

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
10021		fine needle aspiration; without imaging guidance	103.59	1/1/2019
10040		acne surgery (eg, marsupialization, opening or removal of	74.43	1/1/2019
10060		drainage of abscess	80.14	1/1/2019
10061		drainage of abscess	137.99	1/1/2019
10080		incision and drainage of pilonidal cyst;	118.30	1/1/2019
10081		incision and drainage of pilonidal cyst;	186.74	1/1/2019
10120		incision and removal of foreign body, subcutaneous tissues;	97.83	1/1/2019
10121		incision and removal of foreign body, subcutaneous tissues;	190.81	1/1/2019
10140		drainage of blood effusion	112.65	1/1/2019
10160		puncture aspiration of abscess, hematoma, bulla, or cyst	91.56	1/1/2019
10180		incision and drainage, complex, postoperative wound infection	169.12	1/1/2019
11000		surgical cleansing of skin	39.70	1/1/2019
11001		debridement of extensive eczematous or infected skin; each additional 10% of	12.74	1/1/2019
11004		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	452.66	1/1/2019
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	590.74	1/1/2019
11006		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	558.93	1/1/2019
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	212.95	1/1/2019
11042		debridement;	54.91	1/1/2019
11043		debridement;	200.33	1/1/2019
11044		debridement;	273.65	1/1/2019
11055		paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single	35.45	1/1/2019
11056		paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to	43.48	1/1/2019
11057		paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more	52.26	1/1/2019
11200		removal of skin tags	59.46	1/1/2019
11201		removal of skin tags, multiple fibrocuteaneous tags, any area; each additional	14.05	1/1/2019
11300		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	49.09	1/1/2019
11301		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	67.67	1/1/2019
11302		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	81.03	1/1/2019
11303		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs;	95.13	1/1/2019
11305		shaving of epidermal or dermal lesion, single lesion, scalp,	50.82	1/1/2019
11306		shaving of lesion scalp/neck/hand/etc .6- 1.0 cm	70.32	1/1/2019
11307		shaving of epidermal or dermal lesion, single lesion, scalp,	83.07	1/1/2019
11308		shaving of epidermal or dermal lesion, single lesion, scalp,	93.55	1/1/2019
11310		shaving of epidermal or dermal lesion, single lesion, face,	61.33	1/1/2019
11311		shaving of epidermal or dermal lesion, single lesion, face,	78.14	1/1/2019
11312		shaving of epidermal or dermal lesion, single lesion, face,	90.23	1/1/2019
11313		shaving of epidermal or dermal lesion, single lesion, face,	113.06	1/1/2019
11400		excision, benign lesion including margins, except skin tag (unless listed	83.40	1/1/2019
11401		removal of skin lesion	102.96	1/1/2019
11402		removal of skin lesion	114.91	1/1/2019
11403		removal skin lesion	132.48	1/1/2019
11404		amb surg exc ben lesions trunk arm legs 3.0 to 4.0	150.91	1/1/2019
11406		amb surg exc ben lesion trunk arm leg over 4.0 cm	213.73	1/1/2019
11420		excision, benign lesion including margins, except skin tag (unless listed	84.58	1/1/2019
11421		removal of skin lesion	110.06	1/1/2019
11422		removal of skin lesion	122.96	1/1/2019
11423		amb surg exc ben lesion scalp neck hand 2.0 to 3.0	143.39	1/1/2019
11424		amb surg exc ben lesion scalp neck hand 3.0 to 4.0	165.55	1/1/2019
11426		amb surg exc ben lesion scalp neck hand over 4.0	238.20	1/1/2019
11440		excision, other benign lesion including margins (unless listed elsewhere),	92.51	1/1/2019
11441		removal of skin lesion	117.69	1/1/2019
11442		excision, other benign lesion including margins (unless listed elsewhere),	132.69	1/1/2019
11443		amb surg exc ben lesion face ears nose 2.0 to 3.0	159.72	1/1/2019
11444		amb surg exc ben lesion face ears nose 3.0 to 4.0	201.94	1/1/2019
11446		excision, other benign lesion (unless listed elsewhere), face,	275.72	1/1/2019
11450		exc skin for hidradenitis primary suture/axillary.	251.42	1/1/2019
11451		exc skin for hidradenitis w other closure/axillary	329.25	1/1/2019
11462		exc skin for hidradenitis w prim suture/inguinal	247.92	1/1/2019
11463		exc skin for hidradenitis w oth closure/inguinal	338.39	1/1/2019
11470		exc skin for hidradenitis w primary closure	276.32	1/1/2019
11471		exc skin for hidradenitis with other closure	347.76	1/1/2019
11600		removal of skin lesion	128.82	1/1/2019
11601		removal of skin lesion	159.38	1/1/2019
11602		removal of skin lesion	175.13	1/1/2019
11603		excision malignant lesion truck arms or legs diame	199.42	1/1/2019
11604		amb surg excision malignant lesion 3.0 to 4.0 cm	220.35	1/1/2019
11606		amb surg excision malignant lesion over 4.0 cm	311.18	1/1/2019
11620		removal of skin lesion	131.53	1/1/2019
11621		removal of skin lesion	160.84	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
11622		removal of skin lesion	182.20	1/1/2019
11623		excision malignant lesion diameter 2 to 3 cm.	213.29	1/1/2019
11624		amb surg exc malignant lesion 3.0 to 4.0 scalp etc	240.09	1/1/2019
11626		amb surg exc malignant lesion 4.0 scalp neck	292.68	1/1/2019
11640		removal of skin lesion	137.48	1/1/2019
11641		removal of skin lesion	169.34	1/1/2019
11642		removal of skin lesion	195.50	1/1/2019
11643		amb surg exc malignant lesion face ears 2.0 to 3.0	230.48	1/1/2019
11644		amb surg exc malignant lesion face ears 3.0 to 4.0	284.70	1/1/2019
11646		amb surg exc malignant lesion face ears over 4.0	376.14	1/1/2019
11720		debridement of nail(s) by any method(s); one to five	22.88	1/1/2019
11721		debridement of nail(s) by any method(s); six or more	32.93	1/1/2019
11730		removal of nail	72.54	1/1/2019
11732		avulsion of nail plate, partial or complete, simple; each additional nail plate	33.86	1/1/2019
11740		evacuation of subungual hematoma	32.81	1/1/2019
11750		removal of nail bed	157.05	1/1/2019
11752		exc nail with amputation of tuft of distal phalanx	223.58	1/1/2019
11755		biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral	97.54	1/1/2019
11760		reconstruction of nail bed	145.75	1/1/2019
11762		reconstruction of nail bed	197.06	1/1/2019
11765		wedge excision of skin of nail fold (eg, for ingrown toenail)	92.37	1/1/2019
11770		amb surg exc pilonidal cyst/sinus simple	188.02	1/1/2019
11771		amb surg exc pilonidal cyst/sinus extensive	386.82	1/1/2019
11772		amb surg exc pilonidal cyst/sinus complicated	469.42	1/1/2019
11900		injection into skin lesions	41.12	1/1/2019
11901		injection, intralesional;	52.36	1/1/2019
11960		insertion of tissue expander.	676.63	1/1/2019
11970		replacement of tissue expander with permanent prosthesis	445.22	1/1/2019
11971		removal of tissue expander(s) without insertion of prosthesis	328.20	1/1/2019
11976		removal, implantable contraceptive capsule	111.27	1/1/2019
11980		subcutaneous hormone pellet (implantation of estradiol and/or testosterone)	79.29	1/1/2019
12001		repair of recent wound	107.64	1/1/2019
12002		amb surg simple repair superficial wound 2.5-7.5	114.76	1/1/2019
12004		simple rep superf wds sca neck axil ext gen tru/ex	135.47	1/1/2019
12005		amb surg simple repair superficial wound 12.5-20.0	168.97	1/1/2019
12006		amb surg simple repair superficial wound 20.0-30.0	209.91	1/1/2019
12007		amb surg simple repair superficial wound over 30.0	237.75	1/1/2019
12011		amb surg simple repair superficial wound 2.5 cm	114.32	1/1/2019
12013		amb surg simple repair superficial wound 2.5-5.0	126.22	1/1/2019
12014		amb surg simple repair superficial wound 5.0-7.5	149.08	1/1/2019
12015		amb surg simple repair superficial wound 7.5-12.5	187.44	1/1/2019
12016		amb surg simple repair superficial wound 12.5-20.0	224.19	1/1/2019
12017		amb surg simple repair superficial wound 20.0-30.0	202.03	1/1/2019
12018		amb surg simple repair superficial wound over 30.0	249.70	1/1/2019
12020		treatment of superficial wound dehiscence.	194.38	1/1/2019
12021		treatment of superficial wound with packing.	115.81	1/1/2019
12031		amb surg closure wound up to 2.5 exclud hand/feet	171.67	1/1/2019
12032		amb surg closure wound 2.5-7.5 exclud hand & feet	220.68	1/1/2019
12034		amb surg repair simple lacerations 7.5 to 12.5	218.32	1/1/2019
12035		amb surg closure wound 12.5 to 20.0	266.09	1/1/2019
12036		amb surg closure wound 20.0 to 30.0	292.34	1/1/2019
12037		amb surg closure wound over 30 cm scalp axillae	329.99	1/1/2019
12041		amb surg closure wound up to 2.5 cm neck/hand/feet	180.09	1/1/2019
12042		amb surg closure wound 2.5-7.5 neck/hand/feet	209.97	1/1/2019
12044		amb surg closure wound 7.5 to 12.5 cm neck/hand	242.31	1/1/2019
12045		amb surg closure wound 12.5-20.0 neck/feet/genital	268.71	1/1/2019
12046		amb surg closure wound 20.0-30.0 neck/feet/genital	318.28	1/1/2019
12047		amb surg closure wound 30.0 cm neck/hand/feet/geni	341.63	1/1/2019
12051		amb surg closure wound up to 2.5 face/eyelid/nose	193.49	1/1/2019
12052		amb surg closure wound 2.5-5.0 face/ears/eyelids	219.32	1/1/2019
12053		amb surg closure wound 5.0-7.5 face/ears/eyelids	241.18	1/1/2019
12054		layer closure of wounds of face, ears, eyelids, nose, lips	255.45	1/1/2019
12055		amb surg closure wound 12.5-20.0 face/ears/eyelids	308.26	1/1/2019
12056		amb surg closure wound 20.0 to 30.0 face/ears/eye	363.98	1/1/2019
12057		amb surg closure wound over 30 cm face/ears/eyelid	406.89	1/1/2019
13100		amb surg repair complex trunk 1.0 to 2.5 cm	229.95	1/1/2019
13101		amb surg repair complex 2.5-7.5 cm trunk	290.34	1/1/2019
13102		complex repair trunk each additional	79.02	1/1/2019
13120		amb surg repair complex 1.0-2.5 sclap/arms/legs	239.02	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
13121		amb surg repair complex 2.5-7.5 scalp/arm/leg	321.43	1/1/2019
13122		each additional -complex repair to scalp,arms and / or legs	88.53	1/1/2019
13131		repair of wound or lesion	264.08	1/1/2019
13132		repair complex 2.5 to 7.5 cm.	423.52	1/1/2019
13133		each additional-complex repair to forehead,cheeks,chin,mouth,neck,axillae,genit	125.49	1/1/2019
13150		repair complex, eye, nose, ear and/or lips up to 1.0	263.11	1/1/2019
13151		repair of wound or lesion	300.06	1/1/2019
13152		repair complex,eye,nose,ear and lips 2.5 to 75.cm.	413.82	1/1/2019
13153		each additional -complex repair to eyelids,nose,ears and /or lips	137.79	1/1/2019
13160		secondary closure of surgical wound dehiscence.	606.98	1/1/2019
14000		amb surg adjacent tissue transfer trunk up to 10	447.79	1/1/2019
14001		amb surg adjacent tissue transfer 10-30 sq cm	583.10	1/1/2019
14020		amb surg adjacent tissue transfer up to 10 sq cm	504.37	1/1/2019
14021		amb surg adjacent tissue transfer 10-30 sq cm	640.19	1/1/2019
14040		amb surg adjacent tissue transf 10 sq cm cheek etc	561.52	1/1/2019
14041		amb surg adjacent tissue transf defect 10-30 sq cm	698.89	1/1/2019
14060		amb surg adjacent tissue transf up to 10 sq cm	571.96	1/1/2019
14061		amb surg adjacent tissue trans 10-30 sq cm eyelids	748.52	1/1/2019
14350		amb surg fulleted finger/toe flap inc prep recipie	563.72	1/1/2019
15002		surgical preparation or creation of recipient site by excision of open wounds,	244.04	1/1/2019
15003		surgical preparation or creation of recipient site by excision of open wounds,	53.07	1/1/2019
15004		surgical preparation or creation of recipient site by excision of open wounds,	296.38	1/1/2019
15005		surgical preparation or creation of recipient site by excision of open wounds,	89.71	1/1/2019
15050		amb surg pinch graft single or mult cover sm ulcer	392.13	1/1/2019
15100		split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one	632.11	1/1/2019
15101		split graft, trunk, arms, legs; each additional 100 sq cm, or each additional	138.27	1/1/2019
15120		split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits,	687.40	1/1/2019
15121		split graft, face, scalp, eyelids, mouth, neck, ears, orbits, gen	195.63	1/1/2019
15200		amb surg full thickness graft up to 20 sq cm trunk	586.89	1/1/2019
15201		full thickness graft, free, including direct closure of donor site, trunk; each	107.79	1/1/2019
15220		amb surg full thickness graft up to 20 sq cm	557.51	1/1/2019
15221		skin graft procedure	100.25	1/1/2019
15240		amb surg full thickness graft up to 20 cm	670.37	1/1/2019
15241		skin graft procedure	134.64	1/1/2019
15260		amb surg full thickness graft 20 cm nose/eyelid	727.56	1/1/2019
15261		skin graft procedure	157.03	1/1/2019
15570		pedicle flap graft; trunk	645.44	1/1/2019
15572		pedicle flap graft; scalp, arms, or legs	626.67	1/1/2019
15574		pedicle flap-face,neck,axilla,genitalia,hands,feet	661.20	1/1/2019
15576		pedicle flap; eyelids, nose, ears, lips, intraoral	587.37	1/1/2019
15600		amb surg skin graft procedure at trunk	234.28	1/1/2019
15610		amb surg skin graft proceduce scalp/arms or legs	236.48	1/1/2019
15620		amb surg skin graft procedure except 15625	314.47	1/1/2019
15630		amb surg skin graft procedure eyelids/nose/ear/lip	332.63	1/1/2019
15650		amb surg transfer pedicle flap any location interm	371.59	1/1/2019
15731		forehead flap with preservation of vascular pedicle (eg, axial pattern flap,	834.43	1/1/2019
15732		muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis,	1106.58	1/1/2019
15734		muscle flap, trunk	1136.24	1/1/2019
15736		muscle flap, upper extremity	1005.92	1/1/2019
15738		muscle flap, lower extremity	1075.12	1/1/2019
15740		skin graft procedure	744.10	1/1/2019
15750		skin graft procedure	682.54	1/1/2019
15760		amb surg graft island pedicle flap inc prim clousr	617.99	1/1/2019
15770		skin graft procedure	488.21	1/1/2019
15780		abrasion treatment of skin	606.49	1/1/2019
15781		abrasion skin removal tattoos less total face	387.94	1/1/2019
15782		abrasion skin removal tattoos regional not face	408.87	1/1/2019
15783		superficial dermabrasion	352.82	1/1/2019
15786		abrasion single lesion eg keratosis scar	172.81	1/1/2019
15787		abrasion; each additional four lesions or less (list separately in addition to	35.31	1/1/2019
15788		chemical peel, facial;	304.41	1/1/2019
15789		chemical peel, facial;	411.14	1/1/2019
15792		chemical peel, nonfacial;	299.08	1/1/2019
15793		chemical peel, nonfacial;	341.48	1/1/2019
15819		cervicoplasty	550.06	1/1/2019
15820		amb surg blepharoplasty lower eyelids	390.16	1/1/2019
15821		amb surg blepharoplasty with exten herniate pads	415.27	1/1/2019
15822		blepharoplasty, upper eyelid	305.12	1/1/2019
15823		blepharoplasty, upper eyelid; w/excessive skin weighting lid	483.98	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
15830		excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen	877.01	1/1/2019
15832		removal of skin furrows	665.76	1/1/2019
15833		removal of skin furrows	627.58	1/1/2019
15834		removal of skin furrows	625.39	1/1/2019
15835		removal of skin furrows	661.43	1/1/2019
15836		removal of skin furrows	550.94	1/1/2019
15837		removal of skin furrows	567.55	1/1/2019
15838		excision excess skin submental fat pad	429.50	1/1/2019
15839		excision excessive skin and subq tissue other area	627.67	1/1/2019
15840		amb surg graft facial nerve paralysis	758.28	1/1/2019
15841		facial nerve paralysis free muscle graft	1270.48	1/1/2019
15842		graft for facial nerve paralysis; free muscle flap by microsurgical technique	2007.18	1/1/2019
15845		skin and muscle repair, face	711.33	1/1/2019
15850		removal of sutures under anesthesia (other than local), same surgeon	66.55	1/1/2019
15851		removal of sutures under anesthesia (other than local), other surgeon	68.09	1/1/2019
15852		dressing change (for other than burns) under anesthesia (other than local)	36.96	1/1/2019
15860		intravenous injection of agent (eg, fluorescein) to test vascular flow in flap	86.91	1/1/2019
15920		amb surg coccygectomy primary suture	436.47	1/1/2019
15922		removal of tail bone	554.41	1/1/2019
15931		excision sacral decubitus ulcer primary suture	498.22	1/1/2019
15933		exc sacral decubitus ulcer with ostectomy/primary	612.37	1/1/2019
15934		excision sacral decubitus ulcer w skin flap clousr	683.67	1/1/2019
15935		exc sacral pressure ulcer local skin flap.	812.82	1/1/2019
15936		exc sacral pressure ulcer other flap closure.	662.78	1/1/2019
15937		exc sacral pressure ulcer with ostectomy.	774.53	1/1/2019
15940		removal of pressure sore.	512.15	1/1/2019
15941		excision sacral decubitus ulcer with ostectomy	663.93	1/1/2019
15944		exc ischial pressure ulcer local skin flap closure	654.28	1/1/2019
15945		exc ischial pressure ulcer with ostectomy	726.74	1/1/2019
15946		exc ischial pressure ulcer w muscle flap/ostectomy	1217.17	1/1/2019
15950		removal of pressure sore	423.50	1/1/2019
15951		excision trochanteric decuditus ulcer w ostectomy	604.12	1/1/2019
15952		removal of pressure sore	635.40	1/1/2019
15953		removal of pressure sore	707.45	1/1/2019
15956		exc trochanteric pressure ulcer myocutaneous flap	852.45	1/1/2019
15958		exc trochanteric ulcer myocutan flap w ostectomy	869.30	1/1/2019
16000		initial treatment, first degree burn, when no more than local	50.96	1/1/2019
16020		dressings and/or debridement of partial-thickness burns, initial or subsequent;	59.40	1/1/2019
16025		dressings and/or debridement of partial-thickness burns, initial or subsequent;	108.45	1/1/2019
16030		dressings and/or debridement of partial-thickness burns, initial or subsequent;	129.58	1/1/2019
16035		escharotomy; initial incision	164.93	1/1/2019
16036		escharotomy; each additional incision (list separately in addition to code for	65.72	1/1/2019
17000		destruction any method premalignant lesions one le	57.13	1/1/2019
17003		destruction by any method, including laser, with or without surgi	5.55	1/1/2019
17004		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	128.72	1/1/2019
17106		destruction of vascular proliferative lesions	253.01	1/1/2019
17107		destruction vascular proliferation lesion 10sq les	335.17	1/1/2019
17108		destruction vascular lesions over 50.0 sq cm	428.77	1/1/2019
17110		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	78.99	1/1/2019
17111		destruction by any method of flat warts, molluscum contagiosum	94.04	1/1/2019
17250		chemical cauterization of wound	53.69	1/1/2019
17260		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	69.30	1/1/2019
17261		destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	102.98	1/1/2019
17262		destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	125.77	1/1/2019
17263		destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	138.87	1/1/2019
17264		destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	148.64	1/1/2019
17266		destruct.malig. lesion-trunk,arms,legs; over 4. cm	169.10	1/1/2019
17270		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	107.09	1/1/2019
17271		destruction malignant lesion scalp,neck-0.6-1.0 cm	118.35	1/1/2019
17272		destruction malignant lesion scalp,neck 1.1-2.0 cm	135.64	1/1/2019
17273		destruction malignant lesion scalp,neck 2.1-3.0 cm	151.50	1/1/2019
17274		destruction malignant lesion scalp,neck-3.1-4.0 cm	179.69	1/1/2019
17276		destruction malignant lesion scalp,neck over 4. cm	208.54	1/1/2019
17280		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	100.39	1/1/2019
17281		destruction malignant lesion face 0.6-1.0 cm	128.60	1/1/2019
17282		destruction malignant lesion face 1.1-2.0 cm	149.16	1/1/2019
17283		destruction, malignant lesion, any method, face, ears, eyelids,	180.58	1/1/2019
17284		destruction malignant lesion face 3.1-4.0 cm	210.28	1/1/2019
17286		destruction malignant lesion face over 4.0 cm	266.74	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
17311		mohs micrographic technique, including removal of all gross tumor, surgical	505.21	1/1/2019
17312		mohs micrographic technique, including removal of all gross tumor, surgical	301.87	1/1/2019
17313		mohs micrographic technique, including removal of all gross tumor, surgical	460.92	1/1/2019
17314		mohs micrographic technique, including removal of all gross tumor, surgical	279.77	1/1/2019
17315		mohs micrographic technique, including removal of all gross tumor, surgical	60.60	1/1/2019
17340		cryotherapy (co2 slush, liquid n2) for acne	36.51	1/1/2019
17360		acne therapy	96.84	1/1/2019
19000		puncture aspiration of cyst of breast;	83.44	1/1/2019
19001		puncture aspiration of cyst of breast; each additional cyst (list separately in	21.39	1/1/2019
19020		incision of breast lesion	313.27	1/1/2019
19030		injection procedure only for mammary ductogram or galactogram	128.51	1/1/2019
19100		biopsy of breast; percutaneous, needle core, not using imaging guidance	102.47	1/1/2019
19101		biopsy of breast; open, incisional	234.10	1/1/2019
19110		nipple exploration w/wo excision.	325.72	1/1/2019
19112		excision of lactiferous duct fistula.	304.00	1/1/2019
19120		excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant	339.86	1/1/2019
19125		excision of breast lesion identified by preoperative placement of radiological	376.46	1/1/2019
19126		excision of breast lesion identified by preoperative placement of radiological	123.39	1/1/2019
19296		placement of radiotherapy afterloading balloon catheter into the breast for	2845.50	1/1/2019
19297		placement of radiotherapy afterloading balloon catheter into the breast for	71.70	1/1/2019
19298		placement of radiotherapy afterloading brachytherapy catheters (multiple tube	977.18	1/1/2019
19300		mastectomy for gynecomastia	360.64	1/1/2019
19301		mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy	455.18	1/1/2019
19302		mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy	651.50	1/1/2019
19303		mastectomy, simple, complete	704.29	1/1/2019
19305		mastectomy, radical, including pectoral muscles, axillary lymph nodes	812.17	1/1/2019
19306		mastectomy, radical, including pectoral muscles, axillary and internal mammary	850.90	1/1/2019
19307		mastectomy, modified radical, including axillary lymph nodes, with or without	855.87	1/1/2019
19316		mastopexy	580.41	1/1/2019
19318		reduction mammoplasty	854.51	1/1/2019
19324		mammoplasty augmentation w/o prosthetic implant	354.03	1/1/2019
19325		mammoplasty augmentation with prosthetic implant	479.99	1/1/2019
19328		removal intact mammary implant.	361.92	1/1/2019
19330		removal of implant material.	465.89	1/1/2019
19340		immediate insertion of breast prosthesis following mastectomy or	304.24	1/1/2019
19342		delayed insertion breast prosthesis following mastectomy or in re	685.17	1/1/2019
19350		nipple/areola reconstruction	621.39	1/1/2019
19355		correction of inverted nipples	517.39	1/1/2019
19357		breast reconstruction immediate or delayed,with tissue expander	1150.56	1/1/2019
19361		breast reconstruction with latissimus dorsi flap with or w/o imp	1237.77	1/1/2019
19364		breast reconstruction with free flap.	2119.10	1/1/2019
19366		breast reconstruction with other technique.	1047.14	1/1/2019
19367		breast reconstruction with tram single pedicle, including closure	1369.23	1/1/2019
19368		breast reconstruction tram single pedicle, including closure of donor	1698.52	1/1/2019
19369		breast reconstruction tram double pedicle, including closure of donor	1548.67	1/1/2019
19370		open periprosthetic capsulotomy breast.	504.81	1/1/2019
19371		periprosthetic capsulectomy breast.	582.45	1/1/2019
19380		revision of reconstructed breast.	569.75	1/1/2019
20200		amb surg biopsy muscle superficial	138.90	1/1/2019
20205		muscle biopsy	190.25	1/1/2019
20206		biopsy, muscle, percutaneous needle	191.45	1/1/2019
20220		bone biopsy	132.90	1/1/2019
20225		biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	497.58	1/1/2019
20240		bone biopsy	173.19	1/1/2019
20245		bone biopsy	472.67	1/1/2019
20250		bone biopsy	284.30	1/1/2019
20251		bone biopsy	315.22	1/1/2019
20500		injection of sinus tract;	86.91	1/1/2019
20501		injection of sinus tract diagnostic sinogram	96.88	1/1/2019
20520		removal of foreign body	139.18	1/1/2019
20525		removal of foreign body	337.85	1/1/2019
20526		injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	56.68	1/1/2019
20550		injection; tendon sheath, ligament, ganglion cyst	43.91	1/1/2019
20551		injection(s); single tendon origin/insertion	43.43	1/1/2019
20553		injection; single or multiple trigger point(s), three or more muscle groups	44.07	1/1/2019
20600		arthrocentesis, aspiration and/or injection;	41.20	1/1/2019
20605		arthrocentesis, aspiration and/or injection;	44.13	1/1/2019
20610		drainage of joint or bursa	56.80	1/1/2019
20612		aspiration and/or injection of ganglion cyst(s) any location	43.99	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
20615		aspiration and injection for treatment of bone cyst	160.17	1/1/2019
20650		insertion of wire or pin with application of skeletal traction,	146.08	1/1/2019
20660		application of tongs or caliper including removal	192.91	1/1/2019
20661		fixation procedure	345.75	1/1/2019
20662		application of halo, including removal;	359.40	1/1/2019
20663		application of halo, including removal;	332.54	1/1/2019
20664		application of halo, including removal, cranial, 6 or more pins placed, for	569.00	1/1/2019
20665		removal of tongs or halo applied by another physician	90.51	1/1/2019
20670		removal of implant superficial eg buried wire pin	283.64	1/1/2019
20680		removal of buried support	433.54	1/1/2019
20690		application external fixation, uniplane	411.16	1/1/2019
20692		application of multiplane unilateral external fixation system	768.81	1/1/2019
20693		adjustment or revision external fixation req anest	344.82	1/1/2019
20694		removal under anesthesia, of external fixation system	311.69	1/1/2019
20802		replantation of arm	1890.19	1/1/2019
20805		replantation forearm, complete amputation	2315.10	1/1/2019
20808		reimplantation of hand	3126.24	1/1/2019
20816		reimplantation of digit	1724.94	1/1/2019
20822		replantation digit excl thumb, complete amputation	1462.36	1/1/2019
20824		replantation thumb, complete amputation	1718.36	1/1/2019
20827		replantation thumb, complete amputation	1519.47	1/1/2019
20838		replantation foot complete	1908.09	1/1/2019
20900		bone graft, any donor area;	308.53	1/1/2019
20902		bone graft, any donor area; major or large	276.66	1/1/2019
20910		cartilage graft; costochondral	323.75	1/1/2019
20912		cartilage graft;	363.79	1/1/2019
20920		fascia lata graft;	306.63	1/1/2019
20922		removal of tissue for graft	451.49	1/1/2019
20924		removal of tendon for graft.	379.47	1/1/2019
20950		monitor interstitial pressure	178.21	1/1/2019
20955		fibula graft w/microvascular anastomosis	1957.55	1/1/2019
20962		rib graft w/microvascular anastomosis	1999.92	1/1/2019
20969		free osteocutaneous flap w microvascular anastomos	2169.08	1/1/2019
20970		osteocutaneous graft w/microvascular anastomosis	2179.12	1/1/2019
20972		osteocutaneous flap microvascular anastomo metarsa	1994.35	1/1/2019
20973		free osteocutaneous flap great toe web space	2093.80	1/1/2019
20974		bio-ostegen system	48.33	1/1/2019
20979		low intensity ultrasound stimulation to aid bone healing, non-invasive(non-op)	39.86	1/1/2019
20982		ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency,	2736.23	1/1/2019
21010		arthrotomy, temporomandibular joint	550.13	1/1/2019
21015		radical resection of tumor soft face or scalp	319.65	1/1/2019
21025		excision of bone, mandible	654.26	1/1/2019
21026		removal of elongated styloid process (facial bone)	430.90	1/1/2019
21029		removal by contouring benign tumor facial bone	551.27	1/1/2019
21030		excision benign tumor of cyst of facial bone other	360.78	1/1/2019
21031		excision of torus mandibularis	276.97	1/1/2019
21032		excision of maxillary torus palatinus	280.57	1/1/2019
21034		excision of malignant tumor of facial bone other than mandible	990.73	1/1/2019
21040		amb surg excision benign cyst/tumor mandible simp	363.66	1/1/2019
21044		excision of malignant tumor of mandible;	662.77	1/1/2019
21045		exc malignancy mandible radical	924.99	1/1/2019
21046		excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy	814.98	1/1/2019
21047		excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy	989.76	1/1/2019
21048		excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy	826.20	1/1/2019
21049		excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and	956.86	1/1/2019
21050		arthrectomy temporomandibular joint unilateral	649.59	1/1/2019
21060		meniscectomy temporomandibular joint unilateral	593.86	1/1/2019
21070		coronoidectomy	482.22	1/1/2019
21100		application of halo type appliance for maxillofacial fixation,	514.31	1/1/2019
21110		application of interdental fixation device/other than fracture	543.19	1/1/2019
21116		injection procedure for temporomandibular joint arthrography	108.93	1/1/2019
21120		genioplasty; augmentation	451.53	1/1/2019
21121		genioplasty; augmentation sliding osteotomy single	565.90	1/1/2019
21122		genioplasty; augmentation 2 or more osteotomies	535.86	1/1/2019
21123		genioplasty; augmentation sliding interpositional	642.85	1/1/2019
21125		augmentation mandibular body or angle prosthetic	2184.06	1/1/2019
21127		augmentation mandibular body angle w/ bone graft	2599.29	1/1/2019
21137		reduction forehead; contouring only	542.37	1/1/2019
21138		reduction forehead contouring & application graft	677.52	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
21139		reduction forehead contouring, setback sinus wall	760.74	1/1/2019
21145		reconstruction midface single requiring bone graft	1173.55	1/1/2019
21146		reconstruction midface 2 pieces requiring bone graft	1252.41	1/1/2019
21147		reconstruct midface 3 or more pieces with bone graft	1289.71	1/1/2019
21150		reconstruction midface anterior intrusion	1280.40	1/1/2019
21151		reconstruct midface any direction req bone graft	1545.94	1/1/2019
21154		reconstruct midface any type requiring bone graft	1563.32	1/1/2019
21155		reconstruct midface any type w graft, w lefort i	1774.05	1/1/2019
21159		reconstruct midface, lefort iii, w bone grafts	2146.32	1/1/2019
21160		reconstruct midface, lefort iii w lefort i, graft	2210.23	1/1/2019
21172		reconstruct orbital rim/forehead w/wo grafts	1358.59	1/1/2019
21175		reconstruct bifrontal orbital rims/forehead, graft	1640.42	1/1/2019
21179		reconstruct forehead/orbital rims with grafts	1123.44	1/1/2019
21180		reconstruct forehead/orbital rims with autograft	1280.73	1/1/2019
21181		removal by contouring of benign tumor cranial bone	534.72	1/1/2019
21182		reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	1558.78	1/1/2019
21183		reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	1743.30	1/1/2019
21184		reconstruction of orbital walls, rims, forehead, nasoethmoid complex following	1864.62	1/1/2019
21188		reconstr. midface, osteotomies, w bone grafts	1232.60	1/1/2019
21193		reconstruct mandibular ramus, osteotomy, w/o graft	942.74	1/1/2019
21194		reconstr. mandibular ramus, osteotomy w bone graft	1076.58	1/1/2019
21195		reconstruction mandibular ramus w/o internal rigid fixation	1010.15	1/1/2019
21196		reconstr. mandibular ramus w inter. rigid fixation	1100.92	1/1/2019
21198		osteotomy, mandible, segmental	865.01	1/1/2019
21199		osteotomy, mandible, segmental; with genioglossus advancement	785.93	1/1/2019
21206		osteotomy, maxilla, segmental	852.17	1/1/2019
21208		augmentation osteoplasty of facial bones	1249.72	1/1/2019
21209		reduction osteoplasty of facial bones	596.77	1/1/2019
21210		bone graft	1492.40	1/1/2019
21215		bone graft	2527.54	1/1/2019
21230		cartilage graft	578.87	1/1/2019
21235		cartilage graft	530.70	1/1/2019
21240		arthroplasty, temporomandibular joint w/wo graft	836.99	1/1/2019
21242		arthroplasty temporomandibular joint w alloplastic	766.54	1/1/2019
21243		arthroplasty, temporomandibular joint	1259.29	1/1/2019
21244		reconstruction of mandible	781.86	1/1/2019
21247		reconst. mandibular condyle w bone/cartilage graft	1225.65	1/1/2019
21255		reconst. zygomatic arch, glenoid fossa w bone/cart	1080.93	1/1/2019
21256		reconst. orbit w osteotomies and bone grafts	885.15	1/1/2019
21260		orbital hypertelorism correction osteotomies	995.40	1/1/2019
21261		orbital hypertelorism comb with intra and extracra	1707.11	1/1/2019
21263		orbital hypertelorism with forehead advancement	1536.47	1/1/2019
21267		orbital repositioning	1161.72	1/1/2019
21268		orbital repositioning intra and external approach	1445.23	1/1/2019
21270		malar augmentation, bone or alloplastic material	671.90	1/1/2019
21275		secondary rev orbitocraniofacial reconstruction	608.52	1/1/2019
21280		medial canthoplasty	391.64	1/1/2019
21282		lateral canthopexy	258.17	1/1/2019
21295		reduction masseter muscle extraoral approach	128.84	1/1/2019
21296		reduction masseter muscle intraoral approach	313.55	1/1/2019
21310		treatment of closed or open nasal fracture manipul	76.76	1/1/2019
21315		treatment of nose fracture	188.34	1/1/2019
21320		manipulation instrumetal complicated nasal fracture	181.54	1/1/2019
21325		amb surg open reduct nasal fracture complicated	343.28	1/1/2019
21330		amb surg open reduct nasal frac complic int/extern	422.36	1/1/2019
21335		repair of nose fracture	548.26	1/1/2019
21336		open tx nasal septal fx, w/wo stabilization	471.81	1/1/2019
21337		treatment closed septal fracture	283.11	1/1/2019
21338		open treatment nasoethmoid fracture w/o external fixation	539.33	1/1/2019
21339		open treatment nasoethmoid fracture w external fix	602.44	1/1/2019
21340		tr closed/open nasoeth com fr w splint wire headca	605.86	1/1/2019
21343		open treatment of depressed frontal sinus	857.20	1/1/2019
21344		open tx of frontal sinus fracture	1130.98	1/1/2019
21345		tr nasomax comp fr with interdental wire fix or fi	590.94	1/1/2019
21346		op tr nasomax com fr w wiring a/o local fixation	709.35	1/1/2019
21347		op tr nasomac com fr w wir a/o lo fi w mul aproach	822.89	1/1/2019
21348		open tx nasomaxillary fx with bone grafting	878.33	1/1/2019
21355		repair cheek bone fracture	319.36	1/1/2019
21356		open tx depressed zygomatic arch fracture	357.53	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
21360		open treatment of closed or open depressed fx inc	395.62	1/1/2019
21365		repair cheek bone fracture	832.20	1/1/2019
21366		open tx malar area fx inc zygomatic arch w/graft	925.19	1/1/2019
21385		repair eye socket fracture	533.91	1/1/2019
21386		open tx orbital floor fx; periorbital approach.	499.30	1/1/2019
21387		open treatment of orbital floor	557.24	1/1/2019
21390		repair eye socket fracture	577.81	1/1/2019
21395		open tx orbital floor fx; periorbital approach.	730.04	1/1/2019
21400		tx of fx of orbit, wo manipulation.	128.05	1/1/2019
21401		closed treatment of fracture of orbit, except "blowout";	340.90	1/1/2019
21406		open tx of fx of orbit,wo implant.	403.87	1/1/2019
21407		open treatment of fracture orbit, except blowout; with implant	478.67	1/1/2019
21408		open tx of fx orbit except "blowout" w/bone graft	659.14	1/1/2019
21421		tx pal/alv ri fx,closed manipulation w wire fix.	527.24	1/1/2019
21422		tx pal/alv ri fx,open tx w wire fixation.	500.04	1/1/2019
21423		open tx of palatal or maxillary fx, mult approach	594.96	1/1/2019
21431		repair upper jaw fracture	543.29	1/1/2019
21432		open rx craniofacial separation	498.82	1/1/2019
21433		dp tr cranioe sep w w/loc fix complicated	1287.79	1/1/2019
21435		open tx craniofacial separation (leforte iii type);complicated	1014.55	1/1/2019
21436		open tx craniofacial separation w/bone graft	1493.91	1/1/2019
21440		repair dental ridge fx.	381.46	1/1/2019
21445		repair dental ridge fracture.	544.36	1/1/2019
21450		treat lower jaw fracture	397.54	1/1/2019
21451		treatment closed or open mandibular fracture with	526.48	1/1/2019
21452		treatment of open mandibular fracture without mani	428.60	1/1/2019
21453		rx open mandibular fracture with manipulation	609.59	1/1/2019
21454		open rx closed/open mandibular fx w external fix.	411.95	1/1/2019
21461		open tx closed/open mand fx wo interdental fix.	1370.45	1/1/2019
21462		open tx closed/open mand fx w interdental fixation	1483.12	1/1/2019
21465		open treatment mandibular condylar fracture	684.76	1/1/2019
21470		repair lower jaw fracture	894.31	1/1/2019
21480		reset dislocated jaw	65.48	1/1/2019
21485		complicated manipulative treatment of temporomandi	470.13	1/1/2019
21490		reset dislocated jaw	693.66	1/1/2019
21495		repair hyoid bone fracture	499.71	1/1/2019
21497		interdental wiring for condition other than fracture	474.54	1/1/2019
21501		incision/drainage deep abscess or hematoma	316.63	1/1/2019
21502		drainage of rib abscess	392.16	1/1/2019
21510		inc deep opening of bone cortex osteomyelitis bone	345.80	1/1/2019
21550		excisional biopsy soft tissue	185.69	1/1/2019
21555		excision benign tumor subcutaneous	313.52	1/1/2019
21556		excision deep subfacial intramuscular	308.95	1/1/2019
21557		radical resection of soft tissue tumor	439.04	1/1/2019
21600		excision of rib partial	412.93	1/1/2019
21610		partial removal of rib	806.94	1/1/2019
21615		excision first and/or cervical rib;	510.19	1/1/2019
21616		exc first a/o cerv rib f outlet comp synd oth caus	650.32	1/1/2019
21620		partial removal sternum	393.17	1/1/2019
21627		sternal debridement	412.47	1/1/2019
21630		radical resection of sternum;	964.35	1/1/2019
21632		radical resection of sternum w mediastinal lymphad	955.08	1/1/2019
21685		hyoid myotomy and suspension	752.29	1/1/2019
21700		revision of neck muscle	319.40	1/1/2019
21705		revision of neck muscle	491.66	1/1/2019
21720		division sternocleidomastoid for torticollis,open	307.95	1/1/2019
21725		division sternocleidomastoid open op w cast applic	399.31	1/1/2019
21740		reconstructive repair of pectus excavatum or carin	832.39	1/1/2019
21750		closure of median sternotomy separation with or without debridement (separate	551.66	1/1/2019
21805		tx of rib fx open, each	190.56	1/1/2019
21820		tx sternum fx; closed	94.77	1/1/2019
21825		treatment of sternum fracture open	426.30	1/1/2019
21920		biopsy, soft tissue of back or flank;	185.29	1/1/2019
21925		biopsy, soft tissue of back or flank;	307.14	1/1/2019
21930		excision tumor, soft tissue of back	342.71	1/1/2019
21935		radical rection of tumor, soft tissue of back.	882.25	1/1/2019
22100		removal part vertebra; cervical	610.64	1/1/2019
22101		removal part of vertebra; thoracic.	609.16	1/1/2019
22102		removal part of vertebra; lumbar.	606.84	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
22110		partial excision of vertebral body, for intrinsic bony lesion, without	759.31	1/1/2019
22112		removal part of vertebra	735.99	1/1/2019
22114		removal part of vertebra	754.60	1/1/2019
22210		osteotomy of spine, posterior or posterolateral approach, one vertebral	1329.86	1/1/2019
22212		posterior approach osteotomy spine, thoracic	1099.76	1/1/2019
22214		posterior approach osteotomy spine, lumbar	1106.37	1/1/2019
22220		osteotomy of spine, including diskectomy, anterior approach, single vertebral	1197.53	1/1/2019
22222		anterior approach osteotomy spine, thoracic	1095.75	1/1/2019
22224		anterior approach osteotomy spine, lumbar	1185.77	1/1/2019
22305		closed treatment of vertebral process fracture(s)	136.02	1/1/2019
22310		closed treatment of vertebral body fracture(s), without manipulation, requiring	211.17	1/1/2019
22315		closed tx vertebral fx,w/wo anes by manipulation.	628.11	1/1/2019
22318		open treatment and/or reduction of odontoid fracture (cervical) and/or	1196.05	1/1/2019
22319		open treatment and/or reduction of odontoid fracture (cervical) and/or	1315.04	1/1/2019
22325		open tx vertebral fx and/or dislocation; lumbar.	1047.23	1/1/2019
22326		open tx vertebral fx and/or dislocation; cervical.	1091.92	1/1/2019
22327		open tx vertebral fx and/or dislocation; thoracic	1083.52	1/1/2019
22505		manipulation of spine requiring anesthesia, any region	93.11	1/1/2019
22532		arthrodesis, lateral extracavitary technique, including minimal diskectomy	1306.34	1/1/2019
22533		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	1231.27	1/1/2019
22534		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	286.46	1/1/2019
22548		arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2	1389.94	1/1/2019
22554		arthrodesis, anterior interbody technique, including minimal diskectomy to	959.80	1/1/2019
22556		arthrodesis, anterior interbody technique, including minimal diskectomy to	1245.88	1/1/2019
22558		arthrodesis, anterior interbody technique, including minimal diskectomy to	1146.36	1/1/2019
22585		arthrodesis, anterior interbody technique, including minimal diskectomy to	264.60	1/1/2019
22590		arthrodesis, posterior technique, craniocervical (occiput-c2)	1153.39	1/1/2019
22595		arthrodesis, posterior technique, atlas-axis (c1-c2)	1095.09	1/1/2019
22600		arthrodesis, posterior or posterolateral technique, single level; cervical	938.24	1/1/2019
22610		arthrodesis, posterior or posterolateral technique, single level; thoracic	926.22	1/1/2019
22612		arthrodesis, posterior or posterolateral technique, single level; lumbar (with	1201.51	1/1/2019
22630		arthrodesis, posterior interbody technique, including laminectomy and/or	1154.42	1/1/2019
22800		arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	1019.88	1/1/2019
22802		arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12	1623.94	1/1/2019
22810		arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7	1542.65	1/1/2019
22812		arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more	1687.77	1/1/2019
22818		kyphectomy, circumferential exposure of spine and resection of vertebral	1701.22	1/1/2019
22819		kyphectomy, circumferential exposure of spine and resection of vertebral	1959.58	1/1/2019
22830		exploration of spinal fusion	607.36	1/1/2019
22840		posterior non-segmental instrumentation (eg, harrington rod technique), pedicle	602.70	1/1/2019
22842		posterior segmental instrumentation (eg, pedicle fixation, dual rods with	604.03	1/1/2019
22845		anterior instrumentation; 2 to 3 vertebral segments	576.49	1/1/2019
22849		reinsertion of spinal fixation device	986.95	1/1/2019
22850		harrington rod removal	537.16	1/1/2019
22852		removal of segmental instrumentation	513.53	1/1/2019
22855		dwyer instrument removal	834.99	1/1/2019
22865		removal of total disc arthroplasty (artificial disc), anterior approach,	1611.60	1/1/2019
22900		excision abdominal wall tumor subfascial	307.99	1/1/2019
23000		removal of subdeltoid calcareous deposits, open	383.96	1/1/2019
23020		release shoulder joint	517.54	1/1/2019
23030		incision and drainage deep abscess or hematoma	306.28	1/1/2019
23031		incision and drainage infected bursa	278.87	1/1/2019
23035		incision deep with opening of cortex for osteomyel	513.10	1/1/2019
23040		incision of shoulder joint	538.97	1/1/2019
23044		incision, collarbone joint	427.04	1/1/2019
23065		biopsy,soft tissue shoulder; superficial	156.37	1/1/2019
23066		biopsy soft tissues deep	365.22	1/1/2019
23075		excision tumor shoulder; subcutaneous.	187.71	1/1/2019
23076		excision, tumor, shoulder area;	421.21	1/1/2019
23077		radical resection of tumor; soft tissue shoulder.	897.53	1/1/2019
23100		incision shoulder joint	362.73	1/1/2019
23101		incision of shoulder joint	333.53	1/1/2019
23105		arthrotomy for synovectomy; glenohumeral jnt.	476.20	1/1/2019
23106		arthrotomy for synovectomy, sternoclavicular jnt	354.07	1/1/2019
23107		arthrotomy.glenohumeral jnt,w exploration.	494.93	1/1/2019
23120		amb surg claviclectomy partial	427.41	1/1/2019
23125		claviclectomy; total	526.99	1/1/2019
23130		acromionectomy partial or total	449.62	1/1/2019
23140		removal bone lesion	383.84	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
23145		excision of bone cyst clavice, scapula	517.23	1/1/2019
23146		excision of bone lesion of scapula with allograft.	449.08	1/1/2019
23150		removal bone lesion	489.36	1/1/2019
23155		removal bone cyst; humerus w autograft.	593.26	1/1/2019
23156		removal bone cyst; humerus, w allograft.	503.77	1/1/2019
23170		sequestrectomy for osteomyelitis bone abcess clavi	395.80	1/1/2019
23172		sequestrectomy for osteomyelitis of bone abcess sc	405.68	1/1/2019
23174		sequestrec for ostemyelitis or bone abcess humer	563.08	1/1/2019
23180		partial excision of bone for osteomyelitis clavicl	512.08	1/1/2019
23182		removal bone lesion	493.93	1/1/2019
23184		removal bone lesion	558.04	1/1/2019
23190		partial removal of shoulder	415.56	1/1/2019
23195		removal of head of humerus	564.49	1/1/2019
23200		removal of collarbone	667.35	1/1/2019
23210		removal of shoulderblade	697.91	1/1/2019
23220		radical resection of bone tumor, proximal humerus;	808.76	1/1/2019
23330		removal foreign body, subcutaneous, shoulder.	161.69	1/1/2019
23350		injection procedure for shoulder arthrography or enhanced ct/mri shoulder	116.30	1/1/2019
23395		muscle transfer any type for paralysis of shoulder	973.04	1/1/2019
23397		muscle transfers, multiple	872.03	1/1/2019
23400		scapulopexy	738.33	1/1/2019
23405		tenomyotomy single	473.78	1/1/2019
23406		tenomyotomy multiple thru same incision	593.04	1/1/2019
23410		repair of ruptured supraspinatus tendon, acute	628.67	1/1/2019
23412		repair of ruptured supraspinatu tendon; chronic.	657.13	1/1/2019
23415		release of shoulder ligament.	522.83	1/1/2019
23420		repair of shoulder injury	736.68	1/1/2019
23430		repair ruptured tendon.	557.43	1/1/2019
23440		removal/transplant tendon	575.33	1/1/2019
23450		capsulorrhaphy repair shoulder.	722.70	1/1/2019
23455		repair shoulder capsule	771.02	1/1/2019
23460		repair shoulder capsule.	834.42	1/1/2019
23462		repair shoulder capsule.	819.00	1/1/2019
23465		repair shoulder capsule.	854.24	1/1/2019
23466		capsulorrhaphy for recurrent dislocation.	841.11	1/1/2019
23470		arthroplasty, glenohumeral joint; hemiarthroplasty	929.80	1/1/2019
23472		arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	1152.41	1/1/2019
23480		amb surg osteotomy clavicle w/wo internal fixation	620.45	1/1/2019
23485		osteotomy clavicle, with bone graft.	733.78	1/1/2019
23490		prophylactic tx of clavicale.	633.75	1/1/2019
23491		prophylactic tx proximal humeros/humeral head.	772.38	1/1/2019
23500		treatment clavicle fracture	149.92	1/1/2019
23505		treatment clavicle fracture	247.78	1/1/2019
23515		repair clavicle fracture	526.06	1/1/2019
23520		treatment of clavicle dislocation.	155.52	1/1/2019
23525		treatment clavicle dislocation w manipulation	242.35	1/1/2019
23530		open tx clavicle dislocation.	403.20	1/1/2019
23532		open tx of closed/open sternoclav dislocation.	463.22	1/1/2019
23540		tx closed clavicle dislocation.	153.83	1/1/2019
23545		tx closed clavicle dislocation w manipulation.	222.34	1/1/2019
23550		open repair clavicle dislocation.	427.23	1/1/2019
23552		open repair clavicle dislocation	492.21	1/1/2019
23570		tx of closed scapular fx.	160.41	1/1/2019
23575		repair scapula fx w manipulation.	274.52	1/1/2019
23585		repair scapula fracture	716.02	1/1/2019
23600		tx humerus fracture	223.87	1/1/2019
23605		repair humerus fracture	332.14	1/1/2019
23615		repair humerus fx w/wo tuberosity	654.21	1/1/2019
23616		open tx proximal humeral fx prosthetic replace	978.31	1/1/2019
23620		tx humerus fracture.	184.40	1/1/2019
23625		repair humerus fracture	269.17	1/1/2019
23630		repair humerus fracture	561.62	1/1/2019
23650		repair shoulder dislocation.	209.81	1/1/2019
23655		repair shoulder dislocation	279.44	1/1/2019
23660		repair shoulder dislocation	433.09	1/1/2019
23665		repair dislocation/fracture	299.80	1/1/2019
23670		repair dislocation/fracture	631.76	1/1/2019
23675		repair dislocation/fracture	392.22	1/1/2019
23680		repair dislocation/fracture	684.10	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
23700		fixation of shoulder	145.57	1/1/2019
23800		fusion of shoulder jnt	777.29	1/1/2019
23802		fusion of shoulder joint	944.85	1/1/2019
23900		amputation of arm	1011.29	1/1/2019
23920		amputation of arm	817.73	1/1/2019
23921		disarticulation of shoulder;	295.60	1/1/2019
23930		incision and drainage deep abscess or hematoma	254.52	1/1/2019
23931		incision and drainage infected bursa.	197.52	1/1/2019
23935		incision deep w/opening of cortex for osteomyeliti	368.82	1/1/2019
24000		incision of elbow joint	350.72	1/1/2019
24006		arthrotomy elbow w/capsular release	532.35	1/1/2019
24065		biopsy soft tissues superficial.	181.61	1/1/2019
24066		biopsy soft tissues, deep.	422.66	1/1/2019
24075		excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	341.91	1/1/2019
24076		excision benign tumor deep subfascial or intramusc	353.22	1/1/2019
24077		radical resection soft tissue tumor, arm/elbow.	613.59	1/1/2019
24100		arthrotomy elbow with synovial biopsy only	298.98	1/1/2019
24101		exploration of elbow joint	368.53	1/1/2019
24102		exploration elbow joint.	458.64	1/1/2019
24105		amb surg excision olecranon bursa	246.18	1/1/2019
24110		removal of bone lesion	433.26	1/1/2019
24115		removal of bone lesion/graft	548.62	1/1/2019
24116		removal of bone lesion/graft	652.21	1/1/2019
24120		amb surg exc bone cyst/benign tumor/olecranon	387.86	1/1/2019
24125		removal of bone lesion/graft	448.68	1/1/2019
24126		removal of bone lesion/graft	476.29	1/1/2019
24130		removal of head of radius	374.20	1/1/2019
24134		sequestrectomy for osteomyelitis or bone abscess s	564.22	1/1/2019
24136		seques for osteo/bone abscess radial head or neck	446.69	1/1/2019
24138		seques for osteo/bone abscess olecranon process	491.86	1/1/2019
24140		partial removal of bone	537.01	1/1/2019
24145		partial removal of bone	449.67	1/1/2019
24147		partial removal of bone	466.49	1/1/2019
24150		removal humerus lesion.	735.67	1/1/2019
24152		removal radius lesion.	552.73	1/1/2019
24155		removal of elbow joint	640.37	1/1/2019
24160		removal prosthetic device	451.10	1/1/2019
24164		implant removal radial head	368.30	1/1/2019
24200		removal of foreign body subcutaneous	141.94	1/1/2019
24201		removal of foreign body deep	395.91	1/1/2019
24220		injection procedure for elbow arthrography	128.08	1/1/2019
24300		manipulation, elbow, under anesthesia	285.49	1/1/2019
24301		muscle or tendon transfer any type single	565.57	1/1/2019
24305		tendon lengthening, upper arm or elbow. each tendon	430.80	1/1/2019
24310		revision of arm tendon	352.35	1/1/2019
24320		repair of arm tendon	582.98	1/1/2019
24330		revision of arm muscles	537.33	1/1/2019
24331		revision of arm muscles	594.65	1/1/2019
24332		tenolysis, triceps	449.43	1/1/2019
24340		repair of ruptured tendon	457.35	1/1/2019
24342		repair of ruptured tendon	591.12	1/1/2019
24343		repair lateral collateral ligament, elbow, with local tissue	522.86	1/1/2019
24344		reconstruction lateral collateral ligament, elbow, with tendon graft (includes	818.17	1/1/2019
24345		repair medial collateral ligament, elbow, with local tissue	519.60	1/1/2019
24346		reconstruction medial collateral ligament, elbow, with tendon graft (includes	819.88	1/1/2019
24360		repair elbow joint	680.02	1/1/2019
24361		arthroplasty elbow w humeral prothetic replacement	763.08	1/1/2019
24362		repair of elbow joint	807.54	1/1/2019
24363		arthroplasty w humerus/ulnar prothetic replace.	1134.95	1/1/2019
24365		repair of head of radius	478.95	1/1/2019
24366		repair of head of radius w implant.	513.42	1/1/2019
24400		revision of humerus	620.09	1/1/2019
24410		multiple osteotomies humerus.	794.04	1/1/2019
24420		repair of humerus	744.54	1/1/2019
24430		repair nonunion humerous	792.08	1/1/2019
24435		repair/graft of humerus	802.58	1/1/2019
24470		revision of elbow joint	472.95	1/1/2019
24495		decompression of forearm	490.35	1/1/2019
24498		prophylactic tx humerus.	659.45	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
24500		treatment humerus fracture	243.69	1/1/2019
24505		treatment humerus fracture	355.49	1/1/2019
24515		repair humerus fracture	660.51	1/1/2019
24516		open tx humeral shaft fx w intramedullary implant	653.83	1/1/2019
24530		treatment humerus fx w/wo intercondylar extension	262.46	1/1/2019
24535		repair humerus fracture	445.97	1/1/2019
24538		fixation humeral fx w/wo intercondylar extension	555.91	1/1/2019
24545		repair humerus fx w/wo intercondylar extension	688.08	1/1/2019
24546		open tx humeral supra/transcondylar fx; w/wo fix.	799.54	1/1/2019
24560		treat humerus fracture	218.74	1/1/2019
24565		repair humerus fracture	366.42	1/1/2019
24566		percutaneous skeletal fixation of humeral epicondylar fracture,	519.99	1/1/2019
24575		repair humerus fracture	551.86	1/1/2019
24576		treat humerus fracture	229.97	1/1/2019
24577		repair humerus fracture	381.20	1/1/2019
24579		repair humerus fracture	628.00	1/1/2019
24582		percutaneous skeletal fixation of humeral condylar fracture,	580.18	1/1/2019
24586		repair elbow fracture	831.90	1/1/2019
24587		repair elbow fx with implant	828.40	1/1/2019
24600		treatment of closed elbow dislocation;	258.99	1/1/2019
24605		treatment of closed elbow dislocation;	335.88	1/1/2019
24615		repair elbow dislocation	537.74	1/1/2019
24620		treat elbow fracture	406.85	1/1/2019
24635		repair elbow fracture	562.12	1/1/2019
24640		treat elbow dislocation	85.11	1/1/2019
24650		treat radius fracture	177.37	1/1/2019
24655		treat radius fracture	308.11	1/1/2019
24665		repair radius fracture	482.60	1/1/2019
24666		repair radius fracture	549.14	1/1/2019
24670		treat ulna fracture	199.64	1/1/2019
24675		treat ulna fracture	325.72	1/1/2019
24685		repair ulna fracture	484.75	1/1/2019
24800		fusion of elbow joint	597.62	1/1/2019
24802		fusion/graft of elbow joint	757.39	1/1/2019
24900		amputation of arm	539.69	1/1/2019
24920		amputation of arm	536.33	1/1/2019
24925		amputation, arm through humerus;	414.86	1/1/2019
24930		amputation follow-up surgery	569.06	1/1/2019
24931		amputation follow-up surgery	638.89	1/1/2019
24935		revision of amputation	775.49	1/1/2019
24940		amputation of arm	890.70	1/1/2019
25000		incision of tendon sheath	254.84	1/1/2019
25001		incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	242.13	1/1/2019
25020		decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment;	422.85	1/1/2019
25023		decomp fasciotomy flex/exten comp w debr nonviable	818.75	1/1/2019
25024		decompression fasciotomy, forearm and/or wrist, flexor and extensor	574.61	1/1/2019
25025		decompression fasciotomy, forearm and/or wrist, flexor and extensor	889.03	1/1/2019
25028		incision and drainage deep abscess or hematoma	376.52	1/1/2019
25031		incision and drainage, forearm and/or wrist; bursa	277.48	1/1/2019
25035		incision deep w opening of cortex for osteomyeliti	480.82	1/1/2019
25040		explortion of wrist joint	426.82	1/1/2019
25065		biopsy soft tissues superficial.	180.13	1/1/2019
25066		biopsy soft tissues deep	277.96	1/1/2019
25075		excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	243.52	1/1/2019
25076		removal of forearm lesion	328.79	1/1/2019
25077		radical resection soft tissue tumor,forearm/wrist	560.56	1/1/2019
25085		capsulotomy wrist	343.00	1/1/2019
25100		biopsy of wrist joint	254.20	1/1/2019
25101		arthrotomy with joint exploration	299.90	1/1/2019
25105		exploration of wrist joint	364.84	1/1/2019
25107		arthrotomy dist radioulnar joint excision triangu	453.86	1/1/2019
25109		excision of tendon, forearm and/or wrist, flexor or extensor, each	388.50	1/1/2019
25110		amb surg excision lesion tendon sheath	266.09	1/1/2019
25111		amb surg excision ganglion wrist primary	230.79	1/1/2019
25112		excision of ganglion, wrist (dorsal or volar);	282.96	1/1/2019
25115		amb surg excision bursa wrist/forearm	598.44	1/1/2019
25116		removal wrist/rorearm lesion.	482.77	1/1/2019
25118		explore wrist tendon sheath.	283.35	1/1/2019
25119		synovectomy wrist w resection of ulna.	375.88	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
25120		removal of forearm lesion	411.70	1/1/2019
25125		removal of forearm lesion	479.88	1/1/2019
25126		removal of forearm lesion	484.78	1/1/2019
25130		removal of wrist lesion	332.81	1/1/2019
25135		removal of wrist lesion	416.28	1/1/2019
25136		removal of wrist lesion	367.87	1/1/2019
25145		sequestrectomy for osteomyelitis or bone abscess	422.91	1/1/2019
25150		partial exc bone for osteomyelitis ulna	431.78	1/1/2019
25151		partial removal radius/ulna	476.82	1/1/2019
25170		removal radius/ulna lesion.	665.35	1/1/2019
25210		removal of wrist bone	365.15	1/1/2019
25215		removal of wrist bones	471.14	1/1/2019
25230		partial removal of radius	323.30	1/1/2019
25240		amb surg excision distal ulna (durrach procedure)	327.59	1/1/2019
25246		injection procedure for wrist arthrography	130.34	1/1/2019
25248		exploration for removal of deep foreign body	326.05	1/1/2019
25250		removal of wrist prosthesis separate procedure.	388.84	1/1/2019
25251		removal wrist prosthesis complicated total wrist.	532.41	1/1/2019
25259		manipulation, wrist, under anesthesia	286.33	1/1/2019
25260		amb surg repair tendon/muscle primary single	505.45	1/1/2019
25263		repair additional tendon	504.70	1/1/2019
25265		repair tendon or muscle secondary with free graft	600.34	1/1/2019
25270		repair tendon or muscle extensor primary single ea	405.29	1/1/2019
25272		repair, tendon or muscle, extensor, forearm and/or wrist;	456.74	1/1/2019
25274		repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free	542.13	1/1/2019
25275		repair, tendon sheath, extensor, forearm and/or wrist, with free graft	500.77	1/1/2019
25280		lengthening or shortening of flexor or extensor te	462.92	1/1/2019
25290		tenotomy open single flexor or extensor tendon eac	390.65	1/1/2019
25295		tenolysis sing flexor or extensor tendon each tend	430.64	1/1/2019
25300		fusion of wrist tendons	510.02	1/1/2019
25301		fusion of wrist tendons	485.71	1/1/2019
25310		transplant wrist tendon	501.35	1/1/2019
25312		transplant wrist tendon	581.52	1/1/2019
25315		revise palsy hand	623.81	1/1/2019
25316		revise palsy hand	722.59	1/1/2019
25320		repair wrist joint	717.78	1/1/2019
25332		repair wrist joint w internal fixation	635.42	1/1/2019
25335		centralization of hand on ulna	721.52	1/1/2019
25337		reconstruction for stabilization of unstable distal ulna	660.78	1/1/2019
25350		osteotomy radius	552.54	1/1/2019
25355		osteotomy radius	622.00	1/1/2019
25360		revision ulna	536.03	1/1/2019
25365		revision radius/ulna	731.87	1/1/2019
25370		revision radius or ulna	797.72	1/1/2019
25375		revision radius and ulna	769.86	1/1/2019
25390		revise radius or ulna	625.82	1/1/2019
25391		revise radius or ulna	796.82	1/1/2019
25392		revise radius & ulna	808.91	1/1/2019
25393		revise/graft radius/ulna	909.65	1/1/2019
25394		osteoplasty, carpal bone, shortening	583.69	1/1/2019
25400		repair nonunion/malunion radius or ulna	656.69	1/1/2019
25405		repair of nonunion or malunion, radius or ulna; with autograft (includes	836.18	1/1/2019
25415		repair radius and ulna	785.10	1/1/2019
25420		repair of nonunion or malunion, radius and ulna; with autograft (includes	935.76	1/1/2019
25425		repair/graft radius or ulna	807.08	1/1/2019
25426		repair/graft radius and ulna	849.09	1/1/2019
25430		insertion of vascular pedicle into carpal bone (eg, harii procedure)	531.73	1/1/2019
25431		repair of nonunion of carpal bone (excluding carpal scaphoid (navicula))	589.53	1/1/2019
25440		repair of nonunion, scaphoid carpal (navicular) bone, with or without radial	585.58	1/1/2019
25441		arthroplasty prosthetic replace distal radius	710.41	1/1/2019
25442		arthroplasty w prosthetic replacement distal ulna	604.77	1/1/2019
25443		arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	580.05	1/1/2019
25444		arthroplasty w prosthetic replacement lunata	619.03	1/1/2019
25445		arthroplasty w prosthetic replacement trapezium	541.74	1/1/2019
25446		arthroplasty w prosthetic replace distal rad/carp	894.39	1/1/2019
25447		interposition arthroplasty intercarpal/carpometa	611.18	1/1/2019
25449		arthroplasty w removal of implant	783.08	1/1/2019
25450		revision of wrist joint	453.55	1/1/2019
25455		revision of wrist joint	517.53	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
25490		prophylactic treatment radius	569.31	1/1/2019
25491		prophylactic tx ulna	600.75	1/1/2019
25492		prophylactic tx radius and ulna	725.03	1/1/2019
25500		treat fracture of radius	182.37	1/1/2019
25505		repair fracture of radius	357.25	1/1/2019
25515		repair fracture of radius	498.96	1/1/2019
25520		closed treatment of radial shaft fracture and closed treatment of dislocation	395.27	1/1/2019
25525		open tx radial shaft fx & closed tx radioulnar jnt	603.09	1/1/2019
25526		open treatment of radial shaft fracture, with internal and/or external fixation	740.60	1/1/2019
25530		treat fracture of ulna	176.14	1/1/2019
25535		repair fracture of ulna	346.47	1/1/2019
25545		repair fracture of ulna	466.35	1/1/2019
25560		treat fracture radius & ulna	184.66	1/1/2019
25565		repair fracture radius/ulna	374.37	1/1/2019
25574		open tx radial/ulnar shaft fxs	490.87	1/1/2019
25575		repair fracture radius/ulna	668.79	1/1/2019
25600		treat fracture radius/ulna	201.19	1/1/2019
25605		repair fracture radius/ulna	440.54	1/1/2019
25606		percutaneous skeletal fixation of distal radial fracture or epiphyseal	490.31	1/1/2019
25607		open treatment of distal radial extra-articular fracture or epiphyseal	530.98	1/1/2019
25608		open treatment of distal radial intra-articular fracture or epiphyseal	606.29	1/1/2019
25609		open treatment of distal radial intra-articular fracture or epiphyseal	774.56	1/1/2019
25622		rx closed carpal scaphoid fx without manipulation	206.17	1/1/2019
25624		closed treatment of carpal scaphoid (navicular) fracture;	327.22	1/1/2019
25628		open rx closed or open carpal scaphoid fracture	533.56	1/1/2019
25630		treat wrist fracture(s)	211.60	1/1/2019
25635		repair wrist fracture(s)	309.75	1/1/2019
25645		open treatment of carpal bone fracture (other than carpal scaphoid	420.66	1/1/2019
25650		treatment of closed ulnar styloid fracture	220.68	1/1/2019
25651		percutaneous skeletal fixation of ulnar styloid fracture	347.25	1/1/2019
25652		open treatment of ulnar styloid fracture	458.33	1/1/2019
25660		repair wrist dislocation	290.14	1/1/2019
25670		opne rx of closed or open radiocarpal or intercarp	454.08	1/1/2019
25671		percutaneous skeletal fixation of distal radioulnar dislocation	382.37	1/1/2019
25675		repair wrist dislocation	305.71	1/1/2019
