAL TRAVEL	\$0.81	\$0.81	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
99175		INDUCED VOMITING	\$18.88	\$18.88	1/1/2014
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	\$20.40	\$31.54	1/1/2014
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES	\$39.33	\$54.70	1/1/2014
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$59.36	\$79.24	1/1/2014
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$99.69	\$122.88	1/1/2014
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$129.73	\$155.34	1/1/2014
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$7.55	\$15.99	1/1/2014
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$20.10	\$31.85	1/1/2014
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$39.32	\$53.18	1/1/2014
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$60.84	\$80.12	1/1/2014
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$86.38	\$108.37	1/1/2014
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	\$78.95	\$78.95	1/1/2014
99222		INITIAL HOSP CARE, MODERATE-PHYS TIME APPROX 50 MIN	\$107.74	\$107.74	1/1/2014
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	\$158.64	\$158.64	1/1/2014
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$32.60	\$32.60	1/1/2014
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$58.75	\$58.75	1/1/2014
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$84.16	\$84.16	1/1/2014
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$111.38	\$111.38	1/1/2014
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$146.31	\$146.31	1/1/2014
99236		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$181.84	\$181.84	1/1/2014
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$58.09	\$58.09	1/1/2014
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$84.42	\$84.42	1/1/2014
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$26.21	\$38.00	1/1/2014
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$55.31	\$71.20	1/1/2014
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$77.09	\$97.91	1/1/2014
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$122.40	\$145.43	1/1/2014
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$152.70	\$178.74	1/1/2014
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$38.80	\$38.80	1/1/2014
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$60.13	\$60.13	1/1/2014
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$91.29	\$91.28	1/1/2014
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$132.03	\$132.03	1/1/2014
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$160.87	\$160.87	1/1/2014
99281		ER VISIT, MINOR	\$16.19	\$16.19	1/1/2014
99282		ER VISIT, LOW SEVERITY	\$31.50	\$31.50	1/1/2014
99283		ER VISIT, MODERATE SEVERITY	\$48.81	\$48.81	1/1/2014
99284		ER VISIT, HIGH SEVERITY	\$91.39	\$91.39	1/1/2014
99304		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$70.34	\$70.34	1/1/2014
99306		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$126.38	\$126.38	1/1/2014
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$34.72	\$34.72	1/1/2014
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.07	\$53.07	1/1/2014
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$70.40	\$70.40	1/1/2014
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$104.10	\$104.10	1/1/2014
99318		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	\$73.59	\$73.59	1/1/2014
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$47.19	\$47.19	1/1/2014

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2020

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$68.72	\$68.72	1/1/2014
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$113.64	\$113.64	1/1/2014
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$148.22	\$148.22	1/1/2014
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$174.48	\$174.48	1/1/2014
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$48.64	\$48.64	1/1/2014
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$75.34	\$75.34	1/1/2014
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$106.09	\$106.09	1/1/2014
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$152.43	\$152.43	1/1/2014
99360		PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30	\$47.47	\$47.47	1/1/2014
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$27.15	\$27.15	1/1/2014
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$33.26	\$33.26	1/1/2014
Q4186		EPIFIX, PER SQUARE CENTIMETER	\$259.45	\$259.45	1/1/2019
15271		APPLICATION OF SKIN SUBSTITUTE GRAFT TO	48.40	79.44	1/1/2014

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