25676		repair wrist dislocation	470.13	1/1/2019
25680		repair wrist fracture	336.22	1/1/2019
25685		repair wrist fracture	547.84	1/1/2019
25690		repair wrist dislocation	338.76	1/1/2019
25695		repair wrist dislocation	472.01	1/1/2019
25800		fusion of wrist	558.45	1/1/2019
25805		fusion/graft of wrist	644.03	1/1/2019
25810		fusion/graft of wrist	650.20	1/1/2019
25820		intercarpal fusion wo bone graft	455.28	1/1/2019
25825		intercarpal fusion w autogenous bone graft	561.53	1/1/2019
25830		arthrodesis, distal radioulnar joint with segmental resection of ulna, with or	699.37	1/1/2019
25900		amputation forearm through radius and ulna	559.46	1/1/2019
25905		amputation of forearm	553.41	1/1/2019
25907		amputation, forearm, through radius and ulna;	482.54	1/1/2019
25909		amputation follow-up surgery	544.03	1/1/2019
25915		amputation of forearm	954.76	1/1/2019
25920		disarticulation through wrist	511.88	1/1/2019
25922		disarticulation w secondary closure revision	432.59	1/1/2019
25924		reamputation	499.82	1/1/2019
25927		transmetacarpal amputation	578.80	1/1/2019
25929		transmetacarp amput sec closure or scar revision	419.25	1/1/2019
25931		transmetacarpal reamputation	526.96	1/1/2019
26010		drainage of finger abscess	179.10	1/1/2019
26011		drainage of finger abscess;	272.99	1/1/2019
26020		drainage of tendon sheath, digit and/or palm, each	312.16	1/1/2019
26025		drainage of palm bursa	305.30	1/1/2019
26030		drainage of palm bursas	361.38	1/1/2019
26034		inc deep w/open cortex for osteo/bone abscess hand	391.33	1/1/2019
26035		decompression finger/hand	611.75	1/1/2019
26037		decompressive fasciotomy, hand (excludes 26035)	422.55	1/1/2019
26040		fasciotomy palmar for dupuytren contracture open p	223.44	1/1/2019
26045		release palm contracture	341.86	1/1/2019
26055		amb surg tendon sheath incision for trigger finger	398.53	1/1/2019
26060		tenotomy, percutaneous, single, each digit	191.20	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
26070		exploration of hand joint	218.66	1/1/2019
26075		arthrotomy with exploration metacarpophalangeal jo	231.41	1/1/2019
26080		exploration of finger joint	278.78	1/1/2019
26100		biopsy of hand joint	234.22	1/1/2019
26105		arthrotomy with biopsy; metacarpophalangeal joint, each	239.62	1/1/2019
26110		biopsy of finger joint	229.94	1/1/2019
26115		excision, tumor or vascular malformation, soft tissue of hand or finger;	438.74	1/1/2019
26116		excision, tumor or vascular malformation, soft tissue of hand or finger; deep	351.31	1/1/2019
26117		radical resection soft tissue tumor hand/finger	481.72	1/1/2019
26121		fasciectomy palmar w/wo z-plasty or skin grafting	442.11	1/1/2019
26123		fasciectomy, palmar with release of single digit.	605.43	1/1/2019
26125		fasciectomy, palmer w/ release additional digits.	218.41	1/1/2019
26130		exploration hand joint	334.22	1/1/2019
26135		exploration finger joint	407.60	1/1/2019
26140		amb surg synovectomy interphalangeal joint	370.20	1/1/2019
26145		tendon excision palm/digit	376.44	1/1/2019
26160		excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or	399.93	1/1/2019
26170		removal of palm tendon	295.44	1/1/2019
26180		removal of finger tendon	323.00	1/1/2019
26200		amb surg excision/currettage bone cyst metacarpal	332.08	1/1/2019
26205		removal/graft joint lesion	446.94	1/1/2019
26210		removal of finger lesion	321.40	1/1/2019
26215		removal/graft finger lesion	409.61	1/1/2019
26230		partial removal of hand bone	372.04	1/1/2019
26235		partial removal finger bone	365.34	1/1/2019
26236		partial removal finger bone	323.32	1/1/2019
26250		removal of hand bone	432.05	1/1/2019
26260		radical resection for tumor of finger	404.56	1/1/2019
26262		radical resection for tumor of finger	337.36	1/1/2019
26320		removal of implant hand	251.21	1/1/2019
26340		manipulation finger joint, under anesthesia, each joint	223.51	1/1/2019
26350		repair or advancement, flexor tendon, not in zone 2 digital flexor tendon	517.97	1/1/2019
26352		removal/graft tendon	590.75	1/1/2019
26356		repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath	772.02	1/1/2019
26357		flexor tendon repair secondary each tendon	635.17	1/1/2019
26358		repair/graft tendon	671.81	1/1/2019
26370		repair tendon	562.09	1/1/2019
26372		repair/graft tendon	652.97	1/1/2019
26373		profundus tendon repair secondary without free gra	620.24	1/1/2019
26390		excision flexor tendon, with implantation of synthetic rod for delayed tendon	611.27	1/1/2019
26392		removal of synthetic rod and insertion of flexor tendon graft, hand or finger	713.75	1/1/2019
26410		amb surg extensor tendon repair dorsum of hand	411.56	1/1/2019
26412		repair/graft tendon	501.30	1/1/2019
26415		excision of extensor tendon, with implantation of synthetic rod for delayed	530.76	1/1/2019
26416		removal of synthetic rod and insertion of extensor tendon graft (includes	569.23	1/1/2019
26418		repair tendon	412.44	1/1/2019
26420		repair/graft tendon	521.37	1/1/2019
26426		repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	421.21	1/1/2019
26428		repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	548.19	1/1/2019
26432		amb surg repair mullet finger deformity	359.90	1/1/2019
26433		repair tendon	386.68	1/1/2019
26434		repair/graft tendon	465.38	1/1/2019
26437		extensor tendon realignment	453.29	1/1/2019
26440		amb surg tenolysis flexor tendon hand	453.53	1/1/2019
26442		release tendon palm & finger	690.83	1/1/2019
26445		tenolysis, extensor tendon, hand or finger; each tendon	420.18	1/1/2019
26449		release tendon forearm	556.14	1/1/2019
26450		incision of tendon	292.31	1/1/2019
26455		incision of tendon	290.31	1/1/2019
26460		tenotomy, extensor, hand or finger, open, each tendon	282.09	1/1/2019
26471		fusion of tendons	446.54	1/1/2019
26474		fusion of tendon	427.92	1/1/2019
26476		tendon lengthening extensor single each	416.65	1/1/2019
26477		tendon shortening extensor single each	420.15	1/1/2019
26478		tendon lengthening flexor hand/finger	456.61	1/1/2019
26479		tendon shortening flexor hand/finger	451.68	1/1/2019
26480		tendon transplant	548.77	1/1/2019
26483		tendon transplant	621.28	1/1/2019
26485		tendon transplant	594.66	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
26489		tendon transplant & graft	645.85	1/1/2019
26490		tendon transfer	576.73	1/1/2019
26492		tendon transfer with graft	643.33	1/1/2019
26494		tendon/muscle transfer	583.74	1/1/2019
26496		repair thumb tendon	634.13	1/1/2019
26497		sublimis transfer to correct claw finger iv and v	634.45	1/1/2019
26498		sublimis transfer to correct claw finger 2/3/4/5	850.44	1/1/2019
26499		correction claw finger, other methods	605.92	1/1/2019
26500		tendon reconstruction	456.12	1/1/2019
26502		tendon reconstruction/graft	515.92	1/1/2019
26508		release thumb contracture	458.69	1/1/2019
26510		cross intrinsic transfer, each tendon	434.25	1/1/2019
26516		fusion of knuckle joint	514.49	1/1/2019
26517		fusion of knuckle joints	606.91	1/1/2019
26518		fusion of knuckle joints	612.79	1/1/2019
26520		release knuckle contracture	474.23	1/1/2019
26525		release finger contracture	476.23	1/1/2019
26530		repair knuckle	395.15	1/1/2019
26531		repair knuckle with implant	460.30	1/1/2019
26535		repair finger joint	296.67	1/1/2019
26536		repair finger joint-implant	489.43	1/1/2019
26540		reconstruction collateral ligament metacarpophalan	482.36	1/1/2019
26541		reconstruct collateral lig metacarpophalan with tendo	591.30	1/1/2019
26542		prim repair collateral ligament w/ local tissue	499.06	1/1/2019
26545		reconstruct finger joint	508.08	1/1/2019
26548		repair/reconstruct finger volar plate	560.36	1/1/2019
26550		construct thumb replacement	1115.65	1/1/2019
26555		transfer, finger to another position without microvascular anastomosis	1019.25	1/1/2019
26560		amb surg repair syndactyly fingers	415.11	1/1/2019
26561		repair web finger	670.68	1/1/2019
26562		repair web finger complex	977.29	1/1/2019
26565		amb surg osteotomy correction deformity metacarpal	494.53	1/1/2019
26567		amb surg osteotomy correct deformity phalanx	499.54	1/1/2019
26568		osteoplasty for lengthening of metacarpal/phalanx	657.96	1/1/2019
26580		repair hand deformity	1042.62	1/1/2019
26587		reconstruction of polydactylous digit, soft tissue and bone	715.92	1/1/2019
26590		repair macrodactylia, each digit	951.07	1/1/2019
26591		repair intrinsic muscles of hand	315.72	1/1/2019
26593		release intrinsic muscles of hand	432.93	1/1/2019
26596		excision of constricting ring w z-plastics	542.26	1/1/2019
26600		treat metacarpal fracture	191.98	1/1/2019
26605		closed treatment of metacarpal fracture, single;	221.87	1/1/2019
26607		closed treatment of metacarpal fracture, with manipulation, with external	321.12	1/1/2019
26608		percutaneous skeletal fixation of metacarpal fracture, each bone	346.77	1/1/2019
26615		amb surg open reduction metacarpal fracture	403.48	1/1/2019
26641		treatment carpometacarp disloc thumb w/manipulatio	256.18	1/1/2019
26645		repair thumb dislocation	292.50	1/1/2019
26650		amb surg closed reduction bennett fx pin fixation	346.53	1/1/2019
26665		repair thumb dislocation	448.12	1/1/2019
26670		closed treatment of carpometacarpal dislocation, other than thumb, with	231.61	1/1/2019
26675		repair hand dislocation	312.05	1/1/2019
26676		percutaneous skeletal fixation of carpometacarpal dislocation, other than	363.34	1/1/2019
26685		open treatment of carpometacarpal dislocation, other than thumb; with or	413.80	1/1/2019
26686		open treat clo/open carpometacarp dislo cmpl/mul/del	459.54	1/1/2019
26700		repair finger dislocation	221.30	1/1/2019
26705		closed treatment of metacarpophalangeal dislocation, single,	286.04	1/1/2019
26706		treatment of closed metacarpophalangeal dislocatio	315.70	1/1/2019
26715		repair finger dislocation	404.09	1/1/2019
26720		treat finger fractures	133.02	1/1/2019
26725		rx closed phalangeal shaft fx prox or mid phalanx	238.75	1/1/2019
26727		repair finger fractures	340.77	1/1/2019
26735		repair finger fractures	421.08	1/1/2019
26740		closed treatment of articular fracture, involving metacarpophalangeal or	154.99	1/1/2019
26742		tx closed articular fx of fingers w manipulation	261.99	1/1/2019
26746		open rx closed or open articular fx each	516.87	1/1/2019
26750		treat finger fracture	124.65	1/1/2019
26755		closed treatment of distal phalangeal fracture, finger or thumb;	219.29	1/1/2019
26756		tx of closed distal phalangeal fx w pinning	299.90	1/1/2019
26765		open rx closed or open distal phalangeal fx finger	341.90	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
26770		repair finger dislocation	187.58	1/1/2019
26775		closed treatment of interphalangeal joint dislocation, single,	266.39	1/1/2019
26776		tx of closed interphalangeal joint dislocation	319.35	1/1/2019
26785		open rx closed or open interphalangeal joint dislo	373.45	1/1/2019
26820		thumb fusion with graft	577.59	1/1/2019
26841		thumb fusion	533.66	1/1/2019
26842		thumb fusion with graft	580.96	1/1/2019
26843		arthrodesis, carpometacarpal joint, digit, other than thumb, each;	537.60	1/1/2019
26844		amb surg arthrodesis fingers (26843-26860)	600.47	1/1/2019
26850		amb surg arthrodesis fingers (26843-26860)	508.94	1/1/2019
26852		amb surg arthrodesis fingers (26843-26860)	584.68	1/1/2019
26860		amb surg arthrodesis fingers	406.26	1/1/2019
26861		arthrodesis each additional interphalangeal joint	82.37	1/1/2019
26862		amb surg arthrodesis with autogenous graft	530.88	1/1/2019
26863		arthrodesis, interphalangeal joint, with or without internal fixation; with	183.69	1/1/2019
26910		amputation metacarpal bone	523.38	1/1/2019
26951		amb surg amputation finger/any joint primary/secon	450.52	1/1/2019
26952		amputation of finger	472.93	1/1/2019
26990		incision/drainage abscess or hematoma	458.34	1/1/2019
26991		incision/drainage infected bursa	508.35	1/1/2019
26992		incis w/open bone cort ex for osteomyelitis or bon	724.82	1/1/2019
27000		amb surg tenotomy adductor unilateral hip	332.84	1/1/2019
27001		amb surg tenotop adductor open hip	404.11	1/1/2019
27003		incision of hit tendon	434.12	1/1/2019
27005		tenotomy, hip flexor(s), open (separate procedure)	548.94	1/1/2019
27006		tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	554.48	1/1/2019
27025		incision of hip fascia	672.71	1/1/2019
27030		drainage of hip joint	717.96	1/1/2019
27033		exploration of hip joint	743.28	1/1/2019
27035		hip joint deervation femoral or obturator nerves	834.88	1/1/2019
27040		biopsy soft tissue superficial	246.86	1/1/2019
27041		biopsy soft tissue deep	519.76	1/1/2019
27047		excision benign tumor subcutaneous	457.85	1/1/2019
27048		excision benign tumor deep	355.40	1/1/2019
27049		radical resection soft tissue tumor pelvis/hip	757.12	1/1/2019
27050		biopsy of sacroiliac joint	259.81	1/1/2019
27052		biopsy of hip joint	414.44	1/1/2019
27054		arthrotomy with synovectomy, hip joint	509.46	1/1/2019
27060		removal of ischial bursa	320.63	1/1/2019
27062		removal of femur lesion	334.16	1/1/2019
27065		removal of hip bone lesion	373.05	1/1/2019
27066		excision of bone cyst or tumor deep with or without	607.99	1/1/2019
27067		excision benign tumor w/bone graft req seperate in	772.34	1/1/2019
27070		partial excision (craterization, saucerization) (eg, osteomyelitis or bone	636.44	1/1/2019
27071		partial excision (craterization, saucerization) (eg, osteomyelitis or bone	683.14	1/1/2019
27075		radical resection of tumor or infection; wing of ilium, one pubic or ischial	1772.02	1/1/2019
27076		partial removal of hip bone	1219.96	1/1/2019
27077		removal of hip bone	2047.94	1/1/2019
27078		partial removal of hip bones	769.11	1/1/2019
27080		coccygectomy primary	368.84	1/1/2019
27086		removal foreign body subctaneous tissue	176.64	1/1/2019
27087		removal of foreign body deep tissue	474.79	1/1/2019
27090		removal of hip prosthesis	628.87	1/1/2019
27091		removal of hip prosthesis; complicated, including total hip prosthesis,	1222.48	1/1/2019
27093		injection procedure for hip arthrography;	143.18	1/1/2019
27095		injection procedure for hip arthrography with anes	172.69	1/1/2019
27096		injection procedure for sacroiliac joint, arthrography and/or anesthetic steroid	131.76	1/1/2019
27097		hamstring recession proximal	501.23	1/1/2019
27098		adduct transf to ishium	468.88	1/1/2019
27100		transfer of abdominal muscle	617.89	1/1/2019
27105		transfer of spinal muscle	647.21	1/1/2019
27110		transfer iliopsoas; to greater trochanter of femur	723.80	1/1/2019
27111		transfer iliopsoas to femoral neck	646.24	1/1/2019
27120		reconstruction of hip	983.09	1/1/2019
27122		acetabuloplasty; resection, femoral head (eg, girdlestone procedure)	840.98	1/1/2019
27125		hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar	856.65	1/1/2019
27130		arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip	1106.00	1/1/2019
27132		conversion of previous hip surgery to total hip arthroplasty, with or without	1293.03	1/1/2019
27134		revision of total hip, both components	1501.64	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
27137		revision of total hip, acetabular component only	1143.28	1/1/2019
27138		revision of total hip, femoral component only	1190.23	1/1/2019
27140		osteotomy and transfer of greater trochanter of femur (separate procedure)	681.79	1/1/2019
27146		incision of hip bone	963.68	1/1/2019
27147		osteotomy with open reduction of hip	1123.28	1/1/2019
27151		incision of hip bones	1172.86	1/1/2019
27156		revision of hip bones	1311.78	1/1/2019
27158		osteotomy, pelvis, bilateral (eg, congenital malformation)	1054.04	1/1/2019
27161		incision of neck of femur	931.29	1/1/2019
27165		osteotomy including internal or external fixation	1040.82	1/1/2019
27170		repair/graft femur	901.82	1/1/2019
27175		treatment of slipped femoral epiphysis;	500.22	1/1/2019
27176		treatment of slipped femoral epiphysis;	691.45	1/1/2019
27177		repair slipped epiphysis	844.42	1/1/2019
27178		open rx slipped fem epiphysis closed manip w/singl	684.37	1/1/2019
27179		revision of neck of femur	737.48	1/1/2019
27181		fixation slipped epiphysis	822.02	1/1/2019
27185		epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	521.42	1/1/2019
27187		prophylactic tx femoral neck and proximal femur	756.04	1/1/2019
27193		closed treatment of pelvic ring fracture, dislocation, diastasis	344.74	1/1/2019
27194		closed treatment of pelvic ring fracture, dislocation, diastasis	539.28	1/1/2019
27197		clsd tx pelvic ring fx	98.23	1/1/2019
27198		clsd tx pelvic ring fx	250.96	1/1/2019
27200		repair tail bone fracture	124.41	1/1/2019
27202		repair tail bone fracture	475.72	1/1/2019
27215		open tx of iliac spine s/internal fixation	558.49	1/1/2019
27216		percutaneous skeletal fx post pelvic ring fx/dislocation	817.50	1/1/2019
27217		open tx ant. ring fx/dislocation w/internal fix	773.13	1/1/2019
27218		open tx post ring fx/dislocation w/internal fix.	1058.45	1/1/2019
27220		treatment hipsocket fracture	388.44	1/1/2019
27222		repair hipsocket fracture	741.23	1/1/2019
27226		open tx post/ant. acetabular wall fx, internal fix	790.23	1/1/2019
27227		open treatment acetabular fx w/internal fix.	1280.74	1/1/2019
27228		open tx acetabular fx w/internal fixation	1467.52	1/1/2019
27230		treatment fracture of femur	345.01	1/1/2019
27232		repair fracture of femur	590.10	1/1/2019
27235		fixation of femur fracture	691.25	1/1/2019
27236		open treatment of femoral fracture, proximal end, neck, internal fixation or	905.83	1/1/2019
27238		clsd trtmnt interochanteric,pertrochanteric,subtrochanteric fem frac w/o manipu	333.91	1/1/2019
27240		rx closed intertrochanteric or pertro femoral fx w	723.48	1/1/2019
27244		fixation of femur fracture	931.99	1/1/2019
27245		open tx femoral fx; w/intramedullary implant	964.99	1/1/2019
27246		treatment of femur fracture	282.66	1/1/2019
27248		repair of femur fracture	571.06	1/1/2019
27250		repair of hip dislocation	180.97	1/1/2019
27252		repair of hip dislocation	571.73	1/1/2019
27253		repair of hip dislocation	718.54	1/1/2019
27254		repair of hip dislocation	972.93	1/1/2019
27256		treatment of hip dislocation	219.47	1/1/2019
27257		repair of hip dislocation	256.01	1/1/2019
27258		repair of hip dislocation	843.22	1/1/2019
27259		open rx closed/open acetab fx w/femoral shaft shor	1184.15	1/1/2019
27265		tx atraumatic hip dislocation w/o anesthesia	289.76	1/1/2019
27266		tx atraumatic hip dislocation w/ gen anesthesia	433.08	1/1/2019
27275		manipulation, hip joint, requiring general anesthesia	134.20	1/1/2019
27280		fusion of sacroiliac joint	779.45	1/1/2019
27282		fusion of pubic bones	611.47	1/1/2019
27284		arthrodesis, hip joint (including obtaining graft);	1192.68	1/1/2019
27286		fusion of hip joint	1256.61	1/1/2019
27290		amputation of leg at hip	1201.36	1/1/2019
27295		amputation of leg at hip	970.01	1/1/2019
27301		incision and drainage deep abscess infected bursa	480.03	1/1/2019
27303		incision deep w/opening bone cortex for osteomye o	478.21	1/1/2019
27305		incision of tendon & fascia	348.28	1/1/2019
27306		incision of tendon	281.22	1/1/2019
27307		incision of tendons	346.86	1/1/2019
27310		exploration of knee joint	545.81	1/1/2019
27323		biopsy soft tissues superficial	192.11	1/1/2019
27324		amb surg biopsy soft tissue deep	283.67	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
27325		neurectomy, hamstring muscle	393.74	1/1/2019
27326		neurectomy, popliteal (gastrocnemius)	362.89	1/1/2019
27327		excision benign tumor subcutaneous	327.21	1/1/2019
27328		exc benign tumor deep	313.26	1/1/2019
27329		radical resection soft tissue tumor thigh/knee	786.35	1/1/2019
27330		biopsy of knee	296.96	1/1/2019
27331		exploration of knee joint	351.00	1/1/2019
27332		arthrotomy knee exc semilunar cartilage medial or	477.21	1/1/2019
27333		arthrotomy knee exc semilunar cartilage medial and	431.92	1/1/2019
27334		arthrotomy knee for synovectomy anterior or poster	508.48	1/1/2019
27335		arthrotomy knee anterior and posterior including p	575.82	1/1/2019
27340		removal of kneecap bursa	267.83	1/1/2019
27345		removal of knee cyst	355.33	1/1/2019
27347		excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	381.43	1/1/2019
27350		removal of kneecap	485.65	1/1/2019
27355		removal of femur lesion	450.05	1/1/2019
27356		removal & graft femur lesion	552.86	1/1/2019
27357		removal & graft femur lesion	613.08	1/1/2019
27358		excision or curettage of bone cyst or benign tumor of femur; with internal	225.41	1/1/2019
27360		partial removal leg bone(s)	637.69	1/1/2019
27365		radical resection of tumor, bone, femur or knee	933.10	1/1/2019
27372		removal of foreign body, deep, thigh region or knee area	429.18	1/1/2019
27380		repair kneecap tendon	439.68	1/1/2019
27381		repair/graft kneecap tendon	601.52	1/1/2019
27385		repair of thigh muscle	471.29	1/1/2019
27386		repair/graft of thigh muscle	623.71	1/1/2019
27390		incision thigh tendon	325.95	1/1/2019
27391		incision thigh tendons	425.73	1/1/2019
27392		incision thigh tendons	525.98	1/1/2019
27393		lengthning of thigh tendon	377.27	1/1/2019
27394		lengthening of thigh tendons	488.61	1/1/2019
27395		lengthening of thigh tendons	662.94	1/1/2019
27396		transplant of thigh tendon	458.88	1/1/2019
27397		transplants of thigh tendons	677.61	1/1/2019
27400		revision of thigh muscles	511.77	1/1/2019
27403		arthrotomy with open meniscus repair	480.70	1/1/2019
27405		repair of knee ligament	506.50	1/1/2019
27407		repair of knee ligament	579.86	1/1/2019
27409		repair of knee ligaments	729.75	1/1/2019
27418		anterior tibial tubercle plasty chondromala patell	628.87	1/1/2019
27420		repair of unstable kneecap	562.73	1/1/2019
27422		repair of unstable kneecap	560.39	1/1/2019
27424		revision/removal of kneecap	561.90	1/1/2019
27425		amb surg lateral retinacular release knee	325.76	1/1/2019
27427		reconstruction knee extra-articular	539.37	1/1/2019
27428		reconstruction knee intra-articular	832.02	1/1/2019
27429		reconstruction knee intra and extra-articular	932.01	1/1/2019
27430		repair of thigh muscles	556.90	1/1/2019
27435		incision of knee joint	597.04	1/1/2019
27437		arthroplasty patella w/o prosthesis	494.81	1/1/2019
27438		arthroplasty patella w/prosthesis	635.59	1/1/2019
27440		repair of knee joint	581.06	1/1/2019
27441		repair of knee joint	600.23	1/1/2019
27442		repair of knee joint	658.52	1/1/2019
27443		repair of knee joint	616.18	1/1/2019
27445		arthroplasty, knee, hinge prosthesis (eg, walldius type)	962.99	1/1/2019
27446		total knee replacement	853.53	1/1/2019
27447		arthroplasty, knee, condyle and plateau; medial and lateral compartments with	1184.01	1/1/2019
27448		osteotomy femur shaft or supracondylar w/o fixatio	620.87	1/1/2019
27450		osteotomy femur shaft or supracondylar with fixati	774.35	1/1/2019
27454		osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg,	978.97	1/1/2019
27455		osteotomy proximal tibia unilateral before epiphys	715.13	1/1/2019
27457		osteotomy proximal tibia after epiphyseal closure	737.45	1/1/2019
27465		revision of femur	930.85	1/1/2019
27466		revision of femur	901.41	1/1/2019
27468		osteoplasty, femur;	1022.29	1/1/2019
27470		repair of femur	898.55	1/1/2019
27472		repair/graft of femur	972.14	1/1/2019
27475		arrest, epiphyseal, any method (eg, epiphydiodesis); distal femur	492.24	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
27477		repair lower leg epiphyses	552.48	1/1/2019
27479		repair of leg epiphyses	712.37	1/1/2019
27485		arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu	503.86	1/1/2019
27486		revision of total knee arthroplasty, one component	1079.70	1/1/2019
27487		revision of total knee arthroplasty, with or without allograft; femoral and	1363.84	1/1/2019
27488		removal of prosthesis, including total knee prosthesis, methylmethacrylate with	912.41	1/1/2019
27495		prophylactic treatment femur	864.20	1/1/2019
27496		decompression fasciotomy, thigh/knee, 1 compart.	375.18	1/1/2019
27497		decompression fasciotomy, thigh/knee w/ debridement	408.75	1/1/2019
27498		decompression fasciotomy, thigh/knee, multiple	445.95	1/1/2019
27499		decompression fasciotomy; thigh/knee w/ debridement	494.40	1/1/2019
27500		treatment of femur fracture	376.74	1/1/2019
27501		closed treatment of supracondylar or transcondylar femoral	370.90	1/1/2019
27502		treatment of closed femoral shaft fracture with ma	595.23	1/1/2019
27503		closed tx supra/transcondylar fem fx; s/manipula.	605.10	1/1/2019
27506		repair femur fx w/insertion intramedullary implant	1014.30	1/1/2019
27507		open tx fem shaft fx with plate screws	751.67	1/1/2019
27508		treatment of femur fracture	379.49	1/1/2019
27509		percutaneous skeletal fix fem fx w/wo intercon ext	479.01	1/1/2019
27510		repair of femur fracture	525.30	1/1/2019
27511		open tx femoral fx wo intercondylar extension	778.57	1/1/2019
27513		open tx femoral fx w/intercondylar extension	980.16	1/1/2019
27514		repair of femur fracture	785.79	1/1/2019
27516		treatment of femur epiphysis	354.37	1/1/2019
27517		repair of femur epiphysis	503.11	1/1/2019
27519		repair of femur epiphysis	710.57	1/1/2019
27520		treatment kneecap fracture	222.07	1/1/2019
27524		repair of kneecap fracture	568.48	1/1/2019
27530		treatment of knee fracture	279.69	1/1/2019
27532		repair of knee fracture	450.68	1/1/2019
27535		open tx fibial fx, proximal; unicondylar	694.60	1/1/2019
27536		tx tibial fx bicondylar	903.65	1/1/2019
27538		treatment of knee fracture	335.34	1/1/2019
27540		repair knee fracture	628.38	1/1/2019
27550		repair knee dislocation	356.03	1/1/2019
27552		repair knee dislocation	462.73	1/1/2019
27556		open rx closed or open knee disloc w/o primary lig	698.63	1/1/2019
27557		osteotomy proximal tibia bilateral with primary li	836.98	1/1/2019
27558		open tx knee dislocation; w/lig repair	940.44	1/1/2019
27560		repair kneecap dislocation	259.53	1/1/2019
27562		closed treatment of patellar dislocation;	341.18	1/1/2019
27566		repair kneecap dislocation	678.08	1/1/2019
27570		amb surg manipulation of knee under anesthesia	109.26	1/1/2019
27580		arthrodesis, knee, any technique	1100.62	1/1/2019
27590		amputation of leg	633.11	1/1/2019
27591		amputation thigh thru fem immed fit tech includ fi	699.16	1/1/2019
27592		amputation of leg	536.00	1/1/2019
27594		amputation, thigh, through femur, any level;	385.90	1/1/2019
27596		amputation follow-up surgery	560.96	1/1/2019
27598		amputation of lower leg	569.60	1/1/2019
27600		decompression of leg	320.46	1/1/2019
27601		fasciotomy leg for closedspace decompression, ant.	331.67	1/1/2019
27602		decompression of leg	393.95	1/1/2019
27603		incision and drainage deep abscess or hematoma	379.91	1/1/2019
27604		incision and drainage infected bursa	333.36	1/1/2019
27605		amb surg archilles tenotomy local anesthesia	264.05	1/1/2019
27606		tenotomy achilles tendon subcutaneous general anes	225.23	1/1/2019
27607		incision deep w/opening bn cortex for osteomyeliti	463.71	1/1/2019
27610		exploration of ankle joint	494.92	1/1/2019
27612		exploration of ankle joint	432.16	1/1/2019
27613		biopsy soft tissues superficial	180.39	1/1/2019
27614		biopsy soft tissue deep	408.61	1/1/2019
27615		radical resection soft tissue tumor leg/ankle	668.24	1/1/2019
27618		exc benign tumor subsg	357.06	1/1/2019
27619		excision benign tumor deep subfascial or intramusc	570.29	1/1/2019
27620		biopsy of ankle joint	347.38	1/1/2019
27625		exploration of ankle joint	450.96	1/1/2019
27626		amb surg synovectomy ankle includ tenosynovectomy	486.91	1/1/2019
27630		amb surg excision lesion of tendon sheath leg	389.08	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
27635		removal of bone lesion	447.30	1/1/2019
27637		removal/graft of bone lesion	567.66	1/1/2019
27638		removal/graft of bone lesion	592.38	1/1/2019
27640		partial removal of tibia	656.32	1/1/2019
27641		parital removal of fibula	526.05	1/1/2019
27645		radical resection of tumor, bone; tibia	796.50	1/1/2019
27646		removal of fibula	704.68	1/1/2019
27647		radical resection of tumor, bone; talus or calcaneus	626.09	1/1/2019
27648		injection procedure for ankle arthrography	117.74	1/1/2019
27650		repair achilles tendon	511.06	1/1/2019
27652		repair/graft achilles tendon	564.46	1/1/2019
27654		repair achilles tendon	550.86	1/1/2019
27656		repair fascial defect of leg	390.73	1/1/2019
27658		repair of leg tendon	289.54	1/1/2019
27659		repair of leg tendon	381.39	1/1/2019
27664		repair of leg tendon	275.64	1/1/2019
27665		repair of leg tendon	316.18	1/1/2019
27675		repair for dislocating peroneal tendons w/o fibula	389.01	1/1/2019
27676		repair disloc peroneal tendons with fibular osteo	471.76	1/1/2019
27680		release of leg tendon	328.41	1/1/2019
27681		amb surg tenolysis multiple ankle flexor	391.40	1/1/2019
27685		lengthening or shortening of tendon single	463.69	1/1/2019
27686		lengthening or shortening of tendon multiple each	427.41	1/1/2019
27687		gastrocnemius recession	351.75	1/1/2019
27690		revision of leg tendon	485.05	1/1/2019
27691		revision of leg tendon	568.68	1/1/2019
27692		transfer or transplant of single tendon (with muscle redirection or rerouting);	87.41	1/1/2019
27695		repair of ankle ligament	374.16	1/1/2019
27696		repair of ankle ligaments	448.28	1/1/2019
27698		suture secondary repair ligament ankle collateral	503.48	1/1/2019
27700		repair of ankle	477.45	1/1/2019
27702		arthroplasty ankle with implant	760.81	1/1/2019
27703		arthroplasty, ankle; revision, total ankle	881.10	1/1/2019
27704		removal of ankle implant	429.85	1/1/2019
27705		incision of tibia	583.21	1/1/2019
27707		incision of fibula	294.17	1/1/2019
27709		incision of tibia & fibula	854.76	1/1/2019
27712		osteotomy; multiple, with realignment on intramedullary rod (eg, sofield type	832.37	1/1/2019
27715		revision of lower leg	813.00	1/1/2019
27720		repair of lower leg	667.27	1/1/2019
27722		repair/graft of lower leg	665.95	1/1/2019
27724		repair/graft of lower leg	983.42	1/1/2019
27725		repair malunion tibia by synostosis with fibula	912.97	1/1/2019
27727		repair congenital pseudarthrosis tibia	743.05	1/1/2019
27730		repair of tibia epiphysis	443.03	1/1/2019
27732		repair of fibula epiphysis	301.19	1/1/2019
27734		repair lower leg epiphyses	453.45	1/1/2019
27740		repair lower leg epiphyses	502.98	1/1/2019
27742		repair of leg epiphyses	530.80	1/1/2019
27745		prophylactic treatment tibia	572.13	1/1/2019
27750		treatment of tibia fracture	240.29	1/1/2019
27752		repair of tibia fracture	389.67	1/1/2019
27756		repair of tibia fracture	424.43	1/1/2019
27758		open rx closed or open tibial shaft fx complicated	672.68	1/1/2019
27759		open tx tibial shaft fx by intermedullary implant	763.09	1/1/2019
27760		treatment of ankle fracture	231.29	1/1/2019
27762		repair of ankle fracture	348.25	1/1/2019
27766		repair of ankle fracture	456.67	1/1/2019
27780		treatment of fibula fracture	206.83	1/1/2019
27781		repair of fibula fracture	301.18	1/1/2019
27784		repair of fibula fracture	519.55	1/1/2019
27786		treatment of ankle fracture	219.23	1/1/2019
27788		repair of ankle fracture	303.80	1/1/2019
27792		repair of ankle fracture	525.17	1/1/2019
27808		treatment of ankle fracture	229.04	1/1/2019
27810		repair of ankle fracture	340.72	1/1/2019
27814		repair of ankle fracture	586.14	1/1/2019
27816		treatment of ankle fracture	217.31	1/1/2019
27818		repair of ankle fracture	351.68	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
27822		open rx closed or open trimalleolar ankle fx med a	640.86	1/1/2019
27823		open rx closed or open trimalleolar ankle fx w/int	731.17	1/1/2019
27824		closed treatment of fracture of weight bearing articular portion	218.85	1/1/2019
27825		closed tx fx st bearing portion tibia; with skel trac	401.30	1/1/2019
27826		open tx fx distal tibia w fixation of fibula only	615.27	1/1/2019
27827		open tx fx tibia with fixation fibula or tibia only	820.90	1/1/2019
27828		open tx fx tibia w fix fibula only/tibia & fibula	983.44	1/1/2019
27829		open tx tibiofibular jnt	491.21	1/1/2019
27830		repair lower leg dislocation	254.74	1/1/2019
27831		closed treatment of proximal tibiofibular joint dislocation;	279.32	1/1/2019
27832		repair lower leg dislocation	530.32	1/1/2019
27840		repair ankle dislocation	258.19	1/1/2019
27842		repair ankle dislocation	361.36	1/1/2019
27846		repair ankle dislocation	559.69	1/1/2019
27848		repair ankle dislocation	633.75	1/1/2019
27860		manipulation of ankle under general anesthesia (includes application	134.93	1/1/2019
27870		amb surg arthrodesis ankle any method	800.56	1/1/2019
27871		arthrodesis tibiofibular joint proximal or distal	524.43	1/1/2019
27880		amputation of lower leg	711.28	1/1/2019
27881		amputation leg w/immediate fitting technique inc a	683.07	1/1/2019
27882		amputation of lower leg	481.88	1/1/2019
27884		amputation, leg, through tibia and fibula;	447.23	1/1/2019
27886		amputation follow-up surgery	510.22	1/1/2019
27888		amputation, ankle, through malleoli of tibia and fibula (eg, syme, pirogoff	539.17	1/1/2019
27889		ankle disarticulation	528.08	1/1/2019
27892		decompression fasciotomy, leg: ant &/or lat compar	413.52	1/1/2019
27893		decompression fasciotomy, leg; posterior compart	418.34	1/1/2019
27894		decompression fasciotomy, leg: ant &/or lat & post	643.39	1/1/2019
28001		incision and drainage, bursa, foot	197.82	1/1/2019
28002		deep infec req dissec sing bursal space	370.22	1/1/2019
28003		drainage of foot	512.60	1/1/2019
28005		drainage of foot	476.43	1/1/2019
28008		amb surg fasciotomy plantar and/or toe	312.79	1/1/2019
28010		incision of toe tendon	174.81	1/1/2019
28011		incision of toe tendon	247.87	1/1/2019
28020		exploration of a foot joint	370.72	1/1/2019
28022		exploration of a foot joint	342.28	1/1/2019
28024		exploration of a toe joint	325.23	1/1/2019
28035		tarsal tunnel release	373.11	1/1/2019
28043		excision benign tumor subcutaneous.	249.06	1/1/2019
28045		excision benign tumor deep subfascial intramuscula	348.65	1/1/2019
28046		radical resection soft tissue tumor foot	639.05	1/1/2019
28050		arthrotomy with biopsy; intertarsal or tarsometatarsal joint	327.35	1/1/2019
28052		arthrotomy for synovial biopsy;	301.85	1/1/2019
28054		arthrotomy for synovial biopsy;	282.88	1/1/2019
28055		neurectomy, intrinsic musculature of foot	309.75	1/1/2019
28060		amb surg fasciectomy plantar	368.27	1/1/2019
28062		amb surg fasciectomy plantar	434.12	1/1/2019
28070		amb surg synovectomy intertarsal/tarsometatarsal	365.06	1/1/2019
28072		amb surg synovectomy metatarsophalangeal joint	358.83	1/1/2019
28080		amb surg excision morton neuroma single each	352.12	1/1/2019
28086		synovectomy, tendon sheath, foot;	384.81	1/1/2019
28088		amb surg synovectomy tendon sheath extensor foot	326.03	1/1/2019
28090		amb surg synovectomy foot tendon/fibrous tissue	330.40	1/1/2019
28092		amb surg synovectomy toes	297.50	1/1/2019
28100		removal of heel lesion	426.15	1/1/2019
28102		excision or curettage of bone cyst or benign tumor, talus or calcaneus;	431.58	1/1/2019
28103		removal/graft heel lesion	349.14	1/1/2019
28104		excision or curettage of bone cyst or benign tumor, tarsal or metatarsal,	366.26	1/1/2019
28106		excision or curettage of bone cyst or benign tumor, tarsal	369.49	1/1/2019
28107		removal/graft foot lesion	406.17	1/1/2019
28108		removal of toe lesions	307.87	1/1/2019
28110		ostectomy, partial excision, fifth metatarsal head (bunionette)	322.59	1/1/2019
28111		amb surg ostectomy comp excision 1st metatars head	367.99	1/1/2019
28112		amb surg ostectomy compl excision oth metatar head	347.71	1/1/2019
28113		amb surg ostectomy comp excision 5th metatars head	416.72	1/1/2019
28114		ostectomy, complete excision; all metatarsal heads, with partial proximal	759.81	1/1/2019
28116		revision of foot	544.54	1/1/2019
28118		partial removal of heel	420.04	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
28119		amb surg osteotomy for spur w/wo plantar fac relea	374.41	1/1/2019
28120		amb surg partial exc bone-sequestrectomy	414.60	1/1/2019
28122		amb surg partial exc tarsal/metatarsal bone	484.37	1/1/2019
28124		partial excision (craterization, saucerization, sequestrectomy, or	342.54	1/1/2019
28126		resection, partial or complete, phalangeal base, each toe	275.93	1/1/2019
28130		removal of bone of ankle	492.26	1/1/2019
28140		amb surg metatarsectomy	455.71	1/1/2019
28150		amb surg phalangectomy single each	307.99	1/1/2019
28153		resection, condyle(s), distal end of phalanx, each toe	286.77	1/1/2019
28160		hemiphalangectomy or interphalangeal joint excision, toe, proximal end of	294.27	1/1/2019
28171		radical resection for tumor tarsal	483.97	1/1/2019
28173		radical resection for tumor metatarsal	544.56	1/1/2019
28175		radical resection for tumor phalanx	398.32	1/1/2019
28190		removal of foreign body, foot;	175.10	1/1/2019
28192		amb surg removal foreign body foot deep	338.55	1/1/2019
28193		removal of foreign body, foot;	389.35	1/1/2019
28200		amb surg repair/suture of tendon foot flexor singl	338.46	1/1/2019
28202		repair/graft of foot tendon	451.89	1/1/2019
28208		repair of foot tendon	325.79	1/1/2019
28210		repair/graft of foot tendon	420.93	1/1/2019
28220		amb surg tenolysis flexor single	322.21	1/1/2019
28222		release of foot tendons	373.28	1/1/2019
28225		amb surg tenolysis extensor single	279.33	1/1/2019
28226		release of foot tendons	335.96	1/1/2019
28230		incision of foot tendons	309.29	1/1/2019
28232		tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	273.41	1/1/2019
28234		tenotomy, open, extensor, foot or toe, each tendon	283.21	1/1/2019
28238		reconstruction (advancement), posterior tibial tendon with excision of	496.16	1/1/2019
28240		release of big toe	318.25	1/1/2019
28250		revision of foot fascia	405.68	1/1/2019
28260		release of midfoot joint	497.70	1/1/2019
28261		amb surg capsulotomy with tendon lengthening	724.29	1/1/2019
28262		revision of foot and ankle	1010.63	1/1/2019
28264		amb surg capsulotomy midtarsal reyman type proc	645.74	1/1/2019
28270		amb surg capsulotomy for contracture metatarsophal	344.24	1/1/2019
28272		capsulotomy; interphalangeal joint, each joint (separate procedure)	281.11	1/1/2019
28280		amb surg webbing operation for soft corn	377.68	1/1/2019
28285		correction, hammertoe (eg, interphalangeal fusion, partial ortotal phalangectomy)	333.44	1/1/2019
28286		revision of hammer toe	326.03	1/1/2019
28288		osteotomy part exotectomy condylec single 2-5	417.53	1/1/2019
28289		hallux rigidus correction with cheilectomy, debridement and capsular release of	529.72	1/1/2019
28290		amb surg hallux valgus (bunionectomy)	411.73	1/1/2019
28291		corrj halux valgus	619.78	1/1/2019
28292		amb surg keller/mcbride/mayo type bunionectomy	563.00	1/1/2019
28293		amb surg resection of joint with implant	750.00	1/1/2019
28294		revision of bunion	544.72	1/1/2019
28295		correction hallux valgus	792.48	1/1/2019
28296		amb surg bunionectomy with metatarsal osteotomy	533.77	1/1/2019
28297		hallux valgus correction, lapidus type procedure	603.06	1/1/2019
28298		incision of toe	520.56	1/1/2019
28299		correction, hallux valgus (bunion), with or without sesamoidectomy; by double	671.21	1/1/2019
28300		amb surg osteotomy calcaneus dwyer/chambers proc	514.09	1/1/2019
28302		amb surg osteotomy talus	509.43	1/1/2019
28304		incision of midfoot bones	579.23	1/1/2019
28305		incision/graft midfoot bones	539.11	1/1/2019
28306		incision of metatarsals	431.60	1/1/2019
28307		osteotomy, 1st metatarsal, with autograft	507.46	1/1/2019
28308		incision of metatarsals	390.93	1/1/2019
28309		incision of metatarsals	695.85	1/1/2019
28310		amb surg osteotomy phalanges	385.44	1/1/2019
28312		osteotomy for shortening, angular or rotational correction;	352.00	1/1/2019
28313		reconstruction, deformity of toe, soft tissue proc	370.34	1/1/2019
28315		amb surg sesamoidectomy first toe	340.61	1/1/2019
28320		repair of foot bones	486.55	1/1/2019
28322		repair of metatarsals	561.61	1/1/2019
28340		reconstruct toe, macrodactyly; soft tissue resection	448.09	1/1/2019
28341		reconstruct toe, macrodactyly; requiring bone resection	517.40	1/1/2019
28344		reconstruct toe(s); polydactyly	341.45	1/1/2019
28345		reconstruct toe(s); syndactyly, with or without skin graft(s)/web	413.96	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
28360		reconstruction cleft foot	749.84	1/1/2019
28400		treatment of heel fracture	173.91	1/1/2019
28405		repair of heel fracture	286.56	1/1/2019
28406		treat closed calcan fixation w/manipulation skelet	393.77	1/1/2019
28415		repair of heel fracture	870.25	1/1/2019
28420		repair/graft heel fracture	917.38	1/1/2019
28430		treatment of ankle fracture	162.84	1/1/2019
28435		repair of ankle fracture	231.21	1/1/2019
28436		treatment of closed talus fx w/manip and pinning	314.73	1/1/2019
28445		repair of ankle fracture	821.81	1/1/2019
28450		treatment midfoot fracture	150.55	1/1/2019
28455		repair midfoot fracture	210.16	1/1/2019
28456		percutaneous skeletal fixation of tarsal bone fx. with manipulati	201.16	1/1/2019
28465		repair midfoot fracture(s)	466.78	1/1/2019
28470		treat metatarsal fractures	150.46	1/1/2019
28475		repair metatarsal fractures	192.15	1/1/2019
28476		treatment of closed metatarsal fx w/manip, pinning	249.20	1/1/2019
28485		repair metatarsal fractures	402.31	1/1/2019
28490		treat big toe fracture	96.52	1/1/2019
28495		closed treatment of fracture great toe, phalanx or phalanges;	122.53	1/1/2019
28496		treatment of closed toe fx w/manip and planning.	293.90	1/1/2019
28505		repair of big toe fracture	476.86	1/1/2019
28510		treatment of toe fracture	84.12	1/1/2019
28515		closed treatment of fracture, phalanx or phalanges, other than great toe;	110.89	1/1/2019
28525		repair of toe fracture	399.98	1/1/2019
28530		treatment of closed sesamoid fracture	81.14	1/1/2019
28531		open tx sesamoid fx	260.62	1/1/2019
28540		repair foot dislocation	144.45	1/1/2019
28545		repair foot dislocation	177.58	1/1/2019
28546		treatment tarsal disloc with percutaneous skeletal	331.45	1/1/2019
28555		repair of foot dislocation	623.90	1/1/2019
28570		repair foot dislocation	124.46	1/1/2019
28575		repair foot dislocation	238.75	1/1/2019
28576		percutaneous skeletal fix talotarsal jint disloc	264.07	1/1/2019
28585		repair of foot dislocation	667.45	1/1/2019
28600		repair foot dislocation	150.04	1/1/2019
28605		closed treatment of tarsometatarsal joint dislocation;	194.67	1/1/2019
28606		treat clsd tars/metatars disloc w/percut skel fix	292.30	1/1/2019
28615		repair foot dislocation	586.60	1/1/2019
28630		repair of toe dislocation	107.76	1/1/2019
28635		closed treatment of metatarsophalangeal joint dislocation;	128.48	1/1/2019
28636		percutaneous skeletal fixation of metatarsophalangeal joint	210.81	1/1/2019
28645		repair of toe dislocation	452.26	1/1/2019
28660		repair of toe dislocation	78.46	1/1/2019
28665		closed treatment of interphalangeal joint dislocation;	114.94	1/1/2019
28666		percutaneous skeletal fixation of interphalangeal joint dislocation,	149.12	1/1/2019
28675		open treatment of closed or open interphalangeal j	409.00	1/1/2019
28705		amb surg pantalar arthrodesis	1015.48	1/1/2019
28715		triple arthrodesis	750.59	1/1/2019
28725		amb surg arthrodesis subtalar	618.13	1/1/2019
28730		amb surg arthrodesis midtarsal or tarsometatarsal	645.81	1/1/2019
28735		fusion of foot bones	618.46	1/1/2019
28737		arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal	548.72	1/1/2019
28740		amb surg arthrodesis midtarsal or tarsometatarsal	617.29	1/1/2019
28750		amb surg arthrodesis great toe	599.99	1/1/2019
28755		amb surg arthrodesis great toe	360.62	1/1/2019
28760		amb surg arthrodesis great toe	569.74	1/1/2019
28800		amputation, foot; midtarsal (eg, chopart type procedure)	442.99	1/1/2019
28805		amputation thru metatarsal	585.37	1/1/2019
28810		amputation toe & metatarsal	340.85	1/1/2019
28820		amb surg amputation toe metatarsophalangeal joint	381.13	1/1/2019
28825		amb surg amputation toe interphalangeal joint	414.08	1/1/2019
29000		application of body cast	193.05	1/1/2019
29010		application of body cast	176.09	1/1/2019
29015		application of body cast	171.82	1/1/2019
29035		application of body cast	171.18	1/1/2019
29040		application of body cast	166.61	1/1/2019
29044		application of body cast, shoulder to hips;	186.08	1/1/2019
29046		application of body cast, shoulder to hips;	203.42	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
29049		application, cast; figure-of-eight	62.04	1/1/2019
29055		application;	147.67	1/1/2019
29058		application;	80.54	1/1/2019
29065		application;	67.29	1/1/2019
29075		application cast figure 8 elbow to finger	62.34	1/1/2019
29085		application cast: hand and lower forearm	66.52	1/1/2019
29086		application, cast; finger (eg, contracture)	50.71	1/1/2019
29105		application of long arm cast	61.80	1/1/2019
29125		application of short arm splint	47.76	1/1/2019
29126		application of short arm dynamic	55.10	1/1/2019
29130		application of finger splint	29.47	1/1/2019
29131		application of finger splint dynamic	36.20	1/1/2019
29200		strapping;	38.94	1/1/2019
29240		strapping; shoulder	43.52	1/1/2019
29260		strapping; elbow or wrist	37.46	1/1/2019
29280		strapping; hand or finger	36.11	1/1/2019
29305		application of hip cast	166.83	1/1/2019
29325		application of hip spica cast; 1 & 1/2 spica or both legs	185.80	1/1/2019
29345		application of long leg cast (thigh to toes);	97.13	1/1/2019
29355		application of long leg cast (thigh to toes);	100.72	1/1/2019
29358		application long leg cast brace	108.95	1/1/2019
29365		application of cylinder cast (thigh to ankle)	86.90	1/1/2019
29405		application of short leg cast	63.90	1/1/2019
29425		application of short leg cast-walking	69.35	1/1/2019
29435		application patellar tendon bearing cast	84.88	1/1/2019
29440		adding walker to previously applied cast	38.10	1/1/2019
29445		application of rigid total contact leg cast	107.27	1/1/2019
29450		application clubfoot cast, long or short leg	113.74	1/1/2019
29505		application of long leg cast	54.25	1/1/2019
29515		application of short leg cast	51.08	1/1/2019
29520		strapping;	36.46	1/1/2019
29530		strapping of knee	38.08	1/1/2019
29540		strapping of ankle	31.50	1/1/2019
29550		strapping;	30.55	1/1/2019
29580		strapping;	38.43	1/1/2019
29700		removal/revision of cast	46.17	1/1/2019
29705		removal of full arm or leg cast	49.05	1/1/2019
29710		removal or bivalving;	85.82	1/1/2019
29720		repair of cast	57.03	1/1/2019
29730		windowing of cast	47.67	1/1/2019
29740		wedging of cast (except clubfoot casts)	68.48	1/1/2019
29750		revision of cast	74.87	1/1/2019
29800		arthroscopy, tm joint with or w/o synovial biopsy	387.75	1/1/2019
29804		arthroscopy, temporomandibular joint, surgical	482.28	1/1/2019
29805		arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate	350.73	1/1/2019
29806		arthroscopy, shoulder, surgical; capsulorrhaphy	806.56	1/1/2019
29807		arthroscopy, shoulder, surgical; repair of slap lesion	785.42	1/1/2019
29819		arthroscopy shoulder surgical with removal of fb	440.33	1/1/2019
29820		arthroscopy synovectomy partial	406.47	1/1/2019
29821		arthroscopy synovectomy complete	443.93	1/1/2019
29822		arthroscopy debridement limited	431.02	1/1/2019
29823		arthroscopy debridement extensive	471.68	1/1/2019
29824		arthroscopy, shoulder, surgical; distal claviclectomy including distal	502.66	1/1/2019
29825		arthroscopy with lysis of adhesions	439.76	1/1/2019
29826		arthroscopy shoulder w/ decompr subacromial space	505.19	1/1/2019
29827		arthroscopy, shoulder, surgical; with rotator cuff repair	827.22	1/1/2019
29830		arthroscopy elbow diagnostic	338.57	1/1/2019
29834		arthroscopy elbow surgical with removal of fb	368.98	1/1/2019
29835		arthroscopy elbow synovectomy partial	378.80	1/1/2019
29836		arthroscopy elbow synovectomy complete	435.60	1/1/2019
29837		arthroscopy elbow debridement limited	397.33	1/1/2019
29838		arthroscopy elbow debridement extensive	444.18	1/1/2019
29840		arthroscopy, wrist, diagnostic, with or without synovial biopsy	331.64	1/1/2019
29843		surgical arthroscopy for infection	356.53	1/1/2019
29844		surgical arthroscopy for partial synovectomy	370.71	1/1/2019
29845		surgical arthroscopy for complete synovectomy	423.77	1/1/2019
29846		surgical arthroscopy for excision fibrocartilage	390.07	1/1/2019
29847		surgical arthroscopy for fixation of fracture	405.17	1/1/2019
29848		endoscopy, wrist, surgical, with release of transverse carpal ligament	368.46	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
29850		arthroscopically aided tx of fx knee	430.89	1/1/2019
29851		arthroscopically aided tx of fx of knee	709.53	1/1/2019
29855		arthroscopically aided tx of tibial fx	593.19	1/1/2019
29856		arthroscopically aided tx of tibial fx	760.53	1/1/2019
29860		arthroscopy, hip, diagnostic with or without synovial biopsy (sep	488.56	1/1/2019
29861		arthroscopy, hip, surgical; with removal of loose body or foreign	542.41	1/1/2019
29862		arthroscopy, hip, surgical, with debridement/shaving of articular	605.37	1/1/2019
29863		arthroscopy, hip, surgical; with synovectomy	599.11	1/1/2019
29870		arthroscopy knee diagnostic	304.19	1/1/2019
29871		arthroscopy knee surgical	382.91	1/1/2019
29873		arthroscopy, knee, surgical; with lateral release	381.18	1/1/2019
29874		arthroscopy knee with removal of foreign body	401.95	1/1/2019
29875		arthroscopy knee synovectomy limited	370.40	1/1/2019
29876		arthroscopy knee synovectomy major	487.59	1/1/2019
29877		arthroscopy knee debridement/shaving	461.12	1/1/2019
29879		arthroscopy knee abrasion arthroplasty	493.75	1/1/2019
29880		arthroscopy w/menisectomy, knee	515.72	1/1/2019
29881		arthroscopy knee with meniscectomy	480.28	1/1/2019
29882		arthroscopy knee with meniscus repair	520.71	1/1/2019
29883		arthroscopy w/meniscus repair, knee	636.07	1/1/2019
29884		arthroscopy knee with lysis of adhesions	459.71	1/1/2019
29885		surgical arthroscopy w/bone grafting, knee	558.26	1/1/2019
29886		arthroscopy knee drilling	470.32	1/1/2019
29887		arthroscopy knee drilling with internal fixation	555.05	1/1/2019
29888		ligament repair by arthroscopy, anterior	754.92	1/1/2019
29889		ligament repair by arthroscopy, posterior	921.85	1/1/2019
29891		arthroscopy, ankle, surgical; excision of osteochondral defect of	523.49	1/1/2019
29892		arthroscopically aided repair of large osteochondritis dissecans	535.95	1/1/2019
29893		endoscopic plantar fasciotomy	432.18	1/1/2019
29894		arthroscopy ankle surgical	393.30	1/1/2019
29895		arthroscopy ankle synovectomy partial	380.46	1/1/2019
29897		arthroscopy ankle debridement limited	398.24	1/1/2019
29898		arthroscopy ankle debridement extensive	445.79	1/1/2019
29899		endoscopic plantar fasciotomy with ankle arthrodesis	802.22	1/1/2019
29900		arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	340.90	1/1/2019
29901		arthroscopy, metacarpophalangeal joint, surgical; with debridement	374.06	1/1/2019
29902		arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced	400.23	1/1/2019
30000		drainage abscess or hematoma, nasal, internal approach	164.10	1/1/2019
30020		drainage abscess or hematoma, nasal septum	158.91	1/1/2019
30100		biopsy, intranasal	99.91	1/1/2019
30110		amb surg-removal of nasal polyp(s)	161.22	1/1/2019
30115		excision nasal polyps, extensive	315.70	1/1/2019
30117		excision or destruction (eg, laser), intranasal lesion; internal approach	585.41	1/1/2019
30118		removal of nose lesion	574.52	1/1/2019
30120		revision of nose	379.75	1/1/2019
30124		excision dermoid cyst, nose;	200.62	1/1/2019
30125		removal of nose lesion	456.74	1/1/2019
30130		excision inferior turbinate, partial or complete, any method	274.54	1/1/2019
30140		submucous resection inferior turbinate, partial or complete, any method	312.69	1/1/2019
30150		partial removal of nose	587.00	1/1/2019
30160		removal of nose	590.79	1/1/2019
30200		injection into turbinate(s), therapeutic	80.02	1/1/2019
30210		displacement therapy (proetz type)	105.30	1/1/2019
30220		insertion nasal septal prosthesis (button)	205.89	1/1/2019
30300		removal foreign body, intranasal;	159.51	1/1/2019
30310		amb surg remove foreign body anesthesia required	149.98	1/1/2019
30320		remove foreign body,nose	331.30	1/1/2019
30400		amb surg rhinoplasty primary	763.44	1/1/2019
30410		rhinoplasty, complete	907.80	1/1/2019
30420		rhinoplasty, including major septal repair	1022.95	1/1/2019
30430		amb surg rhinoplasty secondary minor revision	664.59	1/1/2019
30435		rhinoplasty, intermediate revision	881.84	1/1/2019
30450		amb surg rhinoplasty secondary major revision	1177.92	1/1/2019
30460		rhinoplasty for nasal deformity, tip only	572.10	1/1/2019
30462		rhinoplasty for nasal deformity; tip, septum, osteotomies	1149.97	1/1/2019
30520		repair of nasal septum	445.33	1/1/2019
30540		repair nasal lesion	497.58	1/1/2019
30545		repair nasal lesion	720.58	1/1/2019
30560		lysis intranasal synechia	188.98	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
30580		amb surg repair fistula oromaxillary	463.14	1/1/2019
30600		repair mouth/nose fistula	425.75	1/1/2019
30620		reconstruction inner nose	452.24	1/1/2019
30630		amb surg repair septal perforation	461.75	1/1/2019
30801		cautery and/or ablation, mucosa of inferior turbinates, unilateral or	158.97	1/1/2019
30802		cautery/ablation mucosa of turbinates; intramural	206.96	1/1/2019
30901		control nasal hemorrhage, anterior, simple	77.10	1/1/2019
30903		control nasal hemorrhage, anterior, complex any method	139.70	1/1/2019
30905		control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery,	174.09	1/1/2019
30906		control nasal hemorrhage, posterior, with posterior nasal	200.61	1/1/2019
30915		ligation nasal sinus artery	430.43	1/1/2019
30920		ligation upper jaw artery	620.74	1/1/2019
30930		fracture nasal inferior turbinate(s), therapeutic	89.58	1/1/2019
31000		lavage by cannulation; maxillary sinus	127.38	1/1/2019
31002		lavage by cannulation;	147.36	1/1/2019
31020		sinusotomy, maxillary (antotomy); intranasal	344.69	1/1/2019
31030		sinusotomy, maxillary; radical w/o removal polyps	505.98	1/1/2019
31032		sinusotomy, maxillary; radical with removal of polyps	422.82	1/1/2019
31040		exploration behind upper jaw	559.21	1/1/2019
31050		amb surg sinusotomy sphenoid	364.16	1/1/2019
31051		sinusotomy w/ mucosal stripping or polyp removal	476.33	1/1/2019
31070		amb surg sinusotomy frontal trephine	319.00	1/1/2019
31075		amb surg sinusotomy frontal	583.06	1/1/2019
31080		amb surg sinusotomy frontal	754.19	1/1/2019
31081		amb surg sinusotomy frontal	919.09	1/1/2019
31084		amb surg sinusotomy frontal	880.85	1/1/2019
31085		amb surg sinusotomy frontal	931.50	1/1/2019
31086		nonobliterative w osteoplastic flap brow incision	834.13	1/1/2019
31087		nonobliterative w osteoplastic flap coronal incis	827.56	1/1/2019
31090		amb surg sinusotomy combined three or more sinuses	738.81	1/1/2019
31200		amb surg ethmoidectomy	391.56	1/1/2019
31201		amb surg ethmoidectomy	542.81	1/1/2019
31205		amb surg ethmoidectomy	637.63	1/1/2019
31225		removal of upper jaw	1382.75	1/1/2019
31230		removal of upper jaw	1552.17	1/1/2019
31231		nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	137.02	1/1/2019
31233		nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy	194.50	1/1/2019
31235		nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy	223.87	1/1/2019
31237		nasal/sinus endoscopy, surgical;	241.50	1/1/2019
31238		nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	249.17	1/1/2019
31239		nasal/sinus endoscopy, surgical;	501.93	1/1/2019
31240		nasal/sinus endoscopy, surgical;	127.36	1/1/2019
31254		nasal/sinus endoscopy, surgical, with ethmoidectomy,partial	218.46	1/1/2019
31255		nasal/sinus endoscopy, surgical, w/ethmoidectomy,anterior & posterior(total)	322.84	1/1/2019
31256		nasal/sinus endoscopy, surgical, with maxillary antrostomy	158.13	1/1/2019
31267		maxillary sinus endoscopy, surgical; w/ removal mucous membrane/or polyps	254.93	1/1/2019
31276		nasal/sinus endoscopy w/frontal sinus exploration w/wo tissue re	407.16	1/1/2019
31287		nasal/sinus endoscopy, surgical, with sphenoidotomy;	185.86	1/1/2019
31288		nasal/sinus endoscopy, surgical, with sphenoidotomy;	215.62	1/1/2019
31290		nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	896.37	1/1/2019
31291		nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	944.70	1/1/2019
31292		nasal/sinus endoscopy, surgical;	775.24	1/1/2019
31293		nasal/sinus endoscopy, surgical;	844.90	1/1/2019
31294		nasal/sinus endoscopy, surgical;	970.70	1/1/2019
31300		removal of larynx lesion	942.41	1/1/2019
31320		incision of larynx	474.46	1/1/2019
31360		removal of larynx	1514.55	1/1/2019
31365		removal of larynx	1899.08	1/1/2019
31367		partial removal of larynx	1633.21	1/1/2019
31368		partial removal of larynx	1825.05	1/1/2019
31370		partial removal of larynx	1533.70	1/1/2019
31375		partial removal of larynx	1450.52	1/1/2019
31380		partial removal of larynx	1429.30	1/1/2019
31382		partial laryngectomy antero-latero-vertical	1566.67	1/1/2019
31390		removal of larynx & pharynx	2114.48	1/1/2019
31395		reconstruct larynx & pharynx	2240.68	1/1/2019
31400		revision of larynx	746.97	1/1/2019
31420		removal of epiglottis	630.38	1/1/2019
31500		insertion of windpipe airway	89.28	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
31502		tracheostomy change	28.17	1/1/2019
31505		laryngoscopy, indirect (separate procedure);	60.96	1/1/2019
31510		laryngoscopy, indirect (separate procedure);	156.47	1/1/2019
31511		laryngoscopy indirect with removal foreign body	157.34	1/1/2019
31512		laryngoscopy indirect with removal lesion	155.20	1/1/2019
31513		laryngoscopy indirect with voca cord injection	104.02	1/1/2019
31515		amb surg laryngoscopy	154.35	1/1/2019
31520		amb surg laryngoscopy	121.27	1/1/2019
31525		amb surg laryngoscopy	186.80	1/1/2019
31526		laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating	124.95	1/1/2019
31527		amb surg laryngoscopy	152.95	1/1/2019
31528		laryngoscopy direct, with or without tracheoscopy; with dilation, initial	114.00	1/1/2019
31529		laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	128.57	1/1/2019
31530		amb surg laryngoscopy	157.56	1/1/2019
31531		laryngoscopy, direct, operative, with foreign body removal; with operating	169.56	1/1/2019
31535		amb surg laryngoscopy	150.68	1/1/2019
31536		laryngoscopy, direct, operative, with biopsy; with operating microscope or	168.33	1/1/2019
31540		amb surg laryngoscopy	193.53	1/1/2019
31541		laryngoscopy, direct, operative, with excision of tumor and/ or stripping of	211.69	1/1/2019
31545		laryngoscopy, direct, operative, with operating microscope or telescope, with	286.80	1/1/2019
31546		laryngoscopy, direct, operative, with operating microscope or telescope, with	437.34	1/1/2019
31551		laryngoplasty laryngeal sten	1198.69	1/1/2019
31552		laryngoplasty laryngeal sten	1210.35	1/1/2019
31553		laryngoplasty laryngeal sten	1319.14	1/1/2019
31554		laryngoplasty laryngeal sten	1387.53	1/1/2019
31560		amb surg laryngoscopy	250.82	1/1/2019
31561		laryngoscopy, direct, operative, with arytenoidectomy; with operating	274.90	1/1/2019
31570		amb surg laryngoscopy	260.60	1/1/2019
31571		laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with	199.74	1/1/2019
31572		largsc w/laser dstrj les	410.36	1/1/2019
31573		largsc w/ther injection	219.40	1/1/2019
31574		largsc w/nix augmentation	840.93	1/1/2019
31575		laryngoscopy flexible fiberoptic diagnostic	86.26	1/1/2019
31576		laryngoscopy flexible fiberoptic with biopsy	167.16	1/1/2019
31577		laryngoscopy flex fiberoptic w/removal foreign bo	181.24	1/1/2019
31578		laryngoscopy flex fiberoptic w/removal of lesion	210.48	1/1/2019
31579		laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	163.44	1/1/2019
31580		revision of larynx	898.34	1/1/2019
31582		revision of larynx	1428.24	1/1/2019
31584		repair of larynx	1147.56	1/1/2019
31587		laryngoplasty, cricoid split	753.64	1/1/2019
31588		laryngoplasty nos	849.71	1/1/2019
31590		laryngeal reinnervation by neuromuscular pedicle	656.26	1/1/2019
31591		laryngoplasty medialization	875.24	1/1/2019
31592		cricotracheal resection	1420.49	1/1/2019
31600		incision of windpipe	314.93	1/1/2019
31601		tracheostomy under two years	207.49	1/1/2019
31603		tracheostomy emergency procedure transtrachael	177.87	1/1/2019
31605		cricothyroidostomy	146.91	1/1/2019
31610		incision of windpipe	534.27	1/1/2019
31611		const trach fistula w/ insert speech prosthesis	398.16	1/1/2019
31612		tracheal puncture percutan for aspiration of mucou	60.82	1/1/2019
31613		tracheostoma revision;	328.88	1/1/2019
31614		tracheostomy revision complex with flap rotation	547.24	1/1/2019
31615		visualization of windpipe	138.41	1/1/2019
31620		endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic	212.81	1/1/2019
31622		bronchoscopy, (rigid or flexible); diagnostic, with or without cell washing	241.65	1/1/2019
31623		bronchoscopy; with brushing or protected brushings	264.26	1/1/2019
31624		bronchoscopy; with bronchial alveolar lavage	246.09	1/1/2019
31625		amb surg bronchoscopy	265.79	1/1/2019
31628		bronchoscopy;	318.74	1/1/2019
31629		bronchoscopy;	484.28	1/1/2019
31630		amb surg bronchoscopy	166.08	1/1/2019
31631		bronchoscopy diag w/ tracheal dilation and stent	187.37	1/1/2019
31632		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	59.61	1/1/2019
31633		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	72.01	1/1/2019
31635		amb surg bronchoscopy	273.47	1/1/2019
31636		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	183.17	1/1/2019
31637		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each	65.10	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
31638		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	205.53	1/1/2019
31640		amb surg bronchoscopy	212.70	1/1/2019
31641		bronchoscopy, (rigid or flexible); with destruction of tumor or relief of	210.46	1/1/2019
31643		bronchoscopy; with placement of catheter(s) for intracavitary radioelement	144.50	1/1/2019
31645		amb surg bronchoscopy	238.40	1/1/2019
31646		amb surg bronchoscopy	216.21	1/1/2019
31717		cath with bronchial brush biopsy	230.38	1/1/2019
31720		suction	42.80	1/1/2019
31725		catheter aspiration (separate procedure);	77.15	1/1/2019
31730		transtracheal intro dilat or /stent / tube for oxygen	648.49	1/1/2019
31750		repair of windpipe	1000.83	1/1/2019
31755		repair of windpipe	1264.04	1/1/2019
31760		repair of windpipe	1097.01	1/1/2019
31766		carinal reconstruction	1434.72	1/1/2019
31770		repair/graft of bronchus	1062.81	1/1/2019
31775		repair of bronchus	1099.34	1/1/2019
31780		excision tracheal stenosis and anastomosis cervica	926.91	1/1/2019
31781		excision tracheal stenosis and anastomosis cervico	1125.69	1/1/2019
31785		excis tracheal tumor or carcinoma cervical	849.17	1/1/2019
31786		excis tracheal tumor or carcinoma thoracic	1181.81	1/1/2019
31800		repair of windpipe injury	524.57	1/1/2019
31805		repair of windpipe injury	649.96	1/1/2019
31820		closure of windpipe lesion	318.17	1/1/2019
31825		surgical closure tracheostomy or fistula;	446.44	1/1/2019
31830		revision trach scar	320.42	1/1/2019
32035		thoracostomy w/rib resection	552.93	1/1/2019
32036		thoracostomy w/open flap draining for empyema	599.90	1/1/2019
32100		exploration/biopsy of chest	762.24	1/1/2019
32110		thoracotomy major w cont of tram hem and or repair	1150.37	1/1/2019
32120		exploration of chest	682.79	1/1/2019
32124		explore chest,free adhesions	726.37	1/1/2019
32140		thoracotomy major w cyst removal w or wo pleural p	777.30	1/1/2019
32141		thoracot major w/exc-plica bullae w/wo pleur proce	1177.73	1/1/2019
32150		removal of lung lesion(s)	783.37	1/1/2019
32151		thoracot major w/removal intrapulmonary for body	800.69	1/1/2019
32160		open chest heart massage	601.73	1/1/2019
32200		drainage of lung lesion	878.65	1/1/2019
32215		pleural scarification for repeat pneumothorax	629.79	1/1/2019
32220		release of lung	1260.02	1/1/2019
32225		partial release of lung	784.11	1/1/2019
32310		pleurectomy, parietal (separate procedure)	723.05	1/1/2019
32320		decortication/parietal pleurectomy	1263.68	1/1/2019
32400		biopsy, pleura;	119.44	1/1/2019
32405		biopsy, lung or mediastinum, percutaneous needle	83.69	1/1/2019
32420		pneumocentesis, puncture of lung for aspiration	92.26	1/1/2019
32440		removal of lung, total pneumonectomy;	1263.88	1/1/2019
32442		removal of lung, total pneumonectomy;	2358.32	1/1/2019
32445		removal of lung, total pneumonectomy; extrapleural	2678.67	1/1/2019
32480		removal of lung, other than total pneumonectomy; single lobe (lobectomy)	1192.97	1/1/2019
32482		removal of lung, other than total pneumonectomy;	1272.11	1/1/2019
32484		removal of lung, other than total pneumonectomy;	1151.49	1/1/2019
32486		removal of lung, other than total pneumonectomy;	1841.01	1/1/2019
32488		removal of lung, other than total pneumonectomy;	1864.41	1/1/2019
32540		removal of lung lesion	1325.71	1/1/2019
32601		thoracoscopy, diagnostic (separate procedure);	250.63	1/1/2019
32604		thoracoscopy, diagnostic (separate procedure);	395.92	1/1/2019
32606		thoracoscopy, diagnostic (separate procedure);	378.30	1/1/2019
32650		thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	534.61	1/1/2019
32651		thoracoscopy, surgical;	847.00	1/1/2019
32652		thoracoscopy, surgical;	1287.25	1/1/2019
32653		thoracoscopy, surgical;	820.88	1/1/2019
32654		thoracoscopy, surgical;	907.76	1/1/2019
32655		thoracoscopy, surgical;	748.63	1/1/2019
32656		thoracoscopy, surgical;	640.59	1/1/2019
32658		thoracoscopy, surgical;	577.10	1/1/2019
32659		thoracoscopy, surgical;	586.39	1/1/2019
32661		thoracoscopy, surgical;	645.14	1/1/2019
32662		thoracoscopy, surgical;	722.28	1/1/2019
32663		thoracoscopy, surgical;	1114.79	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
32664		thoracoscopy, surgical;	686.42	1/1/2019
32665		thoracoscopy, surgical;	965.30	1/1/2019
32800		repair lung hernia thru chest wall	738.27	1/1/2019
32810		close chest wall foll open flap drain for empyema	713.88	1/1/2019
32815		open closure of major bronchial fistula	2122.57	1/1/2019
32820		major reconstruct chest wall post trauma	1063.80	1/1/2019
32900		resection ribs extrapleural all stages	1087.20	1/1/2019
32905		thoracoplasty schede type or extrapleural	1072.15	1/1/2019
32906		thoracoplasty with closure bronchopleural fistula	1332.29	1/1/2019
32940		revision of lung	982.37	1/1/2019
32960		pneumothorax, therapeutic, intrapleural injection of air	109.56	1/1/2019
32997		total lung lavage (unilateral)	292.44	1/1/2019
33020		incision of heart sac	695.06	1/1/2019
33025		incision of heart sac	641.64	1/1/2019
33030		partial removal of heart sac	1027.67	1/1/2019
33031		pericardiectomy w/o cardiopulmonary bypass	1148.27	1/1/2019
33050		removal of heart sac lesion	793.70	1/1/2019
33120		removal of heart lesion	1255.23	1/1/2019
33130		removal of heart lesion	1105.29	1/1/2019
33140		transmyocardial laser revascularization, by thoracotomy (separate procedure)	1262.42	1/1/2019
33141		transmyocardial laser revascularization, by thoracotomy; performed at the time	122.54	1/1/2019
33202		insertion of epicardial electrode(s); open incision (eg, thoracotomy, median	625.81	1/1/2019
33203		insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy,	659.64	1/1/2019
33206		insertion or replacement of permanent pacemaker with transvenous electrode(s);	381.54	1/1/2019
33207		insertion permanent pacemaker ventricular	408.76	1/1/2019
33208		insertion or replacement of permanent pacemaker with transvenous electrode(s);	440.71	1/1/2019
33210		insertion or replacement of temporary transvenous single chamber cardiac	152.02	1/1/2019
33211		insertion or replacement of temporary transvenous dual chamber	152.83	1/1/2019
33212		insertion or replacement of pacemaker pulse generator only; single chamber,	285.29	1/1/2019
33213		insertion or replacement of pacemaker pulse generator only;	325.73	1/1/2019
33214		upgrade of implanted pacemaker system, conversion of single	403.73	1/1/2019
33215		insert transvenous electrode; single chamber (1 electrode) permanent pacemaker	257.84	1/1/2019
33216		insertion of a transvenous electrode; single chamber (one electrode) permanent	317.19	1/1/2019
33217		insertion or repositioning of a transvenous electrode (15 days or more after	314.54	1/1/2019
33218		repair of pacemaker electrode(s) only; single chamber, atrial or ventricular	327.85	1/1/2019
33220		repair of pacemaker electrode(s) only;	330.93	1/1/2019
33222		revision or relocation of skin pocket for pacemaker	288.24	1/1/2019
33223		revision of skin pocket for single or dual chamber pacing	349.69	1/1/2019
33224		insertion of pacing electrode, cardiac venous system, for left ventricular	428.96	1/1/2019
33225		insertion of pacing electrode, cardiac venous system, for left ventricular	387.16	1/1/2019
33226		repositioning of previously implanted cardiac venous system (left ventricular)	414.40	1/1/2019
33233		removal of permanent pacemaker pulse generator	201.34	1/1/2019
33234		removal of transvenous pacemaker electrode(s); single lead system, atrial or	409.85	1/1/2019
33235		removal of transvenous pacemaker electrode(s); dual lead system	529.39	1/1/2019
33236		removal of permanent epicardial pacemaker and electrodes by thoracotomy;	626.81	1/1/2019
33237		removal of permanent epicardial pacemaker and electrodes by thoracotomy;	692.04	1/1/2019
33238		removal of permanent transvenous electrode(s) by thoracotomy	747.57	1/1/2019
33240		insertion or replacement of implantable cardioverter-defibrillator	391.89	1/1/2019
33241		removal of implantable cardioverter-defibrillator pulse generator only	190.57	1/1/2019
33243		removal of implantable cardioverter-defibrillator pulse generator	1101.11	1/1/2019
33244		removal of single or dual chamber pacing cardioverter-defibrillator	720.18	1/1/2019
33249		insertion or replacement of implantable cardioverter-defibrillator	762.73	1/1/2019
33250		operative ablation of supraventricular arrhythmogenic focus or pathway (eg,	1180.95	1/1/2019
33251		ablat supravent arrhyth focus with card-pul bypass	1309.17	1/1/2019
33254		operative tissue ablation and reconstruction of atria, limited (eg, modified	1100.81	1/1/2019
33255		operative tissue ablation and reconstruction of atria, extensive (eg, maze	1346.73	1/1/2019
33256		operative tissue ablation and reconstruction of atria, extensive (eg, maze	1606.80	1/1/2019
33261		operative ablation of ventricular arrhythmogenic focus with cardiopulmonary	1302.95	1/1/2019
33265		endoscopy, surgical; operative tissue ablation and reconstruction of atria,	1098.50	1/1/2019
33266		endoscopy, surgical; operative tissue ablation and reconstruction of atria,	1508.63	1/1/2019
33284		removal of an implantable, patient-activated cardiac event recorder	194.46	1/1/2019
33300		repair of heart wound	1873.03	1/1/2019
33305		repair of heart wound	3128.59	1/1/2019
33310		cardiotomy, exploratory (includes removal of foreign body, atrial or	941.22	1/1/2019
33315		cardiotomy explor with bypass	1197.50	1/1/2019
33320		suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	853.48	1/1/2019
33321		suture repair of aorta or great vessels;	962.53	1/1/2019
33322		repair major blood vessels	1117.90	1/1/2019
33330		insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary	1129.53	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
33335		insertion of heart graft	1523.78	1/1/2019
33390		valvuloplasty aortic valve	1620.68	1/1/2019
33391		valvuloplasty aortic valve	1920.47	1/1/2019
33400		repair of aortic valve	1836.64	1/1/2019
33401		valvuloplasty, aortic valve;	1208.91	1/1/2019
33403		valvuloplasty, aortic valve;	1216.57	1/1/2019
33404		construction of apical-aortic conduit	1443.83	1/1/2019
33405		replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve	1872.74	1/1/2019
33406		replacement, aortic valve, with cardiopulmonary bypass; with allograft valve	2313.82	1/1/2019
33410		replacement aortic valve, with cardiopulmonary bypass;with stentless tissue	2041.58	1/1/2019
33411		replacement aortic valve w/ annulus enlargement	2668.62	1/1/2019
33412		replacement aortic valve, konno procedure	2020.28	1/1/2019
33413		replacement, aortic valve; by translocation of autologous pulmonary valve with	2628.57	1/1/2019
33414		repair of left ventricular outflow tract obstruction by patch	1755.79	1/1/2019
33415		revision of aortic valve	1628.75	1/1/2019
33416		ventriculomyotomy/myectomy for subaortic stenosis	1634.61	1/1/2019
33417		revision of aortic valve	1360.88	1/1/2019
33420		valvotomy, mitral valve; closed heart	1107.47	1/1/2019
33422		valvotomy, mitral valve; open heart, with cardiopulmonary bypass	1366.82	1/1/2019
33425		revision of mitral valve	2136.55	1/1/2019
33426		valvuloplasty mv w/ card-pul bypass w/ prosth ring	1935.42	1/1/2019
33427		valvuloplasty mv w/ cpb radical reconstr w/wo ring	2019.41	1/1/2019
33430		replacement of mitral valve	2240.10	1/1/2019
33460		valvectomy, tricuspid valve, with cardiopulmonary bypass	1901.57	1/1/2019
33463		valvuloplasty, tricuspid valve;	2403.63	1/1/2019
33464		valvuloplasty, tricuspid valve;	1934.14	1/1/2019
33465		replacement, tricuspid valve, with cardiopulmonary bypass	2166.28	1/1/2019
33468		revision of tricuspid valve	1522.55	1/1/2019
33470		valvotomy, pulmonary valve, closed heart; transventricular	961.99	1/1/2019
33471		valvotomy pulmonary valve, closed heart via pulmonary artery	1072.16	1/1/2019
33474		revision of tricuspid valve	1668.20	1/1/2019
33475		replacement, pulmonary valve	1875.72	1/1/2019
33476		revision of heart chamber	1186.24	1/1/2019
33478		revision of heart chamber	1274.38	1/1/2019
33496		repair of non-structural prosthetic valve dysfunction with cardiopulmonary	1363.89	1/1/2019
33500		repair coronary fistula w/cardio-pulmonary bypass	1279.63	1/1/2019
33501		repair of coronary fistula; wo cp bypass	887.86	1/1/2019
33502		repair of anomalous coronary artery from pulmonary artery origin; by ligation	1024.87	1/1/2019
33503		anomalous coronary artery graft without bypass	1095.89	1/1/2019
33504		anomalous coronary artery graft with bypass	1171.08	1/1/2019
33505		repair of anomalous coronary artery;	1615.99	1/1/2019
33506		repair of anomalous coronary artery;	1672.75	1/1/2019
33508		endoscopy, surgical, including video-assisted harvest of vein(s) for coronary	13.34	1/1/2019
33510		coronary artery bypass single venous graft	1592.32	1/1/2019
33511		coronary artery bypass 2 coronary venous grafts	1738.37	1/1/2019
33512		coronary artery bypass 3 coronary venous grafts	1958.83	1/1/2019
33513		coronary artery bypass 4 coronary venous grafts	2001.71	1/1/2019
33514		coronary artery bypass 5 coronary venous grafts	2121.24	1/1/2019
33516		coronary artery bypass 6 or more venous grafts	2205.25	1/1/2019
33517		coronary artery bypass; single vein graft	152.00	1/1/2019
33518		coronary artery by pass; 2 venous grafts	329.17	1/1/2019
33519		coronary artery bypass; 3 venous grafts	439.06	1/1/2019
33521		coronary artery bypass; 4 venous grafts	531.25	1/1/2019
33522		coronary artery bypass; 5 venous grafts	604.12	1/1/2019
33523		coronary artery bypass; 6 or more venous grafts	689.41	1/1/2019
33533		coronary artery bypass; single arterial graft	1550.30	1/1/2019
33534		coronary artery bypass; 2 arterial grafts	1803.32	1/1/2019
33535		coronary artery bypass; 3 arterial grafts	2002.94	1/1/2019
33536		coronary artery bypass; 4 or more arterial grafts	2146.84	1/1/2019
33542		removal of heart lesion	2070.81	1/1/2019
33545		repair of heart defect	2443.62	1/1/2019
33572		coronary endarterectomy, open, any method, of left anterior	192.82	1/1/2019
33600		closure of atrioventricular valve (mitral or tricuspid) by suture or	1387.95	1/1/2019
33602		closure of semilunar valve (aortic or pulmonary) by suture or patch	1322.78	1/1/2019
33606		anastomosis of pulmonary artery to aorta (damus-kaye-stansel procedure)	1440.50	1/1/2019
33608		repair of complex cardiac anomaly other than pulmonary atresia	1478.42	1/1/2019
33610		repair of complex cardiac anomalies (eg, single ventricle with subaortic	1442.88	1/1/2019
33611		repair of double outlet right ventricle with intraventricular tunnel	1587.50	1/1/2019
33612		repair of double outlet right ventricle with intraventricular tunnel	1639.37	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
33615		repair of complex cardiac anomalies (eg, tricuspid atresia)	1632.71	1/1/2019
33617		repair of complex cardiac anomalies (eg, single ventricle)	1752.91	1/1/2019
33619		repair of single ventricle with aortic outflow obstruction	2148.90	1/1/2019
33641		repair of heart defect	1305.23	1/1/2019
33645		revision of heart veins	1284.19	1/1/2019
33647		repair of asd and vsd, direct of patch closure	1365.25	1/1/2019
33660		repair of incomplete or partial atrioventricular canal (ostium primum atrial	1432.01	1/1/2019
33665		repair of intermediate or transitional atrioventricular canal, with or without	1549.95	1/1/2019
33670		repair of heart chambers	1612.60	1/1/2019
33675		closure of multiple ventricular septal defects;	1608.51	1/1/2019
33676		closure of multiple ventricular septal defects; with pulmonary valvotomy or	1673.60	1/1/2019
33677		closure of multiple ventricular septal defects; with removal of pulmonary	1739.53	1/1/2019
33681		repair of heart defect	1486.11	1/1/2019
33684		repair of heart defect	1518.60	1/1/2019
33688		repair of heart defect	1525.79	1/1/2019
33690		banding of pulmonary artery	935.84	1/1/2019
33692		complete repair tetralogy of fallot without pulmonary atresia;	1434.66	1/1/2019
33694		repair of heart defects	1616.16	1/1/2019
33697		complete repair tetralogy of fallot with pulmonary atresia	1739.21	1/1/2019
33702		repair of heart defects	1244.22	1/1/2019
33710		repair of heart defects	1502.66	1/1/2019
33720		repair of heart defect	1260.40	1/1/2019
33722		closure of aortico-left ventricular tunnel	1256.51	1/1/2019
33724		repair of isolated partial anomalous pulmonary venous return (eg, scimitar	1279.26	1/1/2019
33726		repair of pulmonary venous stenosis	1672.53	1/1/2019
33730		complete repair anomalous venous return	1594.84	1/1/2019
33732		repair of cor triatriatum or supravulvular mitral ring by resection	1329.50	1/1/2019
33735		atrial septectomy or septostomy; closed heart (blalock-hanlon type operation)	1012.41	1/1/2019
33736		atrial septectomy or septostomy;	1128.75	1/1/2019
33737		atrial septectomy or septostomy; open heart, with inflow occlusion	1052.67	1/1/2019
33750		shunt subclavian to pulmonary artery	1058.87	1/1/2019
33755		shunt ascending aorta to pulmonary artery	1046.75	1/1/2019
33762		shunt descending aorta to pulmonary artery	1044.96	1/1/2019
33764		shunt, central w/ prosthetic graft	1029.99	1/1/2019
33766		shunt; superior vena cava to pulmonary artery for flow to one lung (classical	1132.71	1/1/2019
33767		shunt;	1147.49	1/1/2019
33770		repair of transposition of the great arteries with ventricular	1745.70	1/1/2019
33771		repair of transposition of the great arteries with ventricular	1789.98	1/1/2019
33774		rep transposition grt arteries w cardiopulm bypass	1470.15	1/1/2019
33775		rep transposition grt art w cpb w rem pulm band	1529.51	1/1/2019
33776		rep transpo grt art w cpb w cl vent septal defect	1609.29	1/1/2019
33777		rep transpo grt art w cpb w rep subpulm obstruct	1576.62	1/1/2019
33778		repair transpo grt arteries w cardiopulm bypass	1937.99	1/1/2019
33779		rep transpo grt arteries w cpb w removal pulm band	1861.12	1/1/2019
33780		repair aortic artery w/ closure septal defect	1933.73	1/1/2019
33781		repair aortic artery w/ repair of obstruction	1901.83	1/1/2019
33786		total repair truncus arteriosus	1869.14	1/1/2019
33788		revision of pulmonary artery	1260.71	1/1/2019
33800		aortic suspension for tracheal decompression	790.92	1/1/2019
33802		division aberrant vessel	850.09	1/1/2019
33803		division of aberrant vessel w/ reanastomosis	925.50	1/1/2019
33813		obliteration septal defect w/o bypass	1047.42	1/1/2019
33814		obliteration septal defect with bypass	1236.13	1/1/2019
33820		repair of patent ductus arteriosus; by ligation	791.04	1/1/2019
33822		patent ductus arteriosus division under 18 yrs	840.04	1/1/2019
33824		patene ductus arteriosus division 18 yrs older	950.04	1/1/2019
33840		exc of coarctation of aorta w/wo assoc pat duc w/d	961.28	1/1/2019
33845		exc coarctation of aorta w/wo assoc pat duc art w/	1107.31	1/1/2019
33851		excision coarctation of aorta waldhusen procedure	1019.28	1/1/2019
33852		repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic	1107.48	1/1/2019
33853		repair of hypoplastic or interrupted aortic arch using autogenous	1526.66	1/1/2019
33863		ascending aorta graft, with cardiopulmonary bypass, with or	2553.51	1/1/2019
33875		descend thoracic aorta graft w/o bypass	1610.91	1/1/2019
33877		repair thoracoaaa w/ grft, w/wo cp bypass	2872.11	1/1/2019
33910		pulmonary artery embolectomy with bypass	1347.61	1/1/2019
33915		pulmonary artery embolectomy without bypass	1078.67	1/1/2019
33916		pulmonary endarterectomy w/ bypass	1347.46	1/1/2019
33917		repair of pulmonary artery stenosis by reconstruction with patch or graft	1218.95	1/1/2019
33920		repair of pulmonary atresia with ventricular septal defect,	1475.33	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
33922		transection of pulmonary artery with cardiopulmonary bypass	1114.94	1/1/2019
33967		insertion of intra-aortic balloon assist device, percutaneous	224.45	1/1/2019
33968		removal of intra-aortic balloon assist device, percutaneous	28.84	1/1/2019
33970		insertion of intra-aortic balloon assist device through the femoral artery,	301.92	1/1/2019
33971		removal of intra-aortic balloon assist device including repair of femoral	578.05	1/1/2019
33973		insertion of intra-aortic balloon assist device through the ascending	439.95	1/1/2019
33974		removal of intra-aortic balloon assist device from the ascending	736.12	1/1/2019
33975		insertion of ventricular assist device; extracorporeal, single ventricle	911.80	1/1/2019
33976		insertion of ventricular assist device; extracorporeal, biventricular	1012.52	1/1/2019
33977		removal of ventricular assist device; extracorporeal, single ventricle	975.79	1/1/2019
33978		removal of ventricular assist device; extracorporeal, biventricular	1075.31	1/1/2019
33979		insertion of ventricular assist device, implantable intracorporeal, single	1999.60	1/1/2019
33980		removal of ventricular assist device, implantable intracorporeal, single	2933.33	1/1/2019
34001		removal blood clot artery	788.21	1/1/2019
34051		removal of blood clot,artery	788.97	1/1/2019
34101		amb surg-removal of blood clot, artery	501.15	1/1/2019
34111		embolectomy/thrombectomy, radial or ulnar artery	500.96	1/1/2019
34151		removal of blood clot,artery	1162.63	1/1/2019
34201		removal blood clot artery	820.10	1/1/2019
34203		embolectomy/thrombectomy,popliteal-tibio-peroneal	802.22	1/1/2019
34401		removal of blood clot, vein	1197.09	1/1/2019
34421		removal of blood clot, vein	607.40	1/1/2019
34451		removal of blood clot, vein	1255.33	1/1/2019
34471		removal of blood clot, vein	880.27	1/1/2019
34490		removal of blood clot, vein	503.69	1/1/2019
34501		valvuloplasty femoral vein	780.96	1/1/2019
34502		reconstruction of vena cava, any method	1265.46	1/1/2019
34510		venous valve transposition any vein donor	888.09	1/1/2019
34520		cross-over vein graft to venous system	852.95	1/1/2019
34530		saphenopopliteal vein anastomosis	801.31	1/1/2019
34800		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	954.53	1/1/2019
34802		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	1042.59	1/1/2019
34803		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	1067.51	1/1/2019
34804		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	1042.00	1/1/2019
34805		endovascular repair of infrarenal abdominal aortic aneurysm or dissection;	979.13	1/1/2019
34808		endovascular placement of iliac artery occlusion device (list separately in	174.45	1/1/2019
34812		open femoral artery exposure for delivery of aortic endovascular prosthesis, by	288.56	1/1/2019
34813		placement of femoral-femoral prosthetic graft during endovascular aortic	200.66	1/1/2019
34820		open iliac artery exposure for delivery of endovascular prosthesis or iliac	414.39	1/1/2019
34825		placement of proximal or distal extension prosthesis for endovascular repair of	582.85	1/1/2019
34826		placement of proximal or distal extension prosthesis for endovascular repair of	173.21	1/1/2019
34830		open repair of infrarenal aortic aneurysm or dissection, plus repair of	1526.69	1/1/2019
34831		open repair of infrarenal aortic aneurysm or dissection, plus repair of	1618.87	1/1/2019
34832		open repair of infrarenal aortic aneurysm or dissection, plus repair of	1640.58	1/1/2019
34833		open iliac artery exposure with creation of conduit for delivery of aortic or	515.29	1/1/2019
34834		open brachial artery exposure to assist in the deployment of aortic or iliac	233.43	1/1/2019
34900		endovascular graft replacement for repair of iliac artery	757.38	1/1/2019
35001		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	944.39	1/1/2019
35002		repair rupture aneurysm artery neck incision	997.61	1/1/2019
35005		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	867.49	1/1/2019
35011		direct repair of aneurysm, false aneurysm, or excision (partial or total) and	829.41	1/1/2019
35013		repair ruptured aneurysm artery arm incision	1029.27	1/1/2019
35021		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1008.53	1/1/2019
35022		ruptured aneurysm innominate artery thoracic	1141.25	1/1/2019
35045		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	806.51	1/1/2019
35081		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1447.37	1/1/2019
35082		repair ruptured aneurysm abdominal aorta	1818.10	1/1/2019
35091		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1531.73	1/1/2019
35092		repair rupt aneurysm abd aorta visceral vessels	2172.79	1/1/2019
35102		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1570.68	1/1/2019
35103		repair rupt aneurysm abd aorta iliac vessels	1879.12	1/1/2019
35111		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1156.54	1/1/2019
35112		repair rupt aneurysm splenic artery	1417.73	1/1/2019
35121		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1373.82	1/1/2019
35122		repair rupt aneurysm hepatic celiac renal mesenter	1644.73	1/1/2019
35131		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1170.84	1/1/2019
35132		rupture aneurysm iliac artery	1416.03	1/1/2019
35141		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	928.59	1/1/2019
35142		repair defect of artery	1111.03	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
35151		direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	1047.36	1/1/2019
35152		rupture aneurysm popliteal artery	1216.42	1/1/2019
35180		repair congenital a-v fistula, head and neck	694.57	1/1/2019
35182		repair congenital a-v fistula, thorax and abdomen	1428.76	1/1/2019
35184		repair congenital a-v fistula, extremities	841.93	1/1/2019
35188		repair acq or traumatic a-v fistula, head and neck	704.90	1/1/2019
35189		repair acq or traumatic a-v fistula, thorax/abd	1319.45	1/1/2019
35190		repair acq or traumatic a-v fistula, extremities	615.89	1/1/2019
35201		repair blood vessel lesion	772.92	1/1/2019
35206		repair blood vessel lesion	631.55	1/1/2019
35207		repair blood vessels hand, finger	568.29	1/1/2019
35211		repair blood vessel lesion	1122.20	1/1/2019
35216		repair blood vessel lesion	1565.31	1/1/2019
35221		repair blood vessel lesion	1158.02	1/1/2019
35226		repair blood vessel lesion	697.34	1/1/2019
35231		repair blood vessel lesion	969.06	1/1/2019
35236		repair blood vessel lesion	808.71	1/1/2019
35241		repair blood vessel lesion	1172.02	1/1/2019
35246		repair blood vessel lesion	1275.01	1/1/2019
35251		repair blood vessel lesion	1377.49	1/1/2019
35256		repair blood vessel lesion	850.57	1/1/2019
35261		repair blood vessel lesion	859.17	1/1/2019
35266		repair blood vessel lesion	712.28	1/1/2019
35271		repair blood vessel lesion	1120.55	1/1/2019
35276		repair blood vessel lesion	1176.36	1/1/2019
35281		repair blood vessel lesion	1315.38	1/1/2019
35286		repair blood vessel lesion	779.69	1/1/2019
35301		rechanneling of artery	875.34	1/1/2019
35302		thromboendarterectomy, including patch graft, if performed; superficial femoral	932.06	1/1/2019
35303		thromboendarterectomy, including patch graft, if performed; popliteal artery	1025.92	1/1/2019
35304		thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk	1066.98	1/1/2019
35305		thromboendarterectomy, including patch graft, if performed; tibial or peroneal	1024.77	1/1/2019
35306		thromboendarterectomy, including patch graft, if performed; each additional	384.41	1/1/2019
35311		rechanneling of artery	1255.65	1/1/2019
35321		rechanneling of artery	744.13	1/1/2019
35331		rechanneling of artery	1229.32	1/1/2019
35341		rechanneling of artery	1157.31	1/1/2019
35351		rechanneling of artery	1076.21	1/1/2019
35355		thromboendarterectomy w/ or w/o patch, iliofemoral	873.71	1/1/2019
35361		rechanneling of artery	1324.55	1/1/2019
35363		thromboendarterectomy w/ or w/o patch aortoiliofem	1441.20	1/1/2019
35371		rechanneling of artery	687.91	1/1/2019
35372		thromboendarterectomy, w/wo patch grft, deep femoral	826.09	1/1/2019
35390		reoperation, carotid, thromboendarterectomy, more than one month after original	135.38	1/1/2019
35450		transluminal angioplasty, intraoperative, renal	432.95	1/1/2019
35452		transluminal balloon angioplasty, open;	300.35	1/1/2019
35458		transluminal balloon angioplasty, open	409.32	1/1/2019
35460		transluminal balloon angioplasty, open;	261.23	1/1/2019
35471		transluminal balloon angioplasty, percutaneous;	2431.72	1/1/2019
35472		transluminal angioplasty percutaneous; aortic	1686.55	1/1/2019
35475		transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or	1741.53	1/1/2019
35476		transluminal balloon angioplasty, percutaneous;	1312.90	1/1/2019
35500		harvest of upper extremity vein, one segment, for lower extremity bypass	271.10	1/1/2019
35501		artery bypass graft	1303.93	1/1/2019
35506		artery bypass graft	1110.17	1/1/2019
35508		bypass graft w/ vein, carotid-vertebral	1146.80	1/1/2019
35509		artery bypass graft	1253.62	1/1/2019
35510		bypass graft, with vein; carotid-brachial	1052.78	1/1/2019
35511		artery bypass graft	989.48	1/1/2019
35512		bypass graft, with vein; subclavian-brachial	1026.52	1/1/2019
35515		bypass graft w/ vein, subclavian-vertebral	1108.73	1/1/2019
35516		artery bypass graft	1015.75	1/1/2019
35518		bypass graft w/ vein, axillary-axillary	1007.32	1/1/2019
35521		artery bypass graft	1060.24	1/1/2019
35522		bypass graft, with vein; axillary-brachial	1002.57	1/1/2019
35525		bypass graft, with vein; brachial-brachial	940.90	1/1/2019
35526		artery bypass graft	1388.11	1/1/2019
35531		artery bypass graft	1694.16	1/1/2019
35533		bypass graft w/ vein, axillary-femoral-femoral	1310.96	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
35536		artery bypass graft	1460.83	1/1/2019
35537		bypass graft, with vein; aortoiliac	1811.96	1/1/2019
35538		bypass graft, with vein; aortobi-iliac	2033.76	1/1/2019
35539		bypass graft, with vein; aortofemoral	1886.85	1/1/2019
35540		bypass graft, with vein; aortobifemoral	2113.56	1/1/2019
35556		artery bypass graft	1157.48	1/1/2019
35558		artery bypass graft	1024.18	1/1/2019
35560		bypass graft w/ vein, aortorenal	1490.93	1/1/2019
35563		artery bypass graft	1142.69	1/1/2019
35565		artery bypass graft	1106.61	1/1/2019
35566		artery bypass graft	1389.50	1/1/2019
35571		artery bypass graft	1122.78	1/1/2019
35572		harvest of femoropopliteal vein, one segment, for vascular reconstruction	293.34	1/1/2019
35583		in-situ vein bypass; femoral-popliteal	1195.53	1/1/2019
35585		in-situ vein bypass; femoral-ant tib.post tib.pero	1399.89	1/1/2019
35587		in-situ vein bypass; popliteal, peroneal	1157.60	1/1/2019
35600		harvest of upper extremity artery, one segment, for coronary artery bypass	215.76	1/1/2019
35601		artery bypass graft	1205.50	1/1/2019
35606		artery bypass graft	981.85	1/1/2019
35612		artery bypass graft	767.10	1/1/2019
35616		artery bypass graft	940.24	1/1/2019
35621		artery bypass graft	927.54	1/1/2019
35623		bypass graft, with other than vein;	1138.44	1/1/2019
35626		artery bypass graft	1306.30	1/1/2019
35631		artery bypass graft	1558.88	1/1/2019
35636		bypass graft, with other than vein; splenorenal (splenic to renal arterial	1383.34	1/1/2019
35637		bypass graft, with other than vein; aortoiliac	1431.46	1/1/2019
35638		bypass graft, with other than vein; aortobi-iliac	1462.30	1/1/2019
35642		bypass graft w/ other than vein, carotid-vertebral	864.69	1/1/2019
35645		bypass graft w/ other than vein, subclavian-vert	820.55	1/1/2019
35646		bypass graft, with other than vein; aortobifemoral	1443.67	1/1/2019
35647		bypass graft, with other than vein; aortofemoral	1306.69	1/1/2019
35650		bypass graft w/ other than vein, axillary-axillary	893.28	1/1/2019
35654		bypass graft w/ other than vein, axil-fem-fem	1153.40	1/1/2019
35656		artery bypass graft	908.56	1/1/2019
35661		artery bypass graft	909.18	1/1/2019
35663		artery bypass graft	1054.76	1/1/2019
35665		artery bypass graft	987.94	1/1/2019
35666		artery bypass graft	1064.64	1/1/2019
35671		artery bypass graft	937.88	1/1/2019
35681		bypass graft; composite, prosthetic and vein (list separately in addition to	67.70	1/1/2019
35682		bypass graft; autogenous composite, two segments of veins from two locations	302.23	1/1/2019
35683		bypass graft; autogenous composite, three or more segments of vein from two or	356.50	1/1/2019
35685		placement of vein patch or cuff at distal anastomosis of bypass graft,	169.73	1/1/2019
35686		creation of distal arteriovenous fistula during lower extremity bypass surgery	141.99	1/1/2019
35691		transposition and/or reimplantation;	826.89	1/1/2019
35693		transposition and/or reimplantation;	732.27	1/1/2019
35694		transposition and/or reimplantation;	855.33	1/1/2019
35695		transposition and/or reimplantation;	890.83	1/1/2019
35697		reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	126.44	1/1/2019
35700		reoperation, femoral-popliteal or femoral (popliteal) -anterior	130.11	1/1/2019
35701		exploration,carotid artery	441.74	1/1/2019
35800		exploration of neck	390.19	1/1/2019
35820		exploration of chest	1538.13	1/1/2019
35840		exploration of abdomen	510.77	1/1/2019
35860		exploration of limb	329.64	1/1/2019
35870		repair of graft-enteric fistula	1071.75	1/1/2019
35875		thrombectomy of arterial or venous graft (other than hemodialysis graft or	492.87	1/1/2019
35876		thrombectomy of arterial or venous graft;	790.64	1/1/2019
35879		revision, lower extremity arterial bypass, without thrombectomy, open; with	773.63	1/1/2019
35881		revision, lower extremity arterial bypass, without thrombectomy, open; with	860.13	1/1/2019
35883		revision, femoral anastomosis of synthetic arterial bypass graft in groin,	1004.16	1/1/2019
35884		revision, femoral anastomosis of synthetic arterial bypass graft in groin,	1059.60	1/1/2019
35901		excision of infected graft;	412.37	1/1/2019
35903		excision of infected graft;	466.55	1/1/2019
35905		excision of infected graft;	1458.51	1/1/2019
35907		excision of infected graft;	1607.42	1/1/2019
36000		insertion vein access device	19.66	1/1/2019
36002		injection procedures (eg, thrombin) for percutaneous treatment of extremity	134.55	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
36005		injection procedure for extremity venography (including introduction of needle	263.07	1/1/2019
36010		insertion vein access device	456.10	1/1/2019
36011		selective catheter placement, venous system;	720.44	1/1/2019
36012		selective catheter placement, venous system;	678.70	1/1/2019
36013		introduction of catheter, right heart or main pulmonary artery	625.44	1/1/2019
36014		selective catheter placement, left or right pulmonary artery	653.40	1/1/2019
36015		selective catheter placement, segmental or subsegmental pulmonary artery	716.95	1/1/2019
36100		establish access to artery	418.00	1/1/2019
36120		introduction of needle or intracatheter;	344.62	1/1/2019
36140		introduction of needle or intracatheter;	380.20	1/1/2019
36145		introduction of needle or intracatheter;	376.62	1/1/2019
36160		introduction of needle or intracatheter, aortic, translumbar	419.14	1/1/2019
36200		establish access to aorta	509.03	1/1/2019
36215		arterial cath. placement; 1st order thoracic or brachiocephalic branch	895.05	1/1/2019
36216		arterial cath placement, 2nd order thoracic branch	978.58	1/1/2019
36217		arterial cath placement, 3rd order thoracic branch	1589.20	1/1/2019
36218		selective catheter placement, arterial system; additional second order, third	150.55	1/1/2019
36245		introduction of catheter aorta, each additional	986.11	1/1/2019
36246		selective catheter placement, arterial system;	970.44	1/1/2019
36247		arterial catheter placement;3rd order, abd, pelvic,leg	1519.13	1/1/2019
36248		selective catheter placement, arterial system; additional second order, third	129.78	1/1/2019
36260		insertion implantable infusion pump	469.54	1/1/2019
36261		revision of implanted intra-arterial infusion pump	285.23	1/1/2019
36262		removal of implanted intra-arterial infusion pump	216.84	1/1/2019
36400		venipuncture, under age 3 years; femoral or jugular	20.52	1/1/2019
36405		venipuncture, under age 3 years;	18.62	1/1/2019
36406		venipuncture, under age 3 years;	13.30	1/1/2019
36410		venipuncture, child over age 3 years or adult, necessitating	14.75	1/1/2019
36415		collection of venous blood by venipuncture	2.78	1/1/2019
36420		venipuncture, cutdown;	40.09	1/1/2019
36425		venipuncture, cutdown;	31.51	1/1/2019
36430		blood transfusion service	28.30	1/1/2019
36440		push transfusion, blood, 2 years or under	42.17	1/1/2019
36450		exchange transfusion, blood;	96.75	1/1/2019
36455		exchange transfusion, blood;	105.55	1/1/2019
36456		prtl exchange transfuse nb	91.45	1/1/2019
36460		transfusion, intrauterine, fetal	276.16	1/1/2019
36470		injection of sclerosing solution;	106.44	1/1/2019
36471		injection of sclerosing solution;	131.80	1/1/2019
36473		endovenous mchnchem 1st vein	1222.94	1/1/2019
36474		endovenous mchnchem add-on	74.13	1/1/2019
36475		endovenous ablation therapy of incompetent vein, extremity, inclusive of all	1370.78	1/1/2019
36476		endovenous ablation therapy of incompetent vein, extremity, inclusive of all	298.43	1/1/2019
36478		endovenous ablation therapy of incompetent vein, extremity, inclusive of all	1132.26	1/1/2019
36479		endovenous ablation therapy of incompetent vein, extremity, inclusive of all	313.43	1/1/2019
36481		percutaneous portal vein catheterization by any method	338.97	1/1/2019
36500		venous catheterization for selective organ blood sampling	151.46	1/1/2019
36510		catheterization of umbilical vein for diagnosis or therapy, newborn	85.86	1/1/2019
36511		therapeutic apheresis; for white blood cells	73.72	1/1/2019
36512		therapeutic apheresis; for red blood cells	74.87	1/1/2019
36513		therapeutic apheresis; for platelets	77.22	1/1/2019
36514		therapeutic apheresis, for plasma pheresis	399.34	1/1/2019
36515		therapeutic apheresis; with extracorporeal immunoadsorption and plasma	1479.14	1/1/2019
36516		therapeutic apheresis; with extracorporeal selective adsorption or selective	1672.90	1/1/2019
36522		photopheresis, extracorporeal	1045.34	1/1/2019
36555		insertion of non-tunneled centrally inserted central venous catheter; under 5	215.23	1/1/2019
36556		insertion of non-tunneled centrally inserted central venous catheter; age 5	184.09	1/1/2019
36557		insertion of tunneled centrally inserted central venous catheter, without	654.26	1/1/2019
36558		insertion of tunneled centrally inserted central venous catheter, without	632.80	1/1/2019
36560		insertion of tunneled centrally inserted central venous access device, with	896.62	1/1/2019
36561		insertion of tunneled centrally inserted central venous access device, with	886.80	1/1/2019
36563		insertion of tunneled centrally inserted central venous access device with	896.94	1/1/2019
36565		insertion of tunneled centrally inserted central venous access device,	752.12	1/1/2019
36566		insertion of tunneled centrally inserted central venous access device,	2771.30	1/1/2019
36568		insertion of peripherally inserted central venous catheter (picc), without	242.01	1/1/2019
36569		insertion of peripherally inserted central venous catheter (picc), without	210.77	1/1/2019
36570		insertion of peripherally inserted central venous access device, with	909.44	1/1/2019
36571		insertion of peripherally inserted central venous access device, with	942.85	1/1/2019
36575		repair of tunneled or non-tunneled central venous access catheter, without	124.63	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
36576		repair of central venous access device, with subcutaneous port or pump, central	281.22	1/1/2019
36578		replacement, catheter only, of central venous access device, with subcutaneous	391.23	1/1/2019
36580		replacement, complete, of a non-tunneled centrally inserted central venous	180.44	1/1/2019
36581		replacement, complete, of a tunneled centrally inserted central venous	586.63	1/1/2019
36582		replacement, complete, of a tunneled centrally inserted central venous access	819.16	1/1/2019
36583		replacement, complete, of a tunneled centrally inserted central venous access	819.57	1/1/2019
36584		replacement, complete, of a peripherally inserted central venous catheter	177.59	1/1/2019
36585		replacement, complete, of a peripherally inserted central venous access device,	840.15	1/1/2019
36589		removal of tunneled central venous catheter, without subcutaneous port or pump	132.91	1/1/2019
36590		removal of tunneled central venous access device, with subcutaneous port or	215.47	1/1/2019
36595		mechanical removal of pericatheter obstructive material (eg, fibrin sheath)	475.16	1/1/2019
36596		mechanical removal of intraluminal (intracatheter) obstructive material from	106.57	1/1/2019
36597		repositioning of previously placed central venous catheter under fluoroscopic	101.12	1/1/2019
36600		arterial puncture, withdrawal of blood for diagnosis	24.22	1/1/2019
36620		arterial catheterization or cannulation for sampling, monitoring	42.14	1/1/2019
36625		arterial catheterization or cannulation for sampling, monitoring	87.08	1/1/2019
36640		arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	97.32	1/1/2019
36660		catheterization, umbilical artery, newborn, for diagnosis or therapy	55.36	1/1/2019
36680		placement of needle for intraosseous infusion	48.82	1/1/2019
36800		amb surg insertion of cannula for hemodialysis	127.43	1/1/2019
36810		redirection of blood flow	171.88	1/1/2019
36815		redirection of blood flow	121.20	1/1/2019
36818		arteriovenous anastomosis, open; by upper arm cephalic vein transposition	551.15	1/1/2019
36819		arteriovenous anastomosis, open; by upper arm basilic vein transposition	649.79	1/1/2019
36820		arteriovenous anastomosis, open; by forearm vein transposition	651.91	1/1/2019
36821		arteriovenous anastomosis direct any site	541.52	1/1/2019
36823		insertion of arterial and venous cannula(s) for isolated extracorporeal	1037.16	1/1/2019
36825		amb surg internal a-v fistula arteriovenous	470.00	1/1/2019
36830		arteriovenous fistula nonautogenous graft	538.48	1/1/2019
36831		thrombectomy, open, arteriovenous fistula without revision, autogenous or	371.37	1/1/2019
36832		revision, open, arteriovenous fistula; without thrombectomy, autogenous or	474.67	1/1/2019
36833		revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous	536.45	1/1/2019
36835		thomas shunt	370.72	1/1/2019
36838		distal revascularization and interval ligation (dril), upper extremity	958.99	1/1/2019
36860		cannula declotting without balloon catheter	150.50	1/1/2019
36861		cannula declotting with balloon catheter	122.27	1/1/2019
36870		thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous	1424.98	1/1/2019
36902		intro cath dialysis circuit	993.49	1/1/2019
36903		intro cath dialysis circuit	4540.89	1/1/2019
36904		thrmcb/nfs dialysis circuit	1449.13	1/1/2019
36905		thrmcb/nfs dialysis circuit	1854.18	1/1/2019
36906		thrmcb/nfs dialysis circuit	5509.34	1/1/2019
36908		sten plmt ctr dialysis seg	2183.37	1/1/2019
37140		venous anastomosis, open; portocaval	1096.58	1/1/2019
37145		venous anastomosis; renoportal	1182.29	1/1/2019
37160		venous anastomosis; caval-mesenteric	1028.71	1/1/2019
37180		venous anastomosis; splenorenal, proximal	1152.92	1/1/2019
37181		splenorenal distal (selective decompression)	1246.18	1/1/2019
37182		insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	745.29	1/1/2019
37183		revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	354.17	1/1/2019
37195		thrombolysis, cerebral, by intravenous infusion	251.02	1/1/2019
37200		transcatheter biopsy	197.96	1/1/2019
37202		transcatheter therapy, infusion not for thrombolysis	280.46	1/1/2019
37215		transcatheter placement of intravascular stent(s), cervical carotid artery,	916.71	1/1/2019
37216		transcatheter placement of intravascular stent(s), cervical carotid artery,	842.49	1/1/2019
37246		triuml balo angiop 1st art	1748.86	1/1/2019
37248		triuml balo angiop 1st vein	1212.73	1/1/2019
37500		vascular endoscopy, surgical, with ligation of perforator veins, subfascial	559.27	1/1/2019
37565		ligation, internal jugular vein	556.41	1/1/2019
37600		ligation, external carotid artery	569.23	1/1/2019
37605		ligation; internal or common carotid artery	651.68	1/1/2019
37606		ligation of neck artery	423.97	1/1/2019
37607		ligation or banding of angioaccess arteriovenous fistula	302.68	1/1/2019
37609		amb surg temporal artery ligation or biopsy	224.43	1/1/2019
37615		ligation major artery neck	374.99	1/1/2019
37616		ligation major artery chest	874.14	1/1/2019
37617		ligate major artery abdomen	1042.75	1/1/2019
37618		ligation major artery extremity	299.42	1/1/2019
37650		ligation of femoral vein	409.37	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
37660		ligation of common iliac vein	976.18	1/1/2019
37700		amb surg varicose vein ligation w/wo strip partial	200.39	1/1/2019
37735		removal of leg vein(s)	509.94	1/1/2019
37760		revision of leg veins	502.23	1/1/2019
37765		stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	360.73	1/1/2019
37766		stab phlebectomy of varicose veins, one extremity; more than 20 incisions	439.13	1/1/2019
37780		revision of leg vein	206.71	1/1/2019
37785		amb surg varicose vein leg ligation	274.39	1/1/2019
38100		removal of spleen	844.89	1/1/2019
38101		splenectomy partial	849.19	1/1/2019
38102		splenectomy; total, en bloc for extensive disease, in conjunction with other	202.47	1/1/2019
38115		repair ruptured spleen w/wo partial splenectomy	939.94	1/1/2019
38120		laparoscopy, surgical, splenectomy	781.54	1/1/2019
38200		injection for spleen x-ray	113.35	1/1/2019
38204		management of recipient hematopoietic progenitor cell donor search and cell	82.86	1/1/2019
38205		blood-derived hematopoietic progenitor cell harvesting for transplantation, per	65.46	1/1/2019
38206		blood-derived hematopoietic progenitor cell harvesting for transplantation, per	65.46	1/1/2019
38207		transplant preparation of hematopoietic progenitor cells; cryopreservation and	40.64	1/1/2019
38208		transplant preparation of hematopoietic progenitor cells; thawing of previously	25.94	1/1/2019
38209		transplant preparation of hematopoietic progenitor cells; thawing of previously	11.14	1/1/2019
38220		bone marrow aspiration	119.75	1/1/2019
38221		bone marrow biopsy, needle or trocar	133.21	1/1/2019
38230		bone marrow harvesting for transplantation	250.00	1/1/2019
38240		bone marrow or blood-derived peripheral stem cell transplantation; allogenic	101.15	1/1/2019
38241		bone marrow transplantation;	101.72	1/1/2019
38242		bone marrow or blood-derived peripheral stem cell transplantation; allogeneic	77.10	1/1/2019
38300		drainage of lymph node abscess or lymphadenitis; simple	198.61	1/1/2019
38305		drainage lymph node lesion	345.06	1/1/2019
38308		incision of lymph channels	331.91	1/1/2019
38380		suture and or ligation of thoracic duct cervical a	426.94	1/1/2019
38381		suture and or ligation of thoracic duct thoracic a	638.20	1/1/2019
38382		suture/ligation thoracic duct abdominal approach	515.13	1/1/2019
38500		biopsy or excision of lymph node(s); open, superficial	234.79	1/1/2019
38505		biopsy or excision of lymph node(s);	97.89	1/1/2019
38510		biopsy or excision of lymph node(s); open, deep cervical node(s)	380.87	1/1/2019
38520		biopsy or excision of lymph node(s); open, deep cervical node(s) with excision	346.65	1/1/2019
38525		biopsy or excision of lymph node(s); open, deep axillary node(s)	314.17	1/1/2019
38530		biopsy or excision of lymph node(s); open, internal mammary node(s)	404.28	1/1/2019
38542		dissection deep jugular node	386.12	1/1/2019
38550		excision of cystic hygroma axillary or cervical	357.34	1/1/2019
38555		removal neck/arm/pit lesion	744.87	1/1/2019
38562		limited lymphadenectomy for staging pelvic	534.94	1/1/2019
38564		limited lymphadenectomy for staging retroperitonea	531.55	1/1/2019
38570		laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy).	433.68	1/1/2019
38571		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	682.10	1/1/2019
38572		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and	750.62	1/1/2019
38700		removal of lymph nodes, neck	600.81	1/1/2019
38720		removal of lymph nodes, neck	998.87	1/1/2019
38724		cervical lymphadenectomy	1083.58	1/1/2019
38740		amb surg axillary lymph node dissect superficial	503.33	1/1/2019
38745		amb surg axillary lymph node dissect complete	640.98	1/1/2019
38746		thoracic lymphadenectomy, regional, including mediastinal and peritracheal	211.67	1/1/2019
38747		abdominal lymphadenectomy, regional, including celiac, gastric, portal,	206.34	1/1/2019
38760		inguinofemoral lymphadenectomy, superficial	632.28	1/1/2019
38765		inguinofemoral lymphadenectomy, superficial	984.23	1/1/2019
38770		pelvic lymphadenectomy inc ext iliac hypogastric w	659.11	1/1/2019
38780		retroperitoneal lymphadenectomy extens inc pel aor	830.03	1/1/2019
38790		injection for lymphatic x-ray	64.71	1/1/2019
38792		injection procedure; for identification of sentinel node	31.24	1/1/2019
38794		cannulation, thoracic duct	245.01	1/1/2019
39000		mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	382.35	1/1/2019
39010		mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	635.06	1/1/2019
39200		removal mediastinal lesion	704.61	1/1/2019
39220		removal mediastinal lesion	907.48	1/1/2019
39400		visualization of mediastinum	394.28	1/1/2019
39501		repair, laceration of diaphragm, any approach	645.94	1/1/2019
39503		repair diaphragmatic hernia neonatal	4534.60	1/1/2019
39540		repair of diaphragm hernia	660.47	1/1/2019
39541		repari diaphr hernia traumatic chronic	712.48	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
39545		imbrication of diaphragm for eventration, transthoracic or transabdominal,	700.65	1/1/2019
39560		resection, diaphragm; with simple repair (eg, primary suture)	605.71	1/1/2019
39561		resection, diaphragm; with complex repair (eg, prosthetic material, local	941.40	1/1/2019
40490		biopsy of lip	95.84	1/1/2019
40500		amb surg vermilionectomy (lip shave)	361.76	1/1/2019
40510		amb surg excision lip transverse wedge excision	351.58	1/1/2019
40520		partial excision of lip	361.04	1/1/2019
40525		excision lip full thickness local flap	419.92	1/1/2019
40527		excision lip full thickness cross lip flap	496.38	1/1/2019
40530		partial removal of lip	398.84	1/1/2019
40650		repair lip	299.36	1/1/2019
40652		repair lip	352.34	1/1/2019
40654		repair lip	416.08	1/1/2019
40700		repair cleft lip	704.99	1/1/2019
40701		repair cleft lip	874.80	1/1/2019
40702		repair cleft lip	680.23	1/1/2019
40720		repair cleft lip	748.79	1/1/2019
40761		repair cleft lip	810.78	1/1/2019
40800		drainage of abscess, cyst, hematoma, vestibule of mouth;	143.50	1/1/2019
40801		drainage of abscess, cyst, hematoma, vestibule of mouth;	221.81	1/1/2019
40804		removal foreign body, mouth	146.45	1/1/2019
40805		removal of embedded foreign body, vestibule of mouth;	232.48	1/1/2019
40808		biopsy mouth lesion	128.87	1/1/2019
40810		excision of lesion of mucosa and submucosa, vestibule of mouth;	143.83	1/1/2019
40812		excision of lesion of mucosa and submucosa, vestibule of mouth;	203.36	1/1/2019
40814		excision mouth lesion	274.30	1/1/2019
40816		exc lesion of mucosa and submucosa w/o repair	289.11	1/1/2019
40818		excision oral nucosa, graft	253.06	1/1/2019
40820		destruction of lesion or scar of vestibule of mouth, by physician	186.62	1/1/2019
40830		closure of laceration, vestibule of mouth;	173.18	1/1/2019
40831		closure of laceration, vestibule of mouth;	230.10	1/1/2019
40840		reconstruction mouth	595.06	1/1/2019
40842		reconstruction mouth	586.12	1/1/2019
40843		reconstruction mouth	766.48	1/1/2019
40844		reconstruction mouth	1016.49	1/1/2019
40845		reconstruction mouth	1108.04	1/1/2019
41000		intraoral incision and drainage of abscess, cyst, or hematoma	115.05	1/1/2019
41005		intraoral incision and drainage of abscess, cyst, or hematoma	160.24	1/1/2019
41006		intraoral incision and drainage of abscess, cyst, or hematoma	260.02	1/1/2019
41007		intraoral incision and drainage of abscess, cyst, or hematoma	260.35	1/1/2019
41008		intraoral incision and drainage of abscess, cyst, or hematoma	268.32	1/1/2019
41009		intraoral incision and drainage of abscess, cyst, or hematoma	285.14	1/1/2019
41010		incision of lingual frenum (frenotomy)	143.79	1/1/2019
41015		extraoral incision and drainage of abscess, cyst, or hematoma	306.86	1/1/2019
41016		extraoral incision and drainage of abscess, cyst, or hematoma	315.13	1/1/2019
41017		extraoral incision and drainage of abscess, cyst, or hematoma	317.44	1/1/2019
41018		extraoral incision and drainage of abscess, cyst, or hematoma	364.64	1/1/2019
41100		biopsy tongue	121.58	1/1/2019
41105		biopsy of tongue;	121.88	1/1/2019
41108		biopsy floor of mouth	104.27	1/1/2019
41110		excision tongue lesion	150.07	1/1/2019
41112		excision of lesion of tongue with closure;	237.55	1/1/2019
41113		excision tongue lesion	260.87	1/1/2019
41114		exc lesion tongue local tongue flap	480.64	1/1/2019
41115		excision of lingual frenum (frenectomy)	174.67	1/1/2019
41116		excision, lesion of floor of mouth	232.11	1/1/2019
41120		partial removal of tongue	778.60	1/1/2019
41130		partial removal of tongue	965.17	1/1/2019
41135		tongue and neck surgery	1617.82	1/1/2019
41140		removal of tongue	1660.15	1/1/2019
41145		tongue removal; neck surgery	2081.92	1/1/2019
41150		mouth and jaw surgery	1645.96	1/1/2019
41153		glossectomy composite proc w/resection floor mouth	1787.46	1/1/2019
41155		mouth, jaw, and neck surgery	2227.63	1/1/2019
41250		repair laceration tongue	163.82	1/1/2019
41251		repair laceration to 2cm posterior one third tongu	170.06	1/1/2019
41252		repair lacerated tongue	222.98	1/1/2019
41510		tongue to lip surgery	301.01	1/1/2019
41520		frenoplasty	248.31	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
41800		drainage of abscess, cyst, hematoma from dentoalveolar structures	161.23	1/1/2019
41805		removal of embedded foreign body from dentoalveolar structures;	166.49	1/1/2019
41806		removal of embedded foreign body from dentoalveolar structures;	245.29	1/1/2019
41820		excision, gum	348.61	1/1/2019
41821		excision, gum flap	290.53	1/1/2019
41822		excision gum lesion	206.01	1/1/2019
41823		excision gum lesion	307.05	1/1/2019
41825		excision gum lesion	146.58	1/1/2019
41826		excision gum lesion	206.97	1/1/2019
41827		excision gum lesion	307.49	1/1/2019
41830		amb surg alveolectomy inc curettage osteitis	277.90	1/1/2019
41850		destruction of lesion except excision	34.86	1/1/2019
41870		graft gum	464.83	1/1/2019
41872		gingivoplasty, each quadrant (specify)	260.17	1/1/2019
41874		alveoloplasty, each quadrant (specify)	264.54	1/1/2019
42000		drainage of abscess of palate, uvula	113.45	1/1/2019
42100		biopsy roof of mouth	108.06	1/1/2019
42104		excision, lesion of palate, uvula;	150.10	1/1/2019
42106		excision lesion, mouth roof	190.44	1/1/2019
42107		excision lesion palate, uvula local flap closure	332.39	1/1/2019
42120		resection palate or extensive resection of lesion	726.94	1/1/2019
42140		uvulectomy, excision of uvula	178.61	1/1/2019
42145		palatopharyngoplasty	530.86	1/1/2019
42160		destruction of lesion, palate or uvula (thermal, cryo or chemical)	173.16	1/1/2019
42180		repair palate	177.32	1/1/2019
42182		repair palate	243.58	1/1/2019
42200		reconstruction cleft palate	673.64	1/1/2019
42205		reconstruction cleft palate	718.82	1/1/2019
42210		palatoplasty with bone graft to alveolar ridge-includes obtaining graft	810.62	1/1/2019
42215		reconstruction cleft palate	530.04	1/1/2019
42220		reconstruction cleft palate	411.96	1/1/2019
42225		reconstruction cleft palate	703.22	1/1/2019
42226		lengthening palate and pharyngeal flap	699.76	1/1/2019
42227		lengthening of palate with island flap	679.99	1/1/2019
42235		repair palate	555.06	1/1/2019
42260		repair nose to lip fistula	621.60	1/1/2019
42300		drainage of abscess;	151.35	1/1/2019
42305		drainage of abscess;	328.64	1/1/2019
42310		drainage of abscess;	117.88	1/1/2019
42320		drainage of abscess;	182.16	1/1/2019
42330		sialolithotomy;	169.61	1/1/2019
42335		treatment salivary stone	269.96	1/1/2019
42340		treatment salivary stone	340.16	1/1/2019
42400		biopsy of salivary gland;	79.73	1/1/2019
42405		biopsy of salivary gland;	224.11	1/1/2019
42408		amb surg excision salivary cyst	333.11	1/1/2019
42409		amb surg treatment salivary cyst	240.14	1/1/2019
42410		excision parotid gland	477.34	1/1/2019
42415		ex parotid tumor parotid gl lat lob w dissecan pre	863.18	1/1/2019
42420		excision parotid gland	989.92	1/1/2019
42425		excision parotid gland	650.91	1/1/2019
42426		excision parotid tumor or parotid gland total	1059.57	1/1/2019
42440		excision submaxillary gland	358.96	1/1/2019
42450		excision sublingual gland	332.99	1/1/2019
42500		repair salivary duct	317.34	1/1/2019
42505		repair salivary duct	413.07	1/1/2019
42507		parotid duct divers bilateral	388.07	1/1/2019
42509		parotid duct diversion bilat w/exc both submandibu	635.43	1/1/2019
42510		parotid duct diversion bilat ligat submandibular	479.40	1/1/2019
42550		injection procedure for sialography	113.04	1/1/2019
42600		closure salivary fistula	356.73	1/1/2019
42650		dilation salivary duct	60.87	1/1/2019
42660		dilation and catheterization of salivary duct, with or without injection	78.54	1/1/2019
42665		ligation salivary duct	224.56	1/1/2019
42700		incision and drainage abscess;	136.76	1/1/2019
42720		drainage throat abscess	345.32	1/1/2019
42725		drainage throat abscess	622.09	1/1/2019
42800		biopsy;	114.78	1/1/2019
42804		biopsy;	145.09	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
42806		biopsy;	164.07	1/1/2019
42808		excision lesion pharynx	168.10	1/1/2019
42809		removal of foreign body from pharynx	125.41	1/1/2019
42810		amb surg branchial cleft cyst	281.67	1/1/2019
42815		amb surg branchial cleft cyst	420.92	1/1/2019
42820		amb surg tonsillectomy & adenoidectomy under 12	222.96	1/1/2019
42821		amb surg tonsillectomy & adenoidectomy over 12	232.73	1/1/2019
42825		amb surg tonsillectomy under age 12	199.04	1/1/2019
42826		amb surg tonsillectomy age 12 or over	192.39	1/1/2019
42830		amb surg adenoidectomy primary under age 12	156.55	1/1/2019
42831		amb surg adenoidectomy age 12 or over/primary	168.83	1/1/2019
42835		amb surg adenoidectomy secondary under age 12	141.11	1/1/2019
42836		amb surg adenoidectomy age 12 or over/secondary	184.54	1/1/2019
42842		radical resection tonsil without closure	730.87	1/1/2019
42844		radical resection tonsil closure with local flap	1028.76	1/1/2019
42845		radical resection tonsil closure with other flap	1689.72	1/1/2019
42860		excision tonsil tags	141.49	1/1/2019
42870		excision lingual tonsil	428.36	1/1/2019
42890		partial removal pharynx	1048.48	1/1/2019
42892		resect lateral pharyngeal wall direct closure	1377.08	1/1/2019
42894		resect pharyngeal wall with myocutaneous flap	1765.56	1/1/2019
42900		repair throat wound	266.18	1/1/2019
42950		reconstruction of throat	593.98	1/1/2019
42953		pharyngoesophageal repair	729.38	1/1/2019
42955		surgical opening of throat	559.82	1/1/2019
42960		control oropharyngeal hemorrhage, primary or secondary (eg,	129.23	1/1/2019
42961		control oropharyngeal hemorrhage, primary or secondary (eg,	320.42	1/1/2019
42962		control bleeding throat	397.44	1/1/2019
42970		control of nasopharyngeal hemorrhage, primary or secondary (eg,	297.77	1/1/2019
42971		control of nasopharyngeal hemorrhage, primary or secondary	350.41	1/1/2019
42972		control bleeding, nose/throat	394.13	1/1/2019
43020		incision of esophagus	405.98	1/1/2019
43030		cricopharyngeal myotomy	401.79	1/1/2019
43045		esophagotomy, thoracic approach, with removal of foreign body	1023.13	1/1/2019
43100		excision of lesion, esophagus, with primary repair; cervical approach	480.54	1/1/2019
43101		excision of lesion, esophagus, with primary repair; thoracic or abdominal	799.41	1/1/2019
43107		total or near total esophagectomy, without thoracotomy;	1980.42	1/1/2019
43108		total or near total esophagectomy, without thoracotomy; with colon	3348.71	1/1/2019
43112		total or near total esophagectomy, with thoracotomy;	2117.37	1/1/2019
43113		total or near total esophagectomy, with thoracotomy; with colon interposition	3341.27	1/1/2019
43116		partial esophagectomy, cervical, with free intestinal graft,	3803.28	1/1/2019
43117		partial esophagectomy, distal two-thirds, with thoracotomy	1937.14	1/1/2019
43118		partial esophagectomy, distal two-thirds, with thoracotomy and separate	2754.85	1/1/2019
43121		partial esophagectomy, distal two-thirds, with thoracotomy	2185.37	1/1/2019
43122		partial esophagectomy, thoracoabdominal or abdominal approach,	1958.89	1/1/2019
43123		partial esophagectomy, thoracoabdominal or abdominal approach, with or without	3366.16	1/1/2019
43124		total or partial esophagectomy, without reconstruction	2873.57	1/1/2019
43130		removal esophagus pouch	609.16	1/1/2019
43135		removal esophagus pouch	1144.40	1/1/2019
43200		amb surg esophagoscopy rigid/fiberoptic diagnostic	160.88	1/1/2019
43201		esophagoscopy, rigid or flexible; with directed submucosal injection(s), any	220.98	1/1/2019
43202		amb surg esophagoscopy with biopsy	211.00	1/1/2019
43204		esophagoscopy-rigid or fiberoptic diagnostic w inj	178.83	1/1/2019
43205		esophagoscopy, rigid or flexible;	179.34	1/1/2019
43215		amb surg esophagoscopy with removal foreign body	122.62	1/1/2019
43216		esophagoscopy, rigid or flexible;	151.75	1/1/2019
43217		amb surg esophagoscopy with removal polyp(s)	283.32	1/1/2019
43220		dilation of esophagus	100.86	1/1/2019
43226		esophagogastrosocopy w insertion wire to guide dila	112.48	1/1/2019
43227		esophagoscopy, rigid or flexible; with control of bleeding (eg, injection,	167.65	1/1/2019
43231		esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	152.17	1/1/2019
43232		esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided	209.84	1/1/2019
43235		amb surg esophagogastroduodenoscopy	227.10	1/1/2019
43236		upper gastrointestinal endoscopy including esophagus, stomach, and either the	282.66	1/1/2019
43237		upper gastrointestinal endoscopy including esophagus, stomach, and either the	191.72	1/1/2019
43238		upper gastrointestinal endoscopy including esophagus, stomach, and either the	237.70	1/1/2019
43239		amb surg esophagogastroduodenoscopy w biopsy	263.14	1/1/2019
43240		upper gastrointestinal endoscopy including esophagus, stomach, and either the	319.25	1/1/2019
43241		upper gastrointestinal endoscopy including esophagus, stomach, and either the	124.42	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
43242		upper gastrointestinal endoscopy including esophagus, stomach, and either the	340.48	1/1/2019
43243		ugi endoscopy for inj sclerosis esph gas varices	214.46	1/1/2019
43244		upper gastrointestinal endoscopy including esophagus, stomach,	237.72	1/1/2019
43245		upper gastrointestinal endoscopy including esophagus, stomach, and either the	149.86	1/1/2019
43246		upper gastrointestinal endoscopy for placement tub	200.83	1/1/2019
43247		amb surg esophagogastroduodenoscopy w/removal fb	160.33	1/1/2019
43248		upper gastrointestinal endoscopy including esophagus, stomach,	151.51	1/1/2019
43249		upper gi endoscopy, including esophagus, stomach	139.48	1/1/2019
43250		upper gastrointestinal endoscopy including esophagus, stomach,	149.90	1/1/2019
43251		amb surg esophagogastroduodenoscopy w polypectomy	174.43	1/1/2019
43255		amb surg esophagogastroduodenoscopy w coagulation	226.98	1/1/2019
43259		upper gastrointestinal endoscopy including esophagus, stomach,	243.73	1/1/2019
43260		amb surg esophagogastroduodenoscopy	279.10	1/1/2019
43261		endoscopic retrograde cholangiopancreatography (ercp);	293.39	1/1/2019
43262		ercp for sphincterotomy/papillotomy	344.61	1/1/2019
43263		ercp for pressure measurement of sphincter of oddi	340.91	1/1/2019
43264		endoscopic retrograde cholangiopancreatography (ercp); with endoscopic	413.77	1/1/2019
43280		laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet	809.34	1/1/2019
43300		repair of esophagus	476.87	1/1/2019
43305		repair esophagus and fistula	856.39	1/1/2019
43310		repair of esophagus	1197.11	1/1/2019
43312		esophagoplasty with repair of tracheoesophageal fi	1322.32	1/1/2019
43313		esophagoplasty for congenital defect, (plastic repair or reconstruction),	2106.70	1/1/2019
43314		esophagoplasty for congenital defect, (plastic repair or reconstruction),	2412.20	1/1/2019
43320		esophagogastrotomy (cardioplasty), with or without vagotomy and pyloroplasty,	1051.76	1/1/2019
43325		esophagogastric fundoplasty with fundic patch (tha	1004.37	1/1/2019
43330		esophagomyotomy (heller type); abdominal approach	985.25	1/1/2019
43331		esophagomyotomy thoracic approach	1066.67	1/1/2019
43340		esophagojejunostomy w tot gastrec abd approach	1022.69	1/1/2019
43341		esophagojejunostomy thoracic approach	1124.67	1/1/2019
43351		amb surg esophagostomy	1023.18	1/1/2019
43352		amb surg esophagostomy	836.55	1/1/2019
43360		gastrointestinal reconstruction for previous esophagectomy,	1794.55	1/1/2019
43361		gastrointestinal reconstruction for previous esophagectomy, for obstructing	2005.43	1/1/2019
43400		ligation esophageal veins	1231.18	1/1/2019
43405		ligation or stapling at gastroesophageal junction for pre-existing	1130.49	1/1/2019
43410		repair wound,esophagus	772.91	1/1/2019
43415		suture of esophageal wound or injury; transthoracic or transabdominal approach	1317.94	1/1/2019
43420		repair opening,esophagus	773.81	1/1/2019
43425		closure of esophagostomy or fistula; transthoracic or transabdominal approach	1157.58	1/1/2019
43450		amb surg esophageal dilation bougie initial	120.77	1/1/2019
43453		dilation esophagus over guide wire or string	224.61	1/1/2019
43460		esophagogastric tamponade, with balloon (sengstaaken type)	175.92	1/1/2019
43500		incision of stomach	578.39	1/1/2019
43501		gastrotomy; with suture repair of bleeding ulcer	995.83	1/1/2019
43502		gastrotomy;	1127.90	1/1/2019
43510		gastrotomy; with esophageal dilation and insertion of permanent intraluminal	713.86	1/1/2019
43520		incision pyloric muscle	522.92	1/1/2019
43605		biopsy of stomach	614.29	1/1/2019
43610		excision, local; ulcer or benign tumor of stomach	725.88	1/1/2019
43611		excision, local;	903.29	1/1/2019
43620		gastrectomy, total; with esophagoenterostomy	1473.60	1/1/2019
43621		gastrectomy, total;	1678.66	1/1/2019
43622		gastrectomy, total;	1703.43	1/1/2019
43631		gastrectomy, partial, distal;	1079.99	1/1/2019
43632		gastrectomy, partial, distal;	1473.44	1/1/2019
43633		gastrectomy, partial, distal;	1401.79	1/1/2019
43634		gastrectomy, partial, distal;	1548.27	1/1/2019
43635		vagotomy when performed with partial distal gastrectomy (list separately in	86.59	1/1/2019
43640		division vagus nerve	867.96	1/1/2019
43641		vagotomy w/ pyloroplasty parietal cell	875.56	1/1/2019
43644		laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and	1285.36	1/1/2019
43651		laparoscopy, surgical; transection of vagus nerves, truncal	481.15	1/1/2019
43652		laparoscopy, surgical; transection of vagus nerves, selective or highly	563.73	1/1/2019
43653		laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg,	410.17	1/1/2019
43761		repositioning of the gastric feeding tube, any method, through the duodenum for	97.83	1/1/2019
43800		reconstruction of pylorus	688.79	1/1/2019
43810		fusion stomach and bowel	746.76	1/1/2019
43820		gastrojejunostomy; without vagotomy	968.04	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
43825		fusion stomach and bowel	960.83	1/1/2019
43830		gastrostomy, open; without construction of gastric tube (eg, stamm procedure)	510.16	1/1/2019
43831		temporary opening, stomach	425.56	1/1/2019
43832		gastrostomy permanent w construction gastric tube	786.39	1/1/2019
43840		repair lesion, stomach	981.83	1/1/2019
43842		gastric restrictive procedure, without gastric bypass, for morbid obesity;	954.18	1/1/2019
43843		gastric restrictive procedure, without gastric bypass, for morbid obesity;	936.63	1/1/2019
43846		gastric restrictive procedure, with gastric bypass for morbid obesity; with	1207.99	1/1/2019
43847		gastric restrictive procedure, with gastric bypass for morbid obesity; with	1320.36	1/1/2019
43848		revision, open, of gastric restrictive procedure for morbid obesity, other than	1432.83	1/1/2019
43850		revision stomachbowel fusion	1200.19	1/1/2019
43855		revision stomachbowel fusion	1254.13	1/1/2019
43860		revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction,	1218.53	1/1/2019
43865		revision stomachbowel fusion	1267.58	1/1/2019
43870		repair opening stomach.	521.20	1/1/2019
43880		repair stomach-bowel fistula	1190.41	1/1/2019
44005		freeing of bowel adhesion	813.15	1/1/2019
44010		duodenotomy	638.94	1/1/2019
44015		tube or needle catheter jejunostomy for enternal alimentation	111.10	1/1/2019
44020		enterotomy, small intestine, other than duodenum; for exploration, biopsy(s),	718.54	1/1/2019
44021		enterotomy small bowel for decompression	726.73	1/1/2019
44025		exploration of large bowel	731.54	1/1/2019
44050		reduction bowel obstruction	692.38	1/1/2019
44055		correction of malrotation	1110.23	1/1/2019
44100		biopsy of intestine by capsule, tube, peroral (one or more specimens)	91.99	1/1/2019
44110		excision of one or more lesions of small or large intestine not requiring	626.55	1/1/2019
44111		excision bowel lesions	729.82	1/1/2019
44120		enterectomy, resection of small intestine; single resection and anastomosis	904.57	1/1/2019
44121		enterectomy, resection of small intestine; each additional resection and	186.82	1/1/2019
44125		enterectomy, resection of small intestine; with enterostomy	877.98	1/1/2019
44126		enterectomy, resection of small intestine for congenital atresia, single	1814.44	1/1/2019
44127		enterectomy, resection of small intestine for congenital atresia, single	2113.05	1/1/2019
44128		enterectomy, resection of small intestine for congenital atresia, single	187.70	1/1/2019
44130		enteroenterostomy, anastomosis of intestine, with or without cutaneous	947.46	1/1/2019
44139		mobilization (take-down) of splenic flexure performed in	93.52	1/1/2019
44140		partial removal of colon	999.02	1/1/2019
44141		colectomy partial with cecostomy colostomy	1315.62	1/1/2019
44143		colectomy partial with end colostomy closure dista	1230.97	1/1/2019
44144		colectomy partial w/resec colos ileos mucofistula	1293.88	1/1/2019
44145		partial removal of colon	1245.70	1/1/2019
44146		colectomy partial w/coloproctostomy colostomy	1556.75	1/1/2019
44147		colectomy partial abd and transanal approach	1405.89	1/1/2019
44150		removal of colon	1363.76	1/1/2019
44151		colectomy total with continent ileostomy	1559.96	1/1/2019
44155		removal of colon	1528.68	1/1/2019
44156		colectomy total abd w/ proctectomy w/ continent	1679.60	1/1/2019
44157		colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis,	1595.53	1/1/2019
44158		colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis,	1635.62	1/1/2019
44160		colectomy, partial, with removal of terminal ileum with ileocolostomy	920.59	1/1/2019
44202		laparoscopy, surgical; enterectomy, resection of small intestine, single	1033.93	1/1/2019
44203		laparoscopy, surgical; each additional small intestine resection and	186.05	1/1/2019
44204		laparoscopy, surgical; colectomy, partial, with anastomosis	1154.89	1/1/2019
44205		laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with	1008.24	1/1/2019
44206		laparoscopy, surgical; colectomy, partial, with end colostomy and closure of	1310.08	1/1/2019
44207		laparoscopy, surgical; colectomy, partial, with anastomosis, with	1377.25	1/1/2019
44208		laparoscopy, surgical; colectomy, partial, with anastomosis, with	1496.41	1/1/2019
44210		laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with	1336.98	1/1/2019
44211		laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with	1641.57	1/1/2019
44212		laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with	1539.47	1/1/2019
44300		surgical opening of bowel	621.62	1/1/2019
44310		ileostomy or jejunostomy, non-tube	777.90	1/1/2019
44312		repair small bowel opening	441.48	1/1/2019
44314		repair small bowel opening	752.64	1/1/2019
44316		continent ileostomy	1031.46	1/1/2019
44320		colostomy or skin level cecostomy;	886.88	1/1/2019
44322		colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital	700.89	1/1/2019
44340		amb surg revision colostomy simple	443.81	1/1/2019
44345		revision of colostomy, complicated	775.93	1/1/2019
44346		revise colostomy w/ repair paracolostomy hernia	871.53	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
44360		sm intestine-endoscopy/enteroscopy diagnostic	126.04	1/1/2019
44361		sm intest endoscopy enteroscopy w/biop collec spec	138.92	1/1/2019
44363		sm intest endoscopy enteroscopy w/removal f/b	164.63	1/1/2019
44364		sm intest endoscopy enteroscopy w/remov polyps	177.30	1/1/2019
44365		small intestinal endoscopy, enteroscopy beyond second portion	157.85	1/1/2019
44366		small intestinal endoscopy, enteroscopy beyond second portion of duodenum, no	208.98	1/1/2019
44369		sm intest endoscopy for ablation tumor/lesion	213.48	1/1/2019
44370		small intestinal endoscopy, enteroscopy beyond second portion of duodenum, no	229.92	1/1/2019
44372		small intest endo entero placement j tube	203.52	1/1/2019
44373		small int endoscopy conversion of gtube to jtube	164.63	1/1/2019
44376		small intestinal endoscopy, enteroscopy beyond second portion	243.53	1/1/2019
44377		small intestinal endoscopy, enteroscopy beyond second portion	258.18	1/1/2019
44378		small intestinal endoscopy, enteroscopy beyond second portion of duodenum,	331.20	1/1/2019
44379		small intestinal endoscopy, enteroscopy beyond second portion of duodenum,	351.00	1/1/2019
44380		fiberoptic ileoscopy via stoma	54.80	1/1/2019
44382		ileoscopy, through stoma; with biopsy, single or multiple	65.91	1/1/2019
44385		endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	186.61	1/1/2019
44386		endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;	258.68	1/1/2019
44388		colonoscopy through stoma; diagnostic, with or without collection of	259.20	1/1/2019
44389		colonoscopy through stoma; with biopsy, single or multiple	300.78	1/1/2019
44390		fiberoptic colonoscopy w removal foreign body	347.79	1/1/2019
44391		colonoscopy through stoma; with control of bleeding (eg, injection, bipolar	389.72	1/1/2019
44392		colonoscopy through stoma; with removal of tumor(s), polyp(s), or other	326.83	1/1/2019
44394		colonoscopy through stoma;	382.40	1/1/2019
44500		introduction of long gastrointestinal tube (eg, miller-abbott)	21.07	1/1/2019
44602		suture of small intestine (enterorrhaphy) for perforated ulcer,	1028.21	1/1/2019
44603		suture of small intestine (enterorrhaphy) for perforated ulcer,	1178.20	1/1/2019
44604		suture of large intestine (colorrhaphy) for perforated ulcer,	789.31	1/1/2019
44605		repair bowel lesion	972.84	1/1/2019
44615		intestinal stricturoplasty (enterotomy and enterorrhaphy) with	801.35	1/1/2019
44620		repair bowel opening	639.66	1/1/2019
44625		closure of enterostomy, large or small intestine; with resection and	757.93	1/1/2019
44626		closure of enterostomy, large or small intestine; with resection and colorectal	1206.05	1/1/2019
44640		repair bowel-skin fistula	1051.87	1/1/2019
44650		repair bowel fistula	1093.90	1/1/2019
44660		repair bowel-bladder fistula	1059.89	1/1/2019
44661		closure of enterovesical fistula; with intestine and/or bladder resection	1189.03	1/1/2019
44680		surgical folding intestine	791.42	1/1/2019
44700		exclusion of small intestine from pelvis by mesh or other prosthesis, or native	766.37	1/1/2019
44701		intraoperative colonic lavage (list separately in addition to code for primary	129.35	1/1/2019
44800		excision bowel pouch	562.28	1/1/2019
44820		excision mesentery lesion	621.67	1/1/2019
44850		repair of mesentery	548.50	1/1/2019
44900		incision and drainage of appendiceal abscess; open	562.13	1/1/2019
44950		appendectomy	476.19	1/1/2019
44955		appendectomy; when done for indicated purpose at time of other major procedure	64.93	1/1/2019
44960		appendectomy for rupt appen w/abscess or generaliz	641.54	1/1/2019
44970		laparoscopy, surgical, appendectomy	437.22	1/1/2019
45000		transrectal drainage of pelvic abscess	304.82	1/1/2019
45005		amb surg incision and drainage submucous abscess	180.94	1/1/2019
45020		drainage of rectal abscess	398.31	1/1/2019
45100		biopsy of rectum	211.19	1/1/2019
45108		anorectal myomectomy	257.35	1/1/2019
45110		proctectomy; complete, combined abdominoperineal, with colostomy	1375.48	1/1/2019
45111		proctectomy; partial resection of rectum, transabdominal approach	807.83	1/1/2019
45112		proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal	1420.45	1/1/2019
45113		proctectomy, partial, with rectal mucosectomy, ileoanal	1455.18	1/1/2019
45114		proctectomy, partial, with anastomosis; abdominal and transsacral approach	1329.76	1/1/2019
45116		partial removal of rectum	1194.85	1/1/2019
45119		proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal	1457.55	1/1/2019
45120		proctectomy, complete (for congenital megacolon), abdominal and perineal	1164.20	1/1/2019
45121		proctectomy, complete (for congenital megacolon), abdominal and perineal	1274.30	1/1/2019
45123		proctectomy, partial, without anastomosis, perineal approach	825.75	1/1/2019
45126		pelvic exenteration for colorectal malignancy, with proctectomy (with or	2153.04	1/1/2019
45130		excision of rectal prolapse	807.64	1/1/2019
45135		excision of rectal prolapse	988.49	1/1/2019
45136		excision of ileoanal reservoir with ileostomy	1368.40	1/1/2019
45150		excision rectal stricture	292.91	1/1/2019
45160		excision of rectal lesion	734.08	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
45190		destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser)	498.05	1/1/2019
45300		amb surg proctosigmoidoscopy diagnostic	78.81	1/1/2019
45303		proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	602.08	1/1/2019
45305		amb surg proctosigmoidoscopy with biopsy	128.25	1/1/2019
45307		proctosigm w/removal of foreign body	143.43	1/1/2019
45308		proctosigmoidoscopy, rigid;	131.09	1/1/2019
45309		proctosigmoidoscopy, rigid;	147.45	1/1/2019
45315		amb surg proctosigmoidoscopy w removal excrescence	159.17	1/1/2019
45317		proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar	154.45	1/1/2019
45320		proctosigmoidoscopy for ablation of tumor	154.99	1/1/2019
45321		proctosigmoidoscopy for decompression of volvulus	79.92	1/1/2019
45327		proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes	93.21	1/1/2019
45330		sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s)	101.60	1/1/2019
45331		sigmoidoscopy, flexible; with biopsy, single or multiple	129.07	1/1/2019
45332		sigmoidoscopy w/removal of foreign body	211.83	1/1/2019
45333		sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)	213.08	1/1/2019
45334		sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar	131.19	1/1/2019
45335		sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	182.10	1/1/2019
45337		amb surg-sigmoidoscopy for decompression volvulus	112.35	1/1/2019
45338		sigmoidoscopy, flexible;	238.51	1/1/2019
45340		sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	323.20	1/1/2019
45341		sigmoidoscopy, flexible; with endoscopic ultrasound examination	125.20	1/1/2019
45342		sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or	191.62	1/1/2019
45378		amb surg colonoscopy ascending colon	300.96	1/1/2019
45379		colonoscopy fiberoptic beyond splenic flex w/re fb	382.05	1/1/2019
45380		amb surg colonoscopy ascending colon with biopsy	361.35	1/1/2019
45381		colonoscopy flexible proximal to splenic flexure w directed submucosal injection	351.44	1/1/2019
45382		colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	475.92	1/1/2019
45384		colonoscopy, flexible, proximal to splenic flexure;	355.63	1/1/2019
45385		amb surg colonoscopy ascending colon w polypectomy	408.03	1/1/2019
45386		colonoscopy flexible proximal to splenic flexure w dilation by balloon 1 or more	499.46	1/1/2019
45391		colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound	238.53	1/1/2019
45392		colonoscopy, flexible, proximal to splenic flexure; with transendoscopic	301.91	1/1/2019
45500		repair of rectum	376.19	1/1/2019
45505		repair of rectum	412.27	1/1/2019
45520		treatment of rectal prolapse	90.82	1/1/2019
45540		proctopexy (eg, for prolapse); abdominal approach	792.53	1/1/2019
45541		proctopexy for prolapse perineal approach	679.67	1/1/2019
45550		proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	1089.79	1/1/2019
45560		repair rectocele separate procedure	537.61	1/1/2019
45562		exploration, repair, and presacral drainage for rectal injury;	824.74	1/1/2019
45563		exploration, repair, and presacral drainage for rectal injury;	1195.39	1/1/2019
45800		repair rectobladder fistula	926.41	1/1/2019
45805		repair rectobladder fistula	1047.27	1/1/2019
45820		repair rectourethral fistula	920.15	1/1/2019
45825		repair rectourethral fistula	1107.12	1/1/2019
45900		reduction of procidentia (separate procedure) under anesthesia	145.52	1/1/2019
45905		amb surg rectal dilation	123.24	1/1/2019
45910		dilation rectal narrowing	146.06	1/1/2019
45915		removal rectal obstruction	225.59	1/1/2019
46020		placement of seton	183.16	1/1/2019
46030		removal of anal seton, other marker	91.61	1/1/2019
46040		amb surg i & d ischiorectal/perirectal abscess	356.52	1/1/2019
46045		drainage transanal abscess under anesthesia	298.21	1/1/2019
46050		incision anal abscess	126.44	1/1/2019
46060		amb surg fistulectomy anus	328.07	1/1/2019
46070		incision, anal septum (infant)	166.67	1/1/2019
46080		sphincterotomy, anal, division of sphincter (separate procedure)	166.94	1/1/2019
46083		incision of thrombosed hemorrhoid, external	125.40	1/1/2019
46200		amb surg fissurectomy	278.59	1/1/2019
46220		papillectomy or excision of single tag, anus (separate procedure)	133.95	1/1/2019
46221		amb surg hemorrhoidectomy	175.78	1/1/2019
46230		removal of anal tab	184.46	1/1/2019
46250		amb surg hemorrhoidectomy complete	306.79	1/1/2019
46255		amb surg hemorrhoidectomy	342.72	1/1/2019
46257		amb surg hemorrhoidectomy	294.16	1/1/2019
46258		amb surg hemorrhoidectomy	321.73	1/1/2019
46260		amb surg hemorrhoidectomy	334.56	1/1/2019
46261		amb surg hemorrhoidectomy	374.36	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
46262		amb surg hemorrhoidectomy	390.54	1/1/2019
46270		removal anal fistula	332.11	1/1/2019
46275		removal anal fistula	352.06	1/1/2019
46280		removal anal fistula	325.66	1/1/2019
46285		removal anal fistula	342.41	1/1/2019
46288		closure of anal fistula with rectal advancement flap	385.44	1/1/2019
46320		enucleation or excision of external thrombotic hemorrhoid	121.27	1/1/2019
46500		injection of sclerosing solution, hemorrhoids	146.87	1/1/2019
46600		anoscopy;diagnostic,w/wo collection of specimen,brushing or washing(separate)	58.80	1/1/2019
46604		anoscopy; with dilation (eg, balloon, guide wire, bougie)	361.26	1/1/2019
46606		anoscopy; with biopsy, single or multiple	149.94	1/1/2019
46608		anoscopy with removal of foreign body	155.03	1/1/2019
46610		anoscopy with removal of polyp.	153.34	1/1/2019
46611		anoscopy;	121.59	1/1/2019
46612		anoscopy with multiple polyp removal	183.82	1/1/2019
46614		anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar	93.39	1/1/2019
46615		anoscopy;	108.38	1/1/2019
46700		repair anal stricture	464.89	1/1/2019
46705		anoplasty, plastic operation for stricture;	382.35	1/1/2019
46706		repair of anal fistula with fibrin glue	122.79	1/1/2019
46715		repair of low imperforate anus; with anoperineal fistula ("cut-back"	378.45	1/1/2019
46716		repair of low imperforate anus; with transposition of anoperineal or	923.29	1/1/2019
46730		repair of high imperforate anus without fistula; perineal or sacroperineal	1405.40	1/1/2019
46735		repair of high imperforate anus without fistula; combined transabdominal and	1642.26	1/1/2019
46740		construction of anus	1509.79	1/1/2019
46742		repair of high imperforate anus with rectourethral or rectovaginal	1784.95	1/1/2019
46744		repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	2550.61	1/1/2019
46746		repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	2942.44	1/1/2019
46748		repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	3075.89	1/1/2019
46750		repair anal sphincter	562.65	1/1/2019
46751		repair anal sphincter	466.06	1/1/2019
46753		reconstruction of anus	424.51	1/1/2019
46754		removal of thiersch wire or suture, anal canal	199.98	1/1/2019
46760		repair anal sphincter	796.45	1/1/2019
46761		sphincteroplasty, levator muscle imbrication	689.28	1/1/2019
46900		destruction of lesion(s), anus (eg, condyloma, papilloma,	160.97	1/1/2019
46910		destruction of lesion(s), anus (eg, condyloma, papilloma,	167.64	1/1/2019
46916		destruction of lesion(s), anus (eg, condyloma, papilloma,	166.07	1/1/2019
46917		destruction of lesion(s), anus (eg, condyloma, papilloma,	316.28	1/1/2019
46922		destruction of lesion(s), anus (eg, condyloma, papilloma,	174.58	1/1/2019
46924		destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	359.75	1/1/2019
46940		curettage or cautery of anal fissure, including dilation of anal sphincter	152.76	1/1/2019
46942		curettage or cauterization of anal fissure, including dilation	141.22	1/1/2019
46945		ligation of internal hemorrhoids - single procedure	195.34	1/1/2019
46946		ligation of internal hemorrhoids;	212.15	1/1/2019
46947		hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	274.26	1/1/2019
47000		amb surg biopsy liver needle percutaneous	248.50	1/1/2019
47001		biopsy of liver, needle; when done for indicated purpose at time of other major	80.04	1/1/2019
47010		hepatotomy; for open drainage of abscess or cyst, one or two stages	882.92	1/1/2019
47015		laparotomy, with aspiration and/or injection of hepatic	837.86	1/1/2019
47100		biopsy of liver, wedge	612.73	1/1/2019
47120		partial removal of liver	1729.94	1/1/2019
47122		resection of liver, trisegmentectomy	2577.36	1/1/2019
47125		partial removal of liver	2308.01	1/1/2019
47130		partial removal of liver	2481.98	1/1/2019
47140		donor hepatectomy (including cold preservation), from living donor; left	2598.27	1/1/2019
47141		donor hepatectomy, with preparation and maintenance of allograft, from living	3092.81	1/1/2019
47142		donor hepatectomy, with preparation and maintenance of allograft, from living	3405.84	1/1/2019
47300		treatment,liver lesion	824.41	1/1/2019
47350		management of liver hemorrhage; simple suture of liver wound or injury	1012.27	1/1/2019
47360		management of liver hemorrhage; complex suture of liver wound or injury, with	1378.74	1/1/2019
47370		laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	926.11	1/1/2019
47371		laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	942.67	1/1/2019
47380		ablation, open, of one or more liver tumor(s); radiofrequency	1083.21	1/1/2019
47381		ablation, open, of one or more liver tumor(s); cryosurgical	1103.98	1/1/2019
47382		ablation, one or more liver tumor(s), percutaneous, radiofrequency	684.10	1/1/2019
47400		incision of bile duct	1573.82	1/1/2019
47420		choledochotomy or choledochostomy with exploration, drainage, or removal of	991.27	1/1/2019
47425		incision of bile duct	1001.25	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
47460		transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal	944.25	1/1/2019
47480		incision of gallbladder	627.79	1/1/2019
47490		percutaneous cholecystostomy	420.72	1/1/2019
47500		injection procedure for percutaneous transhepatic cholangiography	85.11	1/1/2019
47505		injection procedure for cholangiography through an existing	32.85	1/1/2019
47510		introduction transhepatic cath or stent	399.14	1/1/2019
47511		introduction of percutaneous transhepatic stent for internal	502.87	1/1/2019
47525		change of percutaneous biliary drainage catheter	453.70	1/1/2019
47530		t-tube revision and/or reinsertion	1100.20	1/1/2019
47550		biliary endoscopy, intraoperative (choledochoscopy) (list separately in	128.03	1/1/2019
47552		biliary endoscopy	273.32	1/1/2019
47553		biliary endoscopy for biopsy	273.92	1/1/2019
47554		biliary endoscopy, percutaneous via t-tube or other tract; with removal of	400.95	1/1/2019
47555		biliary endoscopy for dilation	328.52	1/1/2019
47556		biliary endoscopy, percutaneous via t-tube or other tract; with dilation of	371.64	1/1/2019
47560		laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	206.82	1/1/2019
47561		laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	224.14	1/1/2019
47562		laparoscopy, surgical, cholecystomy	544.92	1/1/2019
47563		laparoscopy, surgical; cholecystectomy with cholangiography	558.03	1/1/2019
47564		laparoscopy, surgical; cholecystectomy with exploration of common duct	645.40	1/1/2019
47570		laparoscopy, surgical; cholecystoenterostomy	575.94	1/1/2019
47600		removal of gallbladder	782.47	1/1/2019
47605		removal of gallbladder	724.08	1/1/2019
47610		removal of gallbladder	929.16	1/1/2019
47612		cholecystectomy w/ choledochenterostomy	938.87	1/1/2019
47620		removal of gallbladder	1019.31	1/1/2019
47630		biliary duct stone extraction, percutaneous via t-tube tract,	456.02	1/1/2019
47700		explor for cong atresia bile ducts with or w/o liv	771.73	1/1/2019
47701		portoenterostomy	1328.51	1/1/2019
47711		excision of bile duct tumor, with or without primary repair of bile duct;	1153.35	1/1/2019
47712		excision of bile duct tumor, with or without primary repair of bile duct;	1478.03	1/1/2019
47715		excision of choledochal cyst	968.88	1/1/2019
47720		fusion gallbladder & bowel	836.47	1/1/2019
47721		cholecystoenterostomy w/gastroenterostomy	987.70	1/1/2019
47740		fusion gallbladder & bowel	954.34	1/1/2019
47741		cholecystoenterostomy;	1081.61	1/1/2019
47760		anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	1631.45	1/1/2019
47765		anastomosis, of intrahepatic ducts and gastrointestinal tract	2155.55	1/1/2019
47780		fusion bile ducts and bowel	1784.56	1/1/2019
47785		anastomosis, roux-en-y, of intrahepatic biliary ducts and	2328.10	1/1/2019
47800		reconstruction of bile ducts	1164.67	1/1/2019
47801		placement of choledochal stent	821.44	1/1/2019
47802		u-tube hepaticoenterostomy	1117.63	1/1/2019
47900		suture of extrahepatic biliary duct for pre-existing injury	1007.29	1/1/2019
48000		placement of drains, peripancreatic, for acute pancreatitis;	1397.80	1/1/2019
48001		placement of drains, peripancreatic, for acute pancreatitis;	1719.28	1/1/2019
48020		removal of pancreatic stone	860.82	1/1/2019
48100		biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge	653.43	1/1/2019
48102		biopsy of pancreas, percutaneous needle	419.10	1/1/2019
48105		resection or debridement of pancreas and peripancreatic tissue for acute	2119.47	1/1/2019
48120		removal pancreas lesion	816.94	1/1/2019
48140		pancreatectomy, distal subtotal, with or without splenectomy; without	1157.12	1/1/2019
48145		partial removal of pancreas	1201.81	1/1/2019
48146		pancreatectomy, distal, near-total with preservation of duodenum	1370.11	1/1/2019
48148		excision of ampulla of vater	909.91	1/1/2019
48150		pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,	2315.63	1/1/2019
48152		pancreatectomy, proximal subtotal with total duodenectomy,	2140.75	1/1/2019
48153		pancreatectomy, proximal subtotal with near-total duodenectomy,	2312.50	1/1/2019
48154		pancreatectomy, proximal subtotal with near-total duodenectomy,	2146.40	1/1/2019
48155		removal of pancreas	1328.55	1/1/2019
48400		injection procedure for intraoperative pancreatography (list separately in	84.24	1/1/2019
48500		marsupialization of pancreatic cyst	831.88	1/1/2019
48510		external drainage, pseudocyst of pancreas; open	789.89	1/1/2019
48520		fusion pancreas cyst - bowel	807.47	1/1/2019
48540		fusion pancreas cyst - bowel	965.64	1/1/2019
48545		pancreatorrhaphy for injury	977.52	1/1/2019
48547		duodenal exclusion with gastrojejunostomy for pancreatic injury	1319.39	1/1/2019
48548		pancreaticojejunostomy, side-to-side anastomosis (puestow-type operation)	1235.12	1/1/2019
48554		transplantation of pancreatic allograft	1825.48	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
48556		removal of transplanted pancreatic allograft	911.26	1/1/2019
49000		exploration of abdomen	573.96	1/1/2019
49002		reexploration of abdomen	754.83	1/1/2019
49010		exploration behind abdomen	712.10	1/1/2019
49020		drainage of peritoneal abscess or localized peritonitis, exclusive of	1178.41	1/1/2019
49040		drainage of subdiaphragmatic or subphrenic abscess; open	738.21	1/1/2019
49060		drainage of retroperitoneal abscess; open	826.39	1/1/2019
49062		drainage of extraperitoneal lymphocele to peritoneal cavity, open	561.12	1/1/2019
49180		biopsy, abdominal or retroperitoneal mass, percutaneous needle	132.92	1/1/2019
49215		excision of presacral or sacrococcygeal tumor	1652.19	1/1/2019
49220		staging laparotomy for hodgkins disease or lymphoma (includes splenectomy,	717.53	1/1/2019
49250		umbilectomy, omphalectomy, excision of umbilicus	427.84	1/1/2019
49255		removal of omentum	581.34	1/1/2019
49320		laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without	245.10	1/1/2019
49321		laparoscopy, surgical; with biopsy (single or multiple)	258.04	1/1/2019
49322		laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of	280.62	1/1/2019
49323		laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of	476.57	1/1/2019
49324		laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter,	292.13	1/1/2019
49325		laparoscopy, surgical; with revision of previously placed intraperitoneal	313.74	1/1/2019
49326		laparoscopy, surgical; with omentopexy (omental tacking procedure) (list	145.23	1/1/2019
49400		air injection into abdomen	138.59	1/1/2019
49402		removal of peritoneal foreign body from peritoneal cavity	633.82	1/1/2019
49419		insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir,	338.46	1/1/2019
49421		amb surg insertion intraperitoneal cannula permane	289.94	1/1/2019
49422		removal of permanent intraperitoneal cannula or catheter	291.48	1/1/2019
49423		exchange of previously placed abscess or cyst drainage catheter under	432.33	1/1/2019
49424		contrast injection for assessment of abscess or cyst via previously placed	118.22	1/1/2019
49425		insertion of peritoneal-venous shunt	569.00	1/1/2019
49426		revision of peritoneal-venous shunt	484.68	1/1/2019
49427		injection procedure (eg, contrast media) for evaluation of	38.94	1/1/2019
49428		ligation of peritoneal-venous shunt	325.87	1/1/2019
49429		removal of peritoneal-venous shunt	344.65	1/1/2019
49435		insertion of subcutaneous extension to intraperitoneal cannula or catheter with	92.99	1/1/2019
49436		delayed creation of exit site from embedded subcutaneous segment of	135.84	1/1/2019
49491		repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	572.40	1/1/2019
49492		repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	699.48	1/1/2019
49495		repair, initial inguinal hernia, full term infant under age 6 months, or	290.89	1/1/2019
49496		repair initial inguinal hernia, under age 6 months, with or	441.24	1/1/2019
49500		amb surg repair inguinal hernia under age 5 unilat	288.81	1/1/2019
49501		repair initial inguinal hernia, age 6 months to under 5 years,	438.10	1/1/2019
49505		amb surg repair inguinal hernia age 5/over unilat	379.41	1/1/2019
49507		repair initial inguinal hernia, age 5 years or over;	467.49	1/1/2019
49520		repair inguinal hernia	464.08	1/1/2019
49521		repair recurrent inguinal hernia, any age;	566.49	1/1/2019
49525		repair inguinal hernia	419.41	1/1/2019
49540		repair lumbar hernia	496.45	1/1/2019
49550		amb surg repair hernia femoral	421.48	1/1/2019
49553		repair initial femoral hernia, any age;	461.40	1/1/2019
49555		repair femoral hernia	438.88	1/1/2019
49557		repair recurrent femoral hernia;	533.37	1/1/2019
49560		amb surg hernia repair ventral	545.44	1/1/2019
49561		repair initial incisional hernia;	688.61	1/1/2019
49565		repair abdominal hernia	565.53	1/1/2019
49566		repair recurrent incisional hernia;	695.70	1/1/2019
49568		implantation of mesh or other prosthesis for incisional or ventral hernia	205.76	1/1/2019
49570		amb surg hernia repair epigastric	298.16	1/1/2019
49572		repair epigastric hernia (eg, preperitoneal fat);	370.17	1/1/2019
49580		amb surg hernia repair umbilical	231.77	1/1/2019
49582		repair umbilical hernia, under age 5 years;	345.08	1/1/2019
49585		repair umbilical hernia, age 5 years or over;	320.71	1/1/2019
49587		repair umbilical hernia, age 5 years or over;	380.53	1/1/2019
49590		repair abdominal hernia	417.90	1/1/2019
49600		repair of small omphalocele, with primary closure	539.47	1/1/2019
49605		repair of large omphalocele or gastroschisis; with or without prosthesis	3739.48	1/1/2019
49606		repair omphalocele stag clo prosth red op room ane	845.63	1/1/2019
49610		repair umbilical hernia	501.88	1/1/2019
49611		repair umbilical hernia	451.23	1/1/2019
49650		laparoscopy, surgical; repair initial inguinal hernia	312.01	1/1/2019
49651		laparoscopy, surgical; repair recurrent iguinal hernia	403.59	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
49900		repair of abdominal wall	599.16	1/1/2019
49904		omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall	1115.50	1/1/2019
49905		omental flap for reconstruction of chest wall	274.69	1/1/2019
50010		exploration of kidney	586.66	1/1/2019
50020		drainage of kidney abscess	837.78	1/1/2019
50040		drainage of kidney	788.87	1/1/2019
50045		exploration of kidney	796.63	1/1/2019
50060		removal of kidney stone	981.43	1/1/2019
50065		incision of kidney	1032.15	1/1/2019
50070		incision of kidney	1025.49	1/1/2019
50075		removal of kidney stone	1261.01	1/1/2019
50080		percutaneous nephrostolithotomy, up to 2 cm	749.25	1/1/2019
50081		percutaneous nephrostolithotomy, over 2 cm	1101.05	1/1/2019
50100		revise kidney blood vessels	802.98	1/1/2019
50120		exploration of kidney: pyelotomy	812.24	1/1/2019
50125		exploration / drainage kidney	839.94	1/1/2019
50130		removal of kidney stone	888.89	1/1/2019
50135		exploration of kidney: complicated	962.97	1/1/2019
50200		biopsy of kidney	121.79	1/1/2019
50205		biopsy of kidney	565.56	1/1/2019
50220		nephrectomy, including partial ureterectomy, any open approach	875.27	1/1/2019
50225		removal of kidney	1014.34	1/1/2019
50230		removal of kidney	1100.07	1/1/2019
50234		nephrectomy with total ureterectomy and bladder cu	1116.66	1/1/2019
50236		removal of kidney & ureter	1263.28	1/1/2019
50240		partial removal of kidney	1134.59	1/1/2019
50280		removal of kidney lesion	808.68	1/1/2019
50290		excision of perinephric cyst	746.80	1/1/2019
50300		donor nephrectomy (including cold preservation); from cadaver donor, unilateral	1252.71	1/1/2019
50320		donor nephrectomy, with preparation and maintenance of allograft; from living	1100.41	1/1/2019
50340		removal of kidney	678.77	1/1/2019
50360		renal allotransplantation, implantation of graft; excluding donor and recipient	1865.67	1/1/2019
50365		transplantation of kidney	2101.95	1/1/2019
50370		removal of transplanted renal allograft	871.75	1/1/2019
50380		reimplantation of kidney	1471.05	1/1/2019
50390		aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	85.11	1/1/2019
50391		instillation(s) of therapeutic agent into renal pelvis and/or ureter through	108.30	1/1/2019
50392		introduction of intracatheter or catheter into renal pelvis	155.76	1/1/2019
50393		introduction of ureteral catheter or stent into ureter through	190.00	1/1/2019
50394		preparation for kidney x-ray	84.97	1/1/2019
50396		manometric studies through nephrostomy or pyelostomy tube,	101.19	1/1/2019
50398		change of kidney tube	420.50	1/1/2019
50400		revision of kidney/ureter	991.22	1/1/2019
50405		revision of kidney/ureter	1202.65	1/1/2019
50500		repair of kidney wound	961.07	1/1/2019
50520		closure kidney/skin fistula	888.60	1/1/2019
50525		closure nephrovisceral fistula including visceral	1111.95	1/1/2019
50526		closure nephrovisceral fistula thoracic approach	1165.44	1/1/2019
50540		revision of horseshoe kidney	971.40	1/1/2019
50541		laparoscopy, surgical; ablation of renal cysts	791.21	1/1/2019
50542		laparoscopy, surgical; ablation of renal mass lesion(s)	1003.68	1/1/2019
50543		laparoscopy, surgical; partial nephrectomy	1280.96	1/1/2019
50544		laparoscopy, surgical; pyeloplasty	1080.38	1/1/2019
50545		laparoscopy, surgical; radical nephrectomy (includes removal of gerota's fascia	1159.51	1/1/2019
50546		laparoscopy, surgical; nephrectomy, including partial ureterectomy	1027.46	1/1/2019
50547		laparoscopy, surgical; donor nephrectomy (including cold preservation), from	1234.29	1/1/2019
50548		laparoscopy, surgical; nephrectomy with total ureterectomy	1169.33	1/1/2019
50551		renal endoscopy through established nephrostomy or pyelostomy,	314.58	1/1/2019
50553		renal endoscopy through established nephrostomy or pyelostomy,	328.56	1/1/2019
50555		visualization/biopsy kidney	358.41	1/1/2019
50557		treatment of kidney lesion	365.65	1/1/2019
50561		renal endoscopy with removal of foreign body	414.87	1/1/2019
50562		renal endoscopy through established nephrostomy or pyelostomy, with or without	508.88	1/1/2019
50570		renal endoscopy through nephrotomy or pyelotomy, with or without	432.00	1/1/2019
50572		renal endoscopy through nephrotomy or pyelotomy, with or without	470.12	1/1/2019
50574		visualization/biopsy kidney	496.63	1/1/2019
50575		renal endoscopy through nephrotomy or pyelotomy, with or without	628.17	1/1/2019
50576		treatment of kidney lesion	495.90	1/1/2019
50580		treatment of kidney lesion	531.22	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
50590		lithotripsy shock wave (professional component)	774.30	1/1/2019
50600		exploration of ureter	803.11	1/1/2019
50605		ureterotomy for insertion of indwelling stent	774.23	1/1/2019
50610		removal of stone, ureter	819.33	1/1/2019
50620		removal of stone, ureter	777.12	1/1/2019
50630		removal of stone, ureter	757.97	1/1/2019
50650		removal of ureter	886.19	1/1/2019
50660		ureterectomy, total, ectopic ureter, combination abdominal,	980.25	1/1/2019
50684		injection for ureter x-ray	145.53	1/1/2019
50686		manometric studies through ureterostomy or indwelling ureteral catheter	77.52	1/1/2019
50688		change of ureterostomy tube or externally accessible ureteral stent via ileal	67.30	1/1/2019
50690		injection for ureter x-ray	83.12	1/1/2019
50700		revision of ureter	793.47	1/1/2019
50715		release of ureter	939.01	1/1/2019
50722		release of ureter	816.85	1/1/2019
50725		release/revision of ureter	933.81	1/1/2019
50727		revision urinary-cutaneous anastomosis	426.86	1/1/2019
50728		revision of urinary-cutaneous anastomosis w repair	589.18	1/1/2019
50740		fusion of ureter-kidney	919.32	1/1/2019
50750		fusion of ureter-kidney	997.16	1/1/2019
50760		fusion of ureter	930.63	1/1/2019
50770		splicing of ureters	966.53	1/1/2019
50780		reimplant ureter in bladder	933.02	1/1/2019
50782		ureteroneocystostomy; anastomosis	916.15	1/1/2019
50783		ureteroneocystostomy; ureteral tailoring	950.83	1/1/2019
50785		reimplant ureter in bladder	1035.52	1/1/2019
50800		implant ureter in bowel	785.68	1/1/2019
50810		ureterosigmoidostomy, with creation of sigmoid bladder and establishment of	1035.24	1/1/2019
50815		ureterocolon conduit, including intestine anastomosis	1048.49	1/1/2019
50820		ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker	1117.29	1/1/2019
50825		continent diversion, including intestine anastomosis using any segment of small	1418.03	1/1/2019
50830		urinary andiversion	1540.21	1/1/2019
50840		replacement of all or part of ureter by intestine segment, including intestine	1055.20	1/1/2019
50845		cutaneous appendico-vesicostomy	1069.91	1/1/2019
50860		transplant of ureter to skin	810.64	1/1/2019
50900		repair of ureter	713.20	1/1/2019
50920		closure ureter/skin fistula	753.96	1/1/2019
50930		closure ureter/bowel fistula	914.33	1/1/2019
50940		release of ureter	758.61	1/1/2019
50945		laparoscopy, surgical, ureterolithotomy	842.48	1/1/2019
50947		laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent	1195.05	1/1/2019
50948		laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral	1109.03	1/1/2019
50951		ureteral endoscopy through established ureterostomy, with	328.61	1/1/2019
50953		ureteral endoscopy through established ureterostomy, with	346.96	1/1/2019
50955		visualization/biopsy ureter	383.46	1/1/2019
50957		treatment of ureter lesion	373.45	1/1/2019
50961		ureteral endoscopy through established ureterostomy, with	336.88	1/1/2019
50970		visualization of ureter	325.74	1/1/2019
50972		visualization of ureter	313.61	1/1/2019
50974		visualization/biopsy ureter	415.35	1/1/2019
50976		treatment of ureter lesion	409.10	1/1/2019
50980		treatment of ureter lesion	312.74	1/1/2019
51020		cystotomy or cystostomy w/fulgration and/or insert	395.56	1/1/2019
51030		incision/treatment bladder	392.25	1/1/2019
51040		cystostomy, cystostomy with drainage	246.64	1/1/2019
51045		incision of bladder	394.52	1/1/2019
51050		removal of bladder stone	401.87	1/1/2019
51060		removal of ureteral stone	495.24	1/1/2019
51065		cystotomy, with calculus basket extraction and/or ultrasonic or	491.97	1/1/2019
51080		drainage of bladder abscess	344.10	1/1/2019
51500		removal of bladder cyst	530.43	1/1/2019
51520		removal of bladder lesion	499.24	1/1/2019
51525		removal of bladder lesion	735.11	1/1/2019
51530		removal of bladder lesion	655.01	1/1/2019
51535		revision of ureter lesion	665.36	1/1/2019
51550		partial removal of bladder	808.84	1/1/2019
51555		partial removal of bladder	1076.14	1/1/2019
51565		revision of bladder & ureter	1100.08	1/1/2019
51570		removal of bladder	1256.99	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
51575		cyclectomy w/bilat lymphadenectomy including hypog	1571.39	1/1/2019
51580		removal of bladder	1637.06	1/1/2019
51585		cyclectomy w/bilat lymph including hypogastric and	1823.98	1/1/2019
51590		cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including	1661.93	1/1/2019
51595		cystectomy w/bilat lymph including hypogastric and	1888.99	1/1/2019
51596		cystectomy, complete, with continent diversion, any open technique, using any	2030.24	1/1/2019
51597		removal of pelvic structures	1958.25	1/1/2019
51600		injection procedure for cystography or voiding urethrocytography	156.67	1/1/2019
51605		injection procedure and placement of chain for contrast and/	32.86	1/1/2019
51610		injection procedure for retrograde urethrocytography	92.09	1/1/2019
51700		bladder irrigation, simple, lavage and/or instillation	72.46	1/1/2019
51701		insertion of non-dwelling bladder catheter (eg, straight catheterization for	50.12	1/1/2019
51702		insertion of temporary indwelling bladder catheter; simple (eg, foley)	64.26	1/1/2019
51703		insertion of temporary indwelling bladder catheter; complicated (eg, altered	117.03	1/1/2019
51705		change of cystostomy tube;	93.78	1/1/2019
51710		change of cystostomy tube;	132.30	1/1/2019
51715		endoscopic injection of implant material into the submucosal	246.92	1/1/2019
51720		bladder instillation of anticarcinogenic agent (including detention time)	97.99	1/1/2019
51725	26	simple cystometrogram (cmg) (eg, spinal manometer)	65.89	1/1/2019
51725	TC	simple cystometrogram (cmg) (eg, spinal manometer)	65.89	1/1/2019
51725		simple cystometrogram (cmg) (eg, spinal manometer)	65.89	1/1/2019
51726	26	complex cystometrogram (eg, calibrated electronic equipment)	74.92	1/1/2019
51726	TC	complex cystometrogram (eg, calibrated electronic equipment)	74.92	1/1/2019
51726		complex cystometrogram (eg, calibrated electronic equipment)	74.92	1/1/2019
51736	26	simple uroflowmetry	26.93	1/1/2019
51736	TC	simple uroflowmetry	26.93	1/1/2019
51736		simple uroflowmetry	26.93	1/1/2019
51741	26	complex uroflowmetry	50.30	1/1/2019
51741	TC	complex uroflowmetry	50.30	1/1/2019
51741		complex uroflowmetry	50.30	1/1/2019
51784	26	anal/urinary muscle study	66.51	1/1/2019
51784	TC	anal/urinary muscle study	66.51	1/1/2019
51784		anal/urinary muscle study	66.51	1/1/2019
51785	26	needle electromyography studies (emg) of anal or urethral sphincter, any	66.60	1/1/2019
51785	TC	needle electromyography studies (emg) of anal or urethral sphincter, any	66.60	1/1/2019
51785		needle electromyography studies (emg) of anal or urethral sphincter, any	66.60	1/1/2019
51792	26	stimulus evoked response (eg, measurement of bulbocavernosus	47.79	1/1/2019
51792	TC	stimulus evoked response (eg, measurement of bulbocavernosus	47.79	1/1/2019
51792		stimulus evoked response (eg, measurement of bulbocavernosus	47.79	1/1/2019
51797	26	voiding pressure studies (vp);	37.98	1/1/2019
51797	TC	voiding pressure studies (vp);	37.98	1/1/2019
51797		voiding pressure studies (vp);	37.98	1/1/2019
51800		cystoplasty or cystourethroplasty with or w/o res	893.62	1/1/2019
51820		revision of urinary tract	911.18	1/1/2019
51840		anterior vesicourethropey, or urethropey (eg, marshall-marchetti-krantz,	543.69	1/1/2019
51841		fixation of bladder/urethra	645.54	1/1/2019
51845		abdomino-vaginal vesical neck suspension	495.14	1/1/2019
51860		repair of bladder wound	605.60	1/1/2019
51865		repair of bladder wound	750.60	1/1/2019
51880		repair of bladder opening	392.44	1/1/2019
51900		repair bladder/vagina lesion	696.03	1/1/2019
51920		repair bladder/uterus lesion	643.27	1/1/2019
51925		hysterectomy/bladder repair	838.85	1/1/2019
51940		closure, exstrophy of bladder	1378.46	1/1/2019
51960		enterocystoplasty, including intestinal anastomosis	1188.27	1/1/2019
51980		construct bladder opening	607.92	1/1/2019
51990		laparoscopy, surgical; urethral suspension for stress incontinence	625.79	1/1/2019
51992		laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or	683.07	1/1/2019
52000		amb surg cystoscopy	175.84	1/1/2019
52001		cystourethroscopy with irrigation and evacuation of clots	326.44	1/1/2019
52005		amb surg cystoscopy/urethral catheter	241.08	1/1/2019
52007		amb surg cystourethroscopy	448.07	1/1/2019
52010		amb surg cystoscopy/duct catheter	335.39	1/1/2019
52204		amb surg cystoscopy and biopsy	367.34	1/1/2019
52214		amb surg treat urinary tract lesion	483.33	1/1/2019
52224		amb surg treat urinary tract lesion	685.42	1/1/2019
52234		amb surg treatment of bladder lesion	215.18	1/1/2019
52235		treatment of bladder lesion	252.32	1/1/2019
52240		treatment of bladder lesion	441.57	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
52250		amb surg cystourethroscopy	211.21	1/1/2019
52260		amb surg cystourethroscopy	182.25	1/1/2019
52265		cystourethroscopy, with dilation of bladder for interstitial cystitis;	352.42	1/1/2019
52270		amb surg cystourethroscopy	341.10	1/1/2019
52275		amb surg cystourethroscopy	466.84	1/1/2019
52276		amb surg cystourethroscopy	232.01	1/1/2019
52277		amb surg cystourethroscopy	283.54	1/1/2019
52281		amb surg dilation urethral stricture	257.09	1/1/2019
52282		cystourethroscopy, with insertion of urethral stent	292.64	1/1/2019
52283		amb surg injection treatment, urethra	239.68	1/1/2019
52285		amb surg cystourethroscopy	241.11	1/1/2019
52290		amb surg cystourethroscopy	213.44	1/1/2019
52300		amb surg cystourethroscopy	245.15	1/1/2019
52305		amb surg cystourethroscopy	243.72	1/1/2019
52310		remove bladder/urethra stone	212.99	1/1/2019
52315		amb surg cystourethroscopy	377.40	1/1/2019
52317		litholapaxy: crushing or fragmentation of calculus	796.10	1/1/2019
52318		amb surg litholapaxy: of calculus complicated	415.60	1/1/2019
52320		amb surg cystourethroscopy	215.63	1/1/2019
52325		amb surg cystourethroscopy w/fragmentat of calculu	280.63	1/1/2019
52327		cystourethroscopy (including ureteral catheterization);	446.86	1/1/2019
52330		amb surg cystourethroscopy	646.76	1/1/2019
52332		amb surg cystourethroscopy	399.54	1/1/2019
52334		amb surg cystourethroscop w/insertion ureteral wir	224.11	1/1/2019
52341		cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation,	254.63	1/1/2019
52342		cystourethroscopy; with treatment of ureteropelvic junction stricture (eg,	276.87	1/1/2019
52343		cystourethroscopy; with treatment of intra-renal stricture (eg, balloon	308.04	1/1/2019
52344		cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg,	333.94	1/1/2019
52345		cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction	356.18	1/1/2019
52346		cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture	402.08	1/1/2019
52351		cystourethroscopy, w/ureteroscopy and/or pyeloscopy; diagnostic	274.15	1/1/2019
52352		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or	321.95	1/1/2019
52353		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	370.50	1/1/2019
52354		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or	342.37	1/1/2019
52355		cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of	408.28	1/1/2019
52400		cystourethroscopy with incision, fulguration, or resection of congenital	418.72	1/1/2019
52450		transurethral incision of prostate	398.26	1/1/2019
52500		transurethral resection of bladder neck (separate procedure)	416.15	1/1/2019
52601		amb surg transurethral resection of bladder	709.01	1/1/2019
52630		amb surg transurethral resection of prostate	378.97	1/1/2019
52640		amb surg transurethral resection of prostate	258.00	1/1/2019
52647		laser coagulation of prostate, including control of postoperative bleeding,	1796.07	1/1/2019
52648		laser vaporization of prostate, including control of postoperative bleeding,	1835.58	1/1/2019
52700		drainage of prostate abscess	369.98	1/1/2019
53000		revision of urethra	126.22	1/1/2019
53010		revision of urethra	247.09	1/1/2019
53020		meatotomy, cutting of meatus (separate procedure);	84.29	1/1/2019
53025		meatotomy, cutting of meatus (separate procedure);	55.27	1/1/2019
53040		drainage of urethra abscess	334.12	1/1/2019
53060		drainage of skene's gland abscess or cyst	146.71	1/1/2019
53080		drainage of urinary leakage	369.72	1/1/2019
53085		drainage of urinary leakage	526.25	1/1/2019
53200		biopsy of urethra	132.59	1/1/2019
53210		removal of urethra	658.49	1/1/2019
53215		removal of urethra	800.33	1/1/2019
53220		treatment of urethra lesion	383.77	1/1/2019
53230		removal of urethra lesion	512.11	1/1/2019
53235		removal of urethra lesion	544.64	1/1/2019
53240		revision of urethral pouch	365.20	1/1/2019
53250		removal of urethral gland	338.78	1/1/2019
53260		excision or fulguration;	168.28	1/1/2019
53265		treatment of urethral lesion	186.58	1/1/2019
53270		removal of urethral gland	171.54	1/1/2019
53275		repair of urethral defect	226.91	1/1/2019
53400		revision urethra, 1st stage	684.55	1/1/2019
53405		revision urethra, 2nd stage	754.24	1/1/2019
53410		reconstruction of urethra	842.06	1/1/2019
53415		urethroplasty, transpubic, one stage	971.81	1/1/2019
53420		revision urethra, 1st stage	691.25	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
53425		revision urethra, 2nd stage	811.25	1/1/2019
53430		reconstruction of urethra	809.88	1/1/2019
53431		urethroplasty with tubularization of posterior urethra and/or lower bladder for	993.34	1/1/2019
53440		operation for correction of male urinary incontinence, with	750.79	1/1/2019
53442		rem perineal prosthesis introduced for incontinen	660.74	1/1/2019
53444		insertion of tandem cuff (dual cuff)	683.08	1/1/2019
53445		insertion of inflatable urethral/bladder neck sphincter, including placement of	753.67	1/1/2019
53446		removal of inflatable urethral/bladder neck sphincter, including pump,	550.48	1/1/2019
53447		removal and replacement of inflatable urethral/bladder neck sphincter including	697.04	1/1/2019
53448		removal and replacement of inflatable urethral/bladder neck sphincter including	1103.29	1/1/2019
53449		repair of inflatable urethral/bladder neck sphincter, including pump,	523.51	1/1/2019
53450		revision of urethra	347.69	1/1/2019
53460		revision of urethra	390.88	1/1/2019
53500		urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg,	629.61	1/1/2019
53502		urethrorrhaphy, female	413.49	1/1/2019
53505		repair of urethra injury	415.36	1/1/2019
53510		repair of urethra injury	540.92	1/1/2019
53515		repair of urethra injury	683.02	1/1/2019
53520		repair of urethra defect	474.33	1/1/2019
53600		dilation of urethral stricture by passage of sound or urethral dilator, male;	73.26	1/1/2019
53601		dilation of urethral stricture by passage of sound or urethral dilator, male;	70.87	1/1/2019
53605		dilation of urethral stricture or vesical neck by passage	56.40	1/1/2019
53620		dilation of urethral stricture by passage of filiform and follower, male;	104.60	1/1/2019
53621		dilation of urethral stricture by passage of filiform and follower, male;	98.58	1/1/2019
53660		dilation of female urethra including suppository and/or instillation;	61.20	1/1/2019
53661		dilation of female urethra including suppository and/or instillation;	60.93	1/1/2019
53665		dilation of female urethra, general or conduction (spinal) anesthesia	32.96	1/1/2019
53850		transurethral destruction of prostate tissue; by microwave thermo	2056.91	1/1/2019
53852		transurethral destruction of prostate tissue; by radiofrequency thermotherapy	1981.55	1/1/2019
54000		slitting of prepuce, dorsal or lateral (separate procedure);newborn	130.99	1/1/2019
54001		slitting of prepuce, dorsal or lateral (separate procedure);	161.57	1/1/2019
54015		i & d penis, deep	265.13	1/1/2019
54050		destruction of lesion(s), penis (eg, condyloma, papilloma,	98.84	1/1/2019
54055		treatment of penis lesion	94.44	1/1/2019
54056		destruction of lesion(s), penis (eg, condyloma, papilloma,	103.06	1/1/2019
54057		destruction of lesion(s), penis (eg, condyloma, papilloma,	113.17	1/1/2019
54060		destruction of lesion(s), penis (eg, condyloma, papilloma,	153.35	1/1/2019
54065		destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum	168.63	1/1/2019
54100		biopsy of penis; (separate procedure)	154.09	1/1/2019
54105		biopsy of penis;	233.21	1/1/2019
54110		excision of penile plaque (peyronie disease);	533.22	1/1/2019
54111		excision of penile plaque with graft to 5cm	689.78	1/1/2019
54112		excision of penile plaque with graft more than 5cm	809.73	1/1/2019
54115		removal foreign body from deep penile tissue	382.08	1/1/2019
54120		partial amputation of penis	539.28	1/1/2019
54125		amputation of penis	695.97	1/1/2019
54130		amputation of penis	1030.73	1/1/2019
54135		amputation penis w/bilateral lymph include hypogas	1309.34	1/1/2019
54150		circumcision	141.14	1/1/2019
54160		circumcision,surgical excision other than clamp; newborn	195.34	1/1/2019
54161		amb surg circumcision except newborn	168.27	1/1/2019
54162		lysis or excision of penile post-circumcision adhesions	227.25	1/1/2019
54163		repair incomplete circumcision	184.56	1/1/2019
54164		frenulotomy of penis	162.32	1/1/2019
54200		injection procedure for peyronie disease;	92.07	1/1/2019
54205		injection procedure for peyronie disease;	457.44	1/1/2019
54220		irrigation of corpora cavernosa for priapism	178.90	1/1/2019
54230		inj procedure for corpora cavernosography	82.78	1/1/2019
54240	26	penile plethysmography	58.02	1/1/2019
54240	TC	penile plethysmography	58.02	1/1/2019
54240		penile plethysmography	58.02	1/1/2019
54300		revison of penis	555.44	1/1/2019
54304		correction of chordee or 1st stage hypospadias	650.92	1/1/2019
54308		urethroplasty for 2nd stage hypospadias repair	619.76	1/1/2019
54312		urethroplasty for hypospadias repair more than 3cm	716.25	1/1/2019
54316		urethroplasty for hypospadias repair with graft	867.28	1/1/2019
54318		urethroplasty for hypospadias to release penis	624.36	1/1/2019
54322		one stage distal hypospadias repair & meatal adv.	678.16	1/1/2019
54324		one stage distal hypospadias repair w/ urethroplst	843.09	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
54326		one stage distal hypospadias repair w/ urethroplst	793.09	1/1/2019
54328		hypospadias with urethroplasty to correct chordee	803.78	1/1/2019
54332		penile hypospadias repair dissection to corr chord	878.70	1/1/2019
54336		hypospadias repair to corr chordee and urethropla	998.57	1/1/2019
54340		repair hypospadias complications; simple	482.18	1/1/2019
54344		repair hypospadias complications w/ urethroplasty	831.97	1/1/2019
54348		repair hypospadias compli dissection and urethropl	883.30	1/1/2019
54352		repair of hypospadias cripple requiring dissection	1246.12	1/1/2019
54360		plasti operation on penis to correct angulation	624.74	1/1/2019
54380		revision of penis	692.33	1/1/2019
54385		revise penis/bladder defect	835.74	1/1/2019
54390		revise penis/bladder defect	1019.45	1/1/2019
54406		removal of all components of a multi-component, inflatable penile prosthesis	627.13	1/1/2019
54415		removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile	449.83	1/1/2019
54420		revision of penis	607.66	1/1/2019
54430		revision of penis	550.28	1/1/2019
54435		corpora cavernosa-glans penis fistulization (eg, biopsy needle,	355.57	1/1/2019
54440		revision of penis	751.87	1/1/2019
54450		foreskin manipulation including lysis of preputial adhesions and stretching	62.46	1/1/2019
54500		biopsy of testis, needle (separate procedure)	65.03	1/1/2019
54505		biopsy of testis	182.17	1/1/2019
54512		excision of extraparenchymal lesion of testis	458.21	1/1/2019
54520		orchiectomy, simple	277.11	1/1/2019
54522		orchiectomy, partial	497.60	1/1/2019
54530		amb surg orchiectomy radical inguinal approach	432.60	1/1/2019
54535		amb surg orchiectomy with abdominal approach	629.60	1/1/2019
54550		exploration for testis	417.57	1/1/2019
54560		exploration for testis	570.41	1/1/2019
54600		reduce testis torsion	385.92	1/1/2019
54620		fixation of testis	259.34	1/1/2019
54640		amb surg orchiopexy any type	396.24	1/1/2019
54650		orchiopexy abdominal approach for intra-abdominal testis	607.90	1/1/2019
54670		repair testis injury	344.50	1/1/2019
54680		relocation of testis(es)	671.80	1/1/2019
54690		laparoscopy, surgical; orchiectomy	543.07	1/1/2019
54692		laparoscopy, surgical; orchiopexy for intra-abdominal testis	663.54	1/1/2019
54700		amb surg i & d epididymis testis/scrotal space	179.71	1/1/2019
54800		biopsy of epididymis, needle	113.82	1/1/2019
54830		excision of local lesion of epididymis	313.51	1/1/2019
54840		amb surg excision spermatocele w/w/o epididymectomy	275.34	1/1/2019
54860		removal of epididymis	355.72	1/1/2019
54861		removal of epididymes	481.58	1/1/2019
54865		exploration of epididymis, with or without biopsy	302.66	1/1/2019
55000		puncture aspiration of hydrocele, tunica vaginalis, with or	102.14	1/1/2019
55040		amb surg excision hydrocele unilateral	286.16	1/1/2019
55041		amb surg excision hydrocele bilateral	430.98	1/1/2019
55060		repair of hydrocele	320.02	1/1/2019
55100		drainage of scrotal wall abscess	180.29	1/1/2019
55110		scrotal exploration	325.62	1/1/2019
55120		removal of scrotum lesion	298.59	1/1/2019
55150		removal of scrotum	412.81	1/1/2019
55175		scrotoplasty; simple	306.33	1/1/2019
55180		scrotoplasty; complicated	583.74	1/1/2019
55200		incision of sperm duct	408.71	1/1/2019
55250		removal of sperm duct(s)	359.38	1/1/2019
55300		vasotomy for vasograms, seminal vesiculograms, or epididymograms,	155.89	1/1/2019
55450		ligation of sperm ducts	320.54	1/1/2019
55500		amb surg excision hydrocele of spermatic cord	317.64	1/1/2019
55520		removal of sperm cord lesion	327.23	1/1/2019
55530		amb surg excision varicocele	300.23	1/1/2019
55535		amb surg excision varicocele abdominal approach	363.31	1/1/2019
55540		amb surg excision varicocele with hernia repair	397.11	1/1/2019
55550		laparoscopy, surgical, with ligation of spermatic veins for varicocele	359.83	1/1/2019
55600		incise sperm duct pouch	362.40	1/1/2019
55650		remove sperm duct pouch	610.73	1/1/2019
55680		remove sperm pouch lesion	288.57	1/1/2019
55700		biopsy, prostate;	193.95	1/1/2019
55705		amb surg prostate biopsy incisional any approach	230.75	1/1/2019
55720		drainage of prostate abscess	394.92	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
55725		drainage of prostate abscess	501.33	1/1/2019
55801		removal of prostate	933.85	1/1/2019
55810		removal of prostate	1130.40	1/1/2019
55812		prostatectomy perineal radical w lymph biopsy	1389.35	1/1/2019
55815		prostatectomy perineal w pelvic lymphadenectomy	1524.33	1/1/2019
55821		removal of prostate	751.01	1/1/2019
55831		removal of prostate	814.10	1/1/2019
55840		prostatectomy, retropubic radical, with or without nerve sparing;	1153.24	1/1/2019
55842		prostatectomy retropubic w lymph biopsy	1236.10	1/1/2019
55845		extensive prostate surgery	1414.83	1/1/2019
55860		exposure of prostate, any approach, for insertion of radioactive substance;	753.42	1/1/2019
55862		exposure of prostate, any approach, for insertion of radioactive substance;	952.16	1/1/2019
55865		exposure of prostate, any approach, for insertion of radioactive substance;	1154.07	1/1/2019
55866		laparoscopy surgical prostatectomy retropubic radical including nerve sparing	1502.97	1/1/2019
55873		cryosurgical ablation of the prostate (includes ultrasonic guidance for	981.69	1/1/2019
55875		transperineal placement of needles or catheters into prostate for interstitial	653.23	1/1/2019
55876		placement of interstitial device(s) for radiation therapy guidance (eg,	119.76	1/1/2019
56405		incision and drainage of vulva or perineal abscess	84.07	1/1/2019
56420		drainage of vulva abscess	96.44	1/1/2019
56440		marsupialization of bartholin's gland cyst	142.91	1/1/2019
56441		lysis of labial adhesions	116.47	1/1/2019
56442		hymenotomy, simple incision	38.07	1/1/2019
56501		destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	100.34	1/1/2019
56515		destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery,	171.94	1/1/2019
56605		biopsy of vulva/perineum 1 lesion	64.85	1/1/2019
56606		biopsy of vulva or perineum (separate procedure); each separate additional	30.07	1/1/2019
56620		vulvectomy partial unilateral or bilateral.	383.67	1/1/2019
56625		external genital surgery	463.00	1/1/2019
56630		vulvectomy radical without skin graft	678.37	1/1/2019
56631		vulvectomy, radical, partial; w lymphadenectomy	863.46	1/1/2019
56632		vulvectomy, radical, partial;	999.64	1/1/2019
56633		vulvectomy, radical, complete	885.59	1/1/2019
56634		vulvectomy, rad, complete; uni lymphadenectomy	935.54	1/1/2019
56637		vulvectomy, radical, complete; w lymphadenectomy	1106.38	1/1/2019
56640		vulvectomy radical with inguinofem iliac pelvic ly	1103.74	1/1/2019
56700		external genital surgery	144.54	1/1/2019
56740		amb surg excision bartholin gland or cyst	231.75	1/1/2019
56800		plastic repair of introitus	190.57	1/1/2019
56805		clitoroplasty for intersex state	900.27	1/1/2019
56810		perineoplasty, repair of perineum non-ob	204.80	1/1/2019
56820		colposcopy of the vulva;	86.10	1/1/2019
56821		colposcopy of the vulva; with biopsy (s)	115.30	1/1/2019
57000		amb surg colpotomy with exploration	148.96	1/1/2019
57010		amb surg colpotomy w drainage pelvic abscess	334.93	1/1/2019
57020		colpocentesis (separate procedure)	73.97	1/1/2019
57022		incision and drainage of vaginal hematoma; obstetrical/postpartum	129.99	1/1/2019
57023		incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma,	243.81	1/1/2019
57061		destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery,	87.27	1/1/2019
57065		destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery,	148.99	1/1/2019
57100		biopsy of vagina	68.73	1/1/2019
57105		biopsy of vagina	104.86	1/1/2019
57106		vaginectomy, partial removal of vaginal wall;	369.06	1/1/2019
57107		vaginectomy, partial removal of vaginal wall; with removal of paravaginal	1098.13	1/1/2019
57109		vaginectomy, partial removal of vaginal wall; with removal of paravaginal	1255.96	1/1/2019
57110		vaginectomy, complete removal of vaginal wall;	706.31	1/1/2019
57111		vaginectomy, complete removal of vaginal wall; with removal of paravaginal	1268.72	1/1/2019
57112		vaginectomy, complete removal of vaginal wall; with removal of paravaginal	1347.56	1/1/2019
57120		vaginal surgery	399.54	1/1/2019
57130		amb surg excision vaginal septum	140.36	1/1/2019
57135		amb surg excision vaginal cyst or tumor	150.54	1/1/2019
57150		treatment vaginal infection	39.29	1/1/2019
57155		insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	330.96	1/1/2019
57160		fitting and insertion of pessary or other intravaginal support device	59.72	1/1/2019
57170		diaphragm fitting with instructions	53.91	1/1/2019
57180		introduction of any hemostatic agent or pack for spontaneous	109.59	1/1/2019
57200		amb surg colporrhaphy suture of injury to vagina	230.36	1/1/2019
57210		amb surg colporrhaphy	286.15	1/1/2019
57220		amb surg colporrhaphy	248.50	1/1/2019
57230		amb surg colporrhaphy	311.32	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
57240		amb surg colporrhaphy	519.75	1/1/2019
57250		amb surg colporrhaphy w/wo perineorrhaphy	508.80	1/1/2019
57260		combined anteroposterior colporrhaphy	634.48	1/1/2019
57265		comb anteroposterior colporrhaphy w enterocele	708.65	1/1/2019
57267		insertion of mesh or other prosthesis for repair of pelvic floor defect, each	214.13	1/1/2019
57268		repair enterocele vaginal approach	375.14	1/1/2019
57270		repair of visceral pouch	625.38	1/1/2019
57280		fixation of vagina	760.81	1/1/2019
57282		colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	397.86	1/1/2019
57283		colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	538.98	1/1/2019
57287		removal or revision of sling for stress incontinence (eg, fascia or synthetic)	551.92	1/1/2019
57288		sling operation for stress incontinence	581.17	1/1/2019
57289		pereyra procedure inc anterior colporrhaphy	610.80	1/1/2019
57291		construction artificial vagina w/o graft	423.67	1/1/2019
57292		construction artificial vagina with graft	650.39	1/1/2019
57296		revision (including removal) of prosthetic vaginal graft; open abdominal	744.85	1/1/2019
57300		amb surg closure rectovaginal fistula vag approach	414.80	1/1/2019
57305		repair rectum/vagina lesion	694.82	1/1/2019
57307		repair rectum/vagina lesion	777.40	1/1/2019
57308		closure of rectovaginal fistula; transperineal approach, with per	495.52	1/1/2019
57310		repair urthra/vagina lesion	386.25	1/1/2019
57311		closure urethrovaginal fistula w/ bulbocavernosus	441.27	1/1/2019
57320		repair bladder/vagina lesion	439.68	1/1/2019
57330		repair bladder/vagina lesion	625.55	1/1/2019
57335		vaginoplasty for intersex state	913.60	1/1/2019
57400		dilation of vagina under anesthesia	106.78	1/1/2019
57410		amb surg pelvic exam under anesthesia	83.79	1/1/2019
57415		removal vag foreign body w anesth.	124.66	1/1/2019
57420		colposcopy of the entire vagina, with cervix if present;	90.56	1/1/2019
57421		colposcopy of the entire vagina, with cervix if present; with biopsy(s) of	122.09	1/1/2019
57425		laparoscopy, surgical, colpopexy (suspension of vaginal apex)	767.72	1/1/2019
57452		colposcopy (vaginocopy);	85.22	1/1/2019
57454		colposcopy with biopsy	120.87	1/1/2019
57455		colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	112.08	1/1/2019
57456		colposcopy of the cervix including upper/adjacent vagina; with endocervical	105.87	1/1/2019
57460		colposcopy (vaginocopy); with loop electrode excision procedure of the cervix	229.65	1/1/2019
57461		colposcopy of the cervix including upper/adjacent vagina; w/loop electrode	258.10	1/1/2019
57500		biopsy, single or multiple, or local excision of lesion, with	101.51	1/1/2019
57505		endocervical curettage (not done as part of a dilation and curettage)	78.16	1/1/2019
57510		cautery of cervix; electro or thermal	103.59	1/1/2019
57511		cryocautry initial or repeat cervix uteri	112.58	1/1/2019
57513		amb surg-cauterization of cervix, laser surgery	111.14	1/1/2019
57520		conization cervix-including d&c, repair or fulguration	238.37	1/1/2019
57522		conization of cervix, loop electrode excision	204.32	1/1/2019
57530		removal of cervix	267.31	1/1/2019
57531		radical trachelectomy, with bilateral total pelvic lymphadenectomy and	1333.32	1/1/2019
57540		removal of cervix tissue	609.72	1/1/2019
57545		remove cervix, repair pelvis	643.36	1/1/2019
57550		removal of cervix tissue	316.25	1/1/2019
57555		remove cervix, repair vagina	468.23	1/1/2019
57556		cervix uteri with repair of enterocele	446.79	1/1/2019
57558		dilation and curettage of cervical stump	97.02	1/1/2019
57700		amb surg cervical cerclage (tracheloplasty)	236.88	1/1/2019
57720		revision of cervix	237.74	1/1/2019
57800		dilation of cervical canal, instrumental (separate procedure)	46.84	1/1/2019
58100		endometrial sampling (biopsy) with or without endocervical sampling (biopsy),	85.88	1/1/2019
58120		dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	193.94	1/1/2019
58140		myomectomy, excision of leiomyomata of uterus, single or multiple (separate	715.25	1/1/2019
58145		removal of uterine lesion	423.08	1/1/2019
58146		myomectomy excision of fibroid tumor(s) of uterus 5 or more in tramural myomas	911.61	1/1/2019
58150		ambulatory surgery, total abdominal hysterectomy	775.35	1/1/2019
58152		total abdominal hysterectomy (corpus and cervix), with or without removal of	978.91	1/1/2019
58180		partial hysterectomy	744.44	1/1/2019
58200		extensive uterine surgery	1025.67	1/1/2019
58210		extensive uterine surgery	1366.51	1/1/2019
58240		removal of pelvis contents	2148.77	1/1/2019
58260		hysterectomy	646.99	1/1/2019
58262		vaginal hysterectomy w/ removal of tubes and ovary(s)	723.21	1/1/2019
58263		vaginal hysterectomy w/ removal of tube/ovary & enterocele	779.38	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
58267		hysterectomy & repair vagina	828.23	1/1/2019
58270		hysterectomy & repair vagina	693.48	1/1/2019
58275		vaginal hysterectomy, with total or partial vaginectomy;	771.68	1/1/2019
58280		hysterectomy, revise vagina	825.85	1/1/2019
58285		hysterectomy	1037.03	1/1/2019
58290		vaginal hysterectomy, for uterus greater than 250 grams	907.40	1/1/2019
58291		vaginal hysterectomy, for uterus greater than 250 grams; with removal of	986.21	1/1/2019
58292		vaginal hysterectomy, for uterus greater than 250 grams; with removal of	1039.49	1/1/2019
58293		vaginal hysterectomy, for uterus greater than 250 grams; with	1079.43	1/1/2019
58294		vaginal hysterectomy, for uterus greater than 250 grams; with repair of	958.80	1/1/2019
58300		insert intrauterine device	60.97	1/1/2019
58301		removal of iud	74.87	1/1/2019
58346		insertion of heyman capsules for clinical brachytherapy	356.20	1/1/2019
58353		endometrial ablation, thermal, without hysteroscopic guidance	862.47	1/1/2019
58400		fixation of uterus	349.45	1/1/2019
58410		fixation of uterus	627.72	1/1/2019
58520		repair of ruptured uterus	612.94	1/1/2019
58540		revision of uterus	711.87	1/1/2019
58541		laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	671.22	1/1/2019
58542		laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	745.85	1/1/2019
58543		laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250	758.32	1/1/2019
58544		laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250	819.79	1/1/2019
58545		laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with	701.21	1/1/2019
58546		laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/d	889.22	1/1/2019
58548		laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic	1387.62	1/1/2019
58550		laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	691.88	1/1/2019
58552		laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less	763.90	1/1/2019
58553		laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	893.84	1/1/2019
58554		laparoscopy, surgical, w/vaginal hysterectomy, for uterus greater than 250 grams	1024.32	1/1/2019
58555		hysteroscopy, diagnostic (separate procedure)	187.59	1/1/2019
58558		hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or	253.94	1/1/2019
58559		hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	273.32	1/1/2019
58560		hysteroscopy, surgical; with division or resection of intrauterine septum	308.96	1/1/2019
58561		hysteroscopy, surgical; with removal of leiomyomata	437.50	1/1/2019
58562		hysteroscopy, surgical with removal of impacted foreign object	268.90	1/1/2019
58563		hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection,	1404.76	1/1/2019
58565		hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce	1495.07	1/1/2019
58600		amb surg ligation or transection fallopian tubes	283.44	1/1/2019
58605		ligation or transection fallop tubes abd or vag po	257.56	1/1/2019
58611		ligation or transection of fallopian tube(s) when done at the time of cesarean	62.03	1/1/2019
58615		occlus fallopian tubes by device vag/suprapubic	194.66	1/1/2019
58660		laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	527.08	1/1/2019
58661		laparoscopy, surgical; with removal of adnexal structures (partial or total	506.87	1/1/2019
58662		laparoscopy, surgical; with fulguration or excision of lesions of the ovary,	554.03	1/1/2019
58670		laparoscopy, surgical; with fulguration of oviducts (with or without	285.37	1/1/2019
58671		laparoscopy, surgical; with occlusion of oviducts by device	285.28	1/1/2019
58700		salpingectomy complete or partial unilateral or bi	596.32	1/1/2019
58720		removal of ovary/tube(s)	560.45	1/1/2019
58800		amb surg drainage ovarian cyst	248.11	1/1/2019
58805		drainage of ovarian cyst(s)	315.15	1/1/2019
58820		drainage of ovarian abscess	242.87	1/1/2019
58822		drainage of ovarian abscess	550.70	1/1/2019
58900		biopsy of ovary(s)	321.60	1/1/2019
58920		partial removal of ovary(s)	548.63	1/1/2019
58925		ovarian cystectomy unilateral or bilateral	571.81	1/1/2019
58940		oophorectomy partial or total unilateral or bilate	390.85	1/1/2019
58943		oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or	875.13	1/1/2019
58950		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	833.91	1/1/2019
58951		resect ovarian malignancy	1076.86	1/1/2019
58952		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	1214.45	1/1/2019
58953		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	1507.13	1/1/2019
58954		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	1636.23	1/1/2019
58956		bilateral salpingo-oophorectomy with total omentectomy, total abdominal	1054.86	1/1/2019
58957		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal,	1159.84	1/1/2019
58958		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal,	1289.23	1/1/2019
58960		laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal	720.60	1/1/2019
59000		amniocentesis; diagnostic	99.44	1/1/2019
59001		amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound	145.65	1/1/2019
59012		cordocentesis (intrauterine), any method	160.67	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
59015		chorionic villus sampling, any method	121.56	1/1/2019
59020	26	fetal contraction	29.80	1/1/2019
59020	TC	fetal contraction	29.80	1/1/2019
59020		fetal contraction	29.80	1/1/2019
59025	26	fetal non-stress test	24.00	1/1/2019
59025	TC	fetal non-stress test	24.00	1/1/2019
59025		fetal non-stress test	24.00	1/1/2019
59030		fetal blood sampling scalp	89.51	1/1/2019
59100		removal of uterus lesion	641.34	1/1/2019
59120		treatment atypical pregnancy	612.58	1/1/2019
59121		surg treat ectopic pregn tubal wo salping/oophorec	615.39	1/1/2019
59130		treatment atypical pregnancy	718.66	1/1/2019
59135		treatment atypical pregnancy	727.10	1/1/2019
59136		tx ectopic pregnancy w/ partial resection uterus	679.77	1/1/2019
59140		treatment atypical pregnancy	303.97	1/1/2019
59150		lap tx ectopic pregnancy w/o removal tubes/ovaries	595.59	1/1/2019
59151		lap tx ectopic pregnancy w/ removal tubes/ovaries	582.06	1/1/2019
59160		curretage, postpartum	165.26	1/1/2019
59200		insertion of hygroscopic cervical dilator	57.23	1/1/2019
59300		amb surg episiotomy of vaginal repair only	148.70	1/1/2019
59320		cerclage of cervix during pregnancy, vaginal	120.43	1/1/2019
59325		cerclage of cervix during pregnancy, abdominal	190.14	1/1/2019
59350		hysterorrhaphy of ruptured uterus	219.26	1/1/2019
59400		obstetrical care	1368.59	1/1/2019
59409		vaginal delivery only (w or w/o episiotomy and/or forceps)	607.68	1/1/2019
59410		obstetrical care	704.66	1/1/2019
59412		external cephalic version, with or without tocolysis	81.41	1/1/2019
59414		delivery of placenta (infant born outside of hosp)	72.42	1/1/2019
59425		antepartum care only;	340.20	1/1/2019
59426		antepartum care only;	608.62	1/1/2019
59430		postpartum care only, separate procedure	109.17	1/1/2019
59510		routine obstetric care including antepartum care, cesarean	1549.75	1/1/2019
59514		cesarean delivery only;	719.52	1/1/2019
59515		cesarean delivery only; including postpartum care	848.26	1/1/2019
59525		subtotal or total hysterectomy after cesarean delivery (list separately in	382.96	1/1/2019
59812		surgical tx spontaneous abortion, any trimester	242.18	1/1/2019
59820		amb surg missed abortion any trimester	285.55	1/1/2019
59821		treatment of missed abortion, completed surgically;	290.99	1/1/2019
59830		septic abortion	336.72	1/1/2019
59840		amb surg legal therapeutic abortion	167.88	1/1/2019
59841		amb surg legal abortion d & c	292.49	1/1/2019
59850		amb surg legal abortion intra-amniotic injection	301.56	1/1/2019
59851		amb surg legal abortion with d & c	309.39	1/1/2019
59852		amb surg legal abortion with hysterotomy	434.29	1/1/2019
59855		induced abortion, by one or more vaginal suppositories	321.90	1/1/2019
59856		induced abortion, by one or more vaginal suppositories	380.54	1/1/2019
59857		induced abortion, by one or more vaginal suppositories	455.36	1/1/2019
59866		multifetal pregnancy reduction(s) (mpr)	188.32	1/1/2019
59870		uterine evacuation and curettage for hydatidiform mole	361.15	1/1/2019
59871		removal of cerclage suture under anesthesia (other than local)	105.14	1/1/2019
60000		incision and drainage of thyroglossal duct cyst, infected	119.89	1/1/2019
60100		biopsy thyroid, percutaneous core needle	90.13	1/1/2019
60200		drainage thyroid duct lesion	494.79	1/1/2019
60210		partial thyroid lobectomy, unilateral;	530.30	1/1/2019
60212		partial thyroid lobectomy, unilateral;	762.26	1/1/2019
60220		partial removal of thyroid	581.47	1/1/2019
60225		tot thy subt lobectomy inc isthmus	698.63	1/1/2019
60240		removal of thyroid	741.12	1/1/2019
60252		removal of thyroid	1000.80	1/1/2019
60254		extensive thyroid surgery	1289.85	1/1/2019
60260		thyroidectomy, removal of all remaining thyroid tissue	835.63	1/1/2019
60270		thyroidectomy, including substernal thyroid; sternal split or transthoracic	1053.21	1/1/2019
60271		thyroidectomy, including substernal thyroid gland;	807.31	1/1/2019
60280		amb surg excision thyroglossal duct cyst or sinus	331.70	1/1/2019
60281		excision of thyroglossal duct,cyst,sinus;recurrent	444.05	1/1/2019
60500		explore parathyroid glands	768.36	1/1/2019
60502		re-exploration of parathyroids	964.57	1/1/2019
60505		explore parathyroid glands	1059.16	1/1/2019
60512		parathyroid autotransplantation (list separately in addition to code for	188.72	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
60520		thymectomy, partial or total; transcervical approach (separate procedure)	791.45	1/1/2019
60521		thymectomy, partial or total;	907.99	1/1/2019
60522		thymectomy, partial or total;	1095.57	1/1/2019
60540		exploration adrenal gland	834.42	1/1/2019
60545		exploration adrenal gland	950.14	1/1/2019
60600		removal carotid body lesion	1105.31	1/1/2019
60605		removal carotid body lesion	1390.92	1/1/2019
60650		laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration	930.77	1/1/2019
61000		subdural tap through fontanelle, or suture, infant, unilateral or bilateral;	84.42	1/1/2019
61001		subdural tap through fontanelle, or suture, infant, unilateral or bilateral;	82.50	1/1/2019
61020		ventricular puncture through previous burr hole, fontanelle,	97.93	1/1/2019
61026		ventricular puncture through previous burr hole, fontanelle, suture, or	98.15	1/1/2019
61050		removal brain canal fluid	83.87	1/1/2019
61055		cisternal or lateral cervical (c1-c2) puncture; with injection of medication or	108.35	1/1/2019
61070		puncture of shunt tubing or reservoir for aspiration or injection procedure	62.26	1/1/2019
61105		twist drill hole for subdural or ventricular puncture;	322.80	1/1/2019
61107		twist drill hole for implant ventric cath/recordin	241.37	1/1/2019
61108		twist drill hole for evac of subdural hematoma	642.66	1/1/2019
61120		burr hole(s) for ventricular puncture (including injection of gas, contrast	526.96	1/1/2019
61140		incise skull brain biopsy	915.43	1/1/2019
61150		incise skull for drainage	980.46	1/1/2019
61151		incise skull for drainage	709.50	1/1/2019
61154		incise skull for drainage	916.79	1/1/2019
61156		incise skull for drainage	914.78	1/1/2019
61210		relieve/measure brain fluid	281.80	1/1/2019
61215		insertion of subcutaneous reservoir to ventr cath	350.75	1/1/2019
61250		burr hole trephine, supratentorial, exploratory	617.31	1/1/2019
61253		burr hole or trephine infratentorial unilateral/bi	681.32	1/1/2019
61304		incise skull for exploration	1208.13	1/1/2019
61305		incise skull for exploration	1457.22	1/1/2019
61312		craniectomy for evac of hematoma, supratentorial	1512.64	1/1/2019
61313		craniectomy for evac of hematoma, intracerebral	1444.54	1/1/2019
61314		craniectomy for evac of hematoma, infratentorial	1336.90	1/1/2019
61315		craniectomy for evac of hematoma, intracerebellar	1522.27	1/1/2019
61316		incision and subcutaneous placement of cranial bone (list separately in addition	66.41	1/1/2019
61320		incise skull for drainage	1407.81	1/1/2019
61321		craniectomy drainage of intracranial abscess infra	1543.82	1/1/2019
61322		craniectomy or craniotomy, decompressive, with or without duraplasty, for	1714.40	1/1/2019
61323		craniectomy or craniotomy, decompressive, with or without duraplasty, for	1744.77	1/1/2019
61330		incise skull for exploration	1197.51	1/1/2019
61333		explor decompress orbit transcran approach remove	1401.74	1/1/2019
61340		other cranial decompression eg subtemporal suprate	1047.79	1/1/2019
61343		craniectomy w/ cervical laminectomy	1620.56	1/1/2019
61345		other cranial decompression posterior fossa	1499.30	1/1/2019
61450		craniectomy for section comp or decomp or sensory	1391.17	1/1/2019
61458		craniectomy exploration/decompress cranial nerves	1482.33	1/1/2019
61460		craniectomy suboccipital for section of 1 or more	1504.10	1/1/2019
61500		removal of skull lesion	991.32	1/1/2019
61501		craniectomy for osteomyelitis	849.43	1/1/2019
61510		removal of brain lesion	1598.12	1/1/2019
61512		remove brain lining lesion	1888.30	1/1/2019
61514		removal of brain abscess	1400.81	1/1/2019
61516		removal of brain lesion	1366.69	1/1/2019
61517		implantation of brain intracavitary chemotherapy agent (list separately in	66.38	1/1/2019
61518		removal of brain lesion	2031.64	1/1/2019
61519		remove brain lining lesion	2188.90	1/1/2019
61520		craniectomy cerebellopontine angle tumor	2800.36	1/1/2019
61521		craniectomy excision brain tumor, midline tumor sku	2352.70	1/1/2019
61522		removal of brain abscess	1612.49	1/1/2019
61524		removal of brain lesion	1522.54	1/1/2019
61526		removal skull cavity lesion	2545.98	1/1/2019
61530		removal skull cavity lesion	2161.90	1/1/2019
61531		subdural implant of strip electrodes, lng term moni	880.45	1/1/2019
61533		craniectomy for insertion epidural electrode array	1113.30	1/1/2019
61534		removal of brain lesion	1199.03	1/1/2019
61535		craniectomy removal epidural electro array wo tiss	716.36	1/1/2019
61536		removal of brain lesion	1913.91	1/1/2019
61537		craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without	1765.48	1/1/2019
61538		craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with	1893.35	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
61539		cran f lobectomy w/electrocorticogr partial or tot	1732.82	1/1/2019
61540		craniotomy with elevation of bone flap; for lobectomy, other than temporal	1624.35	1/1/2019
61541		craniectomy for transection of corpus callosum	1560.36	1/1/2019
61543		craniectomy for part or subtotal hemispherectomy	1581.64	1/1/2019
61544		remove/treat brain lesion	1308.01	1/1/2019
61545		bone flap craniectomy to excise craniopharyngioma	2330.49	1/1/2019
61546		removal of pituitary gland	1688.59	1/1/2019
61548		removal of pituitary gland	1146.37	1/1/2019
61550		release skull closure	751.41	1/1/2019
61552		craniectomy for craniostenosis multiple sutures on	986.95	1/1/2019
61556		craniotomy for craniostenosis, frontal/parietal	1204.49	1/1/2019
61557		craniotomy for craniostenosis, bifrontal bone	1236.80	1/1/2019
61558		ext. craniectomy for mult cranial sut. craniostenosis	1277.05	1/1/2019
61559		ext. craniectomy for craniostenosis w recontouri	1770.99	1/1/2019
61563		exc. tumor of cranial bone w/o optic nerve decompr	1425.40	1/1/2019
61564		exc. tumor of cranial bone w optic nerve decompres	1783.90	1/1/2019
61566		craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	1646.75	1/1/2019
61567		craniotomy with elevation of bone flap; for multiple subpial transections, with	1853.03	1/1/2019
61570		craniectomy or craniotomy for excision foreign bod	1347.15	1/1/2019
61571		craniectomy or craniotomy penetrating wound brain	1462.75	1/1/2019
61575		transoral approach to skull base, brain stem	1747.31	1/1/2019
61576		transoral approach to skull base w/ split tongue	2786.43	1/1/2019
61580		craniofacial approach to anterior cranial fossa;	1827.50	1/1/2019
61581		craniofacial approach to anterior cranial fossa;	2052.31	1/1/2019
61582		craniofacial approach to anterior cranial fossa;	2096.00	1/1/2019
61583		craniofacial approach to anterior cranial fossa;	2126.94	1/1/2019
61584		orbitocranial approach to anterior cranial fossa, extradural,	2071.55	1/1/2019
61585		orbitocranial approach to anterior cranial fossa, extradural,	2200.33	1/1/2019
61590		infratemporal pre-auricular approach to middle cranial fossa	2333.24	1/1/2019
61591		infratemporal post-auricular approach to middle cranial fossa	2349.10	1/1/2019
61592		orbitocranial zygomatic approach to middle cranial fossa (cavernous	2333.45	1/1/2019
61595		transtemporal approach to posterior cranial fossa, jugular	1761.32	1/1/2019
61596		transcochlear approach to posterior cranial fossa, jugular	1940.94	1/1/2019
61597		transcondylar (far lateral) approach to posterior cranial fossa,	2119.29	1/1/2019
61598		transpetrosal approach to posterior cranial fossa, clivus or	1879.83	1/1/2019
61600		resection or excision of neoplastic, vascular or infectious	1585.32	1/1/2019
61601		resection or excision of neoplastic, vascular or infectious	1729.05	1/1/2019
61605		resection or excision of neoplastic, vascular or infectious	1662.03	1/1/2019
61606		resection or excision of neoplastic, vascular or infectious	2222.46	1/1/2019
61607		resection or excision of neoplastic, vascular or infectious	2064.71	1/1/2019
61608		resection or excision of neoplastic, vascular or infectious	2397.95	1/1/2019
61611		transection or ligation, carotid artery in petrous canal; without repair (list	359.54	1/1/2019
61613		obliteration of carotid aneurysm, arteriovenous malformation,	2331.97	1/1/2019
61615		resection or excision of neoplastic, vascular or infectious	1844.13	1/1/2019
61616		resection or excision of neoplastic, vascular or infectious	2421.21	1/1/2019
61618		secondary repair of dura for cerebrospinal fluid leak, anterior, middle or	957.13	1/1/2019
61619		secondary repair of dura for csf leak, anterior, middle or	1104.68	1/1/2019
61623		endovascular temporary balloon arterial occlusion, head or neck	446.36	1/1/2019
61624		transcatheter occlusion or embolization (eg, for tumor destruction,	889.02	1/1/2019
61626		transcatheter occlusion or embolization (eg, for tumor destruction,	724.66	1/1/2019
61680		surg of malformation, supratentorial, simple	1670.08	1/1/2019
61682		surg of malformation, supratentorial, complex	3143.72	1/1/2019
61684		surg of malformation, infratentorial, simple	2091.29	1/1/2019
61686		surg of malformation, infratentorial, complex	3364.65	1/1/2019
61690		surg of malformation, dural, simple	1589.58	1/1/2019
61692		surg of malformation, dural, complex	2717.65	1/1/2019
61697		surgery of complex intracranial aneurysm, intracranial approach; carotid	3076.01	1/1/2019
61698		surgery of complex intracranial aneurysm, intracranial approach;	3312.87	1/1/2019
61700		surgery of simple intracranial aneurysm, intracranial approach; carotid	2566.97	1/1/2019
61702		incise skull/vessel surgery	2881.78	1/1/2019
61703		surgery intracranial aneurysm cervical approach	983.75	1/1/2019
61705		revise circulation to head	1891.64	1/1/2019
61708		revise circulation to head	1644.12	1/1/2019
61710		revise circulation to head	1490.43	1/1/2019
61711		anastomosis arterial extracranial intracranial art	1926.46	1/1/2019
61735		incise skull/brain surgery	1058.27	1/1/2019
61750		stereotactic biopsy aspiration or excision	1029.19	1/1/2019
61751		stereotactic biopsy w computer axial tomography	1001.85	1/1/2019
61760		stereotactic implant depth electrode; long term mon	1133.70	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
61770		stereotactic localization, including burr hole(s), with insertion of	1120.92	1/1/2019
61790		stereotactic lesion of gas ganglion percutaneous b	622.26	1/1/2019
61791		stereotactic lesion trigeminal medullary tract	806.45	1/1/2019
61863		twist drill, burr hole, craniotomy, or craniectomy with stereotactic	1106.31	1/1/2019
61864		twist drill, burr hole, craniotomy, or craniectomy with stereotactic	302.14	1/1/2019
61867		twist drill, burr hole, craniotomy, or craniectomy with stereotactic	1635.22	1/1/2019
61868		twist drill, burr hole, craniotomy, or craniectomy with stereotactic	450.30	1/1/2019
61886		incision and subcutaneous placement of cranial neurostimulator pulse generator	580.26	1/1/2019
62000		repair of skull fracture	647.14	1/1/2019
62005		repair of skull fracture	908.90	1/1/2019
62010		elevation of depressed skull fracture with debride	1110.10	1/1/2019
62100		craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for	1183.20	1/1/2019
62115		reduce craniomegalic skull w/o graft/cranioplasty	1056.39	1/1/2019
62117		reduce craniomegalic skull w craniotomy/reconstruc	1407.34	1/1/2019
62120		repair skull cavity lesion	1333.43	1/1/2019
62121		craniotomy w repair encephalocele, skull base	1219.04	1/1/2019
62140		amb surg cranioplasty for skull defect	767.75	1/1/2019
62141		repair of skull	843.37	1/1/2019
62142		removal bone flap or prosthetic plate of skull	641.78	1/1/2019
62143		replace bone flap or prosthetic plate of skull	752.43	1/1/2019
62145		repair of skull & brain	1032.66	1/1/2019
62146		cranioplasty w autograft up to 5 cm diameter	886.12	1/1/2019
62147		cranioplasty w autograft larger than 5cm diameter	1052.67	1/1/2019
62148		incision and retrieval of subcutaneous cranial bone graft for cranioplasty	94.92	1/1/2019
62160		neuroendoscopy, intracranial, for placement or replacement of ventricular	145.39	1/1/2019
62161		neuroendoscopy intracranial;with dissection of adhesions fenestration of septum	1110.04	1/1/2019
62162		neuroendoscopy, intracranial; with feneration or excision of colloid cyst,	1381.01	1/1/2019
62163		neuroendoscopy, intracranial; with retrieval of foreign body	892.58	1/1/2019
62164		neuroendoscopy, intracranial; with excision of brain tumor, including placement	1473.80	1/1/2019
62165		neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or	1144.02	1/1/2019
62180		establish brain cavity shunt	1163.55	1/1/2019
62190		creation shunt subdural arial jugular auricular	660.69	1/1/2019
62192		establish brain cavity shunt	705.00	1/1/2019
62194		replacement of irrigation subdural catheter	288.15	1/1/2019
62200		establish brain cavity shunt	1006.07	1/1/2019
62201		ventriculocisternostomy, stereotactic method	862.37	1/1/2019
62220		establish brain cavity shunt	740.97	1/1/2019
62223		establish brain cavity shunt	759.65	1/1/2019
62225		replacement of irrigation ventricular catheter	361.32	1/1/2019
62230		replacement or revision of cerebrospinal fluid shunt, obstructed valve, or	611.95	1/1/2019
62252	26	reprogramming of programmable cerebrospinal shunt	35.77	1/1/2019
62252	TC	reprogramming of programmable cerebrospinal shunt	35.77	1/1/2019
62252		reprogramming of programmable cerebrospinal shunt	35.77	1/1/2019
62256		removal of complete cerebrospinal fluid shunt system; without replacement	423.70	1/1/2019
62258		replace brain cavity shunt	823.51	1/1/2019
62263		percutaneous lysis of epidural adhesions using solution inj. or mech. means	488.88	1/1/2019
62264		percutaneous lysis of epidural adhesions using solution injection (eg	300.34	1/1/2019
62268		percutaneous aspiration, spinal cord cyst or syrxn	354.98	1/1/2019
62269		biopsy of spinal cord, percutaneous needle	384.74	1/1/2019
62270		spinal puncture, lumbar, diagnostic	117.26	1/1/2019
62272		spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or	137.66	1/1/2019
62273		amb surg epidural blood patch	126.14	1/1/2019
62280		injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	230.41	1/1/2019
62281		injection of neurolytic substance (eg, alcohol, phenol, iced	213.89	1/1/2019
62282		inj. neurolytic sust, lumbar or caudil epidural.	220.79	1/1/2019
62284		injection for spine x-ray	167.97	1/1/2019
62287		aspiration or decompression procedure, percutaneous, of nucleus pulposus of	423.90	1/1/2019
62290		injection for disc x-ray	246.62	1/1/2019
62291		injection for disc x-ray	231.14	1/1/2019
62292		inj proc chemonucleolysis lumbar 1 or more levels	383.97	1/1/2019
62294		intrathecal injection into spine	612.74	1/1/2019
62310		injection, single (not via indwelling catheter), not including neurolytic	162.58	1/1/2019
62311		injection, single (not via indwelling catheter), not including neurolytic	143.24	1/1/2019
62318		injection, including catheter placement, continuous infusion or intermittent	173.85	1/1/2019
62319		injection, including catheter placement, continuous infusion or intermittent	157.38	1/1/2019
62320		nrx interlaminar crv/thrc	138.97	1/1/2019
62321		nrx interlaminar crv/thrc	205.55	1/1/2019
62322		nrx interlaminar lmb/sac	129.49	1/1/2019
62323		nrx interlaminar lmb/sac	201.74	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
62324		njx interlaminar crv/thrc	121.80	1/1/2019
62325		njx interlaminar crv/thrc	182.84	1/1/2019
62326		njx interlaminar lmb/sac	127.78	1/1/2019
62327		njx interlaminar lmb/sac	185.96	1/1/2019
62350		implantation, revision or repositioning of tunneled intrathecal or epidural	296.36	1/1/2019
62351		implantation, revision/reposition intrathecal/epidural cath w/lam	622.33	1/1/2019
62360		implantation/replacement device for intrathecal/epidural drug inf	213.71	1/1/2019
62361		implantation/replacement device intrathecal/epidural drug in w/pu	294.25	1/1/2019
62362		implant/replace device for intrathecal/epidural drug inf pro/pump	310.89	1/1/2019
63001		decompression of spinal cord	906.59	1/1/2019
63003		lamin f/decomp spin cord a/o cauda eq one/two segm	912.16	1/1/2019
63005		revision of spinal column	865.12	1/1/2019
63011		laminectomy sacral decompression spinal cord	818.40	1/1/2019
63012		laminectomy, lumbar w decompression cauda equina	880.45	1/1/2019
63015		laminectomy more than two segs cervical	1088.49	1/1/2019
63016		laminotomy thoracic	1120.53	1/1/2019
63017		laminotomy lumbar	912.48	1/1/2019
63020		laminotomy, cervical, one interspace	862.96	1/1/2019
63030		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	716.40	1/1/2019
63035		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	153.05	1/1/2019
63040		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	1049.64	1/1/2019
63042		revision of spinal column	982.29	1/1/2019
63043		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	235.44	1/1/2019
63044		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	222.00	1/1/2019
63045		laminectomy, single segment, cervical	938.19	1/1/2019
63046		laminectomy, single segment, thoracic	896.91	1/1/2019
63047		laminectomy, single segment, lumbar	817.78	1/1/2019
63048		laminectomy, facetectomy and foraminotomy (unilateral or bilateral with	164.82	1/1/2019
63055		decompression spinal cord, single segment, thoracic	1208.29	1/1/2019
63056		decompression spinal cord, single segment, lumbar	1115.99	1/1/2019
63057		transpedicular approach with decompression of spinal cord, equina and/or nerve	252.42	1/1/2019
63064		hemilaminectomy thoracic costovertebral approach	1322.34	1/1/2019
63066		costovertebral approach with decompression of spinal cord or nerve root(s),	155.66	1/1/2019
63075		diskectomy cervical ante appr w/o arthrodesis	1030.56	1/1/2019
63076		diskectomy, anterior, with decompression of spinal cord and/ or nerve root(s),	194.84	1/1/2019
63077		diskectomy, single space, thoracic	1132.58	1/1/2019
63078		diskectomy, anterior, with decompression of spinal cord and/ or nerve root(s),	155.12	1/1/2019
63081		vertebral corpectomy, single segment, cervical	1325.44	1/1/2019
63082		vertebral corpectomy (vertebral body resection), partial or complete, anterior	210.33	1/1/2019
63085		vertebral corpectomy, single segment, thoracic	1419.75	1/1/2019
63086		vertebral corpectomy (vertebral body resection), partial or complete,	149.49	1/1/2019
63087		vertebral corpectomy, single segment, lumbar	1812.78	1/1/2019
63088		vertebral corpectomy (vertebral body resection), partial or complete, combined	204.55	1/1/2019
63090		vertebral corpectomy, single segment, lumbar	1483.82	1/1/2019
63091		vertebral corpectomy (vertebral body resection), partial or complete,	140.60	1/1/2019
63101		vertebral corpectomy (vertebral body resection), partial or complete, lateral	1696.84	1/1/2019
63102		vertebral corpectomy (vertebral body resection), partial or complete, lateral	1689.92	1/1/2019
63103		vertebral corpectomy (vertebral body resection), partial or complete, lateral	224.49	1/1/2019
63170		laminectomy for myelotomy thoracic or thoracolumba	1135.72	1/1/2019
63172		laminectomy w/ drainage to subarachnoid space	1022.18	1/1/2019
63173		laminectomy w/ drainage to peritoneal space	1260.00	1/1/2019
63180		laminectomy cervical one or two segments	1028.14	1/1/2019
63182		lamin and section of dentate ligaments more than t	1103.07	1/1/2019
63185		revise spinal column/nerves	836.26	1/1/2019
63190		laminectomy for rhizotomy more than two segments	961.23	1/1/2019
63191		laminectomy w section of spinal accessory nerve	919.25	1/1/2019
63194		laminectomy cordotomy unilateral cervical	1093.73	1/1/2019
63195		revise spinal column/cord	1106.10	1/1/2019
63196		revise spinal column/cord	1301.03	1/1/2019
63197		laminectomy cordotomy bilateral cervical	1240.15	1/1/2019
63198		revise spinal column/cord	1381.29	1/1/2019
63199		laminectomy cordotomy bilateral thoracic	1462.51	1/1/2019
63200		laminectomy for tethered spinal cord, lumbar	1109.06	1/1/2019
63250		revise spinal cord vessels	2155.64	1/1/2019
63251		laminectomy arteriovenous malformation thoracic	2235.85	1/1/2019
63252		laminectomy for malformation, thoracolumbar	2237.49	1/1/2019
63265		laminectomy for intraspinal lesion, cervical	1228.24	1/1/2019
63266		laminectomy for intraspinal lesion, thoracic	1263.00	1/1/2019
63267		excise intraspinal lesion lumbar	1016.61	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
63268		excise intraspinal lesion, sacral	1021.23	1/1/2019
63270		excise intraspinal lesion, cervical	1512.54	1/1/2019
63271		excise intraspinal lesion, thoracic	1521.61	1/1/2019
63272		excise intraspinal lesion, lumbar	1401.65	1/1/2019
63273		excise intraspinal lesion, sacral	1324.49	1/1/2019
63275		biopsy/ excise spinal tumor, cervical	1319.64	1/1/2019
63276		biopsy/ excise spinal tumor, thoracic	1314.64	1/1/2019
63277		biopsy/ excise spinal tumor, lumbar	1153.72	1/1/2019
63278		biopsy/ excise spinal tumor, sacral	1129.66	1/1/2019
63280		biopsy/ excise spinal tumor, cervical	1560.03	1/1/2019
63281		biopsy/ excise spinal tumor, thoracic	1542.35	1/1/2019
63282		biopsy/ excise spinal tumor, lumbar	1455.24	1/1/2019
63283		biopsy/ excise spinal tumor, sacral	1378.95	1/1/2019
63285		biopsy/ excise spinal tumor, cervical	1916.37	1/1/2019
63286		biopsy, excise spinal tumor	1909.32	1/1/2019
63287		biopsy, excise spinal tumor	2014.96	1/1/2019
63290		biopsy, excise spinal tumor	2039.08	1/1/2019
63295		osteoplastic reconstruction of dorsal spinal elements, following primary	243.47	1/1/2019
63300		removal vertebral body	1360.96	1/1/2019
63301		removal of vertebral body	1528.45	1/1/2019
63302		removal of vertebral body	1518.70	1/1/2019
63303		removal of vertebral body	1588.98	1/1/2019
63304		removal of vertebral body	1684.31	1/1/2019
63305		removal of vertebral body	1721.63	1/1/2019
63306		removal of vertebral body	1803.82	1/1/2019
63307		removal of vertebral body	1674.12	1/1/2019
63308		vertebral corpectomy (vertebral body resection), each additional segment	252.91	1/1/2019
63600		examine spinal cord lesion	635.94	1/1/2019
63610		stereotactic stim of spinal cord percu not followe	1000.69	1/1/2019
63650		percutaneous implantation of neurostimulator electrode array, epidural	315.03	1/1/2019
63655		laminectomy implantation of neurostimulator electrodes,plates/paddle epidural	623.23	1/1/2019
63685		incision subcut placement neu/stimulator receiver	300.70	1/1/2019
63688		revision removal spinal neurostimulator receiver	269.25	1/1/2019
63700		repair of spinal herniation	906.59	1/1/2019
63702		repair of spinal herniation	1019.32	1/1/2019
63704		repair of spinal herniation	1136.96	1/1/2019
63706		repair of spinal herniation	1323.60	1/1/2019
63707		repair of dural/cerebrospinal fluid leak, not requiring laminectomy	669.19	1/1/2019
63709		repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	813.70	1/1/2019
63710		dural graft spinal	812.61	1/1/2019
63740		creation of shunt, including laminectomy	688.69	1/1/2019
63741		creation shunt lumbar, percutaneo w/o laminectomy	449.03	1/1/2019
63744		replacement irrigation or revision of lumbar subar	470.42	1/1/2019
63746		removal shunt system without replacement	409.74	1/1/2019
64400		injection, anesthetic agent;	80.41	1/1/2019
64405		injection, anesthetic agent;	78.21	1/1/2019
64408		injection, anesthetic agent;	90.06	1/1/2019
64412		injection, anesthetic agent;	103.27	1/1/2019
64415		injection, anesthetic agent;	98.40	1/1/2019
64416		injection, anesthetic agent; brachial plexus, continuous infusion by catheter	72.95	1/1/2019
64417		injection, anesthetic agent;	99.27	1/1/2019
64418		injection, anesthetic agent;	100.80	1/1/2019
64420		injection, anesthetic agent;	119.13	1/1/2019
64421		injection, anesthetic agent;	175.68	1/1/2019
64425		injection, anesthetic agent;	97.52	1/1/2019
64430		injection, anesthetic agent;	117.58	1/1/2019
64435		injection, anesthetic agent;	109.23	1/1/2019
64445		injection, anesthetic agent;	102.06	1/1/2019
64446		injection, anesthetic agent; sciatic nerve, continuous infusion by catheter	72.79	1/1/2019
64447		injection, anesthetic agent; femoral nerve, single	55.47	1/1/2019
64448		injection, anesthetic agent; femoral nerve, continuous infusion by catheter	64.47	1/1/2019
64449		injection, anesthetic agent; lumbar plexus, posterior approach, continuous	72.09	1/1/2019
64450		injection for nerve block	78.22	1/1/2019
64479		injection, anesthetic agent and/or steroid, transforaminal epidural; cervical	206.81	1/1/2019
64480		injection, anesthetic agent and/or steroid, cervical or thoracic, each addition	104.80	1/1/2019
64483		injection, anesthetic agent and/or steroid, lumbar or sacral, single level	200.72	1/1/2019
64484		injection, anesthetic agent and/or steroid, lumbar or sacral, each add: level	102.47	1/1/2019
64505		injection, anesthetic agent, sphenopalatine ganglion	77.26	1/1/2019
64510		injection, anesthetic agent;	105.76	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
64517		injection, anesthetic agent; superior hypogastric plexus	128.74	1/1/2019
64520		injection, anesthetic agent;	137.98	1/1/2019
64530		injection, anesthetic agent;	142.95	1/1/2019
64555		percutaneous implantation of neurostimulator electrodes; peripheral nerve	161.97	1/1/2019
64561		percutaneous implantation of neurostimulator electrodes; sacral nerve	866.18	1/1/2019
64575		incision for implantation of neurostimulator electrodes; peripheral nerve	216.95	1/1/2019
64581		incision for implantation of neurostimulator electrodes; sacral nerve	652.02	1/1/2019
64585		revision or removal peripheral stimulator electrode	250.50	1/1/2019
64600		injection treatment of nerve	300.34	1/1/2019
64605		injection treatment of nerve	424.46	1/1/2019
64610		injection treatment of nerve	517.24	1/1/2019
64612		chemodeneration of muscle(s); muscle(s) innervated by facial nerve (eg, for	116.69	1/1/2019
64620		injection treatment of nerve	203.30	1/1/2019
64630		destruction by neurolytic agent; pudendal nerve	177.25	1/1/2019
64640		injection of treatment of nerve	174.03	1/1/2019
64680		destruction by neurolytic agent col/ac plexus w/w	228.93	1/1/2019
64681		destruction by neurolytic agent, with or without radiologic monitoring;	296.44	1/1/2019
64702		amb surg neurolysis	343.86	1/1/2019
64704		amb surg neurolysis	253.28	1/1/2019
64708		amb surg neurolysis	357.12	1/1/2019
64712		amb surg neurolysis	412.08	1/1/2019
64713		amb surg neurolysis	576.81	1/1/2019
64714		amb surg neurolysis	494.11	1/1/2019
64716		neuroplasty and/or transposition cranial nerve	390.45	1/1/2019
64718		amb surg exploration ulnar nerve at elbow	420.57	1/1/2019
64719		amb surg exploration ulnar nerve at wrist	291.71	1/1/2019
64721		amb surg exploration median nerve at carpal tunnel	307.23	1/1/2019
64722		amb surg decompression unspecified nerve	250.72	1/1/2019
64726		amb surg decompression plantar digital nerve	220.97	1/1/2019
64727		amb surg neurolysis	144.79	1/1/2019
64732		amb surg transection of avulsion supraorbital nerve	285.58	1/1/2019
64734		amb surg transection infraorbital nerve	308.95	1/1/2019
64736		incision of chin nerve	291.66	1/1/2019
64738		transection or avulsion of inferior alveolar nerve	345.16	1/1/2019
64740		transection or avulsion of lingual nerve	344.05	1/1/2019
64742		incision of facial nerve	352.94	1/1/2019
64744		amb surg transect greater occipital nerve unilater	309.54	1/1/2019
64746		incise diaphragm nerve	334.43	1/1/2019
64755		transection or avulsion of; vagus nerves limited to proximal stomach (selective	677.04	1/1/2019
64760		incision of vagus nerve	358.57	1/1/2019
64763		incise hip/thigh nerve	408.94	1/1/2019
64766		incise hip/thigh nerve	472.53	1/1/2019
64771		transection/avulsion cranial nerve extradural	442.23	1/1/2019
64772		incise spinal nerve	425.32	1/1/2019
64774		amb surg excision neuroma cutaneous nerve surgical	307.14	1/1/2019
64776		amb surg excision neuroma digital nerve 1/both	295.29	1/1/2019
64778		excision of neuroma; digital nerve, each additional digit (list separately in	143.84	1/1/2019
64782		remove nerve lesion	348.33	1/1/2019
64783		excision of neuroma; hand or foot, each additional nerve, except same digit	171.91	1/1/2019
64784		remove nerve lesion	542.11	1/1/2019
64786		excision of neuroma;	814.64	1/1/2019
64787		remove nerve lesion/implant	197.42	1/1/2019
64788		removal of nerve lesion	288.04	1/1/2019
64790		excision of neurofibroma or neurolemmoma;	620.28	1/1/2019
64792		removal of nerve lesion	804.68	1/1/2019
64795		biopsy of nerve	147.39	1/1/2019
64802		remove sympathetic nerves	458.99	1/1/2019
64804		remove sympathetic nerves	699.77	1/1/2019
64809		remove sympathetic nerves	656.50	1/1/2019
64818		remove sympathetic nerves	509.42	1/1/2019
64820		sympathectomy; digital arteries, each digit	567.13	1/1/2019
64821		sympathectomy; radial artery	510.92	1/1/2019
64822		sympathectomy; ulnar artery	504.90	1/1/2019
64823		sympathectomy; superficial palmar arch	574.27	1/1/2019
64831		repair of nerve, digital	506.34	1/1/2019
64832		suture of digital nerve, hand or foot; each additional digital nerve (list	267.09	1/1/2019
64834		repair of nerve, hand	561.36	1/1/2019
64835		repair of nerve, hand	608.64	1/1/2019
64836		repair of nerve, hand	608.32	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
64837		suture of each additional nerve, hand or foot (list separately in addition to	296.53	1/1/2019
64840		repair of nerve, foot	693.16	1/1/2019
64856		repair/transpose nerve	766.06	1/1/2019
64857		suture major periph nerve arm/leg exc sciatic w/o	801.03	1/1/2019
64858		repair sciatic nerve	923.30	1/1/2019
64859		suture of each additional major peripheral nerve (list separately in addition	201.14	1/1/2019
64861		repair of arm nerves	1043.04	1/1/2019
64862		repair of low back nerves	1022.96	1/1/2019
64864		repair of facial nerve	664.29	1/1/2019
64865		suture facial nerve intratemporal w/w/o grafting	875.68	1/1/2019
64866		fusion of facial/other nerve	910.78	1/1/2019
64868		fusion of facial/other nerve	796.89	1/1/2019
64872		suture of nerve;	94.31	1/1/2019
64874		repair & revise nerve	138.71	1/1/2019
64885		nerve graft, head/neck; up to 4cm.	865.41	1/1/2019
64886		nerve graft, head/neck; more than 4 cm.	1026.82	1/1/2019
64890		nerve graft, hand or foot	825.22	1/1/2019
64891		nerve graft single strand hand or foot more than 4	852.35	1/1/2019
64892		nerve graft, arm or leg	802.81	1/1/2019
64893		nerve graft single strand arm or leg more than 4 c	845.71	1/1/2019
64895		nerve graft, hand or foot	992.75	1/1/2019
64896		nerve graft multiple strands hand or foot over 4cm	1094.56	1/1/2019
64897		nerve graft, arm or leg	960.37	1/1/2019
64898		nerve graft single strand more than 4cm	1047.04	1/1/2019
64901		nerve graft, each additional nerve; single strand	472.02	1/1/2019
64902		nerve graft multiple strands	542.50	1/1/2019
64905		nerve pedicle transfer first stage	767.53	1/1/2019
64907		nerve pedicle transfer second stage	1009.34	1/1/2019
65091		revise eyeball	438.02	1/1/2019
65101		removal of eyeball	504.62	1/1/2019
65110		removal of eyeball	851.26	1/1/2019
65112		remove eye, revise socket	1002.67	1/1/2019
65114		remove eye, revise socket	1043.06	1/1/2019
65205		removal of foreign body, external eye;	39.75	1/1/2019
65210		removal of foreign body, external eye;	48.61	1/1/2019
65220		removal of foreign body, external eye;	40.72	1/1/2019
65222		removal of foreign body, external eye;	53.44	1/1/2019
65235		removal of foreign body, intraocular; from anterior chamber of eye or lens	481.81	1/1/2019
65260		remove foreign body from eye	661.24	1/1/2019
65265		remove foreign body from eye	744.83	1/1/2019
65270		repair of laceration;	182.20	1/1/2019
65272		repair wound of eye	338.14	1/1/2019
65273		rep laceration conjunctiva by mobilization rearr w	262.99	1/1/2019
65275		repair wound of eye	381.45	1/1/2019
65280		repair wound of eye	461.45	1/1/2019
65285		repair wound of eye	720.99	1/1/2019
65286		repair of laceration by application of tissue glue	478.71	1/1/2019
65290		repair wound of eye socket	338.52	1/1/2019
65400		removal of eye lesion	457.86	1/1/2019
65410		biopsy of cornea of eye	99.42	1/1/2019
65420		amb surg excision/transposition pterygium wo graft	350.35	1/1/2019
65426		amb surg pterygium excision/transposition w graft	443.06	1/1/2019
65430		scraping of cornea, diagnostic, for smear and/or culture	80.96	1/1/2019
65435		removal of corneal epithelium;	55.72	1/1/2019
65436		curette/treat cornea	265.24	1/1/2019
65450		destruction of lesion of cornea by cryotherapy, photocoagulation	218.36	1/1/2019
65600		multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	264.66	1/1/2019
65710		corneal transplant	761.13	1/1/2019
65730		corneal transplant	847.25	1/1/2019
65750		corneal transplant	859.85	1/1/2019
65755		keratoplasty, penetrating	854.77	1/1/2019
65770		keratoprosthesis	983.77	1/1/2019
65772		corneal relaxing incision for correction of surgically induced astigmatism	306.47	1/1/2019
65775		corneal wedge resection for correction of surgically induced astigmatism	377.75	1/1/2019
65800		paracentesis of anterior chamber of eye (separate procedure);	105.75	1/1/2019
65810		amb surg paracentesis anterior chamber eye	320.26	1/1/2019
65815		drainage of eyeball	433.64	1/1/2019
65820		relieve inner eye pressure	514.85	1/1/2019
65850		incision of eyeball	588.01	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
65855		trabeculoplasty by laser one or more sessions	234.38	1/1/2019
65860		severing adhesions of anter. segmt. laser techniq.	216.37	1/1/2019
65865		relieve inner eye adhesions	327.66	1/1/2019
65870		relieve inner eye adhesions	405.13	1/1/2019
65875		relieve inner eye adhesions	430.20	1/1/2019
65880		relieve inner eye adhesions	453.72	1/1/2019
65900		removal of epithelial downgrowth, anterior chamber of eye	666.35	1/1/2019
65920		removal of implanted material, anterior segment of eye	538.77	1/1/2019
65930		removal of blood clot, anterior segment of eye	443.92	1/1/2019
66020		injection, anterior chamber of eye (separate procedure); air or liquid	127.35	1/1/2019
66030		injection, anterior chamber (separate procedure);	112.31	1/1/2019
66130		amb surg excision lesion sclera	485.63	1/1/2019
66150		incision of eyeball	591.55	1/1/2019
66155		incision of eyeball	589.67	1/1/2019
66160		incision of eyeball	671.97	1/1/2019
66170		incision of eyeball	813.69	1/1/2019
66172		fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring	1022.36	1/1/2019
66180		aqueous shunt to extraocular reservoir	812.33	1/1/2019
66185		revision of aqueous shunt to extraocular reservoir	511.42	1/1/2019
66225		repair/graft eyeball lesion	644.04	1/1/2019
66250		revision or repair of operative wound of anterior segment,	509.53	1/1/2019
66500		incision of iris	241.32	1/1/2019
66505		incision of iris	264.24	1/1/2019
66600		amb surg iridectomy, corneoscleral/corneal section	561.72	1/1/2019
66605		amb surg iridectomy, corneoscleral/corneal section	732.34	1/1/2019
66625		amb surg iridectomy corneoscleral or corneal	295.30	1/1/2019
66630		amb surg iridectomy corneoscleral or corneal	389.02	1/1/2019
66635		amb surg iridectomy corneoscleral or corneal	392.97	1/1/2019
66680		repair of iris	351.31	1/1/2019
66682		suture of iris ciliary body w/retrieval of suture	426.34	1/1/2019
66700		ciliary body destruction; diathermy.	307.30	1/1/2019
66710		ciliary body destruction; cyclophotocoagulation, transscleral	302.19	1/1/2019
66711		ciliary body destruction; cyclophotocoagulation, endoscopic	434.06	1/1/2019
66720		ciliary body destruction; cryotherapy.	316.16	1/1/2019
66740		ciliary body destruction; cyclodialysis.	300.17	1/1/2019
66761		revision of iris	307.51	1/1/2019
66762		revision of iris	322.54	1/1/2019
66770		destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	358.59	1/1/2019
66820		incision of lens lesion	270.50	1/1/2019
66821		discission secondary cataract; laser	219.90	1/1/2019
66825		repositioning intraocular lens pros; incisional	522.00	1/1/2019
66830		amb surg cataract removal	490.54	1/1/2019
66840		amb surg cataract removal	478.05	1/1/2019
66850		removal of lens material; phacofragmentation with aspiration	545.83	1/1/2019
66852		removal lens material, pars plana w/w vitrectomy	584.39	1/1/2019
66920		amb surg cataract removal	521.36	1/1/2019
66930		amb surg cataract removal	592.65	1/1/2019
66940		amb surg cataract removal	537.80	1/1/2019
66982		extracapsular cataract removal with insertion of intraocular lens prosthesis	741.91	1/1/2019
66983		intracapsular extraction with insertion of prosthe	511.44	1/1/2019
66984		extracapsular cataract removal with lens prosthes	531.47	1/1/2019
66985		insert lens prosthesis	524.79	1/1/2019
66986		exchange of intraocular lens.	643.02	1/1/2019
66990		use of ophthalmic endoscope (list separately in addition to code for primary	66.35	1/1/2019
67005		partial removal of eye fluid	323.30	1/1/2019
67010		partial removal of eye fluid	374.81	1/1/2019
67015		release of eye fluid	399.18	1/1/2019
67025		replace eye fluid	494.75	1/1/2019
67027		implantation of intravitreal drug delivery system (eg, ganciclovir implant),	592.02	1/1/2019
67028		intravitreal injection of a pharmacologic agent (separate procedure)	148.72	1/1/2019
67030		incise inner eye strands	356.01	1/1/2019
67031		severing of vitreous strands laser surgery	263.18	1/1/2019
67036		vitrectomy, pars plana approach	669.09	1/1/2019
67039		vitrectomy, mech, w focal endolaser photocoagulat	856.16	1/1/2019
67040		laser treatment of retina	988.44	1/1/2019
67101		repair of retinal detachment, one or more sessions	530.13	1/1/2019
67105		repair of retinal detachment, one or more sessions; photocoagulation, with or	491.47	1/1/2019
67107		repair detached retina	841.19	1/1/2019
67108		repair detached retina	1121.42	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
67110		repair of retinal detachment; by injection of air or other gas (eg, pneumatic	594.53	1/1/2019
67112		re-repair detached retina	925.08	1/1/2019
67115		release of encircling material	337.22	1/1/2019
67120		revision of inner eye	446.46	1/1/2019
67121		removal of implanted material, intraocular.	626.61	1/1/2019
67141		prophylaxis of retinal detachment	355.17	1/1/2019
67145		prophylaxis of retinal detachment;photocoagulation	358.36	1/1/2019
67208		destruction of retinal lesion	411.68	1/1/2019
67210		destruction of localized lesion of retina (eg, macular edema, tumors), one or	482.22	1/1/2019
67218		treatment inner eye lesion	980.89	1/1/2019
67220		destruction of localized lesion of choroid (eg, choroidal neovascularization),	739.95	1/1/2019
67221		destruction of localized lesion of choroid (eg, choroidal neovascularization);	208.14	1/1/2019
67225		destruction of localized lesion of choroid (eg, choroidal neovascularization);	21.69	1/1/2019
67227		destruction of retinopathy, one or more sessions	418.62	1/1/2019
67228		destruction of retinopathy, photocoagulation	823.70	1/1/2019
67250		reinforce eyeball wall	542.48	1/1/2019
67255		reinforce/graft eyeball wall	579.71	1/1/2019
67311		strabismus surgery, one horizontal muscle	411.82	1/1/2019
67312		strabismus surgery, two horizontal muscles	493.28	1/1/2019
67314		strabismus surgery, one vertical muscle	461.85	1/1/2019
67316		strabismus surgery, 2 or more vertical muscles	553.92	1/1/2019
67318		strabismus surgery, any procedure, superior oblique muscle	483.21	1/1/2019
67320		revise eye ball muscles	232.71	1/1/2019
67331		amb surg strabismus surgery patient prior surgery	220.35	1/1/2019
67332		revise eyeball muscles	239.62	1/1/2019
67334		strabismus surg., post fixation suture w/wo recess	217.36	1/1/2019
67335		placement of adjustable suture(s) during strabismus surgery, including	109.34	1/1/2019
67340		strabismus surg. w exploration/repair detached mus	258.93	1/1/2019
67343		release extensive scar tissue w/o detaching muscle	448.65	1/1/2019
67345		chemodeneration of extraocular muscle	163.47	1/1/2019
67346		biopsy of extraocular muscle	143.21	1/1/2019
67400		explore/treat eye socket	644.70	1/1/2019
67405		explore/treat eye socket	548.02	1/1/2019
67412		explore/treat eye socket	596.82	1/1/2019
67413		explore/treat eye socket	597.03	1/1/2019
67414		orbitotomy wo flap; w bone removal for decompress.	918.80	1/1/2019
67415		explore/treat eye socket	76.56	1/1/2019
67420		explore/treat eye socket	1144.45	1/1/2019
67430		explore/treat eye socket	867.10	1/1/2019
67440		explore/treat eye socket	836.12	1/1/2019
67445		orbitotomy w flap/window; w bone removal.	985.91	1/1/2019
67450		explore/treat eye socket	867.58	1/1/2019
67500		retrobulbar injection;	64.05	1/1/2019
67505		inject/treat eye socket	62.22	1/1/2019
67515		injection of medication or other substance into tenon's capsule	66.17	1/1/2019
67570		optic nerve decompression.	804.90	1/1/2019
67700		blepharotomy, drainage of abscess, eyelid	180.81	1/1/2019
67710		incision of eyelid	152.24	1/1/2019
67715		incision of eyelid	160.70	1/1/2019
67800		excision of chalazion;	87.41	1/1/2019
67801		excision of chalazion;	112.33	1/1/2019
67805		excision of chalazion;	138.93	1/1/2019
67808		excision of chalazion;	250.71	1/1/2019
67810		biopsy of eyelid	156.07	1/1/2019
67820		correction of trichiasis;	37.06	1/1/2019
67825		correction of trichiasis; epilation by other than forceps	88.59	1/1/2019
67830		revise eyelashes	181.83	1/1/2019
67835		revise eyelashes w/free mucous membrane graft	305.33	1/1/2019
67840		excision eyelid lesion w/o closure or with simple direct closure	190.80	1/1/2019
67850		destruction of lesion of lid margin up to 1 cm	153.63	1/1/2019
67875		temporary closure of eyelids by suture	119.33	1/1/2019
67880		revision of eyelid(s)	310.69	1/1/2019
67882		construction intermarginal adhesions with transposition of tarsal plate	384.08	1/1/2019
67901		repair of blepharoptosis; frontalis muscle technique with suture or other	480.08	1/1/2019
67902		repair of blepharoptosis; frontalis muscle technique with autologous fascial	497.69	1/1/2019
67903		amb surg repair blepharoptosis	424.62	1/1/2019
67904		amb surg repair blepharoptosis	502.58	1/1/2019
67906		amb surg repair blepharoptosis	359.65	1/1/2019
67908		amb surg repair blepharoptosis	338.38	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
67909		amb surg reduction overcorrection of ptosis	371.04	1/1/2019
67911		amb surg correction of lid retraction	384.77	1/1/2019
67912		correction of lagophthalmos, with implantation of upper eyelid lid load (eg,	620.87	1/1/2019
67914		amb surg repair ectropion suture	269.39	1/1/2019
67915		repair of ectropion;	241.11	1/1/2019
67916		amb surg repair ectropion blepharoplasty	371.40	1/1/2019
67917		amb surg repair ectropion blepharoplasty extensive	406.36	1/1/2019
67921		amb surg repair entropion suture	256.22	1/1/2019
67922		repair of entropion;	233.42	1/1/2019
67923		amb surg repair entropion excision tarsal wedge	392.16	1/1/2019
67924		amb surg repair entropion blepharoplasty extensive	405.20	1/1/2019
67930		repair eyelid wound; partial thickness	254.49	1/1/2019
67935		repair eyelid wound; full thickness	414.03	1/1/2019
67938		remove foreign body, eyelid	165.27	1/1/2019
67950		revision of eyelids: canthoplasty	399.55	1/1/2019
67961		revision of eyelids	398.65	1/1/2019
67966		revision of eyelids over one-fourth of lid margin	527.78	1/1/2019
67971		reconstruction of eyelid	511.17	1/1/2019
67973		reconstruction of eyelid	662.63	1/1/2019
67974		reconstruction of eyelid, total eyelid, upper, 1 stage or 1st stage	659.96	1/1/2019
67975		reconstruction of eyelid, 2nd stage	482.50	1/1/2019
68020		incise / drain eyelid lesion	82.31	1/1/2019
68040		treatment of eyelid lesions	46.04	1/1/2019
68100		biopsy eyelid lining	118.46	1/1/2019
68110		remove eyelid lining lesion	154.21	1/1/2019
68115		remove eyelid lining lesion; over 1 cm	213.86	1/1/2019
68130		remove eyelid lining lesion; with adjacent sclera	369.71	1/1/2019
68135		remove eyelid lining lesion; destruction of lesion, conjunctiva	108.23	1/1/2019
68200		subconjunctival injection	29.52	1/1/2019
68320		revise / graft eyelid lining	489.07	1/1/2019
68325		revise / graft eyelid lining; w/buccal mucous membrane graft	454.97	1/1/2019
68326		revise eyelid lining; conjunctivoplasty, reconstruction cul-de-sac	442.90	1/1/2019
68328		revise / graft eyelid lining; w/ buccal mucous membrane graft	494.92	1/1/2019
68330		revise eyelid lining; repair of symblepharon; conjunctivoplasty, w/o graft	411.30	1/1/2019
68335		revise/graft eyelid lining; w/free graft conjunctiva or buccal mucous membrane	444.34	1/1/2019
68340		separate eyelid adhesions	369.92	1/1/2019
68360		revise eyelid lining; conjunctival flap; bridge or partial	361.36	1/1/2019
68362		revise eyelid lining; total	450.46	1/1/2019
68400		incise/drain tear gland	191.61	1/1/2019
68420		incise/drain tear gland; of lacrimal sac	219.29	1/1/2019
68440		incise tear duct opening	73.32	1/1/2019
68500		removal of tear gland	671.13	1/1/2019
68505		partial removal of tear gland	674.97	1/1/2019
68510		biopsy of tear gland	315.82	1/1/2019
68520		removal of tear sac	474.70	1/1/2019
68525		biopsy of tear sac	193.78	1/1/2019
68530		clearance of tear duct	299.69	1/1/2019
68540		remove tear gland lesion	641.82	1/1/2019
68550		remove tear gland lesion	789.47	1/1/2019
68700		repair tear ducts	414.20	1/1/2019
68705		revise tear duct opening	163.45	1/1/2019
68720		incise tear ducts	525.91	1/1/2019
68745		incise tear ducts	527.87	1/1/2019
68750		establish tear duct channel	542.36	1/1/2019
68760		close tear duct opening	138.54	1/1/2019
68761		closure of the lacrimal punctum;	101.03	1/1/2019
68770		close tear system fistula	410.57	1/1/2019
68840		exploration of tear ducts	85.49	1/1/2019
68850		injection only dacryocystography	48.23	1/1/2019
69000		drainage external ear, abscess or hematoma;	130.98	1/1/2019
69005		drain external ear lesion	156.01	1/1/2019
69020		drain outer ear canal lesion	166.24	1/1/2019
69100		biopsy external ear	77.76	1/1/2019
69105		biopsy external auditory canal	101.43	1/1/2019
69110		partial removal external ear	331.88	1/1/2019
69120		removal of external ear	295.95	1/1/2019
69140		amb surg excision exotosis external auditory canal	644.79	1/1/2019
69145		excision soft tissue lesion, external auditory canal	278.57	1/1/2019
69150		extensive outer ear surgery	795.15	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
69155		extensive ear/neck surgery	1279.18	1/1/2019
69200		removal foreign body from external auditory canal;	88.36	1/1/2019
69205		removal foreign body from external auditory canal;	76.02	1/1/2019
69210		removal impacted cerumen (separate procedure), one or both ears	37.03	1/1/2019
69220		debridement, mastoidectomy cavity, simple	99.08	1/1/2019
69222		debridement, mastoidectomy cavity, complex	159.13	1/1/2019
69310		reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due	806.75	1/1/2019
69320		rebuild outer ear canal	1153.35	1/1/2019
69420		myringotomy including aspiration and/or eustachian tube inflation	138.00	1/1/2019
69421		myringotomy including aspiration and/or eustachian tube inflation	113.48	1/1/2019
69424		removal ventilating tube insert by other physician	93.65	1/1/2019
69433		typanostomy, local or topical anesthesia	144.03	1/1/2019
69436		amb surg typanostomy w insert ventilation tubes	123.46	1/1/2019
69440		amb surg middle ear exploration	510.37	1/1/2019
69450		typanolysis transcanal	399.84	1/1/2019
69501		amb surg transmastoid antrotomy (mastoidectomy)	549.99	1/1/2019
69502		mastoidectomy complete	732.40	1/1/2019
69505		removal mastoid structures	900.35	1/1/2019
69511		removal mastoid structure	926.03	1/1/2019
69530		remove part of temporal bone	1251.32	1/1/2019
69535		remove part of temporal bone	2043.40	1/1/2019
69540		remove ear lesion	149.90	1/1/2019
69550		remove ear lesion	777.70	1/1/2019
69552		remove ear lesion	1192.47	1/1/2019
69554		remove ear lesion	1901.41	1/1/2019
69601		revise mastoid surgery	789.45	1/1/2019
69602		revise mastoid surgery	820.82	1/1/2019
69603		revise mastoid surgery	952.71	1/1/2019
69604		revise mastoid surgery	846.86	1/1/2019
69605		revise mastoid surgery	1179.95	1/1/2019
69610		repair of eardrum	292.65	1/1/2019
69620		amb surg myringoplasty	509.35	1/1/2019
69631		amb surg typanoplasty without mastoidectomy	656.81	1/1/2019
69632		repair of eardrum	808.00	1/1/2019
69633		typanoplasty w/o mastoidectomy with ossicular cha	778.09	1/1/2019
69635		repair eardrum structures	913.57	1/1/2019
69636		rebuild eardrum structures	1035.48	1/1/2019
69637		amb surg typano/antr or mast w ossic-porp or torp	1030.69	1/1/2019
69641		amb surg typano/mastoidect, no ossic chn reconstr	783.36	1/1/2019
69642		revise middle ear & mastoid	1011.26	1/1/2019
69643		revise middle ear and mastoid	923.57	1/1/2019
69644		revise middle ear & mastoid	1115.71	1/1/2019
69645		revise middle ear & mastoid	1092.65	1/1/2019
69646		typanoplasty with mastoidectomy (including canalplasty, middle	1162.84	1/1/2019
69650		release middle ear bone	596.49	1/1/2019
69660		amb surg stapedectomy	702.75	1/1/2019
69661		stapedectomy with foot plate drill out	919.50	1/1/2019
69662		revision stapedectomy or stapedotomy	882.04	1/1/2019
69666		repair middle ear structures	605.26	1/1/2019
69667		repair middle ear structures	607.31	1/1/2019
69670		remove mastoid air cells	708.62	1/1/2019
69676		typanic neurectomy	623.31	1/1/2019
69700		amb surg closure postauricular fistula masto	520.31	1/1/2019
69720		release facial nerve	884.75	1/1/2019
69725		release facial nerve	1449.97	1/1/2019
69740		repair facial nerve	894.15	1/1/2019
69745		repair facial nerve	948.95	1/1/2019
69801		incise inner ear	559.55	1/1/2019
69805		explore inner ear	800.85	1/1/2019
69806		explore inner ear	718.16	1/1/2019
69820		establish inner ear window	649.50	1/1/2019
69840		revise inner ear window	681.18	1/1/2019
69905		remove inner ear	692.21	1/1/2019
69910		remove ear and mastoid	777.05	1/1/2019
69915		incise inner ear nerve	1180.81	1/1/2019
69930		cochlear device implantation with or w/o mastoidectomy	947.69	1/1/2019
69950		incise inner ear nerve	1399.79	1/1/2019
69955		release facial nerve	1529.33	1/1/2019
69960		release inner ear canal	1484.26	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
69970		remove inner ear lesion	1656.65	1/1/2019
69990		microsurgical techniques, requiring use of operating microscope (list	167.59	1/1/2019
70010	26	myelography, posterior fossa	50.50	1/1/2019
70010	TC	myelography, posterior fossa	50.50	1/1/2019
70010		myelography, posterior fossa	50.50	1/1/2019
70015	26	cisternography, positive contrast	51.66	1/1/2019
70015	TC	cisternography, positive contrast	63.30	1/1/2019
70015		cisternography, positive contrast	114.97	1/1/2019
70030	26	radiologic exam eye	7.23	1/1/2019
70030	TC	radiologic exam eye	15.11	1/1/2019
70030		radiologic exam eye	22.33	1/1/2019
70100	26	radiologic exam mandible partial	7.54	1/1/2019
70100	TC	radiologic exam mandible partial	16.54	1/1/2019
70100		radiologic exam mandible partial	24.09	1/1/2019
70110	26	radiologic exam mandible complete	10.59	1/1/2019
70110	TC	radiologic exam mandible complete	20.69	1/1/2019
70110		radiologic exam mandible complete	31.28	1/1/2019
70120	26	radiologic exam mastoid	7.54	1/1/2019
70120	TC	radiologic exam mastoid	18.67	1/1/2019
70120		radiologic exam mastoid	26.22	1/1/2019
70130	26	radiologic exam mastoids, complete	14.46	1/1/2019
70130	TC	radiologic exam mastoids, complete	28.97	1/1/2019
70130		radiologic exam mastoids, complete	43.43	1/1/2019
70134	26	radiologic exam internal auditory complete	14.46	1/1/2019
70134	TC	radiologic exam internal auditory complete	22.90	1/1/2019
70134		radiologic exam internal auditory complete	37.36	1/1/2019
70140	26	radiologic exam, facial bones, less than three views	7.85	1/1/2019
70140	TC	radiologic exam, facial bones, less than three views	15.79	1/1/2019
70140		radiologic exam, facial bones, less than three views	23.64	1/1/2019
70150	26	radiologic exam facial bones, complete	10.90	1/1/2019
70150	TC	radiologic exam facial bones, complete	22.90	1/1/2019
70150		radiologic exam facial bones, complete	33.81	1/1/2019
70160	26	radiologic exam, nasal bones, complete, minimum of 3 views	7.23	1/1/2019
70160	TC	radiologic exam, nasal bones, complete, minimum of 3 views	17.99	1/1/2019
70160		radiologic exam, nasal bones, complete, minimum of 3 views	25.22	1/1/2019
70170	26	dacryocystography	12.72	1/1/2019
70170	TC	dacryocystography	30.40	1/1/2019
70170		dacryocystography	42.68	1/1/2019
70190	26	radiologic exam, optic foramina	8.76	1/1/2019
70190	TC	radiologic exam, optic foramina	19.25	1/1/2019
70190		radiologic exam, optic foramina	28.01	1/1/2019
70200	26	radiologic exam, orbits, complete	11.81	1/1/2019
70200	TC	radiologic exam, orbits, complete	23.20	1/1/2019
70200		radiologic exam, orbits, complete	35.01	1/1/2019
70210	26	radiologic exam, sinuses, paranasal less than 3 views	7.23	1/1/2019
70210	TC	radiologic exam, sinuses, paranasal less than 3 views	16.36	1/1/2019
70210		radiologic exam, sinuses, paranasal less than 3 views	23.60	1/1/2019
70220	26	radiologic exam sinuses complete	10.30	1/1/2019
70220	TC	radiologic exam sinuses complete	20.60	1/1/2019
70220		radiologic exam sinuses complete	30.90	1/1/2019
70240	26	radiologic exam sella turcica	8.14	1/1/2019
70240	TC	radiologic exam sella turcica	15.11	1/1/2019
70240		radiologic exam sella turcica	23.24	1/1/2019
70250	26	radiologic exam, skull, less than 4 views, with/without stereo	9.99	1/1/2019
70250	TC	radiologic exam, skull, less than 4 views, with/without stereo	18.67	1/1/2019
70250		radiologic exam, skull, less than 4 views, with/without stereo	28.66	1/1/2019
70260	26	radiologic exam skull complete	14.17	1/1/2019
70260	TC	radiologic exam skull complete	23.97	1/1/2019
70260		radiologic exam skull complete	38.14	1/1/2019
70300	26	radiologic exam teeth	4.47	1/1/2019
70300	TC	radiologic exam teeth	6.47	1/1/2019
70300		radiologic exam teeth	11.21	1/1/2019
70310	26	radiologic exam, teeth partial exam	6.92	1/1/2019
70310	TC	radiologic exam, teeth partial exam	19.72	1/1/2019
70310		radiologic exam, teeth partial exam	26.64	1/1/2019
70320	26	radiologic exam teeth complete	9.36	1/1/2019
70320	TC	radiologic exam teeth complete	19.72	1/1/2019
70320		radiologic exam teeth complete	26.64	1/1/2019
70328	26	radiologic exam temporomandibular joint	7.54	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
70328	TC	radiologic exam temporomandibular joint	15.97	1/1/2019
70328		radiologic exam temporomandibular joint	23.51	1/1/2019
70330	26	radiologic exam, temporomandibular joint, open & closed,bilateral	10.27	1/1/2019
70330	TC	radiologic exam, temporomandibular joint, open & closed,bilateral	26.95	1/1/2019
70330		radiologic exam, temporomandibular joint, open & closed,bilateral	37.22	1/1/2019
70332	26	temporomandibular joint arthrography	22.42	1/1/2019
70332	TC	temporomandibular joint arthrography	44.77	1/1/2019
70332		temporomandibular joint arthrography	67.19	1/1/2019
70336	26	magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	63.10	1/1/2019
70336	TC	magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	342.18	1/1/2019
70336		magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	405.29	1/1/2019
70350	26	cephalogram, orthodontic	7.23	1/1/2019
70350	TC	cephalogram, orthodontic	9.05	1/1/2019
70350		cephalogram, orthodontic	16.28	1/1/2019
70355	26	orthopantogram	8.45	1/1/2019
70355	TC	orthopantogram	9.73	1/1/2019
70355		orthopantogram	18.18	1/1/2019
70360	26	radiologic exam; neck	7.23	1/1/2019
70360	TC	radiologic exam; neck	9.73	1/1/2019
70360		radiologic exam; neck	18.18	1/1/2019
70370	26	radiologic exam; pharynx or larynx	13.35	1/1/2019
70370	TC	radiologic exam; pharynx or larynx	45.22	1/1/2019
70370		radiologic exam; pharynx or larynx	58.57	1/1/2019
70373	26	laryngography	17.57	1/1/2019
70373	TC	laryngography	46.01	1/1/2019
70373		laryngography	63.59	1/1/2019
70380	26	radiologic exam, salivary gland	7.23	1/1/2019
70380	TC	radiologic exam, salivary gland	21.85	1/1/2019
70380		radiologic exam, salivary gland	29.07	1/1/2019
70390	26	sialography	16.28	1/1/2019
70390	TC	sialography	62.16	1/1/2019
70390		sialography	78.44	1/1/2019
70450	26	computerized axial tomography, head or brain	36.52	1/1/2019
70450	TC	computerized axial tomography, head or brain	137.61	1/1/2019
70450		computerized axial tomography, head or brain	174.14	1/1/2019
70460	26	computerized axial tomography with contrast	48.34	1/1/2019
70460	TC	computerized axial tomography with contrast	176.96	1/1/2019
70460		computerized axial tomography with contrast	225.29	1/1/2019
70470	26	computerized axial tomography with/without kontras	54.34	1/1/2019
70470	TC	computerized axial tomography with/without kontras	218.15	1/1/2019
70470		computerized axial tomography with/without kontras	272.48	1/1/2019
70480	26	computerized axial tomography orbit	54.65	1/1/2019
70480	TC	computerized axial tomography orbit	210.58	1/1/2019
70480		computerized axial tomography orbit	265.23	1/1/2019
70481	26	computerized axial tomography with contrast	58.92	1/1/2019
70481	TC	computerized axial tomography with contrast	249.35	1/1/2019
70481		computerized axial tomography with contrast	308.27	1/1/2019
70482	26	computerized axial tomography with/without kontras	61.68	1/1/2019
70482	TC	computerized axial tomography with/without kontras	291.11	1/1/2019
70482		computerized axial tomography with/without kontras	352.80	1/1/2019
70486	26	computerized axial tomography	48.65	1/1/2019
70486	TC	computerized axial tomography	175.68	1/1/2019
70486		computerized axial tomography	224.32	1/1/2019
70487	26	computerized axial tomography, with contrast	55.86	1/1/2019
70487	TC	computerized axial tomography, with contrast	215.32	1/1/2019
70487		computerized axial tomography, with contrast	271.17	1/1/2019
70488	26	computerized axial tomography with/without kontras	60.46	1/1/2019
70488	TC	computerized axial tomography with/without kontras	269.20	1/1/2019
70488		computerized axial tomography with/without kontras	329.65	1/1/2019
70490	26	computerized axial tomography,neck	54.94	1/1/2019
70490	TC	computerized axial tomography,neck	167.60	1/1/2019
70490		computerized axial tomography,neck	222.55	1/1/2019
70491	26	computerized axial tomography neck with contrast	58.92	1/1/2019
70491	TC	computerized axial tomography neck with contrast	207.82	1/1/2019
70491		computerized axial tomography neck with contrast	266.74	1/1/2019
70492	26	computerized axial tomography with/without kontras	61.68	1/1/2019
70492	TC	computerized axial tomography with/without kontras	261.69	1/1/2019
70492		computerized axial tomography with/without kontras	323.38	1/1/2019
70496	26	computed tomographic angiography, head, without contrast material(s), followed	75.18	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
70496	TC	computed tomographic angiography, head, without contrast material(s), followed	439.18	1/1/2019
70496		computed tomographic angiography, head, without contrast material(s), followed	514.36	1/1/2019
70498	26	computed tomographic angiography, neck, without contrast material(s), followed	75.47	1/1/2019
70498	TC	computed tomographic angiography, neck, without contrast material(s), followed	441.20	1/1/2019
70498		computed tomographic angiography, neck, without contrast material(s), followed	516.67	1/1/2019
70540	26	magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	57.41	1/1/2019
70540	TC	magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	381.20	1/1/2019
70540		magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	438.61	1/1/2019
70542	26	magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast	68.91	1/1/2019
70542	TC	magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast	418.55	1/1/2019
70542		magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast	487.46	1/1/2019
70543	26	magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	91.51	1/1/2019
70543	TC	magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	580.16	1/1/2019
70543		magnetic resonance (eg, proton) imaging, orbit, face, and neck; without	671.67	1/1/2019
70544	26	magnetic resonance angiography, head; without contrast material(s)	51.10	1/1/2019
70544	TC	magnetic resonance angiography, head; without contrast material(s)	421.49	1/1/2019
70544		magnetic resonance angiography, head; without contrast material(s)	472.59	1/1/2019
70545	26	magnetic resonance angiography, head; with contrast material(s)	51.10	1/1/2019
70545	TC	magnetic resonance angiography, head; with contrast material(s)	419.47	1/1/2019
70545		magnetic resonance angiography, head; with contrast material(s)	470.57	1/1/2019
70546	26	magnetic resonance angiography, head; without contrast material(s), followed by	76.74	1/1/2019
70546	TC	magnetic resonance angiography, head; without contrast material(s), followed by	672.42	1/1/2019
70546		magnetic resonance angiography, head; without contrast material(s), followed by	749.16	1/1/2019
70547	26	magnetic resonance angiography, neck; without contrast material(s)	51.10	1/1/2019
70547	TC	magnetic resonance angiography, neck; without contrast material(s)	420.34	1/1/2019
70547		magnetic resonance angiography, neck; without contrast material(s)	471.43	1/1/2019
70548	26	magnetic resonance angiography, neck; with contrast material(s)	51.10	1/1/2019
70548	TC	magnetic resonance angiography, neck; with contrast material(s)	438.80	1/1/2019
70548		magnetic resonance angiography, neck; with contrast material(s)	489.90	1/1/2019
70549	26	magnetic resonance angiography, neck; without contrast material(s), followed by	76.74	1/1/2019
70549	TC	magnetic resonance angiography, neck; without contrast material(s), followed by	672.99	1/1/2019
70549		magnetic resonance angiography, neck; without contrast material(s), followed by	749.73	1/1/2019
70551	26	magnetic resonance, brain	63.10	1/1/2019
70551	TC	magnetic resonance, brain	390.06	1/1/2019
70551		magnetic resonance, brain	453.16	1/1/2019
70552	26	magnetic resonance, brain with contrast	76.11	1/1/2019
70552	TC	magnetic resonance, brain with contrast	430.59	1/1/2019
70552		magnetic resonance, brain with contrast	506.71	1/1/2019
70553	26	magnetic resonance, brain with/without contrast	100.66	1/1/2019
70553	TC	magnetic resonance, brain with/without contrast	573.88	1/1/2019
70553		magnetic resonance, brain with/without contrast	674.53	1/1/2019
70557	26	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	124.60	1/1/2019
70557	TC	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	373.79	1/1/2019
70557		magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	498.38	1/1/2019
70558	26	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	136.07	1/1/2019
70558	TC	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	408.22	1/1/2019
70558		magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	544.29	1/1/2019
70559	26	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	138.20	1/1/2019
70559	TC	magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	414.59	1/1/2019
70559		magnetic resonance (eg, proton) imaging, brain (including brain stem and skull	552.78	1/1/2019
71010	26	radiologic exam, chest	7.54	1/1/2019
71010	TC	radiologic exam, chest	11.64	1/1/2019
71010		radiologic exam, chest	19.18	1/1/2019
71015	26	radiologic exam stereo, frontal	8.76	1/1/2019
71015	TC	radiologic exam stereo, frontal	14.81	1/1/2019
71015		radiologic exam stereo, frontal	23.58	1/1/2019
71020	26	radiological exam chest two views frontal/lateral	9.36	1/1/2019
71020	TC	radiological exam chest two views frontal/lateral	16.08	1/1/2019
71020		radiological exam chest two views frontal/lateral	25.44	1/1/2019
71021	26	radiological exam chest with apical lordtic	11.21	1/1/2019
71021	TC	radiological exam chest with apical lordtic	19.45	1/1/2019
71021		radiological exam chest with apical lordtic	30.66	1/1/2019
71022	26	radiologic exam chest with oblique projections	13.04	1/1/2019
71022	TC	radiologic exam chest with oblique projections	23.77	1/1/2019
71022		radiologic exam chest with oblique projections	36.81	1/1/2019
71023	26	radiologic exam chest with fluroscopy	16.37	1/1/2019
71023	TC	radiologic exam chest with fluroscopy	36.75	1/1/2019
71023		radiologic exam chest with fluroscopy	53.13	1/1/2019
71030	26	radiological exam chest complete	13.04	1/1/2019



**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
71030	TC	radiologic exam chest complete	24.06	1/1/2019
71030		radiologic exam chest complete	37.10	1/1/2019
71034	26	radiologic exam, chest with fluoroscopy	20.79	1/1/2019
71034	TC	radiologic exam, chest with fluoroscopy	52.05	1/1/2019
71034		radiologic exam, chest with fluoroscopy	72.85	1/1/2019
71035	26	radiologic exam chest, special views	7.83	1/1/2019
71035	TC	radiologic exam chest, special views	19.43	1/1/2019
71035		radiologic exam chest, special views	27.26	1/1/2019
71100	26	radiologic exam, ribs	9.36	1/1/2019
71100	TC	radiologic exam, ribs	16.65	1/1/2019
71100		radiologic exam, ribs	26.02	1/1/2019
71101	26	radiologic exam ribs /posteroanterior chest	11.21	1/1/2019
71101	TC	radiologic exam ribs /posteroanterior chest	20.11	1/1/2019
71101		radiologic exam ribs /posteroanterior chest	31.32	1/1/2019
71110	26	radiologic exam, ribs bilateral	11.21	1/1/2019
71110	TC	radiologic exam, ribs bilateral	21.18	1/1/2019
71110		radiologic exam, ribs bilateral	32.39	1/1/2019
71111	26	radiologic exam including posteroanterior	13.35	1/1/2019
71111	TC	radiologic exam including posteroanterior	28.01	1/1/2019
71111		radiologic exam including posteroanterior	41.36	1/1/2019
71120	26	radiologic exam sternum	8.45	1/1/2019
71120	TC	radiologic exam sternum	17.52	1/1/2019
71120		radiologic exam sternum	25.97	1/1/2019
71130	26	radiologic exam sternoclavicular joint(s)	9.36	1/1/2019
71130	TC	radiologic exam sternoclavicular joint(s)	20.40	1/1/2019
71130		radiologic exam sternoclavicular joint(s)	29.77	1/1/2019
71250	26	computerized axial tomography	49.56	1/1/2019
71250	TC	computerized axial tomography	177.73	1/1/2019
71250		computerized axial tomography	227.29	1/1/2019
71260	26	computerized axial tomography with contrast	52.92	1/1/2019
71260	TC	computerized axial tomography with contrast	219.58	1/1/2019
71260		computerized axial tomography with contrast	272.50	1/1/2019
71270	26	computerized axial tomography without contrast	58.92	1/1/2019
71270	TC	computerized axial tomography without contrast	277.31	1/1/2019
71270		computerized axial tomography without contrast	58.92	1/1/2019
71275	26	computed tomographic angiography, chest, without contrast material(s), followed	82.41	1/1/2019
71275	TC	computed tomographic angiography, chest, without contrast material(s), followed	332.75	1/1/2019
71275		computed tomographic angiography, chest, without contrast material(s), followed	415.16	1/1/2019
71550	26	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	62.00	1/1/2019
71550	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	427.67	1/1/2019
71550		magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	489.66	1/1/2019
71551	26	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	73.40	1/1/2019
71551	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	476.07	1/1/2019
71551		magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	549.47	1/1/2019
71552	26	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	96.96	1/1/2019
71552	TC	magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	656.60	1/1/2019
71552		magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and	753.56	1/1/2019
72010	26	radiologic exam spine	18.46	1/1/2019
72010	TC	radiologic exam spine	36.37	1/1/2019
72010		radiologic exam spine	54.84	1/1/2019
72020	26	radiologic exam spine /specify level	6.61	1/1/2019
72020	TC	radiologic exam spine /specify level	12.22	1/1/2019
72020		radiologic exam spine /specify level	18.83	1/1/2019
72040	26	radiologic examination, spine, cervical; two or three views	9.36	1/1/2019
72040	TC	radiologic examination, spine, cervical; two or three views	19.83	1/1/2019
72040		radiologic examination, spine, cervical; two or three views	29.19	1/1/2019
72050	26	radiologic exam spine. 4 views	13.04	1/1/2019
72050	TC	radiologic exam spine. 4 views	28.30	1/1/2019
72050		radiologic exam spine. 4 views	41.33	1/1/2019
72052	26	radiologic exam spine, complete	15.37	1/1/2019
72052	TC	radiologic exam spine, complete	36.37	1/1/2019
72052		radiologic exam spine, complete	51.74	1/1/2019
72069	26	radiologic exam spine thoracolumbar	9.36	1/1/2019
72069	TC	radiologic exam spine thoracolumbar	18.27	1/1/2019
72069		radiologic exam spine thoracolumbar	27.65	1/1/2019
72070	26	radiologic examination, spine; thoracic, two views	9.36	1/1/2019
72070	TC	radiologic examination, spine; thoracic, two views	17.52	1/1/2019
72070		radiologic examination, spine; thoracic, two views	26.88	1/1/2019
72072	26	radiologic examination, spine; thoracic, three views	9.36	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
72072	TC	radiologic examination, spine; thoracic, three views	21.18	1/1/2019
72072		radiologic examination, spine; thoracic, three views	30.54	1/1/2019
72074	26	radiologic examination, spine; thoracic, minimum of four views	9.36	1/1/2019
72074	TC	radiologic examination, spine; thoracic, minimum of four views	26.28	1/1/2019
72074		radiologic examination, spine; thoracic, minimum of four views	35.64	1/1/2019
72080	26	radiologic examination, spine; thoracolumbar, two views	9.36	1/1/2019
72080	TC	radiologic examination, spine; thoracolumbar, two views	18.67	1/1/2019
72080		radiologic examination, spine; thoracolumbar, two views	28.04	1/1/2019
72090	26	radiologic exam spine. scoliosis	12.10	1/1/2019
72090	TC	radiologic exam spine. scoliosis	24.72	1/1/2019
72090		radiologic exam spine. scoliosis	36.83	1/1/2019
72100	26	radiologic examination, spine, lumbosacral; two or three views	9.36	1/1/2019
72100	TC	radiologic examination, spine, lumbosacral; two or three views	21.27	1/1/2019
72100		radiologic examination, spine, lumbosacral; two or three views	30.63	1/1/2019
72110	26	radiologic examination, spine, lumbosacral; minimum of four views	13.04	1/1/2019
72110	TC	radiologic examination, spine, lumbosacral; minimum of four views	29.74	1/1/2019
72110		radiologic examination, spine, lumbosacral; minimum of four views	42.78	1/1/2019
72114	26	radiologic exam spine complete /bending view	15.37	1/1/2019
72114	TC	radiologic exam spine complete /bending view	40.41	1/1/2019
72114		radiologic exam spine complete /bending view	55.78	1/1/2019
72120	26	radiologic exam spine bending view	9.36	1/1/2019
72120	TC	radiologic exam spine bending view	28.87	1/1/2019
72120		radiologic exam spine bending view	38.24	1/1/2019
72125	26	computerized axial tomography	49.56	1/1/2019
72125	TC	computerized axial tomography	178.31	1/1/2019
72125		computerized axial tomography	227.86	1/1/2019
72126	26	computerized axial tomography with contrast	52.01	1/1/2019
72126	TC	computerized axial tomography with contrast	219.87	1/1/2019
72126		computerized axial tomography with contrast	271.88	1/1/2019
72127	26	computerized axial tomography without contrast	54.05	1/1/2019
72127	TC	computerized axial tomography without contrast	276.74	1/1/2019
72127		computerized axial tomography without contrast	330.79	1/1/2019
72128	26	computerized axial tomography thoracic spine	49.56	1/1/2019
72128	TC	computerized axial tomography thoracic spine	177.73	1/1/2019
72128		computerized axial tomography thoracic spine	227.29	1/1/2019
72129	26	comp. axial tomography/thoracic spine with kontras	52.30	1/1/2019
72129	TC	comp. axial tomography/thoracic spine with kontras	219.87	1/1/2019
72129		comp. axial tomography/thoracic spine with kontras	272.17	1/1/2019
72130	26	comp. tomography/thoracic spine without contrast	54.34	1/1/2019
72130	TC	comp. tomography/thoracic spine without contrast	277.31	1/1/2019
72130		comp. tomography/thoracic spine without contrast	331.66	1/1/2019
72131	26	computerized axial tomography/ lumbar spine	49.56	1/1/2019
72131	TC	computerized axial tomography/ lumbar spine	177.44	1/1/2019
72131		computerized axial tomography/ lumbar spine	227.00	1/1/2019
72132	26	computerized axial tomography lumbar spine/contras	52.30	1/1/2019
72132	TC	computerized axial tomography lumbar spine/contras	219.58	1/1/2019
72132		computerized axial tomography lumbar spine/contras	271.88	1/1/2019
72133	26	computerized tomography lumbar spine w/wo contrast	54.34	1/1/2019
72133	TC	computerized tomography lumbar spine w/wo contrast	277.03	1/1/2019
72133		computerized tomography lumbar spine w/wo contrast	331.37	1/1/2019
72141	26	magnetic resonance spinal canal	68.00	1/1/2019
72141	TC	magnetic resonance spinal canal	346.80	1/1/2019
72141		magnetic resonance spinal canal	414.80	1/1/2019
72142	26	magnetic resonance /spine canal with contrast	81.84	1/1/2019
72142	TC	magnetic resonance /spine canal with contrast	430.01	1/1/2019
72142		magnetic resonance /spine canal with contrast	511.85	1/1/2019
72146	26	magnetic resonance/ spinal canal and contents	68.29	1/1/2019
72146	TC	magnetic resonance/ spinal canal and contents	357.01	1/1/2019
72146		magnetic resonance/ spinal canal and contents	425.31	1/1/2019
72147	26	magnetic resonance/spinal canal with contrast	82.12	1/1/2019
72147	TC	magnetic resonance/spinal canal with contrast	386.18	1/1/2019
72147		magnetic resonance/spinal canal with contrast	468.30	1/1/2019
72148	26	magnetic resonance lumbar	63.10	1/1/2019
72148	TC	magnetic resonance lumbar	356.73	1/1/2019
72148		magnetic resonance lumbar	419.83	1/1/2019
72149	26	magnetic resonance lumbar with contrast	76.11	1/1/2019
72149	TC	magnetic resonance lumbar with contrast	429.73	1/1/2019
72149		magnetic resonance lumbar with contrast	505.84	1/1/2019
72156	26	magnetic resonance with /without contrast	109.42	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
72156	TC	magnetic resonance with /without contrast	565.80	1/1/2019
72156		magnetic resonance with /without contrast	675.22	1/1/2019
72157	26	mri; spinal canal, wo then w contrast; thoracic	109.71	1/1/2019
72157	TC	mri; spinal canal, wo then w contrast; thoracic	532.06	1/1/2019
72157		mri; spinal canal, wo then w contrast; thoracic	641.76	1/1/2019
72158	26	magnetic resonance lumbar with/without contrast	100.36	1/1/2019
72158	TC	magnetic resonance lumbar with/without contrast	565.51	1/1/2019
72158		magnetic resonance lumbar with/without contrast	665.87	1/1/2019
72170	26	radiologic examination, pelvis; one or two views	7.23	1/1/2019
72170	TC	radiologic examination, pelvis; one or two views	13.38	1/1/2019
72170		radiologic examination, pelvis; one or two views	20.60	1/1/2019
72190	26	radiologic exam pelvic complete	9.05	1/1/2019
72190	TC	radiologic exam pelvic complete	22.13	1/1/2019
72190		radiologic exam pelvic complete	31.19	1/1/2019
72191	26	computed tomographic angiography, pelvis, without contrast material(s).	77.63	1/1/2019
72191	TC	computed tomographic angiography, pelvis, without contrast material(s).	322.37	1/1/2019
72191		computed tomographic angiography, pelvis, without contrast material(s).	399.99	1/1/2019
72192	26	computerized axial tomography; pelvic	46.80	1/1/2019
72192	TC	computerized axial tomography; pelvic	169.37	1/1/2019
72192		computerized axial tomography; pelvic	216.17	1/1/2019
72193	26	computerized axial tomography; pelvic with kontras	49.56	1/1/2019
72193	TC	computerized axial tomography; pelvic with kontras	209.01	1/1/2019
72193		computerized axial tomography; pelvic with kontras	258.57	1/1/2019
72194	26	tomography; pelvic with/without contrast	52.01	1/1/2019
72194	TC	tomography; pelvic with/without contrast	277.30	1/1/2019
72194		tomography; pelvic with/without contrast	329.30	1/1/2019
72195	26	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	62.00	1/1/2019
72195	TC	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	386.71	1/1/2019
72195		magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	448.71	1/1/2019
72196	26	magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	73.98	1/1/2019
72196	TC	magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	423.57	1/1/2019
72196		magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	497.55	1/1/2019
72197	26	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s).	96.38	1/1/2019
72197	TC	magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s).	585.20	1/1/2019
72197		magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s).	681.58	1/1/2019
72200	26	radiologic exam sacrum, coccyx	7.23	1/1/2019
72200	TC	radiologic exam sacrum, coccyx	15.68	1/1/2019
72200		radiologic exam sacrum, coccyx	22.91	1/1/2019
72202	26	x-ray exam of sacroiliac joints, 3 or more views	8.14	1/1/2019
72202	TC	x-ray exam of sacroiliac joints, 3 or more views	19.54	1/1/2019
72202		x-ray exam of sacroiliac joints, 3 or more views	8.14	1/1/2019
72220	26	sacrum and coccyx	7.23	1/1/2019
72220	TC	sacrum and coccyx	16.08	1/1/2019
72220		sacrum and coccyx	23.31	1/1/2019
72240	26	myelograph, cervical	38.68	1/1/2019
72240	TC	myelograph, cervical	87.42	1/1/2019
72240		myelograph, cervical	126.11	1/1/2019
72255	26	myelography, thoracic	37.82	1/1/2019
72255	TC	myelography, thoracic	77.60	1/1/2019
72255		myelography, thoracic	115.42	1/1/2019
72265	26	myelography, lumbo sacral	35.33	1/1/2019
72265	TC	myelography, lumbo sacral	81.93	1/1/2019
72265		myelography, lumbo sacral	117.25	1/1/2019
72270	26	myelography, entire spinal canal	56.78	1/1/2019
72270	TC	myelography, entire spinal canal	126.22	1/1/2019
72270		myelography, entire spinal canal	183.00	1/1/2019
72275	26	epidurography, radiological supervision and interpretation	30.54	1/1/2019
72275	TC	epidurography, radiological supervision and interpretation	52.52	1/1/2019
72275		epidurography, radiological supervision and interpretation	83.06	1/1/2019
72285	26	diskography, cervical, radiological supervision & interpretation	47.36	1/1/2019
72285	TC	diskography, cervical, radiological supervision & interpretation	93.87	1/1/2019
72285		diskography, cervical, radiological supervision & interpretation	141.23	1/1/2019
72295	26	disdography, lumbar	34.56	1/1/2019
72295	TC	disdography, lumbar	90.68	1/1/2019
72295		disdography, lumbar	125.24	1/1/2019
73000	26	radiologic exam clavicle, complete	6.92	1/1/2019
73000	TC	radiologic exam clavicle, complete	14.81	1/1/2019
73000		radiologic exam clavicle, complete	21.73	1/1/2019
73010	26	radiologic exam, scapula/ complete	7.23	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
73010	TC	radiologic exam, scapula/ complete	15.11	1/1/2019
73010		radiologic exam, scapula/ complete	22.33	1/1/2019
73020	26	radiologic exam shoulder	6.32	1/1/2019
73020	TC	radiologic exam shoulder	12.22	1/1/2019
73020		radiologic exam shoulder	18.54	1/1/2019
73030	26	radiologic exam shoulder complete	7.83	1/1/2019
73030	TC	radiologic exam shoulder complete	15.79	1/1/2019
73030		radiologic exam shoulder complete	23.61	1/1/2019
73040	26	radiologic exam shoulder, arthrography	23.00	1/1/2019
73040	TC	radiologic exam shoulder, arthrography	61.50	1/1/2019
73040		radiologic exam shoulder, arthrography	84.49	1/1/2019
73050	26	radiologic exam, acromioclavicular joints	8.75	1/1/2019
73050	TC	radiologic exam, acromioclavicular joints	19.54	1/1/2019
73050		radiologic exam, acromioclavicular joints	28.28	1/1/2019
73060	26	radiologic exam humerus	7.23	1/1/2019
73060	TC	radiologic exam humerus	15.79	1/1/2019
73060		radiologic exam humerus	23.01	1/1/2019
73070	26	radiologic examination, elbow; two views	6.32	1/1/2019
73070	TC	radiologic examination, elbow; two views	14.81	1/1/2019
73070		radiologic examination, elbow; two views	21.13	1/1/2019
73080	26	radiologic exam elbow, complete	7.23	1/1/2019
73080	TC	radiologic exam elbow, complete	19.83	1/1/2019
73080		radiologic exam elbow, complete	27.05	1/1/2019
73085	26	radiologic exam elbow, arthrography	22.71	1/1/2019
73085	TC	radiologic exam elbow, arthrography	53.71	1/1/2019
73085		radiologic exam elbow, arthrography	76.42	1/1/2019
73090	26	radiologic examination; forearm, two views	6.62	1/1/2019
73090	TC	radiologic examination; forearm, two views	14.81	1/1/2019
73090		radiologic examination; forearm, two views	21.45	1/1/2019
73092	26	radiologic exam forearm infant	6.62	1/1/2019
73092	TC	radiologic exam forearm infant	15.40	1/1/2019
73092		radiologic exam forearm infant	22.02	1/1/2019
73100	26	radiologic examination, wrist; two views	6.92	1/1/2019
73100	TC	radiologic examination, wrist; two views	15.40	1/1/2019
73100		radiologic examination, wrist; two views	22.31	1/1/2019
73110	26	radiologic exam wrist, complete	7.23	1/1/2019
73110	TC	radiologic exam wrist, complete	19.43	1/1/2019
73110		radiologic exam wrist, complete	26.66	1/1/2019
73115	26	radiologic exam wrist arthrography	23.00	1/1/2019
73115	TC	radiologic exam wrist arthrography	57.93	1/1/2019
73115		radiologic exam wrist arthrography	80.93	1/1/2019
73120	26	radiologic exam, hand	6.62	1/1/2019
73120	TC	radiologic exam, hand	14.52	1/1/2019
73120		radiologic exam, hand	21.16	1/1/2019
73130	26	radiologic exam hand min/3 views	7.23	1/1/2019
73130	TC	radiologic exam hand min/3 views	17.13	1/1/2019
73130		radiologic exam hand min/3 views	24.35	1/1/2019
73140	26	radiologic exam finger(s)	5.70	1/1/2019
73140	TC	radiologic exam finger(s)	16.84	1/1/2019
73140		radiologic exam finger(s)	22.53	1/1/2019
73200	26	tomography, upper extremity	46.51	1/1/2019
73200	TC	tomography, upper extremity	169.05	1/1/2019
73200		tomography, upper extremity	215.56	1/1/2019
73201	26	tomography upper extremity, with contrast	49.56	1/1/2019
73201	TC	tomography upper extremity, with contrast	208.88	1/1/2019
73201		tomography upper extremity, with contrast	258.44	1/1/2019
73202	26	tomography upper extremity, without contrast	52.01	1/1/2019
73202	TC	tomography upper extremity, without contrast	278.24	1/1/2019
73202		tomography upper extremity, without contrast	330.25	1/1/2019
73206	26	computed tomographic angiography, upper extremity, without contrast	78.21	1/1/2019
73206	TC	computed tomographic angiography, upper extremity, without contrast	305.06	1/1/2019
73206		computed tomographic angiography, upper extremity, without contrast	383.26	1/1/2019
73218	26	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	57.12	1/1/2019
73218	TC	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	391.58	1/1/2019
73218		magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	448.71	1/1/2019
73219	26	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	68.91	1/1/2019
73219	TC	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	424.02	1/1/2019
73219		magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	492.94	1/1/2019
73220	26	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	91.80	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
73220	TC	magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	585.93	1/1/2019
73220		magnetic resonance (eg, proton) imaging, upper extremity, other than joint;	677.72	1/1/2019
73221	26	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	57.41	1/1/2019
73221	TC	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	367.36	1/1/2019
73221		magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	424.77	1/1/2019
73222	26	magnetic resonance (eg, proton) imaging, any joint of upper extremity; with	68.91	1/1/2019
73222	TC	magnetic resonance (eg, proton) imaging, any joint of upper extremity; with	399.80	1/1/2019
73222		magnetic resonance (eg, proton) imaging, any joint of upper extremity; with	468.71	1/1/2019
73223	26	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	91.51	1/1/2019
73223	TC	magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	556.80	1/1/2019
73223		magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	648.31	1/1/2019
73500	26	radiologic exam hip	7.23	1/1/2019
73500	TC	radiologic exam hip	12.79	1/1/2019
73500		radiologic exam hip	20.03	1/1/2019
73510	26	radiologic exam, hip	9.05	1/1/2019
73510	TC	radiologic exam, hip	19.83	1/1/2019
73510		radiologic exam, hip	28.87	1/1/2019
73520	26	radiologic exam hip bilateral	10.90	1/1/2019
73520	TC	radiologic exam hip bilateral	20.40	1/1/2019
73520		radiologic exam hip bilateral	31.30	1/1/2019
73525	26	radiologic exam hip, authrograph	23.20	1/1/2019
73525	TC	radiologic exam hip, authrograph	53.13	1/1/2019
73525		radiologic exam hip, authrograph	76.33	1/1/2019
73530	26	rad. exam hip during operative procedure	12.41	1/1/2019
73530	TC	rad. exam hip during operative procedure	16.37	1/1/2019
73530		rad. exam hip during operative procedure	28.31	1/1/2019
73540	26	radiologic exam hip/ pelvis; child	8.45	1/1/2019
73540	TC	radiologic exam hip/ pelvis; child	20.40	1/1/2019
73540		radiologic exam hip/ pelvis; child	28.86	1/1/2019
73550	26	radiologic examination, femur, two views	7.23	1/1/2019
73550	TC	radiologic examination, femur, two views	15.22	1/1/2019
73550		radiologic examination, femur, two views	22.44	1/1/2019
73560	26	radiologic examination, knee; one or two views	7.23	1/1/2019
73560	TC	radiologic examination, knee; one or two views	15.11	1/1/2019
73560		radiologic examination, knee; one or two views	22.33	1/1/2019
73562	26	radiologic examination, knee; three views	7.83	1/1/2019
73562	TC	radiologic examination, knee; three views	18.96	1/1/2019
73562		radiologic examination, knee; three views	26.79	1/1/2019
73564	26	radiologic examination, knee; complete, four or more views	9.36	1/1/2019
73564	TC	radiologic examination, knee; complete, four or more views	21.85	1/1/2019
73564		radiologic examination, knee; complete, four or more views	31.21	1/1/2019
73565	26	radiologic exam knee (both)	7.52	1/1/2019
73565	TC	radiologic exam knee (both)	16.26	1/1/2019
73565		radiologic exam knee (both)	23.78	1/1/2019
73580	26	radiologic exam knee, arthrography	23.20	1/1/2019
73580	TC	radiologic exam knee, arthrography	71.70	1/1/2019
73580		radiologic exam knee, arthrography	94.89	1/1/2019
73590	26	radiologic examination; tibia and fibula, two views	7.23	1/1/2019
73590	TC	radiologic examination; tibia and fibula, two views	14.24	1/1/2019
73590		radiologic examination; tibia and fibula, two views	21.47	1/1/2019
73592	26	rad exam lower extremity infant	6.62	1/1/2019
73592	TC	rad exam lower extremity infant	15.40	1/1/2019
73592		rad exam lower extremity infant	22.02	1/1/2019
73600	26	radiologic examination, ankle; two views	6.62	1/1/2019
73600	TC	radiologic examination, ankle; two views	14.52	1/1/2019
73600		radiologic examination, ankle; two views	21.16	1/1/2019
73610	26	radiologic exam complete	7.23	1/1/2019
73610	TC	radiologic exam complete	17.13	1/1/2019
73610		radiologic exam complete	24.35	1/1/2019
73615	26	radiologic exam ankle, arthrography	22.91	1/1/2019
73615	TC	radiologic exam ankle, arthrography	55.44	1/1/2019
73615		radiologic exam ankle, arthrography	78.35	1/1/2019
73620	26	radiologic examination, foot; two views	6.62	1/1/2019
73620	TC	radiologic examination, foot; two views	13.95	1/1/2019
73620		radiologic examination, foot; two views	20.58	1/1/2019
73630	26	radiologic exam foot complete	7.23	1/1/2019
73630	TC	radiologic exam foot complete	16.84	1/1/2019
73630		radiologic exam foot complete	24.06	1/1/2019
73650	26	radiologic exam calcaneus	6.62	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
73650	TC	radiologic exam calcaneus	14.24	1/1/2019
73650		radiologic exam calcaneus	20.87	1/1/2019
73660	26	radiologic exam calcaneus toe or toes	5.41	1/1/2019
73660	TC	radiologic exam calcaneus toe or toes	15.97	1/1/2019
73660		radiologic exam calcaneus toe or toes	21.38	1/1/2019
73700	26	computerized axial tomography lower extremity	46.51	1/1/2019
73700	TC	computerized axial tomography lower extremity	169.33	1/1/2019
73700		computerized axial tomography lower extremity	215.84	1/1/2019
73701	26	computerized tomography lower extremity w/contrast	49.85	1/1/2019
73701	TC	computerized tomography lower extremity w/contrast	210.32	1/1/2019
73701		computerized tomography lower extremity w/contrast	260.17	1/1/2019
73702	26	computerized tomography lower extremity w & w/o contrast	52.30	1/1/2019
73702	TC	computerized tomography lower extremity w & w/o contrast	278.81	1/1/2019
73702		computerized tomography lower extremity w & w/o contrast	331.11	1/1/2019
73706	26	computerized tomographic angiography, lower extremity	82.16	1/1/2019
73706	TC	computerized tomographic angiography, lower extremity	334.19	1/1/2019
73706		computerized tomographic angiography, lower extremity	416.35	1/1/2019
73718	26	magnetic resonance (eg, proton) imaging, lower extremity other than joint;	57.41	1/1/2019
73718	TC	magnetic resonance (eg, proton) imaging, lower extremity other than joint;	383.51	1/1/2019
73718		magnetic resonance (eg, proton) imaging, lower extremity other than joint;	440.92	1/1/2019
73719	26	magnetic resonance (eg, proton) imaging, lower extremity other than joint; with	68.91	1/1/2019
73719	TC	magnetic resonance (eg, proton) imaging, lower extremity other than joint; with	418.84	1/1/2019
73719		magnetic resonance (eg, proton) imaging, lower extremity other than joint; with	487.74	1/1/2019
73720	26	magnetic resonance (eg, proton) imaging, lower extremity other than joint;	91.80	1/1/2019
73720	TC	magnetic resonance (eg, proton) imaging, lower extremity other than joint;	585.64	1/1/2019
73720		magnetic resonance (eg, proton) imaging, lower extremity other than joint;	677.44	1/1/2019
73721	26	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	57.41	1/1/2019
73721	TC	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	374.57	1/1/2019
73721		magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	431.98	1/1/2019
73722	26	magnetic resonance (eg, proton) imaging, any joint of lower extremity; with	69.20	1/1/2019
73722	TC	magnetic resonance (eg, proton) imaging, any joint of lower extremity; with	403.26	1/1/2019
73722		magnetic resonance (eg, proton) imaging, any joint of lower extremity; with	472.46	1/1/2019
73723	26	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	91.80	1/1/2019
73723	TC	magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	555.07	1/1/2019
73723		magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	646.86	1/1/2019
74000	26	radiologic exam abdomen	7.54	1/1/2019
74000	TC	radiologic exam abdomen	12.79	1/1/2019
74000		radiologic exam abdomen	20.34	1/1/2019
74010	26	radiologic exam abdomen anteroposterior/ oblique	9.68	1/1/2019
74010	TC	radiologic exam abdomen anteroposterior/ oblique	20.11	1/1/2019
74010		radiologic exam abdomen anteroposterior/ oblique	29.79	1/1/2019
74020	26	radiologic exam abdomen, complete	11.50	1/1/2019
74020	TC	radiologic exam abdomen, complete	20.40	1/1/2019
74020		radiologic exam abdomen, complete	31.90	1/1/2019
74022	26	rad exam abdomen. complete abdomen series	13.63	1/1/2019
74022	TC	rad exam abdomen. complete abdomen series	24.92	1/1/2019
74022		rad exam abdomen. complete abdomen series	38.57	1/1/2019
74150	26	computer tomography without contrast mater	50.78	1/1/2019
74150	TC	computer tomography without contrast mater	167.44	1/1/2019
74150		computer tomography without contrast mater	218.23	1/1/2019
74160	26	tomography, abdomen with contrast	54.63	1/1/2019
74160	TC	tomography, abdomen with contrast	235.25	1/1/2019
74160		tomography, abdomen with contrast	289.88	1/1/2019
74170	26	tomography, without/with contrast	59.83	1/1/2019
74170	TC	tomography, without/with contrast	319.41	1/1/2019
74170		tomography, without/with contrast	379.24	1/1/2019
74175	26	computed tomographic angiography, abdomen, without contrast material(s),	81.59	1/1/2019
74175	TC	computed tomographic angiography, abdomen, without contrast material(s),	341.69	1/1/2019
74175		computed tomographic angiography, abdomen, without contrast material(s),	423.28	1/1/2019
74181	26	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	62.28	1/1/2019
74181	TC	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	344.61	1/1/2019
74181		magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	406.89	1/1/2019
74182	26	magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	73.98	1/1/2019
74182	TC	magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	465.68	1/1/2019
74182		magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	539.66	1/1/2019
74183	26	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s),	96.38	1/1/2019
74183	TC	magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s),	585.78	1/1/2019
74183		magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s),	682.16	1/1/2019
74190	26	peritoneogram (eg, after injection of air or contrast), radiological	20.56	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
74190	TC	peritoneogram (eg, after injection of air or contrast), radiological	41.68	1/1/2019
74190		peritoneogram (eg, after injection of air or contrast), radiological	61.32	1/1/2019
74210	26	radiologic exam, pharynx	15.66	1/1/2019
74210	TC	radiologic exam, pharynx	45.03	1/1/2019
74210		radiologic exam, pharynx	60.68	1/1/2019
74220	26	radiologic exam; esophagus	19.64	1/1/2019
74220	TC	radiologic exam; esophagus	49.35	1/1/2019
74220		radiologic exam; esophagus	69.00	1/1/2019
74230	26	swallowing function, with cineradiography/videoradiography	22.69	1/1/2019
74230	TC	swallowing function, with cineradiography/videoradiography	48.39	1/1/2019
74230		swallowing function, with cineradiography/videoradiography	71.08	1/1/2019
74235	26	removal of foreign body(s)	51.93	1/1/2019
74235	TC	removal of foreign body(s)	80.32	1/1/2019
74235		removal of foreign body(s)	132.26	1/1/2019
74240	26	radiologic exam; gastrointestinal tract	29.60	1/1/2019
74240	TC	radiologic exam; gastrointestinal tract	56.09	1/1/2019
74240		radiologic exam; gastrointestinal tract	85.69	1/1/2019
74246	26	rad exam, gastrointestinal tract upper air kontras	29.60	1/1/2019
74246	TC	rad exam, gastrointestinal tract upper air kontras	68.31	1/1/2019
74246		rad exam, gastrointestinal tract upper air kontras	97.92	1/1/2019
74250	26	radiologic examination, small intestine, includes multiple serial films;	19.96	1/1/2019
74250	TC	radiologic examination, small intestine, includes multiple serial films;	60.22	1/1/2019
74250		radiologic examination, small intestine, includes multiple serial films;	80.17	1/1/2019
74251	26	radiologic examination, small bowel, includes multiple serial films;	29.60	1/1/2019
74251	TC	radiologic examination, small bowel, includes multiple serial films;	219.42	1/1/2019
74251		radiologic examination, small bowel, includes multiple serial films;	249.03	1/1/2019
74270	26	radiologic examination, colon; barium enema, with or without kub	29.60	1/1/2019
74270	TC	radiologic examination, colon; barium enema, with or without kub	85.52	1/1/2019
74270		radiologic examination, colon; barium enema, with or without kub	115.13	1/1/2019
74280	26	radiologic exam, air contrast/ high density	42.33	1/1/2019
74280	TC	radiologic exam, air contrast/ high density	117.07	1/1/2019
74280		radiologic exam, air contrast/ high density	159.40	1/1/2019
74283	26	therapeutic enema, contrast or air, for reduction of intussusception or other	86.10	1/1/2019
74283	TC	therapeutic enema, contrast or air, for reduction of intussusception or other	80.93	1/1/2019
74283		therapeutic enema, contrast or air, for reduction of intussusception or other	167.03	1/1/2019
74290	26	cholecystography, oral contrast	13.63	1/1/2019
74290	TC	cholecystography, oral contrast	37.62	1/1/2019
74290		cholecystography, oral contrast	51.25	1/1/2019
74300	26	cholangiography and/or pancreatography; intraoperative, radiological	15.37	1/1/2019
74300		cholangiography and/or pancreatography; intraoperative, radiological	43.92	1/1/2019
74301	26	cholangiography and/or pancreatography; additional set intraoperative,	23.29	1/1/2019
74305	26	cholangiography and/or pancreatography; through existing catheter, radiological	67.68	1/1/2019
74320	26	cholangiography, percutaneous, transhepatic	90.96	1/1/2019
74320	TC	cholangiography, percutaneous, transhepatic	30.20	1/1/2019
74320		cholangiography, percutaneous, transhepatic	73.41	1/1/2019
74327	26	postoperative biliary duct calculus removal, percutaneous via t-tube tract,	103.62	1/1/2019
74327	TC	postoperative biliary duct calculus removal, percutaneous via t-tube tract,	30.20	1/1/2019
74327		postoperative biliary duct calculus removal, percutaneous via t-tube tract,	100.55	1/1/2019
74328	26	endoscopic catheterization	129.22	1/1/2019
74328	TC	endoscopic catheterization	30.20	1/1/2019
74328		endoscopic catheterization	95.65	1/1/2019
74329	26	endoscopic cath of the pancreatic ductal system	125.85	1/1/2019
74329	TC	endoscopic cath of the pancreatic ductal system	38.66	1/1/2019
74329		endoscopic cath of the pancreatic ductal system	100.55	1/1/2019
74330	26	combined endoscopic catheterization	137.26	1/1/2019
74330	TC	combined endoscopic catheterization	23.00	1/1/2019
74330		combined endoscopic catheterization	83.66	1/1/2019
74340	26	introduction of long gastrointestinal tube (eg, miller-abbott), including	105.91	1/1/2019
74355	26	percutaneous placement enteroclysis tube radiologi	32.65	1/1/2019
74355	TC	percutaneous placement enteroclysis tube radiologi	83.97	1/1/2019
74355		percutaneous placement enteroclysis tube radiologi	114.59	1/1/2019
74360	26	intraluminal dilation strictures/obstructions radi	23.87	1/1/2019
74360	TC	intraluminal dilation strictures/obstructions radi	100.24	1/1/2019
74360		intraluminal dilation strictures/obstructions radi	123.11	1/1/2019
74363	26	percutaneous transhepatic dilation of biliary duct stricture with or without	38.04	1/1/2019
74363	TC	percutaneous transhepatic dilation of biliary duct stricture with or without	180.84	1/1/2019
74363		percutaneous transhepatic dilation of biliary duct stricture with or without	223.76	1/1/2019
74400	26	urography, intravenous	20.87	1/1/2019
74400	TC	urography, intravenous	65.91	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
74400		urography, intravenous	86.78	1/1/2019
74410	26	urography, infusion, drip technique	21.16	1/1/2019
74410	TC	urography, infusion, drip technique	70.24	1/1/2019
74410		urography, infusion, drip technique	91.39	1/1/2019
74415	26	urography, with mephotomography	20.87	1/1/2019
74415	TC	urography, with mephotomography	83.70	1/1/2019
74415		urography, with mephotomography	104.57	1/1/2019
74420	26	urography, retrograde	15.66	1/1/2019
74420	TC	urography, retrograde	83.66	1/1/2019
74420		urography, retrograde	98.42	1/1/2019
74425	26	urography, antegrade	15.66	1/1/2019
74425	TC	urography, antegrade	41.67	1/1/2019
74425		urography, antegrade	56.43	1/1/2019
74430	26	cystography, minimum 3 views	13.83	1/1/2019
74430	TC	cystography, minimum 3 views	48.19	1/1/2019
74430		cystography, minimum 3 views	62.03	1/1/2019
74440	26	vasograph	16.28	1/1/2019
74440	TC	vasograph	50.51	1/1/2019
74440		vasograph	66.78	1/1/2019
74445	26	corpora cavernosography	49.90	1/1/2019
74445	TC	corpora cavernosography	35.33	1/1/2019
74445		corpora cavernosography	83.06	1/1/2019
74450	26	urethrocytography	14.43	1/1/2019
74450	TC	urethrocytography	46.47	1/1/2019
74450		urethrocytography	60.26	1/1/2019
74455	26	urethrocytography, voiding	14.43	1/1/2019
74455	TC	urethrocytography, voiding	57.35	1/1/2019
74455		urethrocytography, voiding	71.79	1/1/2019
74470	26	radiologic exam; renal cyst study	23.29	1/1/2019
74470	TC	radiologic exam; renal cyst study	40.14	1/1/2019
74470		radiologic exam; renal cyst study	62.08	1/1/2019
74475	26	introduction catheter into renal pelvis	23.29	1/1/2019
74475	TC	introduction catheter into renal pelvis	75.01	1/1/2019
74475		introduction catheter into renal pelvis	98.30	1/1/2019
74480	26	introduction of ureteral catheter or stent	23.29	1/1/2019
74480	TC	introduction of ureteral catheter or stent	75.30	1/1/2019
74480		introduction of ureteral catheter or stent	98.59	1/1/2019
74485	26	dilation of nephrostomy/ureters, superv and interp	23.49	1/1/2019
74485	TC	dilation of nephrostomy/ureters, superv and interp	70.56	1/1/2019
74485		dilation of nephrostomy/ureters, superv and interp	94.05	1/1/2019
74710	26	pelvimetry, with/without placental localization	14.74	1/1/2019
74710	TC	pelvimetry, with/without placental localization	20.22	1/1/2019
74710		pelvimetry, with/without placental localization	34.97	1/1/2019
74775	26	perineogram	26.55	1/1/2019
74775	TC	perineogram	46.79	1/1/2019
74775		perineogram	72.20	1/1/2019
75600	26	aortography, thoracic without serialography	22.30	1/1/2019
75600	TC	aortography, thoracic without serialography	230.89	1/1/2019
75600		aortography, thoracic without serialography	253.20	1/1/2019
75605	26	aortography thoracic by serialography	50.38	1/1/2019
75605	TC	aortography thoracic by serialography	167.44	1/1/2019
75605		aortography thoracic by serialography	217.82	1/1/2019
75625	26	aortography, abdominal by serialography	49.13	1/1/2019
75625	TC	aortography, abdominal by serialography	165.71	1/1/2019
75625		aortography, abdominal by serialography	214.84	1/1/2019
75630	26	aortography, abdominal plus bilateral lower extrem	78.46	1/1/2019
75630	TC	aortography, abdominal plus bilateral lower extrem	171.98	1/1/2019
75630		aortography, abdominal plus bilateral lower extrem	250.44	1/1/2019
75635	26	computed tomographic angiography, abdominal aorta and bilateral iliofemoral	104.40	1/1/2019
75635	TC	computed tomographic angiography, abdominal aorta and bilateral iliofemoral	377.74	1/1/2019
75635		computed tomographic angiography, abdominal aorta and bilateral iliofemoral	482.15	1/1/2019
75658	26	angiography, brachial	55.49	1/1/2019
75658	TC	angiography, brachial	172.63	1/1/2019
75658		angiography, brachial	228.13	1/1/2019
75705	26	angiography, spinal, selective	94.77	1/1/2019
75705	TC	angiography, spinal, selective	174.94	1/1/2019
75705		angiography, spinal, selective	269.71	1/1/2019
75710	26	angiography, extremity, unilateral	49.33	1/1/2019
75710	TC	angiography, extremity, unilateral	177.82	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
75710		angiography, extremity, unilateral	227.15	1/1/2019
75716	26	angiography, extremity, bilateral	56.65	1/1/2019
75716	TC	angiography, extremity, bilateral	196.85	1/1/2019
75716		angiography, extremity, bilateral	253.51	1/1/2019
75726	26	angiography visceral selective or supraseductive	49.22	1/1/2019
75726	TC	angiography visceral selective or supraseductive	175.51	1/1/2019
75726		angiography visceral selective or supraseductive	224.73	1/1/2019
75731	26	angiography adrenal unilateral, selective	51.72	1/1/2019
75731	TC	angiography adrenal unilateral, selective	180.71	1/1/2019
75731		angiography adrenal unilateral, selective	232.43	1/1/2019
75733	26	angiography adrenal bilateral selective	60.21	1/1/2019
75733	TC	angiography adrenal bilateral selective	203.20	1/1/2019
75733		angiography adrenal bilateral selective	263.40	1/1/2019
75736	26	angiography pelvic, selective or supraseductive	49.71	1/1/2019
75736	TC	angiography pelvic, selective or supraseductive	176.96	1/1/2019
75736		angiography pelvic, selective or supraseductive	226.66	1/1/2019
75741	26	angiography pulmonary unilateral selective	56.74	1/1/2019
75741	TC	angiography pulmonary unilateral selective	161.38	1/1/2019
75741		angiography pulmonary unilateral selective	218.12	1/1/2019
75743	26	angiography pulmonary bilateral selective	72.18	1/1/2019
75743	TC	angiography pulmonary bilateral selective	167.15	1/1/2019
75743		angiography pulmonary bilateral selective	239.33	1/1/2019
75746	26	angiography pulmonary by nonse cath or ven inj.	48.93	1/1/2019
75746	TC	angiography pulmonary by nonse cath or ven inj.	170.90	1/1/2019
75746		angiography pulmonary by nonse cath or ven inj.	219.84	1/1/2019
75756	26	angiography, internal mammary	52.20	1/1/2019
75756	TC	angiography, internal mammary	180.99	1/1/2019
75756		angiography, internal mammary	233.19	1/1/2019
75774	26	angiography, selective, each additional vessel studied after basic examination,	15.66	1/1/2019
75774	TC	angiography, selective, each additional vessel studied after basic examination,	153.88	1/1/2019
75774		angiography, selective, each additional vessel studied after basic examination,	169.54	1/1/2019
75801	26	lymphangiography, extremity only unilateral	34.04	1/1/2019
75801	TC	lymphangiography, extremity only unilateral	173.05	1/1/2019
75801		lymphangiography, extremity only unilateral	207.02	1/1/2019
75803	26	lymphangiography, extremity only, bilateral	50.45	1/1/2019
75803	TC	lymphangiography, extremity only, bilateral	173.35	1/1/2019
75803		lymphangiography, extremity only, bilateral	220.39	1/1/2019
75805	26	lymphangiography, pelvic/abdominal, unilateral	35.18	1/1/2019
75805	TC	lymphangiography, pelvic/abdominal, unilateral	195.06	1/1/2019
75805		lymphangiography, pelvic/abdominal, unilateral	228.38	1/1/2019
75807	26	lymphangiography, pelvic;abdominal, bilateral	50.45	1/1/2019
75807	TC	lymphangiography, pelvic;abdominal, bilateral	189.76	1/1/2019
75807		lymphangiography, pelvic;abdominal, bilateral	240.21	1/1/2019
75809	26	shuntogram for investigation of previously placed indwelling nonvascular shunt	19.96	1/1/2019
75809	TC	shuntogram for investigation of previously placed indwelling nonvascular shunt	49.44	1/1/2019
75809		shuntogram for investigation of previously placed indwelling nonvascular shunt	69.40	1/1/2019
75810	26	splenoportography	49.51	1/1/2019
75810	TC	splenoportography	401.89	1/1/2019
75810		splenoportography	448.27	1/1/2019
75820	26	venography, extremity, unilateral	30.49	1/1/2019
75820	TC	venography, extremity, unilateral	64.93	1/1/2019
75820		venography, extremity, unilateral	95.42	1/1/2019
75822	26	venography, extremity, bilateral	45.29	1/1/2019
75822	TC	venography, extremity, bilateral	71.95	1/1/2019
75822		venography, extremity, bilateral	117.24	1/1/2019
75825	26	venography, caval, inferior with serialography	48.76	1/1/2019
75825	TC	venography, caval, inferior with serialography	158.49	1/1/2019
75825		venography, caval, inferior with serialography	207.25	1/1/2019
75827	26	venography, caval, superior, with seralography	47.78	1/1/2019
75827	TC	venography, caval, superior, with seralography	159.08	1/1/2019
75827		venography, caval, superior, with seralography	206.85	1/1/2019
75831	26	venography, renal, unilateral, selective	48.84	1/1/2019
75831	TC	venography, renal, unilateral, selective	160.81	1/1/2019
75831		venography, renal, unilateral, selective	209.65	1/1/2019
75833	26	venography, renal, bilateral, selective	63.24	1/1/2019
75833	TC	venography, renal, bilateral, selective	171.19	1/1/2019
75833		venography, renal, bilateral, selective	234.43	1/1/2019
75840	26	venography, adrenal, unilateral, selective	48.18	1/1/2019
75840	TC	venography, adrenal, unilateral, selective	159.65	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
75840		venography, adrenal, unilateral, selective	207.83	1/1/2019
75842	26	venography, adrenal, bilateral, selective	63.99	1/1/2019
75842	TC	venography, adrenal, bilateral, selective	171.76	1/1/2019
75842		venography, adrenal, bilateral, selective	235.75	1/1/2019
75860	26	venography, sinus or jugular, catheter	49.90	1/1/2019
75860	TC	venography, sinus or jugular, catheter	163.97	1/1/2019
75860		venography, sinus or jugular, catheter	213.87	1/1/2019
75870	26	venography, superior sagittal sinus	48.65	1/1/2019
75870	TC	venography, superior sagittal sinus	163.40	1/1/2019
75870		venography, superior sagittal sinus	212.05	1/1/2019
75872	26	venography, epidural	51.29	1/1/2019
75872	TC	venography, epidural	179.84	1/1/2019
75872		venography, epidural	231.13	1/1/2019
75880	26	venography, orbital	29.34	1/1/2019
75880	TC	venography, orbital	66.94	1/1/2019
75880		venography, orbital	96.29	1/1/2019
75885	26	percutaneous transhepatic porto w hemodynamuc eval	62.23	1/1/2019
75885	TC	percutaneous transhepatic porto w hemodynamuc eval	161.38	1/1/2019
75885		percutaneous transhepatic porto w hemodynamuc eval	223.61	1/1/2019
75887	26	percutaneous transhepatic portog wo hemody eval	62.23	1/1/2019
75887	TC	percutaneous transhepatic portog wo hemody eval	163.11	1/1/2019
75887		percutaneous transhepatic portog wo hemody eval	225.34	1/1/2019
75889	26	hepatic venog wedged or free w hemodynamic eval	49.22	1/1/2019
75889	TC	hepatic venog wedged or free w hemodynamic eval	161.09	1/1/2019
75889		hepatic venog wedged or free w hemodynamic eval	210.32	1/1/2019
75891	26	hepatic venography wedged or free wo hemody eva	49.22	1/1/2019
75891	TC	hepatic venography wedged or free wo hemody eva	161.09	1/1/2019
75891		hepatic venography wedged or free wo hemody eva	210.32	1/1/2019
75893	26	venous sampling thru cath w or wo angiography	23.00	1/1/2019
75893	TC	venous sampling thru cath w or wo angiography	160.81	1/1/2019
75893		venous sampling thru cath w or wo angiography	183.80	1/1/2019
75894	26	transcatheter therapy, embolization, any method	56.56	1/1/2019
75894	TC	transcatheter therapy, embolization, any method	769.69	1/1/2019
75894		transcatheter therapy, embolization, any method	823.53	1/1/2019
75896	26	transcatheter therapy, infusion, any method	56.83	1/1/2019
75896	TC	transcatheter therapy, infusion, any method	668.83	1/1/2019
75896		transcatheter therapy, infusion, any method	723.28	1/1/2019
75898	26	angiography through existing catheter for follow-up study for transcatheter	71.58	1/1/2019
75898	TC	angiography through existing catheter for follow-up study for transcatheter	33.48	1/1/2019
75898		angiography through existing catheter for follow-up study for transcatheter	101.10	1/1/2019
75901	26	mechanical removal of pericatheter obstructive material (eg, fibrin sheath)	20.87	1/1/2019
75901	TC	mechanical removal of pericatheter obstructive material (eg, fibrin sheath)	111.58	1/1/2019
75901		mechanical removal of pericatheter obstructive material (eg, fibrin sheath)	132.45	1/1/2019
75902	26	mechanical removal of intraluminal (intracatheter) obstructive material from	16.59	1/1/2019
75902	TC	mechanical removal of intraluminal (intracatheter) obstructive material from	57.94	1/1/2019
75902		mechanical removal of intraluminal (intracatheter) obstructive material from	74.53	1/1/2019
75952	26	endovascular repair of infrarenal abdominal aortic aneurysm or dissection,	189.45	1/1/2019
75953	26	placement of proximal or distal extension prosthesis for endovascular repair of	57.38	1/1/2019
75953		placement of proximal or distal extension prosthesis for endovascular repair of	57.38	1/1/2019
75954	26	endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous	93.59	1/1/2019
75962	26	percutaneous transluminal angioplasty periph arter	23.20	1/1/2019
75962	TC	percutaneous transluminal angioplasty periph arter	199.26	1/1/2019
75962		percutaneous transluminal angioplasty periph arter	222.46	1/1/2019
75964	26	transluminal balloon angioplasty, each additional peripheral artery,	15.57	1/1/2019
75964	TC	transluminal balloon angioplasty, each additional peripheral artery,	115.79	1/1/2019
75964		transluminal balloon angioplasty, each additional peripheral artery,	131.36	1/1/2019
75966	26	percutaneous transluminal angioplasty visceral art	57.89	1/1/2019
75966	TC	percutaneous transluminal angioplasty visceral art	204.74	1/1/2019
75966		percutaneous transluminal angioplasty visceral art	262.64	1/1/2019
75968	26	transluminal balloon angioplasty, each additional visceral artery, radiological	15.94	1/1/2019
75968	TC	transluminal balloon angioplasty, each additional visceral artery, radiological	115.79	1/1/2019
75968		transluminal balloon angioplasty, each additional visceral artery, radiological	131.73	1/1/2019
75970	26	transcatheter biopsy	35.90	1/1/2019
75970	TC	transcatheter biopsy	355.66	1/1/2019
75970		transcatheter biopsy	391.56	1/1/2019
75978	26	translum angioplasty venous interrup/super, only	22.71	1/1/2019
75978	TC	translum angioplasty venous interrup/super, only	194.82	1/1/2019
75978		translum angioplasty venous interrup/super, only	218.80	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
75980	26	percutaneous transhepaticbiliary graing w cont mon	61.94	1/1/2019
75980	TC	percutaneous transhepaticbiliary graing w cont mon	167.99	1/1/2019
75980		percutaneous transhepaticbiliary graing w cont mon	229.94	1/1/2019
75982	26	percut plment of drng cath f/comb int&ext bil drn	61.94	1/1/2019
75982	TC	percut plment of drng cath f/comb int&ext bil drn	185.87	1/1/2019
75982		percut plment of drng cath f/comb int&ext bil drn	247.82	1/1/2019
75984	26	change of percutaneous tube or drainage catheter with contrast monitoring (eg,	31.12	1/1/2019
75984	TC	change of percutaneous tube or drainage catheter with contrast monitoring (eg,	60.43	1/1/2019
75984		change of percutaneous tube or drainage catheter with contrast monitoring (eg,	91.56	1/1/2019
75989	26	radiological guidance for percutaneous drainage of abscess, or specimen	51.07	1/1/2019
75989	TC	radiological guidance for percutaneous drainage of abscess, or specimen	65.08	1/1/2019
75989		radiological guidance for percutaneous drainage of abscess, or specimen	116.15	1/1/2019
76000	26	fluoroscopy (separate procedure), up to one hour physician time, other than	7.23	1/1/2019
76000	TC	fluoroscopy (separate procedure), up to one hour physician time, other than	68.59	1/1/2019
76000		fluoroscopy (separate procedure), up to one hour physician time, other than	75.81	1/1/2019
76001	26	fluoroscope exam, extensive	29.09	1/1/2019
76001	TC	fluoroscope exam, extensive	80.72	1/1/2019
76001		fluoroscope exam, extensive	109.81	1/1/2019
76010	26	radiologic examination from nose to rectum for foreign body, single view, child	7.83	1/1/2019
76010	TC	radiologic examination from nose to rectum for foreign body, single view, child	14.52	1/1/2019
76010		radiologic examination from nose to rectum for foreign body, single view, child	22.36	1/1/2019
76080	26	radiologic examination, abscess, fistula or sinus tract study, radiological	23.29	1/1/2019
76080	TC	radiologic examination, abscess, fistula or sinus tract study, radiological	28.01	1/1/2019
76080		radiologic examination, abscess, fistula or sinus tract study, radiological	51.30	1/1/2019
76098	26	radiological examination, surgical specimen	6.92	1/1/2019
76098	TC	radiological examination, surgical specimen	9.05	1/1/2019
76098		radiological examination, surgical specimen	15.96	1/1/2019
76101	26	xray exam complex motion bdy sect othr w kidy; uni	24.44	1/1/2019
76101	TC	xray exam complex motion bdy sect othr w kidy; uni	123.00	1/1/2019
76101		xray exam complex motion bdy sect othr w kidy; uni	147.45	1/1/2019
76102	26	xray exam complex motion bdy sect othr w kid; bilt	24.16	1/1/2019
76102	TC	xray exam complex motion bdy sect othr w kid; bilt	173.20	1/1/2019
76102		xray exam complex motion bdy sect othr w kid; bilt	197.36	1/1/2019
76120	26	cineradiography/videoradiography, except where specifically included	15.99	1/1/2019
76120	TC	cineradiography/videoradiography, except where specifically included	44.16	1/1/2019
76120		cineradiography/videoradiography, except where specifically included	60.15	1/1/2019
76125	26	cineradiography/videoradiography to complement routine examination (list	12.08	1/1/2019
76125	TC	cineradiography/videoradiography to complement routine examination (list	25.20	1/1/2019
76125		cineradiography/videoradiography to complement routine examination (list	37.27	1/1/2019
76140		x-ray consultation	32.02	1/1/2019
76380	26	computerized axial tomography, limited or localized follow-up study	41.73	1/1/2019
76380	TC	computerized axial tomography, limited or localized follow-up study	122.39	1/1/2019
76380		computerized axial tomography, limited or localized follow-up study	164.11	1/1/2019
76506	26	echoencephalography,b-scan including a-mode	27.46	1/1/2019
76506	TC	echoencephalography,b-scan including a-mode	65.03	1/1/2019
76506		echoencephalography,b-scan including a-mode	92.49	1/1/2019
76511	26	ophthalmic ultrasnd, echog a-scan w amplitud quali	40.58	1/1/2019
76511	TC	ophthalmic ultrasnd, echog a-scan w amplitud quali	37.72	1/1/2019
76511		ophthalmic ultrasnd, echog a-scan w amplitud quali	78.30	1/1/2019
76512	26	ophthalmic ultrasnd, echog; constrast b-scan	40.67	1/1/2019
76512	TC	ophthalmic ultrasnd, echog; constrast b-scan	32.83	1/1/2019
76512		ophthalmic ultrasnd, echog; constrast b-scan	73.50	1/1/2019
76513	26	echo exam of eye, water bath	27.89	1/1/2019
76513	TC	echo exam of eye, water bath	39.47	1/1/2019
76513		echo exam of eye, water bath	67.37	1/1/2019
76514	26	ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral	7.52	1/1/2019
76514	TC	ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral	2.79	1/1/2019
76514		ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral	10.31	1/1/2019
76516	26	ophthalmic biometry by ultrasnd echography a-scan	23.10	1/1/2019
76516	TC	ophthalmic biometry by ultrasnd echography a-scan	30.80	1/1/2019
76516		ophthalmic biometry by ultrasnd echography a-scan	53.89	1/1/2019
76519	26	ophthalmic bilm by ultrasnd echog, a-scan w/intrao	23.38	1/1/2019
76519	TC	ophthalmic bilm by ultrasnd echog, a-scan w/intrao	34.26	1/1/2019
76519		ophthalmic bilm by ultrasnd echog, a-scan w/intrao	57.64	1/1/2019
76529	26	ophthalmic ultrasonic foreign body localization	24.52	1/1/2019
76529	TC	ophthalmic ultrasonic foreign body localization	30.13	1/1/2019
76529		ophthalmic ultrasonic foreign body localization	54.65	1/1/2019
76536	26	ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid),	23.33	1/1/2019
76536	TC	ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid),	64.75	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
76536		ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid),	88.08	1/1/2019
76604	26	ultrasound, chest, b-scan (includes mediastinum) and/or real time with image	23.31	1/1/2019
76604	TC	ultrasound, chest, b-scan (includes mediastinum) and/or real time with image	45.80	1/1/2019
76604		ultrasound, chest, b-scan (includes mediastinum) and/or real time with image	69.11	1/1/2019
76700	26	ultrasound, abdominal, b-scan and/or real time with image documentation;	34.41	1/1/2019
76700	TC	ultrasound, abdominal, b-scan and/or real time with image documentation;	74.86	1/1/2019
76700		ultrasound, abdominal, b-scan and/or real time with image documentation;	109.26	1/1/2019
76705	26	echog, abd, b-scan &/or real time w/ img documntn	25.33	1/1/2019
76705	TC	echog, abd, b-scan &/or real time w/ img documntn	57.53	1/1/2019
76705		echog, abd, b-scan &/or real time w/ img documntn	82.86	1/1/2019
76706		us abdl aorta screen aaa	77.36	1/1/2019
76706	TC	us abdl aorta screen aaa	53.67	1/1/2019
76706	26	us abdl aorta screen aaa	23.69	1/1/2019
76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	31.45	1/1/2019
76770	TC	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	73.13	1/1/2019
76770		ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	104.58	1/1/2019
76775	26	echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	25.31	1/1/2019
76775	TC	echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	63.88	1/1/2019
76775		echog,retroprtnl,b-scan&/or rel tm w/img doc; lmtd	89.19	1/1/2019
76776	26	ultrasound, transplanted kidney, real time and duplex doppler with image	32.37	1/1/2019
76776	TC	ultrasound, transplanted kidney, real time and duplex doppler with image	83.79	1/1/2019
76776		ultrasound, transplanted kidney, real time and duplex doppler with image	116.16	1/1/2019
76800	26	ultrasound, spinal canal and contents	45.45	1/1/2019
76800	TC	ultrasound, spinal canal and contents	53.78	1/1/2019
76800		ultrasound, spinal canal and contents	99.24	1/1/2019
76801	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	61.61	1/1/2019
76801		ultrasound, pregnant uterus, real time with image documentation, fetal and	105.27	1/1/2019
76802	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	25.15	1/1/2019
76805	TC	ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	73.36	1/1/2019
76805		ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	117.09	1/1/2019
76810	TC	echography; complete with multiple gestation	40.40	1/1/2019
76811	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	86.95	1/1/2019
76812	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	88.57	1/1/2019
76813	TC	ultrasound, pregnant uterus, real time with image documentation, first	54.97	1/1/2019
76814	TC	ultrasound, pregnant uterus, real time with image documentation, first	26.99	1/1/2019
76815	TC	echography, pregnant uterus, b-scan and/or real time with image documentation;	45.71	1/1/2019
76816	TC	echograph pregnant uterus follow up	54.25	1/1/2019
76817	TC	ultrasound, pregnant uterus, real time with image documentation, transvaginal	50.21	1/1/2019
76817		ultrasound, pregnant uterus, real time with image documentation, transvaginal	81.41	1/1/2019
76819	TC	fetal biophysical profile; without non-stress testing	43.22	1/1/2019
76820	TC	doppler velocimetry, fetal; umbilical artery	22.85	1/1/2019
76825	TC	echocardiography fetal	98.51	1/1/2019
76826	TC	echocardiography, fetal heart in utero	58.39	1/1/2019
76827	TC	doppler ecg, fetal heart pulsed&/or cont wave comp	33.81	1/1/2019
76828	TC	doppler ecg fetal heart uls.&/or cont wave fol-up	19.75	1/1/2019
76830	26	ultrasound, transvaginal	29.03	1/1/2019
76830	TC	ultrasound, transvaginal	66.87	1/1/2019
76830		ultrasound, transvaginal	95.90	1/1/2019
76831	26	hysterosonography, with or without color flow doppler	29.68	1/1/2019
76831	TC	hysterosonography, with or without color flow doppler	66.29	1/1/2019
76831		hysterosonography, with or without color flow doppler	95.97	1/1/2019
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	29.32	1/1/2019
76856	TC	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	67.16	1/1/2019
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	96.48	1/1/2019
76857	26	echo, pelv (non-ob) b-scan&/or rel tm w/img d;:ltd/	16.57	1/1/2019
76857	TC	echo, pelv (non-ob) b-scan&/or rel tm w/img d;:ltd/	63.48	1/1/2019
76857		echo, pelv (non-ob) b-scan&/or rel tm w/img d;:ltd/	80.05	1/1/2019
76870	26	ultrasound, scrotum and contents	27.47	1/1/2019
76870	TC	ultrasound, scrotum and contents	68.02	1/1/2019
76870		ultrasound, scrotum and contents	95.50	1/1/2019
76872	26	echography, transrectal	30.38	1/1/2019
76872	TC	echography, transrectal	83.31	1/1/2019
76872		echography, transrectal	113.69	1/1/2019
76873	26	echography, transrectal; prostate volume study for brachytherapy treatment	66.26	1/1/2019
76873	TC	echography, transrectal; prostate volume study for brachytherapy treatment	78.15	1/1/2019
76873		echography, transrectal; prostate volume study for brachytherapy treatment	144.41	1/1/2019
76882	TC	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	8.32	1/1/2019
76882		Ultrasound, extremity, nonvascular, real-time with image documentation; complete	25.09	1/1/2019
76885	26	ultrasound, infant hips, real time with imaging documentation; dynamic	34.56	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
76885	TC	ultrasound, infant hips, real time with imaging documentation; dynamic	77.25	1/1/2019
76885		ultrasound, infant hips, real time with imaging documentation; dynamic	108.71	1/1/2019
76886	26	ultrasound, infant hips, real time with imaging documentation; limited, static	25.98	1/1/2019
76886	TC	ultrasound, infant hips, real time with imaging documentation; limited, static	54.36	1/1/2019
76886		ultrasound, infant hips, real time with imaging documentation; limited, static	80.34	1/1/2019
76932	26	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	30.51	1/1/2019
76932	TC	ultrasonic guidance for endomyocardial biopsy, imaging supervision and	48.89	1/1/2019
76932		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	79.42	1/1/2019
76936	26	ultrasound guided compression repair of arterial pseudo-aneurysm	85.67	1/1/2019
76936	TC	ultrasound guided compression repair of arterial pseudo-aneurysm	166.21	1/1/2019
76936		ultrasound guided compression repair of arterial pseudo-aneurysm	251.89	1/1/2019
76937	26	ultrasound guidance for vascular access requiring ultrasound evaluation of	13.12	1/1/2019
76937	TC	ultrasound guidance for vascular access requiring ultrasound evaluation of	15.82	1/1/2019
76937		ultrasound guidance for vascular access requiring ultrasound evaluation of	28.94	1/1/2019
76940	26	ultrasound guidance for, and monitoring of, visceral tissue ablation	88.39	1/1/2019
76940	TC	ultrasound guidance for, and monitoring of, visceral tissue ablation	53.34	1/1/2019
76940		ultrasound guidance for, and monitoring of, visceral tissue ablation	139.10	1/1/2019
76941	26	ultrasonic guidance for intrauterine fetal transfusion or cordocentesis,	55.86	1/1/2019
76941	TC	ultrasonic guidance for intrauterine fetal transfusion or cordocentesis,	44.84	1/1/2019
76941		ultrasonic guidance for intrauterine fetal transfusion or cordocentesis,	100.69	1/1/2019
76942	26	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	28.69	1/1/2019
76942	TC	ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	118.78	1/1/2019
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	147.47	1/1/2019
76945	26	ultrasonic guidance for chorionic villus sampling, imaging supervision and	27.83	1/1/2019
76945	TC	ultrasonic guidance for chorionic villus sampling, imaging supervision and	45.52	1/1/2019
76945		ultrasonic guidance for chorionic villus sampling, imaging supervision and	73.35	1/1/2019
76946	26	ultrasonic guidance for amniocentesis, imaging supervision and interpretation	15.71	1/1/2019
76946	TC	ultrasonic guidance for amniocentesis, imaging supervision and interpretation	20.15	1/1/2019
76946		ultrasonic guidance for amniocentesis, imaging supervision and interpretation	35.85	1/1/2019
76970	26	ultrasound study follow-up (specify)	16.33	1/1/2019
76970	TC	ultrasound study follow-up (specify)	49.93	1/1/2019
76970		ultrasound study follow-up (specify)	66.26	1/1/2019
76975	26	gastrointestinal endoscopic ultrasound, supervision and interpretation	34.99	1/1/2019
76975	TC	gastrointestinal endoscopic ultrasound, supervision and interpretation	46.80	1/1/2019
76975		gastrointestinal endoscopic ultrasound, supervision and interpretation	81.78	1/1/2019
76977	26	ultrasound bone density measurement and interpretation, peripheral site(s), any	2.33	1/1/2019
76977	TC	ultrasound bone density measurement and interpretation, peripheral site(s), any	8.77	1/1/2019
76977		ultrasound bone density measurement and interpretation, peripheral site(s), any	11.11	1/1/2019
76998	26	ultrasonic guidance, intraoperative	51.23	1/1/2019
76998	TC	ultrasonic guidance, intraoperative	83.97	1/1/2019
76998		ultrasonic guidance, intraoperative	134.61	1/1/2019
77001	26	fluoroscopic guidance for central venous access device placement, replacement	16.08	1/1/2019
77001	TC	fluoroscopic guidance for central venous access device placement, replacement	66.87	1/1/2019
77001		fluoroscopic guidance for central venous access device placement, replacement	82.96	1/1/2019
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	22.42	1/1/2019
77002	TC	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	34.55	1/1/2019
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	56.98	1/1/2019
77003	26	fluoroscopic guidance and localization of needle or catheter tip for spine or	23.62	1/1/2019
77003	TC	fluoroscopic guidance and localization of needle or catheter tip for spine or	24.17	1/1/2019
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or	47.79	1/1/2019
77011	26	computed tomography guidance for stereotactic localization	51.11	1/1/2019
77011	TC	computed tomography guidance for stereotactic localization	487.07	1/1/2019
77011		computed tomography guidance for stereotactic localization	538.18	1/1/2019
77012	26	computed tomography guidance for needle placement (eg, biopsy, aspiration,	49.85	1/1/2019
77012	TC	computed tomography guidance for needle placement (eg, biopsy, aspiration,	108.95	1/1/2019
77012		computed tomography guidance for needle placement (eg, biopsy, aspiration,	158.80	1/1/2019
77013	26	computerized tomography guidance for, and monitoring of, parenchymal tissue	171.81	1/1/2019
77013	TC	computerized tomography guidance for, and monitoring of, parenchymal tissue	319.10	1/1/2019
77013		computerized tomography guidance for, and monitoring of, parenchymal tissue	481.36	1/1/2019
77014	26	computed tomography guidance for placement of radiation therapy fields	35.65	1/1/2019
77014	TC	computed tomography guidance for placement of radiation therapy fields	112.47	1/1/2019
77014		computed tomography guidance for placement of radiation therapy fields	148.13	1/1/2019
77021	26	magnetic resonance guidance for needle placement (eg, for biopsy, needle	64.70	1/1/2019
77021	TC	magnetic resonance guidance for needle placement (eg, for biopsy, needle	291.21	1/1/2019
77021		magnetic resonance guidance for needle placement (eg, for biopsy, needle	355.91	1/1/2019
77022	26	magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	179.92	1/1/2019
77022	TC	magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	59.99	1/1/2019
77022		magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	239.90	1/1/2019
77051	26	computer-aided detection (computer algorithm analysis of digital image data for	2.65	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
77051	TC	computer-aided detection (computer algorithm analysis of digital image data for	7.12	1/1/2019
77051		computer-aided detection (computer algorithm analysis of digital image data for	9.76	1/1/2019
77052	26	computer-aided detection (computer algorithm analysis of digital image data for	2.65	1/1/2019
77052	TC	computer-aided detection (computer algorithm analysis of digital image data for	7.12	1/1/2019
77052		computer-aided detection (computer algorithm analysis of digital image data for	9.76	1/1/2019
77053	26	mammary ductogram or galactogram, single duct, radiological supervision and	15.37	1/1/2019
77053	TC	mammary ductogram or galactogram, single duct, radiological supervision and	45.45	1/1/2019
77053		mammary ductogram or galactogram, single duct, radiological supervision and	60.82	1/1/2019
77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervision and	19.33	1/1/2019
77054	TC	mammary ductogram or galactogram, multiple ducts, radiological supervision and	62.59	1/1/2019
77054		mammary ductogram or galactogram, multiple ducts, radiological supervision and	81.92	1/1/2019
77055	26	mammography; unilateral	29.92	1/1/2019
77055	TC	mammography; unilateral	38.68	1/1/2019
77055		mammography; unilateral	68.60	1/1/2019
77056	26	mammography; bilateral	37.15	1/1/2019
77056	TC	mammography; bilateral	49.84	1/1/2019
77056		mammography; bilateral	86.99	1/1/2019
77057	26	screening mammography, bilateral (2-view film study of each breast)	29.92	1/1/2019
77057	TC	screening mammography, bilateral (2-view film study of each breast)	35.99	1/1/2019
77057		screening mammography, bilateral (2-view film study of each breast)	65.91	1/1/2019
77063	26	screening digital tomography of both breasts	25.09	1/1/2019
77063	TC	screening digital tomography of both breasts	20.47	1/1/2019
77063		screening digital tomography of both breasts	45.56	1/1/2019
77072	26	bone age studies	8.14	1/1/2019
77072	TC	bone age studies	10.77	1/1/2019
77072		bone age studies	18.92	1/1/2019
77073	26	bone length studies (orthoroentgenogram, scanogram)	11.50	1/1/2019
77073	TC	bone length studies (orthoroentgenogram, scanogram)	18.58	1/1/2019
77073		bone length studies (orthoroentgenogram, scanogram)	30.08	1/1/2019
77074	26	radiologic examination, osseous survey; limited (eg, for metastases)	19.33	1/1/2019
77074	TC	radiologic examination, osseous survey; limited (eg, for metastases)	35.80	1/1/2019
77074		radiologic examination, osseous survey; limited (eg, for metastases)	55.13	1/1/2019
77075	26	radiologic examination, osseous survey; complete (axial and appendicular	23.00	1/1/2019
77075	TC	radiologic examination, osseous survey; complete (axial and appendicular	56.67	1/1/2019
77075		radiologic examination, osseous survey; complete (axial and appendicular	79.67	1/1/2019
77076	26	radiologic examination, osseous survey, infant	28.77	1/1/2019
77076	TC	radiologic examination, osseous survey, infant	45.98	1/1/2019
77076		radiologic examination, osseous survey, infant	74.75	1/1/2019
77077	26	joint survey, single view, 2 or more joints (specify)	13.23	1/1/2019
77077	TC	joint survey, single view, 2 or more joints (specify)	20.80	1/1/2019
77077		joint survey, single view, 2 or more joints (specify)	34.03	1/1/2019
77078	26	computed tomography, bone mineral density study, 1 or more sites; axial	10.59	1/1/2019
77078	TC	computed tomography, bone mineral density study, 1 or more sites; axial	124.59	1/1/2019
77078		computed tomography, bone mineral density study, 1 or more sites; axial	135.17	1/1/2019
77080	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	8.45	1/1/2019
77080	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	47.78	1/1/2019
77080		dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	56.23	1/1/2019
77081	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	9.07	1/1/2019
77081	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	15.12	1/1/2019
77081		dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	24.20	1/1/2019
77084	26	magnetic resonance (eg, proton) imaging, bone marrow blood supply	68.58	1/1/2019
77084	TC	magnetic resonance (eg, proton) imaging, bone marrow blood supply	392.07	1/1/2019
77084		magnetic resonance (eg, proton) imaging, bone marrow blood supply	460.65	1/1/2019
77261		therapeutic radiology treatment planning;	59.43	1/1/2019
77262		therapeutic radiology treatment planning;	89.31	1/1/2019
77263		therapeutic radiology treatment planning;	132.51	1/1/2019
77280	26	radiation therapeutic simulator aided field setting simple	29.54	1/1/2019
77280	TC	radiation therapeutic simulator aided field setting simple	117.48	1/1/2019
77280		radiation therapeutic simulator aided field setting simple	147.02	1/1/2019
77285	26	radiation therapeutic simulator aided field setting intermediate	44.11	1/1/2019
77285	TC	radiation therapeutic simulator aided field setting intermediate	208.97	1/1/2019
77285		radiation therapeutic simulator aided field setting intermediate	253.08	1/1/2019
77290	26	radiation therapy simulator aided field setting complex	65.51	1/1/2019
77290	TC	radiation therapy simulator aided field setting complex	327.35	1/1/2019
77290		radiation therapy simulator aided field setting complex	392.85	1/1/2019
77295	26	therapeutic radiology simulation-aided field setting; three-dimensional	191.43	1/1/2019
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	356.60	1/1/2019
77295		therapeutic radiology simulation-aided field setting; three-dimensional	548.03	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	25.98	1/1/2019
77300	TC	basic radiation dosimetry calculation, central axis depth dose calculation,	31.67	1/1/2019
77300		basic radiation dosimetry calculation, central axis depth dose calculation,	57.65	1/1/2019
77301	26	intensity modulated radiotherapy plan, including dose-volume histograms	335.48	1/1/2019
77301	TC	intensity modulated radiotherapy plan, including dose-volume histograms	1390.84	1/1/2019
77301		intensity modulated radiotherapy plan, including dose-volume histograms	1726.32	1/1/2019
77321	26	special teletherapy port part/ hemi/ total body	39.84	1/1/2019
77321	TC	special teletherapy port part/ hemi/ total body	58.66	1/1/2019
77321		special teletherapy port part/ hemi/ total body	98.50	1/1/2019
77331	26	special dosimetry	36.57	1/1/2019
77331	TC	special dosimetry	14.81	1/1/2019
77331		special dosimetry	51.39	1/1/2019
77332	26	treatment devices (simple)	22.62	1/1/2019
77332	TC	treatment devices (simple)	40.03	1/1/2019
77332		treatment devices (simple)	62.65	1/1/2019
77333	26	treatment devices (intermediate)	35.34	1/1/2019
77333	TC	treatment devices (intermediate)	20.92	1/1/2019
77333		treatment devices (intermediate)	56.27	1/1/2019
77334	26	treatment devices (complex)	51.96	1/1/2019
77334	TC	treatment devices (complex)	75.75	1/1/2019
77334		treatment devices (complex)	127.71	1/1/2019
77336		continuing medical physics consultation, including assessment of treatment	48.73	1/1/2019
77370		special medical radiation physics consultation	92.67	1/1/2019
77371	TC	radiation treatment delivery, stereotactic radiosurgery (srs), complete course	237.90	1/1/2019
77372	TC	radiation treatment delivery, stereotactic radiosurgery (srs), complete course	484.29	1/1/2019
77373	TC	stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	897.01	1/1/2019
77427		radiation treatment management, five treatments	157.66	1/1/2019
77431	26	radiation therapy mgmt, complete course, 1-2 fract	79.00	1/1/2019
77431		radiation therapy mgmt, complete course, 1-2 fract	80.43	1/1/2019
77432		stereotactic radiation treatment management of cerebral lesion(s)	335.23	1/1/2019
77435		stereotactic body radiation therapy, treatment management, per treatment	555.86	1/1/2019
77470	26	special treatment procedure (eg, total body irradiation, hemibody radiation,	87.82	1/1/2019
77470	TC	special treatment procedure (eg, total body irradiation, hemibody radiation,	118.37	1/1/2019
77470		special treatment procedure (eg, total body irradiation, hemibody radiation,	206.20	1/1/2019
77600	26	hyperthermia, externally generated	65.51	1/1/2019
77600	TC	hyperthermia, externally generated	230.72	1/1/2019
77600		hyperthermia, externally generated	296.22	1/1/2019
77605	26	hyperthermia, ext; deep	85.63	1/1/2019
77605	TC	hyperthermia, ext; deep	442.73	1/1/2019
77605		hyperthermia, ext; deep	528.36	1/1/2019
77610	26	hyperthermia generated by interstitial prob(s)	63.77	1/1/2019
77610	TC	hyperthermia generated by interstitial prob(s)	429.15	1/1/2019
77610		hyperthermia generated by interstitial prob(s)	492.92	1/1/2019
77615	26	hyperthermia; more than 5 interstitial applicators	87.53	1/1/2019
77615	TC	hyperthermia; more than 5 interstitial applicators	609.44	1/1/2019
77615		hyperthermia; more than 5 interstitial applicators	696.97	1/1/2019
77620	26	intracavity hyperthermia	65.86	1/1/2019
77620	TC	intracavity hyperthermia	244.27	1/1/2019
77620		intracavity hyperthermia	310.14	1/1/2019
77750	26	infusion or instillation of radioelement solution	207.43	1/1/2019
77750	TC	infusion or instillation of radioelement solution	72.34	1/1/2019
77750		infusion or instillation of radioelement solution	279.75	1/1/2019
77761	26	intracavitary radiation source application; simple	159.20	1/1/2019
77761	TC	intracavitary radiation source application; simple	127.65	1/1/2019
77761		intracavitary radiation source application; simple	286.85	1/1/2019
77762	26	intracavitary radioelement application (intermed)	240.63	1/1/2019
77762	TC	intracavitary radioelement application (intermed)	151.72	1/1/2019
77762		intracavitary radioelement application (intermed)	392.35	1/1/2019
77763	26	interstitial radioelement application; complex	361.15	1/1/2019
77763	TC	interstitial radioelement application; complex	195.19	1/1/2019
77763		interstitial radioelement application; complex	556.34	1/1/2019
77776	26	interstitial radiation source application; simple	199.30	1/1/2019
77776	TC	interstitial radiation source application; simple	137.84	1/1/2019
77776		interstitial radiation source application; simple	337.14	1/1/2019
77777	26	interstitial radioelement application; intermed.	318.25	1/1/2019
77777	TC	interstitial radioelement application; intermed.	152.88	1/1/2019
77777		interstitial radioelement application; intermed.	471.13	1/1/2019
77778	26	interstitial radioelement application complex	472.16	1/1/2019
77778	TC	interstitial radioelement application complex	203.18	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
77778		interstitial radioelement application complex	675.36	1/1/2019
77789	26	surface application of radiation source	47.98	1/1/2019
77789	TC	surface application of radiation source	37.31	1/1/2019
77789		surface application of radiation source	85.29	1/1/2019
77790	26	supervision, handling, loading of radiation source	44.11	1/1/2019
77790	TC	supervision, handling, loading of radiation source	27.51	1/1/2019
77790		supervision, handling, loading of radiation source	71.62	1/1/2019
78015	26	thyroid carcinoma metastases imaging; limited area	28.69	1/1/2019
78015	TC	thyroid carcinoma metastases imaging; limited area	132.27	1/1/2019
78015		thyroid carcinoma metastases imaging; limited area	160.96	1/1/2019
78016	26	thyroid carcinoma metastases imaging w/add'l studies	35.10	1/1/2019
78016	TC	thyroid carcinoma metastases imaging w/add'l studies	208.91	1/1/2019
78016		thyroid carcinoma metastases imaging w/add'l studies	244.01	1/1/2019
78018	26	thyroid carcinoma metastases imaging; whole body	36.84	1/1/2019
78018	TC	thyroid carcinoma metastases imaging; whole body	209.35	1/1/2019
78018		thyroid carcinoma metastases imaging; whole body	246.18	1/1/2019
78020	26	thyroid carcinoma metastases uptake (list separately in addition to code for	25.73	1/1/2019
78020	TC	thyroid carcinoma metastases uptake (list separately in addition to code for	46.89	1/1/2019
78020		thyroid carcinoma metastases uptake (list separately in addition to code for	72.63	1/1/2019
78070	26	parathyroid imaging	35.30	1/1/2019
78070	TC	parathyroid imaging	101.67	1/1/2019
78070		parathyroid imaging	136.97	1/1/2019
78075	26	adrenal imaging, cortex &/or medulla	31.74	1/1/2019
78075	TC	adrenal imaging, cortex &/or medulla	287.51	1/1/2019
78075		adrenal imaging, cortex &/or medulla	319.26	1/1/2019
78102	26	bone marrow imaging; limited area	23.60	1/1/2019
78102	TC	bone marrow imaging; limited area	103.03	1/1/2019
78102		bone marrow imaging; limited area	126.63	1/1/2019
78103	26	bone marrow imaging; multiple areas	32.05	1/1/2019
78103	TC	bone marrow imaging; multiple areas	138.05	1/1/2019
78103		bone marrow imaging; multiple areas	170.11	1/1/2019
78104	26	bone marrow imaging; whole body	34.48	1/1/2019
78104	TC	bone marrow imaging; whole body	160.38	1/1/2019
78104		bone marrow imaging; whole body	194.86	1/1/2019
78110	26	plasma volume, radiopharmaceutical volume-dilution technique (separate	8.14	1/1/2019
78110	TC	plasma volume, radiopharmaceutical volume-dilution technique (separate	52.23	1/1/2019
78110		plasma volume, radiopharmaceutical volume-dilution technique (separate	60.38	1/1/2019
78111	26	plasma volume radionuclide vol-dilut tech;mult sam	9.66	1/1/2019
78111	TC	plasma volume radionuclide vol-dilut tech;mult sam	67.37	1/1/2019
78111		plasma volume radionuclide vol-dilut tech;mult sam	77.02	1/1/2019
78120	26	red cell volume determination; single sampling	9.96	1/1/2019
78120	TC	red cell volume determination; single sampling	58.70	1/1/2019
78120		red cell volume determination; single sampling	68.67	1/1/2019
78121	26	red cell volume determination; multiple sampling	13.63	1/1/2019
78121	TC	red cell volume determination; multiple sampling	69.68	1/1/2019
78121		red cell volume determination; multiple sampling	83.32	1/1/2019
78122	26	whole blood volume determination, including separate measurement of plasma	19.33	1/1/2019
78122	TC	whole blood volume determination, including separate measurement of plasma	84.06	1/1/2019
78122		whole blood volume determination, including separate measurement of plasma	103.39	1/1/2019
78130	26	red cell survival study	26.24	1/1/2019
78130	TC	red cell survival study	94.77	1/1/2019
78130		red cell survival study	121.02	1/1/2019
78135	26	red cell survival study plus splenic and/or hepat	27.47	1/1/2019
78135	TC	red cell survival study plus splenic and/or hepat	223.56	1/1/2019
78135		red cell survival study plus splenic and/or hepat	251.02	1/1/2019
78140	26	red cell splenic and/or hepatic sequestration	26.24	1/1/2019
78140	TC	red cell splenic and/or hepatic sequestration	90.96	1/1/2019
78140		red cell splenic and/or hepatic sequestration	117.21	1/1/2019
78185	26	spleen imaging only, with or without vascular flow	17.19	1/1/2019
78185	TC	spleen imaging only, with or without vascular flow	129.18	1/1/2019
78185		spleen imaging only, with or without vascular flow	146.37	1/1/2019
78190	26	kinetics, platelet survival, w/wo diff org/tis loc	46.24	1/1/2019
78190	TC	kinetics, platelet survival, w/wo diff org/tis loc	241.85	1/1/2019
78190		kinetics, platelet survival, w/wo diff org/tis loc	288.09	1/1/2019
78191	26	platelet survival study	25.95	1/1/2019
78191	TC	platelet survival study	130.76	1/1/2019
78191		platelet survival study	156.71	1/1/2019
78195	26	lymphatics and lymph nodes imaging	51.58	1/1/2019
78195	TC	lymphatics and lymph nodes imaging	211.14	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
78195		lymphatics and lymph nodes imaging	262.72	1/1/2019
78201	26	liver imaging; static only	18.44	1/1/2019
78201	TC	liver imaging; static only	116.78	1/1/2019
78201		liver imaging; static only	135.22	1/1/2019
78202	26	liver imaging; with vascular flow	21.49	1/1/2019
78202	TC	liver imaging; with vascular flow	134.57	1/1/2019
78202		liver imaging; with vascular flow	156.06	1/1/2019
78215	26	liver and spleen imaging; static only	20.87	1/1/2019
78215	TC	liver and spleen imaging; static only	123.61	1/1/2019
78215		liver and spleen imaging; static only	144.48	1/1/2019
78216	26	liver and spleen imaging with vascular flow	24.22	1/1/2019
78216	TC	liver and spleen imaging with vascular flow	85.47	1/1/2019
78216		liver and spleen imaging with vascular flow	109.69	1/1/2019
78230	26	salivary gland imaging	19.04	1/1/2019
78230	TC	salivary gland imaging	104.09	1/1/2019
78230		salivary gland imaging	123.13	1/1/2019
78231	26	salivary gland imaging; with serial images	22.09	1/1/2019
78231	TC	salivary gland imaging; with serial images	83.25	1/1/2019
78231		salivary gland imaging; with serial images	105.34	1/1/2019
78232	26	salivary gland function study	20.24	1/1/2019
78232	TC	salivary gland function study	86.91	1/1/2019
78232		salivary gland function study	107.15	1/1/2019
78258	26	esophageal motility	32.03	1/1/2019
78258	TC	esophageal motility	139.77	1/1/2019
78258		esophageal motility	171.79	1/1/2019
78261	26	gastric mucosa imaging	29.60	1/1/2019
78261	TC	gastric mucosa imaging	159.81	1/1/2019
78261		gastric mucosa imaging	189.41	1/1/2019
78262	26	gastroesophageal reflux study	28.72	1/1/2019
78262	TC	gastroesophageal reflux study	158.08	1/1/2019
78262		gastroesophageal reflux study	186.79	1/1/2019
78264	26	gastric emptying study	33.28	1/1/2019
78264	TC	gastric emptying study	181.72	1/1/2019
78264		gastric emptying study	215.00	1/1/2019
78267		urea breath test, c-14 (isotopic); acquisition for analysis	10.17	1/1/2019
78268		urea breath test, c-14; analysis	87.18	1/1/2019
78278	26	acute gastrointestinal blood loss imaging	42.33	1/1/2019
78278	TC	acute gastrointestinal blood loss imaging	216.93	1/1/2019
78278		acute gastrointestinal blood loss imaging	259.25	1/1/2019
78282	26	gastrointestinal protein loss	16.28	1/1/2019
78282	TC	gastrointestinal protein loss	41.04	1/1/2019
78282		gastrointestinal protein loss	57.32	1/1/2019
78290	26	intestine imaging (eg, ectopic gastric mucosa, meckels localization, volvulus)	29.29	1/1/2019
78290	TC	intestine imaging (eg, ectopic gastric mucosa, meckels localization, volvulus)	202.17	1/1/2019
78290		intestine imaging (eg, ectopic gastric mucosa, meckels localization, volvulus)	231.46	1/1/2019
78291	26	peritoneal-venous shunt patency test	37.75	1/1/2019
78291	TC	peritoneal-venous shunt patency test	151.41	1/1/2019
78291		peritoneal-venous shunt patency test	189.15	1/1/2019
78300	26	bone and/or joint imaging, limited area	26.55	1/1/2019
78300	TC	bone and/or joint imaging, limited area	106.31	1/1/2019
78300		bone and/or joint imaging, limited area	132.87	1/1/2019
78305	26	bone and/or joint imaging; multiple areas	35.33	1/1/2019
78305	TC	bone and/or joint imaging; multiple areas	141.33	1/1/2019
78305		bone and/or joint imaging; multiple areas	176.65	1/1/2019
78306	26	bone and/or joint imaging; whole body	36.84	1/1/2019
78306	TC	bone and/or joint imaging; whole body	158.65	1/1/2019
78306		bone and/or joint imaging; whole body	195.49	1/1/2019
78315	26	bone imaging by three phase technique	43.55	1/1/2019
78315	TC	bone imaging by three phase technique	216.06	1/1/2019
78315		bone imaging by three phase technique	259.61	1/1/2019
78350	26	bone density study; single photon absorptiometry	9.07	1/1/2019
78350	TC	bone density study; single photon absorptiometry	17.72	1/1/2019
78350		bone density study; single photon absorptiometry	26.79	1/1/2019
78351	26	bone density (bone mineral content) study, one or more sites; dual photon	3.19	1/1/2019
78351		bone density (bone mineral content) study, one or more sites; dual photon	12.72	1/1/2019
78414	26	determ of ventricular ejection frctn w/probe tech	18.17	1/1/2019
78414	TC	determ of ventricular ejection frctn w/probe tech	48.69	1/1/2019
78414		determ of ventricular ejection frctn w/probe tech	66.87	1/1/2019
78428	26	cardiac shunt detection	34.72	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
78428	TC	cardiac shunt detection	119.67	1/1/2019
78428		cardiac shunt detection	154.38	1/1/2019
78445	26	non-cardiac vascular flow imaging (ie, angiography, venography)	20.87	1/1/2019
78445	TC	non-cardiac vascular flow imaging (ie, angiography, venography)	108.31	1/1/2019
78445		non-cardiac vascular flow imaging (ie, angiography, venography)	129.17	1/1/2019
78456	26	acute venous thrombosis imaging, peptide	45.24	1/1/2019
78456	TC	acute venous thrombosis imaging, peptide	227.81	1/1/2019
78456		acute venous thrombosis imaging, peptide	273.05	1/1/2019
78457	26	venous thrombosis imaging, venogram; unilateral	32.68	1/1/2019
78457	TC	venous thrombosis imaging, venogram; unilateral	116.12	1/1/2019
78457		venous thrombosis imaging, venogram; unilateral	148.79	1/1/2019
78458	26	venous thrombosis imaging; bilateral	38.66	1/1/2019
78458	TC	venous thrombosis imaging; bilateral	125.57	1/1/2019
78458		venous thrombosis imaging; bilateral	164.23	1/1/2019
78466	26	nuclear scan, heart muscle	30.47	1/1/2019
78466	TC	nuclear scan, heart muscle	111.50	1/1/2019
78466		nuclear scan, heart muscle	141.97	1/1/2019
78468	26	nuclear scan, heart muscle	36.21	1/1/2019
78468	TC	nuclear scan, heart muscle	142.77	1/1/2019
78468		nuclear scan, heart muscle	178.98	1/1/2019
78469	26	myocardial imaging, infarct avid, planar; tomographic spect with or without	40.81	1/1/2019
78469	TC	myocardial imaging, infarct avid, planar; tomographic spect with or without	162.72	1/1/2019
78469		myocardial imaging, infarct avid, planar; tomographic spect with or without	203.53	1/1/2019
78472	26	cardiac blood pool imaging, gated equilibrium; planar, single study at rest or	43.17	1/1/2019
78472	TC	cardiac blood pool imaging, gated equilibrium; planar, single study at rest or	163.98	1/1/2019
78472		cardiac blood pool imaging, gated equilibrium; planar, single study at rest or	207.15	1/1/2019
78473	26	cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion	65.77	1/1/2019
78473	TC	cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion	217.69	1/1/2019
78473		cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion	283.46	1/1/2019
78481	26	cardiac blood pool imaging, (planar), first pass technique; single study, at	44.71	1/1/2019
78481	TC	cardiac blood pool imaging, (planar), first pass technique; single study, at	137.34	1/1/2019
78481		cardiac blood pool imaging, (planar), first pass technique; single study, at	182.05	1/1/2019
78483	26	cardiac blood pool imaging, (planar), first pass technique; multiple studies,	67.88	1/1/2019
78483	TC	cardiac blood pool imaging, (planar), first pass technique; multiple studies,	189.52	1/1/2019
78483		cardiac blood pool imaging, (planar), first pass technique; multiple studies,	257.39	1/1/2019
78494	26	cardiac blood pool imaging, gated equilibrium, spect, at rest, wall motion	52.80	1/1/2019
78494	TC	cardiac blood pool imaging, gated equilibrium, spect, at rest, wall motion	173.50	1/1/2019
78494		cardiac blood pool imaging, gated equilibrium, spect, at rest, wall motion	226.30	1/1/2019
78496	26	cardiac blood pool imaging, gated equilibrium, single study, at rest, with	22.62	1/1/2019
78496	TC	cardiac blood pool imaging, gated equilibrium, single study, at rest, with	70.53	1/1/2019
78496		cardiac blood pool imaging, gated equilibrium, single study, at rest, with	93.16	1/1/2019
78580	26	pulmonary perfusion imaging; particulate	31.74	1/1/2019
78580	TC	pulmonary perfusion imaging; particulate	132.19	1/1/2019
78580		pulmonary perfusion imaging; particulate	163.93	1/1/2019
78600	26	brain imaging, limited procedure; static	19.02	1/1/2019
78600	TC	brain imaging, limited procedure; static	116.69	1/1/2019
78600		brain imaging, limited procedure; static	135.71	1/1/2019
78601	26	brain imaging, ltd procedure; w/vascular flow	21.78	1/1/2019
78601	TC	brain imaging, ltd procedure; w/vascular flow	139.69	1/1/2019
78601		brain imaging, ltd procedure; w/vascular flow	161.46	1/1/2019
78605	26	brain imaging, complete study; static	22.98	1/1/2019
78605	TC	brain imaging, complete study; static	128.16	1/1/2019
78605		brain imaging, complete study; static	151.13	1/1/2019
78606	26	brain imaging, complete study w/vascular flow	27.47	1/1/2019
78606	TC	brain imaging, complete study w/vascular flow	208.93	1/1/2019
78606		brain imaging, complete study w/vascular flow	236.39	1/1/2019
78610	26	brain imaging, vascular flow only	13.30	1/1/2019
78610	TC	brain imaging, vascular flow only	123.40	1/1/2019
78610		brain imaging, vascular flow only	136.70	1/1/2019
78630	26	cerebrospinal fluid flow,imag; cisternography	29.29	1/1/2019
78630	TC	cerebrospinal fluid flow,imag; cisternography	221.65	1/1/2019
78630		cerebrospinal fluid flow,imag; cisternography	250.94	1/1/2019
78635	26	cerebrospinal fluid flow imag; ventriculography	26.34	1/1/2019
78635	TC	cerebrospinal fluid flow imag; ventriculography	202.06	1/1/2019
78635		cerebrospinal fluid flow imag; ventriculography	228.40	1/1/2019
78645	26	cerebrospinal fluid flow imag; shunt evaluation	24.52	1/1/2019
78645	TC	cerebrospinal fluid flow imag; shunt evaluation	206.60	1/1/2019
78645		cerebrospinal fluid flow imag; shunt evaluation	231.11	1/1/2019
78650	26	cerebrospinal fluid leakage detection and localization	26.24	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
78650	TC	cerebrospinal fluid leakage detection and localization	218.45	1/1/2019
78650		cerebrospinal fluid leakage detection and localization	244.70	1/1/2019
78660	26	radiopharmaceutical dacryocystography	22.69	1/1/2019
78660	TC	radiopharmaceutical dacryocystography	105.33	1/1/2019
78660		radiopharmaceutical dacryocystography	128.03	1/1/2019
78700	26	kidney imaging; static only	19.33	1/1/2019
78700	TC	kidney imaging; static only	115.35	1/1/2019
78700		kidney imaging; static only	134.68	1/1/2019
78701	26	kidney imaging; with vascular flow	20.87	1/1/2019
78701	TC	kidney imaging; with vascular flow	140.27	1/1/2019
78701		kidney imaging; with vascular flow	161.13	1/1/2019
78707	26	kidney imaging with vascular flow and function; single study without	41.10	1/1/2019
78707	TC	kidney imaging with vascular flow and function; single study without	147.31	1/1/2019
78707		kidney imaging with vascular flow and function; single study without	188.42	1/1/2019
78708	26	kidney imaging with vascular flow and function; single study, wit	51.98	1/1/2019
78708	TC	kidney imaging with vascular flow and function; single study, wit	102.32	1/1/2019
78708		kidney imaging with vascular flow and function; single study, wit	154.30	1/1/2019
78709	26	kidney imaging with vascular flow and function; multiple studies	60.43	1/1/2019
78709	TC	kidney imaging with vascular flow and function; multiple studies	217.11	1/1/2019
78709		kidney imaging with vascular flow and function; multiple studies	277.54	1/1/2019
78725	26	kidney function study, non-imaging radioisotopic study	15.99	1/1/2019
78725	TC	kidney function study, non-imaging radioisotopic study	62.45	1/1/2019
78725		kidney function study, non-imaging radioisotopic study	78.44	1/1/2019
78730	26	urinary bladder residual study	7.38	1/1/2019
78730	TC	urinary bladder residual study	52.63	1/1/2019
78730		urinary bladder residual study	60.01	1/1/2019
78740	26	ureteral reflux study (radiopharmaceutical voiding cystogram)	24.71	1/1/2019
78740	TC	ureteral reflux study (radiopharmaceutical voiding cystogram)	135.62	1/1/2019
78740		ureteral reflux study (radiopharmaceutical voiding cystogram)	160.33	1/1/2019
78761	26	testicular imaging; with vascular flow	30.52	1/1/2019
78761	TC	testicular imaging; with vascular flow	130.55	1/1/2019
78761		testicular imaging; with vascular flow	161.07	1/1/2019
78800	26	radiopharmaceutical localization of tumor; limited area	28.00	1/1/2019
78800	TC	radiopharmaceutical localization of tumor; limited area	116.04	1/1/2019
78800		radiopharmaceutical localization of tumor; limited area	144.04	1/1/2019
78801	26	radionuclide localization multiple areas	33.99	1/1/2019
78801	TC	radionuclide localization multiple areas	158.65	1/1/2019
78801		radionuclide localization multiple areas	192.64	1/1/2019
78802	26	radionuclide localization whole body	36.84	1/1/2019
78802	TC	radionuclide localization whole body	215.03	1/1/2019
78802		radionuclide localization whole body	251.86	1/1/2019
78803	26	radiopharmaceutical localization of tumor; tomographic (spect)	46.80	1/1/2019
78803	TC	radiopharmaceutical localization of tumor; tomographic (spect)	231.01	1/1/2019
78803		radiopharmaceutical localization of tumor; tomographic (spect)	277.81	1/1/2019
78804	26	radiopharmaceutical localization of tumor or distribution of	45.98	1/1/2019
78804	TC	radiopharmaceutical localization of tumor or distribution of	397.01	1/1/2019
78804		radiopharmaceutical localization of tumor or distribution of	443.00	1/1/2019
79200	26	intracavitary radioactive colloid therapy	85.46	1/1/2019
79200	TC	intracavitary radioactive colloid therapy	57.28	1/1/2019
79200		intracavitary radioactive colloid therapy	142.73	1/1/2019
79300	26	interstitial radioactive colloid therapy	69.19	1/1/2019
79300	TC	interstitial radioactive colloid therapy	111.67	1/1/2019
79300		interstitial radioactive colloid therapy	180.85	1/1/2019
79403	26	radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous	97.22	1/1/2019
79403	TC	radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous	80.93	1/1/2019
79403		radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous	178.15	1/1/2019
79440	26	intra-articular radiopharmaceutical therapy	85.26	1/1/2019
79440	TC	intra-articular radiopharmaceutical therapy	46.89	1/1/2019
79440		intra-articular radiopharmaceutical therapy	132.15	1/1/2019
80048		basic metabolic panel	10.19	1/1/2019
80050		general health screen panel	11.73	1/1/2019
80051		electrolyte panel	8.77	1/1/2019
80053		comprehensive metabolic panel	10.74	1/1/2019
80055		obstetric panel	28.67	1/1/2019
80061		lipid panel	17.04	1/1/2019
80069		renal function panel	10.19	1/1/2019
80074		acute hepatitis panel	59.25	1/1/2019
80076		hepatic function panel	10.19	1/1/2019
80150		amikacin	19.16	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
80155		caffeine level	17.21	1/1/2019
80156		carbamazepine; total	18.51	1/1/2019
80157		carbamazepine; free	16.85	1/1/2019
80158		cyclosporine	22.96	1/1/2019
80159		clozapine level	22.50	1/1/2019
80162		digoxin	16.88	1/1/2019
80164		dipropylacetic acid	17.04	1/1/2019
80168		ethosuximide	20.78	1/1/2019
80169		everolimus level	16.70	1/1/2019
80170		gentamicin	4.40	1/1/2019
80171		gabapentin level	16.13	1/1/2019
80173		haloperidol	18.51	1/1/2019
80175		lamotrigine level	16.13	1/1/2019
80176		lidocaine	18.67	1/1/2019
80177		levetiracetam level	16.13	1/1/2019
80178		lithium	8.41	1/1/2019
80180		mycophenolate (mycophenolic acid) level	21.97	1/1/2019
80183		oxcarbazepine level	16.13	1/1/2019
80184		phenobarbital	14.57	1/1/2019
80185		phenoin; total	16.85	1/1/2019
80186		phenoin; free	17.50	1/1/2019
80188		primidone	20.71	1/1/2019
80190		procainamide	21.30	1/1/2019
80192		procainamide; with antibodies	21.30	1/1/2019
80194		quinidine	18.55	1/1/2019
80197		tacrolimus	17.44	1/1/2019
80198		theophylline	17.99	1/1/2019
80199		tiagabine level	21.97	1/1/2019
80200		tobramycin	20.49	1/1/2019
80201		topiramate	15.16	1/1/2019
80202		vancomycin	17.04	1/1/2019
80203		zonisamide level	16.13	1/1/2019
80299		quantitation of drug, not elsewhere specified	17.41	1/1/2019
80400		acth stimulation panel;	41.46	1/1/2019
80402		acth stimulation panel;	110.53	1/1/2019
80406		acth stimulation panel;	99.50	1/1/2019
80408		aldosterone suppression evaluation panel (eg, saline infusion)	159.56	1/1/2019
80410		calcitonin stimulation panel (eg, calcium, pentagastrin)	102.13	1/1/2019
80412		corticotrophic releasing hormone (crh) stimulation panel	419.06	1/1/2019
80418		combined rapid anterior pituitary evaluation panel	734.33	1/1/2019
80420		dexamethasone suppression panel, 48 hour	91.58	1/1/2019
80422		glucagon tolerance panel;	58.59	1/1/2019
80424		glucagon tolerance panel;	64.21	1/1/2019
80428		growth hormone stimulation panel (eg, arginine infusion, l-dopa	84.78	1/1/2019
80430		growth hormone suppression panel (glucose administration)	99.74	1/1/2019
80432		insulin-induced c-peptide suppression panel	140.49	1/1/2019
80434		insulin tolerance panel;	128.58	1/1/2019
80435		insulin tolerance panel;	130.90	1/1/2019
80436		metyrapone panel	115.90	1/1/2019
80438		thyrotropin releasing hormone (trh) stimulation panel;	62.16	1/1/2019
80439		thyrotropin releasing hormone (trh) stimulation panel;	82.88	1/1/2019
80500	26	clinical pathology consultation, without patient's history	14.56	1/1/2019
80500		clinical pathology consultation, without patient's history	15.20	1/1/2019
80502	26	clinical pathology consultation , comprehensive	41.14	1/1/2019
80502		clinical pathology consultation , comprehensive	52.93	1/1/2019
81000		routine urine analysis	4.03	1/1/2019
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	4.03	1/1/2019
81002		urinalysis routine without microscopy	3.25	1/1/2019
81003		ua, by dip stick or tablet; automated, wo micro	2.86	1/1/2019
81005		urine tests	2.76	1/1/2019
81007		urinalysis; bacteriuria screen, except by culture or dipstick	3.27	1/1/2019
81015		microscopic urine exam	3.86	1/1/2019
81020		urinalysis routine 2 or 3 glass test	4.69	1/1/2019
81025		ua preg. test - color comparison method	8.04	1/1/2019
81050		volume measurement for timed collection, each	3.81	1/1/2019
82009		acetone qualitative	5.74	1/1/2019
82010		laboratory services,analysis	10.39	1/1/2019
82013		acetylcholinesterase	14.21	1/1/2019
82016		acylcarnitines; qualitative, each specimen	17.63	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
82017		acylcarnitines; quantitative, each specimen (for carnitine, see 82379)	21.45	1/1/2019
82024		acth	49.11	1/1/2019
82030		adenosine:5' monophosphate.cyclic (cyclic amp)	32.81	1/1/2019
82040		albumin serum	6.30	1/1/2019
82042		albumin; urine or other source, quantitative, each specimen	6.58	1/1/2019
82043		albumin; urine, micr, quantitative	7.36	1/1/2019
82044		albumin; urine, micro, semiquantitative	3.64	1/1/2019
82075		alcohol breath	15.32	1/1/2019
82085		aldolase	12.34	1/1/2019
82088		aldosterone	51.82	1/1/2019
82103		alpha-1-antitrypsin; total	17.08	1/1/2019
82104		alpha-1-antitrypsin; phenotype	18.38	1/1/2019
82105		alpha-fetoprotein; serum	21.33	1/1/2019
82106		alpha-fetoprotein; amniotic fluid	21.33	1/1/2019
82107		alpha-fetoprotein (afp); afp-I3 fraction isoform and total afp (including ratio)	81.89	1/1/2019
82108		aluminum	32.40	1/1/2019
82120		amines, vaginal fluid, qualitative	4.78	1/1/2019
82127		amino acids; single, qualitative, each specimen	17.63	1/1/2019
82128		amino acids; multiple, qualitative, each specimen	17.63	1/1/2019
82131		amino acids; single, quantitative, each specimen	21.45	1/1/2019
82135		aminolevulinic acid delta	20.93	1/1/2019
82136		amino acids, 2 to 5 amino acids, quantitative, each specimen	21.45	1/1/2019
82139		amino acids, 6 or more amino acids, quantitative, each specimen	21.45	1/1/2019
82140		ammonia	18.53	1/1/2019
82143		amniotic fluid scan	8.75	1/1/2019
82150		amylase	8.24	1/1/2019
82154		androstenediol glucuronide	36.66	1/1/2019
82157		androstenedione	37.22	1/1/2019
82160		androsterone	31.80	1/1/2019
82163		angiotensin ii	26.10	1/1/2019
82164		angiotensin i (ace)	18.55	1/1/2019
82172		apolipoprotein, each	19.70	1/1/2019
82175		arsenic	24.12	1/1/2019
82180		ascorbic acid	12.57	1/1/2019
82190		atomic absorption spectroscopy, each	18.96	1/1/2019
82232		beta-2 microglobulin	20.58	1/1/2019
82239		bile acids; total	20.71	1/1/2019
82240		bile acids; cholyglycine	20.71	1/1/2019
82247		bilirubin; total	6.39	1/1/2019
82248		bilirubin; direct	6.39	1/1/2019
82252		bilirubin feces qualitative	5.78	1/1/2019
82261		biotinidase, each specimen	21.45	1/1/2019
82270		blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	4.13	1/1/2019
82274		blood, occult, by fecal hemoglobin determination by immunoassay, qualitative,	20.22	1/1/2019
82286		bradykinin	8.75	1/1/2019
82300		cadmium	29.42	1/1/2019
82306		calcifediol (25-oh vitamin d-3)	37.64	1/1/2019
82308		calcitonin	34.04	1/1/2019
82310		calcium; total	6.55	1/1/2019
82330		calcium; ionized	17.37	1/1/2019
82331		calcium after calcium infusion test	6.58	1/1/2019
82340		calcium urine quantitative timed specimen	6.62	1/1/2019
82355		calculus; qualitative analysis	14.71	1/1/2019
82360		calculus quantitative chemical	16.37	1/1/2019
82365		calculus quantitative infrared spectroscopy	16.39	1/1/2019
82370		calculus quantitative x-ray defraction	15.93	1/1/2019
82373		carbohydrate deficient transferrin	22.96	1/1/2019
82374		carbon dioxide	6.22	1/1/2019
82375		laboratory services, analysis	14.07	1/1/2019
82376		carbon diox comb parcarb muno qualitativ	7.62	1/1/2019
82378		carcinoembryonic antigen (cea)	24.12	1/1/2019
82379		carnitine (total and free), quantitative, each specimen	21.45	1/1/2019
82380		carotene	11.73	1/1/2019
82382		catecholamines; total urine	21.86	1/1/2019
82383		catecholamines blood	31.86	1/1/2019
82384		catecholamines fractionated	32.10	1/1/2019
82387		cathepsin-d	17.63	1/1/2019
82390		ceruloplasmin	13.66	1/1/2019
82397		chemiluminescent assay	17.63	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
82415		chloramphenicol	16.11	1/1/2019
82435		chloride, serum	5.84	1/1/2019
82436		chloride, urine	6.39	1/1/2019
82438		chloride; other source	6.22	1/1/2019
82441		chlorinatrd hydrocarbons screen	7.63	1/1/2019
82465		cholesterol, serum or whole blood, total	5.53	1/1/2019
82480		cholinesterase	7.31	1/1/2019
82482		cholinesterase	5.85	1/1/2019
82485		chondroitine b sulfate quantitative	26.25	1/1/2019
82486		chromatography, qualitative; column (eg, gas liquid or hplc), analyte not	22.96	1/1/2019
82487		chromatography paper	20.29	1/1/2019
82488		chromatography paper 2 dimensional	27.16	1/1/2019
82489		chromatography thin layer	23.51	1/1/2019
82491		chromatography, quantitative, column (eg, gas liquid or hplc); single analyte	22.96	1/1/2019
82492		chromatography, quantitative, column (eg, gas liquid or hplc); multiple	22.96	1/1/2019
82495		chromium	25.79	1/1/2019
82507		citric acid	35.35	1/1/2019
82523		collagen cross links, any method	18.64	1/1/2019
82525		copper	15.78	1/1/2019
82528		corticosterone	28.62	1/1/2019
82530		cortisol; free	21.25	1/1/2019
82533		cortisol; total	20.73	1/1/2019
82540		creatine	5.90	1/1/2019
82541		column chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not	22.96	1/1/2019
82542		column chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not	22.96	1/1/2019
82543		column chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not	22.96	1/1/2019
82544		column chromatography/mass spectrometry (eg, gc/ms, or hplc/ms), analyte not	22.96	1/1/2019
82550		creatine kinase (ck), (cpk); total	8.28	1/1/2019
82552		cpk isoenzyme (qualitative)	17.03	1/1/2019
82553		cpk; mb fraction only	14.68	1/1/2019
82554		cpk; isoforms	15.09	1/1/2019
82565		serum creatinine	6.52	1/1/2019
82570		creatinine; other source	6.58	1/1/2019
82575		creatinine clearance	12.01	1/1/2019
82585		cryofibrinogen	10.90	1/1/2019
82595		cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	8.23	1/1/2019
82600		cyanide	24.67	1/1/2019
82607		cyanocobalamin (vitamin b-12)	19.16	1/1/2019
82608		cyanocobalamin unsaturated binding capacity	18.21	1/1/2019
82615		cystine	10.38	1/1/2019
82626		dehydroepiandrosterone (dhea)	32.13	1/1/2019
82627		dhea-s	28.27	1/1/2019
82633		deoxycorticosterone	39.38	1/1/2019
82634		deoxycortisol, 11-	37.22	1/1/2019
82638		dibucaine number	15.57	1/1/2019
82652		dihydroxyvitamin d	48.94	1/1/2019
82657		enzyme activity in blood cells, cultured cells, or tissue, not elsewhere	22.96	1/1/2019
82658		enzyme activity in blood cells, cultured cells, or tissue, not elsewhere	22.96	1/1/2019
82664		electrophoretic tech	43.68	1/1/2019
82668		erythropoietin	23.90	1/1/2019
82670		estradiol	30.28	1/1/2019
82671		estrogens fractionated blood	41.07	1/1/2019
82672		estrogens total blood	27.57	1/1/2019
82677		estriol	30.75	1/1/2019
82679		estrone	31.74	1/1/2019
82693		ethylene glycol	17.64	1/1/2019
82696		etiocholanolone	29.98	1/1/2019
82705		fecal fat screen	6.47	1/1/2019
82710		fat or lipids, feces; quantitative	21.36	1/1/2019
82715		fecal fat	21.89	1/1/2019
82725		fatty acids, nonesterified	16.93	1/1/2019
82726		very long chain fatty acids	22.96	1/1/2019
82728		ferritin specify method	17.32	1/1/2019
82731		fetal fibronectin, cervicovaginal secretions, semi-quantitative	81.89	1/1/2019
82735		fluoride	23.58	1/1/2019
82746		folic acid	18.69	1/1/2019
82747		folic acid; rbc	19.16	1/1/2019
82757		fructose semen	22.06	1/1/2019
82759		galactorinase rbc	27.31	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
82760		galactose	14.23	1/1/2019
82775		galactose-1-phosphatase uridyl transferase:qual	26.78	1/1/2019
82776		galactose 1 phosphate uridyl transferase quantitat	10.66	1/1/2019
82784		gamma globulin	11.82	1/1/2019
82785		gammaglobulin; ige	20.94	1/1/2019
82787		gammaglobulin; immunoglobulin subclasses, (igg1, 2, 3, or 4), each	10.19	1/1/2019
82800		oxygen saturation ph only	8.16	1/1/2019
82803		gases, blood, any combination of ph, pco2, po2, co2, hco3 (including calculated	24.61	1/1/2019
82805		gases, blood, any combination of ph, pco2, po2, co2, hco2 (including	36.08	1/1/2019
82810		gases, blood, o2 saturation only, by direct measurement, except	11.10	1/1/2019
82820		hemoglobin - oxygen affinity	12.70	1/1/2019
82930		gastric acid analysis, includes ph if performed, each specimen	6.98	1/1/2019
82938		gastrin after secretin stimulation	22.50	1/1/2019
82941		gastrin	22.42	1/1/2019
82943		glucagon	18.17	1/1/2019
82945		glucose, body fluid, other than blood	4.99	1/1/2019
82946		glucagon tolerance test	19.16	1/1/2019
82947		glucose; quantitative, blood (except reagent strip)	4.99	1/1/2019
82948		blood glucose -finger stick	4.03	1/1/2019
82950		glucose post glucose dose	6.04	1/1/2019
82951		oral glucose tolerance test	16.37	1/1/2019
82952		glucose tolerance test each assit beyond 3 spec	4.99	1/1/2019
82955		glucose 6 phosphate dehydrogenase	5.92	1/1/2019
82960		glucose 6 phosphate dehydrogenase screen	7.71	1/1/2019
82962		blood glucose by monitoring device	2.98	1/1/2019
82963		glucosidase beta	27.31	1/1/2019
82965		glutamate dehydrogenase	9.83	1/1/2019
82977		g g t	9.15	1/1/2019
82978		glutathione level and stability	18.12	1/1/2019
82979		glutathione reductase rbc	8.75	1/1/2019
82985		glycated protein	19.16	1/1/2019
83001		gonadotropin; follicle stimulating hormone (fsh)	23.63	1/1/2019
83002		hemoglobin fractionation and quantitation; electrophoresis	23.55	1/1/2019
83003		growth stimulating hormone	21.19	1/1/2019
83010		haptoglobin	16.00	1/1/2019
83012		haptoglobin phenotypes electrophoresis	21.86	1/1/2019
83013		helicobacter pylori; analysis for urease activity, non-radioactive isotope	85.64	1/1/2019
83014		helicobacter pylori, breath test analysis; drug administration and sample	9.99	1/1/2019
83015		heavy metal screen	23.94	1/1/2019
83018		heavy metal; quantitative, each	27.92	1/1/2019
83020	26	hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	15.48	1/1/2019
83020		hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	15.98	1/1/2019
83021		hemoglobin fractionation and quantitation; chromatography (eg, a2, s, c, and/or	22.96	1/1/2019
83026		hemoglobin; by copper sulfate method	3.00	1/1/2019
83030		hemoglobin f(fetal) chemical	10.52	1/1/2019
83033		hemoglobin; f (fetal), qualitative	7.58	1/1/2019
83036		hemoglobin; glycosylated (a1c)	12.34	1/1/2019
83045		methemoglobin	6.31	1/1/2019
83050		methemoglobin quantitative	9.31	1/1/2019
83051		methemoglobin plasma	9.29	1/1/2019
83060		sulfhemoglobin quantitative	10.52	1/1/2019
83065		hemoglobin thermostable	8.75	1/1/2019
83068		hemoglobin unstable screen	3.66	1/1/2019
83069		hemoglobin urine	5.01	1/1/2019
83070		hemosiderin	0.70	1/1/2019
83080		b-hexosaminidase, each assay	21.45	1/1/2019
83088		histamine	37.55	1/1/2019
83090		homocystine	21.45	1/1/2019
83150		homovanillic acid (hva)	24.61	1/1/2019
83491		hydroxycorticosteroids, 17- (17-ohcs)	22.27	1/1/2019
83497		5 hiaa qualitative	16.39	1/1/2019
83498		hydroxyprogesterone, 17-d	34.53	1/1/2019
83499		hydroxyprogesterone 20	32.05	1/1/2019
83500		hydroxyproline free	28.80	1/1/2019
83505		hydroxyproline total	30.90	1/1/2019
83516		immunoassay for analyte other than infectious agent antibody or infectious	14.57	1/1/2019
83518		immunoassay for analyte other than antibody or infectious agent antigen,	9.72	1/1/2019
83519		immunoassay, analyte, quantitative; by radiopharmaceutical technique (eg, ria)	17.18	1/1/2019
83520		immunoassay analyte; not otherwise specified	16.46	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
83525		insulin; total	14.54	1/1/2019
83527		insulin;	16.09	1/1/2019
83528		intrinsic factor level	20.22	1/1/2019
83540		iron	8.24	1/1/2019
83550		ibc	11.11	1/1/2019
83570		idh	11.25	1/1/2019
83582		ketogenic steroids; fractionation	18.02	1/1/2019
83586		ketosteroids, 17- (17-ks); total	16.28	1/1/2019
83593		ketosteroids, 17- (17-ks); fractionation	33.44	1/1/2019
83605		"lactates"	13.58	1/1/2019
83615		lactate dehydrogenase (ld), (ldh)	7.68	1/1/2019
83625		ldh isoenzymes	11.83	1/1/2019
83632		lactogen, human placental (hpl)	25.70	1/1/2019
83633		lactose urine qualitative	7.00	1/1/2019
83655		lead	15.39	1/1/2019
83661		fetal lung maturity assessment; lecithin sphingomyelin (l/s) ratio	27.95	1/1/2019
83662		l/s ratio	24.05	1/1/2019
83663		fetal lung maturity assessment; fluoescence polarization	24.05	1/1/2019
83664		fetal lung maturity assessment; lamellar body density	24.05	1/1/2019
83670		leucine aminopeptidase (lap)	11.65	1/1/2019
83690		lipase	8.75	1/1/2019
83718		lipoprotein, direct measurement; high density cholesterol.	10.41	1/1/2019
83719		lipoprotein, direct measurement; direct measurement, vldl cholesterol	14.80	1/1/2019
83721		lipoprotein, direct measurement; direct measurement, ldl cholesterol	12.13	1/1/2019
83727		luteinizing releasing factor (lrh)	21.86	1/1/2019
83735		magnesium	8.52	1/1/2019
83775		malate dehydrogenase	9.37	1/1/2019
83785		manganese blood or urine	31.27	1/1/2019
83788		mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	22.96	1/1/2019
83789		mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	22.96	1/1/2019
83825		mercury, quantitative	20.68	1/1/2019
83835		methanephrines	21.54	1/1/2019
83857		methemalbumin	13.66	1/1/2019
83861		microfluidic analysis utilizing an integrated collection and analysis device, tear os	5.28	1/1/2019
83864		mucopolysaccharides, acid; quantitative	25.32	1/1/2019
83872		mucin synovial fluid	7.45	1/1/2019
83873		myelin basic protein, cerebrospinal fluid	21.88	1/1/2019
83874		myoglobin	16.42	1/1/2019
83880		natriuretic peptide	43.16	1/1/2019
83883		nephelometry, each analyte	17.29	1/1/2019
83885		nickel	31.15	1/1/2019
83915		5 nucleotidase	14.18	1/1/2019
83916		oligoclonal immune (oligoclonal bands)	25.56	1/1/2019
83918		organic acids; total, quantitative, each specimen	20.93	1/1/2019
83919		organic acids; qualitative, each specimen	20.93	1/1/2019
83921		organic acid, single, quantitative	20.93	1/1/2019
83930		osmolality blood	8.41	1/1/2019
83935		osmolality	8.66	1/1/2019
83937		osteocalcin (bone g1a protein)	36.20	1/1/2019
83945		oxalate	16.37	1/1/2019
83950		oncoprotein, her-2/neu	81.89	1/1/2019
83970		parathormone	52.48	1/1/2019
83986		ph body fluid except blood	4.55	1/1/2019
84030		phenylalanine (pku), blood	7.00	1/1/2019
84035		phenylketones, qualitative	4.65	1/1/2019
84060		phosphatase acid	9.39	1/1/2019
84061		phosphatase acid; forensic exam	10.06	1/1/2019
84066		phosphatase acid; prostatic	12.29	1/1/2019
84075		phosphatase alkaline	6.58	1/1/2019
84078		phosphatase alkaline blood heat stable	9.28	1/1/2019
84080		alkaline phosphatase isoenzyme	18.80	1/1/2019
84081		phosphatidylglycerol	21.01	1/1/2019
84085		phosphogluconat6 6-dehydrogenase rbc	8.57	1/1/2019
84087		phosphohexose isomerase	13.12	1/1/2019
84100		phosphorus inorganic (phosphate)	6.03	1/1/2019
84105		phosphorus (phosphate) urine	6.58	1/1/2019
84106		porphobilinogen	5.45	1/1/2019
84110		porphobilinogen urine quantitative	10.74	1/1/2019
84112		placental alpha microglobulin-1 (pamg-1), cervicovaginal secretion, qualitative	82.48	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
84119		porphyrins qualitative	10.95	1/1/2019
84120		porphyrins, urine; quantitation and fractionation	18.70	1/1/2019
84126		prophyrins feces quantitative	32.39	1/1/2019
84132		potassium serum	5.84	1/1/2019
84133		potassium urine	5.47	1/1/2019
84134		prealbumin	18.55	1/1/2019
84135		pregnanediol	24.32	1/1/2019
84138		pregnanetriol	24.08	1/1/2019
84140		pregnenolone	25.45	1/1/2019
84143		17-hydroxypregnenolone	29.02	1/1/2019
84144		progesterone	26.53	1/1/2019
84146		prolactin	24.64	1/1/2019
84150		prostaglandin, each	31.74	1/1/2019
84152		prostate specific antigen (psa); complexed (direct measurement)	23.39	1/1/2019
84153		prostate specific antigen (psa); total	23.39	1/1/2019
84154		prostate specific antigen (psa); free	23.39	1/1/2019
84155		protein, total, except by refractometry; serum	4.66	1/1/2019
84160		protein refractometric	6.58	1/1/2019
84165	26	protein electrophoresis	15.20	1/1/2019
84165		protein electrophoresis	13.60	1/1/2019
84181	26	protein; western blot, with report and interpretation	15.20	1/1/2019
84181		protein; western blot, with report and interpretation	14.95	1/1/2019
84182	26	protein;immuno probe for band id, each	15.68	1/1/2019
84182		protein;immuno probe for band id, each	14.95	1/1/2019
84202		protoporphyrin rbc quantitative	18.25	1/1/2019
84203		protoporphyrin rbc screen	10.95	1/1/2019
84206		proinsulin	22.65	1/1/2019
84207		pyridoxine vitamine b-6	35.72	1/1/2019
84210		pyruvate	13.80	1/1/2019
84220		pyruvate kinase	11.99	1/1/2019
84228		quinine	14.80	1/1/2019
84233		receptor assay estrogen (estradiol)	81.89	1/1/2019
84234		receptor assay progesterone	82.48	1/1/2019
84235		receptor assay endocrine not estrogen or progester	66.54	1/1/2019
84238		receptor assay; non-endocrine (specify receptor)	46.49	1/1/2019
84244		renin	27.96	1/1/2019
84252		riboflavin	25.73	1/1/2019
84255		selenium	32.46	1/1/2019
84260		serotonin	20.71	1/1/2019
84270		shbg	27.63	1/1/2019
84275		sialic acid	17.08	1/1/2019
84285		silica	29.94	1/1/2019
84295		sodium blood	6.12	1/1/2019
84300		sodium urine	6.18	1/1/2019
84302		sodium; other source	6.18	1/1/2019
84305		somatomedin	17.63	1/1/2019
84307		somatostatin	17.63	1/1/2019
84311		spectrophometry, not elsewhere specified	8.89	1/1/2019
84315		specific gravity cexce pt urine	3.19	1/1/2019
84375		sugar chromatographic tlc/paper chromatoga phy	24.92	1/1/2019
84376		sugars (mon-, di, and oligosaccharides); single qualitative, each specimen	7.00	1/1/2019
84377		sugars (mon-, di, and oligosaccharides); multiple qualitative, each specimen	7.00	1/1/2019
84378		sugars (mon-, di, and oligosaccharides); single quantitative, each specimen	14.65	1/1/2019
84379		sugars (mon-, di, and oligosaccharides); multiple quantitative, each specimen	14.65	1/1/2019
84392		sulfate, urine	6.04	1/1/2019
84402		testosterone; free	32.37	1/1/2019
84403		testosterone; total	32.83	1/1/2019
84425		thiamine	27.00	1/1/2019
84430		thiocyanate	7.33	1/1/2019
84432		thyroglobulin	20.42	1/1/2019
84436		thyroxine; total	7.33	1/1/2019
84437		thyroxine; requiring elution (eg, neonatal)	8.23	1/1/2019
84439		thyroxine; free	11.47	1/1/2019
84442		tbg by ria	18.80	1/1/2019
84443		tsh	20.72	1/1/2019
84445		thyroid stimulating immune globulins (tsi)	64.66	1/1/2019
84446		vitamin e	18.03	1/1/2019
84449		transcortin (cortisol binding globulin)	22.89	1/1/2019
84450		transferase; aspartate amino (ast) (sgot)	6.57	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
84460		transferase; alanine amino (alt) (sgpt)	6.73	1/1/2019
84466		transferrin	16.23	1/1/2019
84478		triglycerides	7.32	1/1/2019
84479		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	7.58	1/1/2019
84480		triiodothyronine t3; total (tt-3)	18.03	1/1/2019
84481		tridothyronine (t-3); free	21.54	1/1/2019
84482		t-3; reverse	20.04	1/1/2019
84484		troponin, quantitative	12.51	1/1/2019
84485		trypsin duodenal fluid	9.55	1/1/2019
84488		trypsin; feces, qualitative	9.28	1/1/2019
84490		trypsin feces quantitative	9.67	1/1/2019
84510		tyrosine	13.22	1/1/2019
84512		troponin, qualitative	7.91	1/1/2019
84520		urea nitrogen; quantitative	5.01	1/1/2019
84525		urea nitrogen; semiquantitative (eg, reagent strip test)	4.78	1/1/2019
84540		laboratory services, analysis	6.04	1/1/2019
84545		urea clearance	7.33	1/1/2019
84550		uric acid; blood	5.74	1/1/2019
84560		uric acid; other source	6.04	1/1/2019
84577		fecal urobilinogen quantitative	15.86	1/1/2019
84578		urobilinogen qualitative	2.98	1/1/2019
84580		urobilinogen urine quantitative	9.03	1/1/2019
84583		urobilinogen urine semiquantitative	6.39	1/1/2019
84585		uma	19.71	1/1/2019
84586		vasoactive intestinal peptide (vip)	20.32	1/1/2019
84588		vasopressin (antidiuretic hormone, adh)	43.16	1/1/2019
84590		vitamin a	14.74	1/1/2019
84591		vitamin, not otherwise specified	14.74	1/1/2019
84597		vitamin k	17.43	1/1/2019
84600		volatiles	17.70	1/1/2019
84620		d-xylose tolerance	15.06	1/1/2019
84630		zinc	14.48	1/1/2019
84681		c-peptide any method	20.20	1/1/2019
84702		gonadotropin chorionic quantitative	11.12	1/1/2019
84703		pregnancy test (gonodotropin, chorionic (hcg); qualitative)	9.55	1/1/2019
85002		bleeding time	5.72	1/1/2019
85004		blood count; automated differential wbc count	8.23	1/1/2019
85007		blood count diff wbc count	4.38	1/1/2019
85008		blood count; blood smear, microscopic examination without manual differential	4.38	1/1/2019
85009		blood count; manual differential wbc count, buffy coat	4.72	1/1/2019
85013		blood count; spun microhematocrit	3.01	1/1/2019
85014		blood count; hematocrit (hct)	3.01	1/1/2019
85018		blood count; hemoglobin (hgb)	3.01	1/1/2019
85025		blood count hemogram/platelet count auto/auto comp	9.88	1/1/2019
85027		blood count hemogram automated w platelet count	8.23	1/1/2019
85032		blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	5.47	1/1/2019
85041		rbc	3.82	1/1/2019
85044		blood count; reticulocyte, manual	5.47	1/1/2019
85045		blood count, reticulocyte count, flow cytometry	5.09	1/1/2019
85046		blood count; reticulocytes, automated, including one or more cellular	7.10	1/1/2019
85048		blood count; leukocyte (wbc), automated	3.23	1/1/2019
85049		blood count; platelet, automated	5.69	1/1/2019
85060	26	blood smear, peripheral, interp by physician	13.49	1/1/2019
85060		blood smear, peripheral, interp by physician	18.76	1/1/2019
85097	26	bone marrow, smear interpretation	61.03	1/1/2019
85097		bone marrow, smear interpretation	39.04	1/1/2019
85130		chromogenic substrate assay	15.12	1/1/2019
85170		clot retraction	4.60	1/1/2019
85175		clot lysis time whole blood dilution	5.78	1/1/2019
85210		clotting factor ii prothrombin specific	16.51	1/1/2019
85220		clotting factor v labile factor	22.44	1/1/2019
85230		clotting factor vii	22.77	1/1/2019
85240		clotting factor viii one stage	22.77	1/1/2019
85244		clotting; factor viii related antigen	25.96	1/1/2019
85245		clotting; factor 8	29.17	1/1/2019
85246		clotting; factor 8, vw factor antigen	29.17	1/1/2019
85247		clotting; factor 8, multimetric analysis	29.17	1/1/2019
85250		clotting factor ix	24.21	1/1/2019
85260		clotting factor x	22.77	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
85270		clotting factor xi	22.77	1/1/2019
85280		clotting factor xii	24.61	1/1/2019
85290		clotting factor xiii	20.78	1/1/2019
85291		clotting factor xiii fibrin stabilizing screen sol	11.30	1/1/2019
85292		clotting; factor ii prekallikrein assay	24.08	1/1/2019
85293		clotting; factor ii molecular weight assay	24.08	1/1/2019
85300		clotting inhibitors or anticoagulants antithrombin	15.06	1/1/2019
85301		clotting inhibitors; antithrombin iii, antigen ass	13.75	1/1/2019
85302		clotting inhibitors or anticoagulants; protein c, antigen	15.29	1/1/2019
85303		clotting inhibitors or anticoag; protein c	17.58	1/1/2019
85305		clotting inhibitors or anticoagulants; protein s, total	14.74	1/1/2019
85306		clotting inhibitors or anticoag; protein s free	18.17	1/1/2019
85307		activated protein c (apc) resistance assay	18.17	1/1/2019
85335		factor inhibitor test	16.37	1/1/2019
85337		thrombomodulin	13.25	1/1/2019
85345		coagulation time	5.47	1/1/2019
85347		coagulation time other methods	5.41	1/1/2019
85348		coagulation time other methods	4.73	1/1/2019
85360		euglobulin lysis	10.68	1/1/2019
85362		fibrin degradation products	8.75	1/1/2019
85370		fdp; quantitative	11.71	1/1/2019
85378		fdp, d-dimer; semiquantitative	9.07	1/1/2019
85379		fdp, d-dimer; quantitative	11.71	1/1/2019
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for	11.71	1/1/2019
85384		fibrinogen; activity	10.80	1/1/2019
85385		fibrinogen; antigen	10.80	1/1/2019
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	15.48	1/1/2019
85390		fibrinolysins or coagulopathy screen, interpretation and report	6.57	1/1/2019
85400		fibrinolytic mechanisms plasmin	11.25	1/1/2019
85410		fibrinolytic mechanisms antiplasmin	9.80	1/1/2019
85415		fibrinolytic factors & inhibitors	21.86	1/1/2019
85420		fibrinolytic mechanisms plasminogen	8.31	1/1/2019
85421		plasminogen, antigenic assay	12.95	1/1/2019
85441		heinz bodies direct	5.35	1/1/2019
85445		heinz bodies induced acetyl phenylhydrazine	8.66	1/1/2019
85460		hemoglobin or rbcs, fetal, for fetomaternal hemorrhage;	9.58	1/1/2019
85461		hemoglobin or rbcs, fetal, for fetomaternal hemorrhage;	8.43	1/1/2019
85475		hemolysin, acid	9.58	1/1/2019
85520		heparin assay	16.64	1/1/2019
85525		heparin neutralization	15.06	1/1/2019
85530		heparin-protamine tolerance test	18.03	1/1/2019
85536		iron stain, peripheral blood	8.23	1/1/2019
85540		leukocyte alkaline phosphatase	10.94	1/1/2019
85547		rbc fragility	5.21	1/1/2019
85549		muramidase	23.85	1/1/2019
85555		osmotic fragility, rbc; uncubated	8.50	1/1/2019
85557		osmotic fragility incubated quantitative	16.98	1/1/2019
85576	26	platelet; aggregation (in vitro), each agent	15.48	1/1/2019
85576		platelet; aggregation (in vitro), each agent	27.31	1/1/2019
85597		platelet neutralization	22.86	1/1/2019
85598		phospholipid neutralization; hexagonal phospholipid	23.02	1/1/2019
85610		prothrombin time	5.00	1/1/2019
85611		prothrombin time	5.01	1/1/2019
85612		russell viper venom time (includes venom); undiluted	12.17	1/1/2019
85613		russell viper venom time; diluted	12.17	1/1/2019
85635		reptilase test	12.52	1/1/2019
85651		sedimentation rate, erythrocyte, non-automated	4.51	1/1/2019
85652		sedimentation rate, erythrocyte; automated	3.43	1/1/2019
85660		sickling rbc reduction slide method	7.02	1/1/2019
85670		thrombin time plasma	7.34	1/1/2019
85675		thrombin time titer	8.72	1/1/2019
85705		thromboplastin inhibition; tissue	12.24	1/1/2019
85730		ptt	7.63	1/1/2019
85732		thromboplastin time, partial (ptt); substitution, plasma fractions, each	8.23	1/1/2019
85810		viscosity	12.89	1/1/2019
86000		agglutins febrile ea	8.87	1/1/2019
86001		allergen specific igg quantitative or semiquantitative, each allergen	6.64	1/1/2019
86003		allergen specific ige; quantitative or semiquantitative, each allergen	6.64	1/1/2019
86005		allergen specific ige; qualitative, multiallergen screen (dipstick, paddle or	10.14	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
86021		antibody identification leukocyte antibodies	19.14	1/1/2019
86022		antibody identification platelet antibodies	23.35	1/1/2019
86023		antibody id platelet associated immunoglobulin	15.83	1/1/2019
86038		antinuclear antibodies (ana);	15.37	1/1/2019
86039		ana; titer	14.20	1/1/2019
86060		aso titer	9.28	1/1/2019
86063		antistreptolysin screen	7.34	1/1/2019
86077	26	blood bank services; evaluation of irregular antib	31.02	1/1/2019
86077		blood bank services; evaluation of irregular antib	39.13	1/1/2019
86078	26	blood bank irregular antib investigation of transf	31.69	1/1/2019
86078		blood bank irregular antib investigation of transf	39.13	1/1/2019
86079	26	blood bank authorization for deviation stand proce	31.31	1/1/2019
86079		blood bank authorization for deviation stand proce	39.42	1/1/2019
86140		crp	6.58	1/1/2019
86141		c-reactive protein; high sensitivity (hs crp)	16.46	1/1/2019
86146		beta 2 glycoprotein i antibody, each	18.45	1/1/2019
86147		cardiolipin (phospholipid) antibody, each iq class	18.45	1/1/2019
86148		anti-phosphatidylserine (phospholipid) antibody	18.98	1/1/2019
86155		chemotaxis assay specify method	20.32	1/1/2019
86156		cold agglutinin; screen	8.16	1/1/2019
86157		cold agglutinin; titer	8.16	1/1/2019
86160		complement; antigen, each component	15.27	1/1/2019
86161		complement; functional activity, each	15.27	1/1/2019
86162		complement total	25.83	1/1/2019
86171		complement fixation test, each	12.74	1/1/2019
86185		counterimmunoelectrophoresis, each antigen	11.38	1/1/2019
86215		ash titer	16.84	1/1/2019
86225		deoxyribonucleic acid (dna) antibody; native or double stranded	17.47	1/1/2019
86226		dna antibody; single stranded	15.40	1/1/2019
86235		extractable nuclear antigen antibody	22.80	1/1/2019
86243		fc receptor	26.10	1/1/2019
86255	26	fluorescent noninfectious agent antibody; screen, each antibody	15.48	1/1/2019
86255		fluorescent noninfectious agent antibody; screen, each antibody	15.32	1/1/2019
86256	26	fluorescent antibody titer	15.48	1/1/2019
86256		fluorescent antibody titer	15.32	1/1/2019
86277		growth hormone, human (hgh), antibody	20.01	1/1/2019
86280		hemagglutination inhibitor	10.41	1/1/2019
86294		immunoassay for tumor antigen, qualitative or semiquantitative	24.94	1/1/2019
86300		immunoassay for tumor antigen, quantitative; ca 15-3 (27.29)	26.45	1/1/2019
86301		immunoassay for tumor antigen, quantitative; ca 19-9	26.45	1/1/2019
86304		immunoassay for tumor antigen, quantitative; ca 125	26.45	1/1/2019
86308		heterophile antibodies; screening	6.58	1/1/2019
86309		heterophile antibodies; titer	8.23	1/1/2019
86310		heterophile absorption	9.37	1/1/2019
86316		immunoassay for tumor antigen; other antigen, quantitative (eg, ca 50, 72-4,	26.45	1/1/2019
86317		immunoassay for infectious agent antibody, quantitative, not otherwise specified	18.45	1/1/2019
86318		immunoassay for infectious agent antibody, qualitative or semiquantitative,	16.46	1/1/2019
86320	26	immunolectrophoresis; serum	15.48	1/1/2019
86320		immunolectrophoresis; serum	28.50	1/1/2019
86325	26	immunolectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	15.20	1/1/2019
86325		immunolectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	28.43	1/1/2019
86327	26	immunolectrophoresis, serum each specimen plate	17.82	1/1/2019
86327		immunolectrophoresis, serum each specimen plate	28.85	1/1/2019
86329		immunodiffusion, not elsewhere specified	17.85	1/1/2019
86331		gel diffusion qualitative ouchterlony	14.43	1/1/2019
86332		immune complex assay	30.99	1/1/2019
86334	26	immunofixation electrophoresis	15.48	1/1/2019
86334		immunofixation electrophoresis	28.40	1/1/2019
86337		insulin antibodies	27.23	1/1/2019
86340		intrinsic factor antibodies	19.16	1/1/2019
86341		islet cell antibody	17.08	1/1/2019
86343		leukocyte histamine release	15.84	1/1/2019
86344		leukocyte phagocytosis	10.16	1/1/2019
86353		lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogen	62.33	1/1/2019
86359		t cells;	47.96	1/1/2019
86360		t cells; absolute cd4 and cd8 count, including ratio	59.74	1/1/2019
86361		t cells; absolute cd4 count	34.04	1/1/2019
86376		microsomal antibodies (eg, thyroid or liver-kidney), each	17.62	1/1/2019
86378		migration inhibitory factor test	25.03	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
86382		neutralization test viral	21.49	1/1/2019
86384		nbt test	14.48	1/1/2019
86403		particle agglutination; screen, each antibody	12.96	1/1/2019
86406		particle agglutination;	13.53	1/1/2019
86430		rheumatoid factor: qualitative	7.22	1/1/2019
86431		rheumatoid factor; quantitative	7.22	1/1/2019
86481		tuberculosis test, cell mediated immunity antigen response measurement; enumer	79.37	1/1/2019
86485		skin teat; candida	6.33	1/1/2019
86490		sensitivity test coccidioidomycosis	5.30	1/1/2019
86510		sensitivity test histoplasmosis	5.30	1/1/2019
86580		tuberculin skin test - ppd (mantoux method)	5.59	1/1/2019
86590		streptokinase antibody	14.02	1/1/2019
86592		syphilis, precipitation or flocculation tests	5.42	1/1/2019
86593		syphilis precipitation flocculation test quantitative	5.61	1/1/2019
86602		antibody; actinomyces	12.94	1/1/2019
86603		antibody; adenovirus	16.21	1/1/2019
86606		antibody; aspirogillus	16.21	1/1/2019
86609		antibody; bacterium, not elsewhere specified	16.21	1/1/2019
86611		antibody; bartonella	12.94	1/1/2019
86612		antibody; blastomyces	16.21	1/1/2019
86615		antibody; bordetella	16.77	1/1/2019
86617		antibody;	15.05	1/1/2019
86618		anitbody;lyme disease	18.45	1/1/2019
86619		antibody; borrelia	17.01	1/1/2019
86622		antibody; brucella	9.58	1/1/2019
86625		antibody; campylobactor	9.58	1/1/2019
86628		antibody; candida	14.43	1/1/2019
86631		antibody; chlamydia	15.03	1/1/2019
86632		antibody; chlamida, igm	16.14	1/1/2019
86635		antibody, coccidioides	14.59	1/1/2019
86638		antibody; q fever	15.42	1/1/2019
86641		antibody; cryptococcus	18.33	1/1/2019
86644		antibody; cmv	18.27	1/1/2019
86645		antibody; cmv, igm	18.45	1/1/2019
86648		antibody; diphtheria	18.45	1/1/2019
86651		antibody; encephalitis, california	16.77	1/1/2019
86652		antibody; encephalitis, eastern equine	16.77	1/1/2019
86653		antibody; encephalitis st. louis	16.77	1/1/2019
86654		antibody;encephalitis western equine	16.77	1/1/2019
86658		antibody; enterovirus	16.21	1/1/2019
86663		antibody; epstein-barr, early antigen	16.68	1/1/2019
86664		antibody; epstein-barr, nuclear antigen	18.45	1/1/2019
86665		antibody; epstein-barr viral capsid	20.66	1/1/2019
86666		antibody; ehrlichia	12.94	1/1/2019
86668		antibody; fracisella tularensis	13.22	1/1/2019
86671		antibody; fungus	15.59	1/1/2019
86674		antibody; giardia lamblia	18.45	1/1/2019
86677		antibody; helicobacter pyloui	18.45	1/1/2019
86682		antibody; helminth	16.53	1/1/2019
86684		antibody; hemophilus influenza	18.45	1/1/2019
86687		antibody; htlv i	10.67	1/1/2019
86688		antibody; htlv-it	14.95	1/1/2019
86689		htlv 1, antibody detection, confirmatory test	24.62	1/1/2019
86692		antobody; hepatitis, delta agent	18.45	1/1/2019
86694		antibody; herpes simplex, non-specific type test	18.27	1/1/2019
86695		antibody; herpes simplex, type 1	16.77	1/1/2019
86696		antibody; herpes simplex, type 2	24.62	1/1/2019
86698		antobody; histoplasm	15.89	1/1/2019
86701		antibody; hiv-1	11.29	1/1/2019
86702		antibody; hiv-2	14.95	1/1/2019
86703		antibody; hiv-1 & hiv-2, single assay	14.95	1/1/2019
86704		hepatitis b core antibody (hbcab), total	14.80	1/1/2019
86705		hepatitis b core antibody (hbcab); igm antibody	14.96	1/1/2019
86706		hepatitis b surface antibody (hbsab)	13.66	1/1/2019
86707		hepatitis be antibody (hbeab)	14.71	1/1/2019
86708		hepatitis a antibody (haab), total	15.75	1/1/2019
86709		hepatitis a antibody (haab); igm antibody	14.31	1/1/2019
86710		antibody, influenza virus	17.24	1/1/2019
86711		antibody; jc (john cunningham) virus	17.97	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
86713		antibody; legionella	19.46	1/1/2019
86717		antibody; leishmania	10.66	1/1/2019
86720		antibody; leptospira	12.54	1/1/2019
86723		antibody; listeria monocytogenes	16.77	1/1/2019
86727		antibody; lymphocytic choriomeningitis	16.21	1/1/2019
86729		antibody; lymphogranuloma venerum	15.19	1/1/2019
86732		antibody; mucormycosis	16.77	1/1/2019
86735		antibody; mumps	16.59	1/1/2019
86738		antibody; mycoplasma	16.84	1/1/2019
86744		antibody; nocardia	16.77	1/1/2019
86747		antibody; parvovirus	18.45	1/1/2019
86750		antibody; malaria	16.77	1/1/2019
86753		antibody; protozoa, not elsewhere speci fied	10.66	1/1/2019
86756		antibody; respiratory syncytial virus	16.39	1/1/2019
86757		antibody; rickettsia	24.62	1/1/2019
86759		antibody; rotavirus	16.21	1/1/2019
86762		antibody; rubella	18.27	1/1/2019
86765		antibody; rubeola	16.38	1/1/2019
86768		antibody; salmonella	16.77	1/1/2019
86771		antibody; shigella	16.77	1/1/2019
86774		antibody; tetanus	18.45	1/1/2019
86777		antibody; toxoplasma	18.27	1/1/2019
86778		antibody; toxoplasma, igm	18.31	1/1/2019
86784		antibody; trichinella	15.97	1/1/2019
86787		antibody; varicella-zoster	16.38	1/1/2019
86788		antibody; west nile virus, igm	18.45	1/1/2019
86789		antibody; west nile virus	18.27	1/1/2019
86790		antibody; virus, not elsewhere specified	16.38	1/1/2019
86793		antibody; yersinia	16.77	1/1/2019
86800		thyroglobulin antibody	20.22	1/1/2019
86803		hepatitis c antibody;	18.15	1/1/2019
86804		hepatitis c antibody; confirmatory test (eg, immunoblot)	15.05	1/1/2019
86805		lymphocytotoxicity assay, visual xm; w/ titration	66.48	1/1/2019
86806		lymphocytotoxicity assay, visual xm; w/o titration	60.51	1/1/2019
86807		serum screening for cytotoxic pra; standard method	50.31	1/1/2019
86808		serum screening for cytotoxic pra; quick method	37.74	1/1/2019
86812		tissue typing hla typing a,b, or c single antigen	32.81	1/1/2019
86813		tissue typing hla typing a,b, &/or c mult antigens	73.73	1/1/2019
86816		hla typing; dr/dq, single antigen	35.42	1/1/2019
86817		hla typing; dr/dq, multiple antigens	81.85	1/1/2019
86821		tissue typing lymphocyte culture mixed (mlc)	71.78	1/1/2019
86822		tissue typing lymphocyte culture primed (plc)	46.47	1/1/2019
86828		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	49.50	1/1/2019
86829		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	37.13	1/1/2019
86830		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	100.26	1/1/2019
86831		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	85.94	1/1/2019
86832		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	157.56	1/1/2019
86833		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	143.23	1/1/2019
86834		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	444.03	1/1/2019
86835		antibody to human leukocyte antigens (hla), solid phase assays (eg, microsphere	401.06	1/1/2019
86850		antibody screen, rbc, each serum technique	14.81	1/1/2019
86860		antibody elution, each elution	14.49	1/1/2019
86870		antibody id, each panel for each serum technique	26.15	1/1/2019
86880		coombs test; direct, each antiserum	6.83	1/1/2019
86885		antihuman globulin test indirect, qualitative each antiserum	7.27	1/1/2019
86886		coombs test, indirect titer, each antiserum	6.58	1/1/2019
86900		blood typing; abo	3.79	1/1/2019
86901		blood typing; rh (d)	3.79	1/1/2019
86902		blood typing; antigen testing of donor blood using reagent serum, each antigen te	4.90	1/1/2019
86904		blood typing; antigen screening, per unit screened	12.08	1/1/2019
86905		blood typing; rbc antigens, each	4.86	1/1/2019
86906		blood typing; rh phenotyping, complete	9.86	1/1/2019
86940		hemolysins/agglutinins, auto, screen, each	10.43	1/1/2019
86941		hemolysins/ agglutinins, each; incubated	15.40	1/1/2019
87003		animal inoculation small animal w/observation and	21.40	1/1/2019
87015		concentration (any type), for infectious agents	8.49	1/1/2019
87040		culture, bacterial; blood, aerobic, with isolation and presumptive	13.12	1/1/2019
87045		culture, bacterial; feces, with isolation and preliminary examination (eg, kia,	11.99	1/1/2019
87046		culture, bacterial; stool, additional pathogens, isolation and preliminary	11.99	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
87070		culture, bacterial; any other source except urine, blood or stool, aerobic,	10.95	1/1/2019
87071		culture, bacterial; quantitative, aerobic with isolation and presumptive	11.99	1/1/2019
87073		culture, bacterial; quantitative, anaerobic with isolation and presumptive	11.99	1/1/2019
87075		culture, bacterial; any source, anaerobic with isolation and presumptive	12.03	1/1/2019
87076		culture, bacterial; anaerobic isolate, additional methods required for	10.27	1/1/2019
87077		culture, bacterial; aerobic isolate, additional methods required for definitive	10.27	1/1/2019
87081		culture, presumptive, pathogenic organisms, screening only;	7.33	1/1/2019
87084		culture w colony estimation from density chart inc	10.95	1/1/2019
87086		culture, bacterial; quantitative colony count, urine	10.26	1/1/2019
87088		culture, bacterial; with isolation and presumptive identification of isolates,	10.29	1/1/2019
87101		culture, fungi (mold or yeast) isolation, with presumptive identification of	9.80	1/1/2019
87102		culture fungi isolation other source	10.68	1/1/2019
87103		blood culture for fungi	11.47	1/1/2019
87106		culture, fungi, definitive identification, each organism; yeast	13.12	1/1/2019
87107		culture, fungi, definitive identification, each organism; mold	13.12	1/1/2019
87109		culture mycoplasm any source	19.57	1/1/2019
87110		culture chlamydia, any source	24.91	1/1/2019
87116		culture, tubercle or other acid-fast bacilli (eg, tb, afb, mycobacteria) any	13.74	1/1/2019
87118		culture, mycobacterial, definitive identification, each isolate	13.91	1/1/2019
87140		culture, typing; immunofluorescent method, each antiserum	7.09	1/1/2019
87143		culture, typing; gas liquid chromatography (glc) or high pressure liquid	15.93	1/1/2019
87147		culture, typing; immunologic method, other than immunofluorescence (eg,	6.58	1/1/2019
87149		culture, typing; identification by nucleic acid probe	25.50	1/1/2019
87152		culture, typing; identification by pulse field gel typing	6.65	1/1/2019
87158		culture typing other methods	6.65	1/1/2019
87164	26	darkfield examination	15.20	1/1/2019
87164		darkfield examination	8.05	1/1/2019
87166		dark field exam any source w/o collection	14.36	1/1/2019
87168		macroscopic examination; arthropod	4.85	1/1/2019
87169		macroscopic examination; parasite	4.85	1/1/2019
87172		pinworm exam (eg, cellophane tape prep)	4.85	1/1/2019
87176		homogenization, tissue, for culture	7.48	1/1/2019
87177		ova and parasites	11.31	1/1/2019
87181		susceptibility studies, antimicrobial agent; agar dilution method, per agent	6.04	1/1/2019
87184		susceptibility studies, antimicrobial agent; disk method, per plate (12 or	8.76	1/1/2019
87185		susceptibility studies, antimicrobial agent; enzyme detection (eg, beta	6.04	1/1/2019
87186		susceptibility studies, antimicrobial agent; microdilution or agar dilution	10.99	1/1/2019
87187		susceptibility studies, antimicrobial agent; microdilution or agar dilution,	13.18	1/1/2019
87188		susceptibility studies, antimicrobial agent; macrobroth dilution method, each	8.44	1/1/2019
87190		susceptibility studies, antimicrobial agent; mycobacteria, proportion method,	7.19	1/1/2019
87197		serum bactericidal titer	19.10	1/1/2019
87205		smear, primary source with interpretation; gram or giemsa stain for bacteria,	5.42	1/1/2019
87206		smear, primary source with interpretation; fluorescent and/or acid fast stain	6.83	1/1/2019
87207	26	smear, primary source with interpretation; special stain for inclusion bodies	15.48	1/1/2019
87207		smear, primary source with interpretation; special stain for inclusion bodies	7.62	1/1/2019
87210		smear, primary source with interpretation; wet mount for infectious agents (eg,	4.85	1/1/2019
87220		tissue examination by koh slide of samples from skin, hair, or nails for fungi	5.42	1/1/2019
87230		tissue culture lymphocyte	25.11	1/1/2019
87250		virus isolation; inoculation of embryonated eggs, or small animal, includes	20.71	1/1/2019
87252		virus isolation; tissue culture inoculation, observation, and presumptive	20.71	1/1/2019
87253		virus isolation; tissue culture, additional studies or definitive	20.71	1/1/2019
87254		virus isolation; centrifuge enhanced (shell vial) technique, includes	20.71	1/1/2019
87255		virus isolation; including identification by non-immunologic method, other than	31.07	1/1/2019
87260		infectious agent antigen detection by immunofluorescent technique; adenovirus	14.57	1/1/2019
87265		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87267		infectious agent antigen detection by immunofluorescent technique; enterovirus,	14.57	1/1/2019
87270		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87271		infectious agent antigen detection by immunofluorescent technique;	14.57	1/1/2019
87272		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87273		infectious agent antigen detection by immunofluorescent technique; herpes	14.57	1/1/2019
87274		infectious agent antigen detection by immunofluorescent technique; herpes	14.57	1/1/2019
87275		infectious agent antigen detection by immunofluorescent technique; influenza b	14.57	1/1/2019
87276		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87277		infectious agent antigen detection by immunofluorescent technique; legionella	14.57	1/1/2019
87278		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87279		infectious agent antigen detection by immunofluorescent technique;	14.57	1/1/2019
87280		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87281		infectious agent antigen detection by immunofluorescent technique; pneumocystis	14.57	1/1/2019
87283		infectious agent antigen detection by immunofluorescent technique; rubeola	14.57	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
87285		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87290		infectious agent antigen detection by direct fluorescent antibody technique;	14.57	1/1/2019
87299		infectious agent antigen detection by immunofluorescent technique; not	14.57	1/1/2019
87300		infectious agent antigen detection by immunofluorescent technique, polyvalent	14.57	1/1/2019
87301		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87305		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87320		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87324		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87327		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87328		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87332		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87335		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87336		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87337		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87338		infectious agent antigen detection by enzyme immunoassay technique, qualitative	18.29	1/1/2019
87339		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87340		infectious agent antigen detection by enzyme immunoassay technique, qualitative	11.83	1/1/2019
87341		infectious agent antigen detection by enzyme immunoassay technique, qualitative	11.83	1/1/2019
87350		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.07	1/1/2019
87380		infectious agent antigen detection by enzyme immunoassay technique, qualitative	20.88	1/1/2019
87385		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87389		infectious agent antigen detection by enzyme immunoassay technique, qualitative	29.92	1/1/2019
87390		infectious agent antigen detection by enzyme immunoassay technique, qualitative	22.43	1/1/2019
87391		infectious agent antigen detection by enzyme immunoassay technique, qualitative	22.43	1/1/2019
87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87420		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87425		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87427		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87430		infectious agent antigen detection by enzyme immunoassay technique, qualitative	14.57	1/1/2019
87449		infectious agent antigen detection by enzyme immunoassay	14.57	1/1/2019
87450		infectious agent antigen detection by enzyme immunoassay technique qualitative	9.72	1/1/2019
87451		infectious agent antigen detection by enzyme immunoassay technique qualitative	9.72	1/1/2019
87470		infectious agent detection by nucleic acid (dna or rna); bartonella henselae	25.50	1/1/2019
87471		infectious agent detection by nucleic acid (dna or rna); bartonella henselae	31.18	1/1/2019
87472		infectious agent detection by nucleic acid (dna or rna); bartonella henselae	41.41	1/1/2019
87475		infectious agent detection by nucleic acid (dna or rna); borrelia burgdorferi,	25.50	1/1/2019
87476		infectious agent detection by nucleic acid (dna or rna); borrelia burgdorferi,	31.18	1/1/2019
87477		infectious agent detection by nucleic acid (dna or rna); borrelia burgdorferi,	41.41	1/1/2019
87480		infectious agent detection by nucleic acid (dna or rna); candida species,	25.50	1/1/2019
87481		infectious agent detection by nucleic acid (dna or rna); candida species,	31.18	1/1/2019
87482		infectious agent detection by nucleic acid (dna or rna); candida species,	41.41	1/1/2019
87485		infectious agent detection by nucleic acid (dna or rna); chlamydia pneumoniae,	25.50	1/1/2019
87486		infectious agent detection by nucleic acid (dna or rna); chlamydia pneumoniae,	31.18	1/1/2019
87487		infectious agent detection by nucleic acid (dna or rna); chlamydia pneumoniae,	41.41	1/1/2019
87490		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis,	25.50	1/1/2019
87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis	31.18	1/1/2019
87492		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis,	41.41	1/1/2019
87495		infectious agent detection by nucleic acid (dna or rna); cytomegalovirus,	25.50	1/1/2019
87496		infectious agent detection by nucleic acid (dna or rna); cytomegalovirus,	31.18	1/1/2019
87497		infectious agent detection by nucleic acid (dna or rna); cytomegalovirus,	41.41	1/1/2019
87498		infectious agent detection by nucleic acid (dna or rna); enterovirus, amplified	31.18	1/1/2019
87501		infectious agent detection by nucleic acid (dna or rna); influenza virus, reverse tra	36.68	1/1/2019
87502		infectious agent detection by nucleic acid (dna or rna); influenza virus, for multiple	68.08	1/1/2019
87503		infectious agent detection by nucleic acid (dna or rna); influenza virus, for multiple	11.82	1/1/2019
87510		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	25.50	1/1/2019
87511		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	31.18	1/1/2019
87512		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	41.41	1/1/2019
87515		infectious agent detection by nucleic acid (dna or rna); hepatitis b virus,	25.50	1/1/2019
87516		infectious agent detection by nucleic acid (dna or rna); hepatitis b virus,	31.18	1/1/2019
87517		infectious agent detection by nucleic acid (dna or rna); hepatitis b virus,	41.41	1/1/2019
87520		infectious agent detection by nucleic acid (dna or rna); hepatitis c, direct	25.50	1/1/2019
87521		infectious agent detection by nucleic acid (dna or rna); hepatitis c, amplified	31.18	1/1/2019
87522		infectious agent detection by nucleic acid (dna or rna); hepatitis c,	41.41	1/1/2019
87525		infectious agent detection by nucleic acid (dna or rna); hepatitis g, direct	25.50	1/1/2019
87526		infectious agent detection by nucleic acid (dna or rna); hepatitis g, amplified	31.18	1/1/2019
87527		infectious agent detection by nucleic acid (dna or rna); hepatitis g,	41.41	1/1/2019
87528		infectious agent detection by nucleic acid (dna or rna); herpes simplex virus	25.50	1/1/2019
87529		infectious agent detection by nucleic acid (dna or rna); herpes simplex virus,	31.18	1/1/2019
87530		infectious agent detection by nucleic acid (dna or rna); herpes simplex virus	41.41	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
87531		infectious agent detection by nucleic acid (dna or rna); herpes virus-6, direct	25.50	1/1/2019
87532		infectious agent detection by nucleic acid (dna or rna); herpes virus-6,	31.18	1/1/2019
87533		infectious agent detection by nucleic acid (dna or rna); herpes virus-6,	41.41	1/1/2019
87534		infectious agent detection by nucleic acid (dna or rna); hiv-1, direct probe	25.50	1/1/2019
87535		infectious agent detection by nucleic acid (dna or rna); hiv-1, amplified probe	31.18	1/1/2019
87536		infectious agent detection by nucleic acid (dna or rna); hiv-1, quantification	67.59	1/1/2019
87537		infectious agent detection by nucleic acid (dna or rna); hiv-2, direct probe	25.50	1/1/2019
87538		infectious agent detection by nucleic acid (dna or rna); hiv-2, amplified probe	31.18	1/1/2019
87539		infectious agent detection by nucleic acid (dna or rna); hiv-2, quantification	41.41	1/1/2019
87540		infectious agent detection by nucleic acid (dna or rna); legionella	25.50	1/1/2019
87541		infectious agent detection by nucleic acid (dna or rna); legionella	31.18	1/1/2019
87542		infectious agent detection by nucleic acid (dna or rna); legionella	41.41	1/1/2019
87550		infectious agent detection by nucleic acid (dna or rna); mycobacteria species,	25.50	1/1/2019
87551		infectious agent detection by nucleic acid (dna or rna); mycobacteria species,	31.18	1/1/2019
87552		infectious agent detection by nucleic acid (dna or rna); mycobacteria species,	41.41	1/1/2019
87555		infectious agent detection by nucleic acid (dna or rna); mycobacteria	25.50	1/1/2019
87556		infectious agent detection by nucleic acid (dna or rna); mycobacteria	31.18	1/1/2019
87557		infectious agent detection by nucleic acid (dna or rna); mycobacteria	41.41	1/1/2019
87560		infectious agent detection by nucleic acid (dna or rna); mycobacteria	25.50	1/1/2019
87561		infectious agent detection by nucleic acid (dna or rna); mycobacteria	31.18	1/1/2019
87562		infectious agent detection by nucleic acid (dna or rna); mycobacteria	41.41	1/1/2019
87563		DETECTION OF MYCOPLASMA GENITALIUM BY DNA OR RNA PROBE	25.50	1/1/2020
87580		infectious agent detection by nucleic acid (dna or rna); mycoplasma pneumoniae,	25.50	1/1/2019
87581		infectious agent detection by nucleic acid (dna or rna); mycoplasma pneumoniae,	31.18	1/1/2019
87582		infectious agent detection by nucleic acid (dna or rna); mycoplasma pneumoniae,	41.41	1/1/2019
87590		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	25.50	1/1/2019
87591		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	31.18	1/1/2019
87592		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	41.41	1/1/2019
87631		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, aden	89.56	1/1/2019
87632		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, aden	135.68	1/1/2019
87633		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, aden	250.98	1/1/2019
87640		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	31.18	1/1/2019
87641		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	31.18	1/1/2019
87650		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	25.50	1/1/2019
87651		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	31.18	1/1/2019
87652		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	41.41	1/1/2019
87653		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	31.18	1/1/2019
87661		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, am	29.84	1/1/2019
87797		infectious agent detection by nucleic acid (dna or rna), not otherwise	25.50	1/1/2019
87798		infectious agent detection by nucleic acid (dna or rna), not otherwise	31.18	1/1/2019
87799		infectious agent detection by nucleic acid (dna or rna), not otherwise	41.41	1/1/2019
87800		infectious agent detection by nucleic acid (dna or rna), multiple organisms;	50.99	1/1/2019
87801		infectious agent detection by nucleic acid (dna or rna), multiple organisms;	62.35	1/1/2019
87802		infectious agent antigen detection by immunoassay with direct optical	14.57	1/1/2019
87803		infectious agent antigen detection by immunoassay with direct optical	14.57	1/1/2019
87804		infectious agent antigen detection by immunoassay with direct optical	14.57	1/1/2019
87808		infectious agent antigen detection by immunoassay with direct optical	14.57	1/1/2019
87810		infectious agent detection by immunoassay with direct optical observation	14.57	1/1/2019
87850		infectious agent detection by immunoassay with direct optical observation	14.57	1/1/2019
87880		"infectious agent detection by immunoassay with direct optical observation"	14.57	1/1/2019
87899		infectious agent detection by immunoassay with direct optical observ,	14.57	1/1/2019
87901		infectious agent genotype analysis by nucleic acid (dna or rna), hiv 1, reverse	99.24	1/1/2019
87902		infectious agent genotype analysis by nucleic acid (dna or rna); hepatitis c	99.24	1/1/2019
87903		infectious agent phenotype analysis by nucleic acid (dna or rna) with drug	346.04	1/1/2019
87904		infectious agent phenotype analysis by nucleic acid (dna or rna) with drug	20.71	1/1/2019
87906		infectious agent genotype analysis by nucleic acid (dna or rna); hiv-1, other regio	49.98	1/1/2019
87910		infectious agent genotype analysis by nucleic acid (dna or rna); cytomegalovirus	97.62	1/1/2019
87912		infectious agent genotype analysis by nucleic acid (dna or rna); hepatitis b virus	97.62	1/1/2019
88104	26	cytopathology, fld, wash or brush, exopt cerv or vag	23.05	1/1/2019
88104	TC	cytopathology, fld, wash or brush, exopt cerv or vag	26.35	1/1/2019
88104		cytopathology, fld, wash or brush, exopt cerv or vag	49.40	1/1/2019
88106	26	cytopthlgy, fld, wash or brush, expt cer or vag fltme	23.05	1/1/2019
88106	TC	cytopthlgy, fld, wash or brush, expt cer or vag fltme	38.17	1/1/2019
88106		cytopthlgy, fld, wash or brush, expt cer or vag fltme	61.22	1/1/2019
88108	26	cytopathology, concentration technique, smears and interpretation (eg,	23.05	1/1/2019
88108	TC	cytopathology, concentration technique, smears and interpretation (eg,	35.01	1/1/2019
88108		cytopathology, concentration technique, smears and interpretation (eg,	58.05	1/1/2019
88120		cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphor	377.61	1/1/2019
88121		cytopathology, in situ hybridization (eg, fish), urinary tract specimen with morphor	318.92	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
88125	26	cytopathology, forensic	10.90	1/1/2019
88125	TC	cytopathology, forensic	6.54	1/1/2019
88125		cytopathology, forensic	17.44	1/1/2019
88130	26	buccal smear	20.11	1/1/2019
88130		buccal smear	19.13	1/1/2019
88140	26	sex chromatin ident periph blood smear	10.26	1/1/2019
88140		sex chromatin ident periph blood smear	10.16	1/1/2019
88141		cytopathology, cervical or vaginal (any reporting system); requiring	22.43	1/1/2019
88142		cytopathology, cervical or vaginal (any reporting system), collected in	25.76	1/1/2019
88143		cytopathology, cervical or vaginal (any reporting system), collected in	25.76	1/1/2019
88147		cytopathology smears, cervical or vaginal; screening by automated system under	13.43	1/1/2019
88148		cytopathology smears, cervical or vaginal; screening by automated system with	13.43	1/1/2019
88150		cytopathology, slides, cervical or vaginal; manual screening under physician	13.43	1/1/2019
88152		cytopathology, slides, cervical or vaginal; with manual screening and	13.43	1/1/2019
88153		cytopathology, slides, cervical or vaginal; with manual screening and	13.43	1/1/2019
88154		cytopathology, slides, cervical or vaginal; with manual screening and	13.43	1/1/2019
88155		cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg,	7.62	1/1/2019
88160	26	cytopathology, smears, any other source; screening and interpretation	20.60	1/1/2019
88160	TC	cytopathology, smears, any other source; screening and interpretation	21.16	1/1/2019
88160		cytopathology, smears, any other source; screening and interpretation	41.76	1/1/2019
88161	26	cytopathology,any othr source; prep,screen & inter	20.31	1/1/2019
88161	TC	cytopathology,any othr source; prep,screen & inter	23.18	1/1/2019
88161		cytopathology,any othr source; prep,screen & inter	43.49	1/1/2019
88162	26	cytopathology, extend stdy involv over5slid &/ormu	31.50	1/1/2019
88162	TC	cytopathology, extend stdy involv over5slid &/ormu	31.54	1/1/2019
88162		cytopathology, extend stdy involv over5slid &/ormu	63.04	1/1/2019
88164		cytopathology, slides, cervical or vaginal (the bethesda system); manual	13.43	1/1/2019
88165		cytopathology, slides, cervical or vaginal (the bethesda system); with manual	13.43	1/1/2019
88166		cytopathology, slides, cervical or vaginal (the bethesda system); with manual	13.43	1/1/2019
88167		cytopathology, slides, cervical or vaginal (the bethesda system); with manual	13.43	1/1/2019
88172	26	cytopathology, evaluation of fine needle aspirate; immediate cytohistologic	24.87	1/1/2019
88172	TC	cytopathology, evaluation of fine needle aspirate; immediate cytohistologic	17.70	1/1/2019
88172		cytopathology, evaluation of fine needle aspirate; immediate cytohistologic	42.57	1/1/2019
88173	26	eval fn ndl sspir w/wo prep sm; interpret & report	57.30	1/1/2019
88173	TC	eval fn ndl sspir w/wo prep sm; interpret & report	50.58	1/1/2019
88173		eval fn ndl sspir w/wo prep sm; interpret & report	107.89	1/1/2019
88174		cytopathology, cervical or vaginal (any reporting system), collected in	27.16	1/1/2019
88175		cytopathology, cervical or vaginal (any reporting system), collected in	33.04	1/1/2019
88177		cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study	23.32	1/1/2019
88182	26	cell cycle or dna analysis	29.79	1/1/2019
88182	TC	cell cycle or dna analysis	52.12	1/1/2019
88182		cell cycle or dna analysis	81.92	1/1/2019
88230	26	tissue culture for non-neoplastic disease	121.17	1/1/2019
88230	TC	tissue culture for non-neoplastic disease	39.78	1/1/2019
88230		tissue culture for non-neoplastic disease	148.12	1/1/2019
88233	26	tissue culture, skin	146.56	1/1/2019
88233	TC	tissue culture, skin	48.25	1/1/2019
88233		tissue culture, skin	178.93	1/1/2019
88235	26	tissue culture, placenta	153.40	1/1/2019
88235	TC	tissue culture, placenta	50.52	1/1/2019
88235		tissue culture, placenta	187.22	1/1/2019
88237	26	tissue culture for neoplastic disorders; bone marrow, blood cells	131.44	1/1/2019
88237	TC	tissue culture for neoplastic disorders; bone marrow, blood cells	43.21	1/1/2019
88237		tissue culture for neoplastic disorders; bone marrow, blood cells	160.59	1/1/2019
88239	26	tissue culture for neoplastic disorders; solid tumor	153.68	1/1/2019
88239	TC	tissue culture for neoplastic disorders; solid tumor	50.62	1/1/2019
88239		tissue culture for neoplastic disorders; solid tumor	187.57	1/1/2019
88245	26	chromosome analysis for breakage syndromes; baseline sister chromated exchan	155.08	1/1/2019
88245	TC	chromosome analysis for breakage syndromes; baseline sister chromated exchan	51.08	1/1/2019
88245		chromosome analysis for breakage syndromes; baseline sister chromated exchan	189.26	1/1/2019
88248	26	chromosome analysis for breakage syndromes; baseline breakage, score 50-100	180.56	1/1/2019
88248	TC	chromosome analysis for breakage syndromes; baseline breakage, score 50-100	59.58	1/1/2019
88248		chromosome analysis for breakage syndromes; baseline breakage, score 50-100	220.18	1/1/2019
88261	26	chromosome analysis; count 5 cells, 1 karyotype, with banding	184.29	1/1/2019
88261	TC	chromosome analysis; count 5 cells, 1 karyotype, with banding	60.82	1/1/2019
88261		chromosome analysis; count 5 cells, 1 karyotype, with banding	224.71	1/1/2019
88262	26	chromosome analysis, count 15-20 cells, 2 karyotypes w/banding	129.70	1/1/2019
88262	TC	chromosome analysis, count 15-20 cells, 2 karyotypes w/banding	42.62	1/1/2019
88262		chromosome analysis, count 15-20 cells, 2 karyotypes w/banding	158.47	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
88263	26	chromosome analysis	156.57	1/1/2019
88263	TC	chromosome analysis	51.58	1/1/2019
88263		chromosome analysis	191.07	1/1/2019
88264	26	chromosome analysis; analyze 20-25 cells	129.70	1/1/2019
88264	TC	chromosome analysis; analyze 20-25 cells	42.62	1/1/2019
88264		chromosome analysis; analyze 20-25 cells	158.47	1/1/2019
88267	26	chromosome analysis, amniotic fluid or chorionic villus, 15 cells	187.47	1/1/2019
88267	TC	chromosome analysis, amniotic fluid or chorionic villus, 15 cells	61.88	1/1/2019
88267		chromosome analysis, amniotic fluid or chorionic villus, 15 cells	228.56	1/1/2019
88269	26	chromosome analysis, amniotic fluid	173.38	1/1/2019
88269	TC	chromosome analysis, amniotic fluid	57.18	1/1/2019
88269		chromosome analysis, amniotic fluid	211.47	1/1/2019
88271	26	molecular cytogenetics; dna probe, each (eg, fish)	14.26	1/1/2019
88271	TC	molecular cytogenetics; dna probe, each (eg, fish)	4.14	1/1/2019
88271		molecular cytogenetics; dna probe, each (eg, fish)	18.40	1/1/2019
88272	26	molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells	27.15	1/1/2019
88272	TC	molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells	8.44	1/1/2019
88272		molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells	34.04	1/1/2019
88273	26	molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells	32.76	1/1/2019
88273	TC	molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells	10.31	1/1/2019
88273		molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells	40.85	1/1/2019
88274	26	molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	35.56	1/1/2019
88274	TC	molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	11.25	1/1/2019
88274		molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	44.25	1/1/2019
88275	26	molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	41.17	1/1/2019
88275	TC	molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	13.12	1/1/2019
88275		molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	51.06	1/1/2019
88280	26	chrom analysis additional karyotyping	25.39	1/1/2019
88280	TC	chrom analysis additional karyotyping	7.86	1/1/2019
88280		chrom analysis additional karyotyping	31.91	1/1/2019
88283	26	banding for chromosome analysis	19.27	1/1/2019
88283	TC	banding for chromosome analysis	5.82	1/1/2019
88283		banding for chromosome analysis	24.49	1/1/2019
88285	26	chromosome analysis, additional cells counted	19.00	1/1/2019
88285	TC	chromosome analysis, additional cells counted	5.72	1/1/2019
88285		chromosome analysis, additional cells counted	24.15	1/1/2019
88289	26	chromosome analysis, additional high resolution study	34.63	1/1/2019
88289	TC	chromosome analysis, additional high resolution study	10.94	1/1/2019
88289		chromosome analysis, additional high resolution study	43.12	1/1/2019
88291		cytogenetics and molecular cytogenetics, interpretation and report	23.81	1/1/2019
88300	26	level i-surgical pathology, gross exam only	3.56	1/1/2019
88300	TC	level i-surgical pathology, gross exam only	14.91	1/1/2019
88300		level i-surgical pathology, gross exam only	18.46	1/1/2019
88302	26	level ii-surgical pathology, gross&micro exam	5.41	1/1/2019
88302	TC	level ii-surgical pathology, gross&micro exam	33.28	1/1/2019
88302		level ii-surgical pathology, gross&micro exam	38.68	1/1/2019
88304	26	level iii - surgical pathology, gross and microscopic examination	9.08	1/1/2019
88304	TC	level iii - surgical pathology, gross and microscopic examination	40.19	1/1/2019
88304		level iii - surgical pathology, gross and microscopic examination	49.28	1/1/2019
88305	26	level iv - surgical pathology, gross and microscopic examination	31.19	1/1/2019
88305	TC	level iv - surgical pathology, gross and microscopic examination	52.99	1/1/2019
88305		level iv - surgical pathology, gross and microscopic examination	84.18	1/1/2019
88307	26	level v - surgical pathology, gross and microscopic examination	66.34	1/1/2019
88307	TC	level v - surgical pathology, gross and microscopic examination	102.42	1/1/2019
88307		level v - surgical pathology, gross and microscopic examination	168.75	1/1/2019
88309	26	level vi-surgicla pathology, gross & micro exam	114.55	1/1/2019
88309	TC	level vi-surgicla pathology, gross & micro exam	140.49	1/1/2019
88309		level vi-surgicla pathology, gross & micro exam	255.05	1/1/2019
88311	26	decalcification procedure	9.99	1/1/2019
88311	TC	decalcification procedure	4.81	1/1/2019
88311		decalcification procedure	14.80	1/1/2019
88312	26	special stains; group i for microorganisms, each	22.13	1/1/2019
88312	TC	special stains; group i for microorganisms, each	57.01	1/1/2019
88312		special stains; group i for microorganisms, each	79.15	1/1/2019
88313	26	group ii, all other,excpt immunocytochem &immunope	9.70	1/1/2019
88313	TC	group ii, all other,excpt immunocytochem &immunope	47.78	1/1/2019
88313		group ii, all other,excpt immunocytochem &immunope	57.48	1/1/2019
88314	26	group ii, histochemical staining w/frozen section	18.76	1/1/2019
88314	TC	group ii, histochemical staining w/frozen section	51.73	1/1/2019

**Physician Fee Schedule  
 Provider Specialty 075  
 Taxonomy: 261QR1300X  
 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	NON-FACILITY	EFFECTIVE DATE
88314		group ii, histochemical staining w/frozen section	70.49	1/1/2019
88319	26	determinative histochemistry or cytochemistry/enzyme /each	21.82	1/1/2019
88319	TC	determinative histochemistry or cytochemistry/enzyme /each	88.07	1/1/2019
88319		determinative histochemistry or cytochemistry/enzyme /each	109.89	1/1/2019
88321		consultation on tissue exam	73.15	1/1/2019
88323	26	consult & report on referred mat' req.prep of sld	71.89	1/1/2019
88323	TC	consult & report on referred mat' req.prep of sld	44.81	1/1/2019
88323		consult & report on referred mat' req.prep of sld	116.70	1/1/2019
88325		comprehensive review records slides w/report	155.47	1/1/2019
88329		operating room consultation	40.32	1/1/2019
88331	26	pathology consultation during surgery; first tissue block, with frozen	50.00	1/1/2019
88331	TC	pathology consultation during surgery; first tissue block, with frozen	23.00	1/1/2019
88331		pathology consultation during surgery; first tissue block, with frozen	73.01	1/1/2019
88332	26	pathlgy consult dur. surg; ea add tis blk w/frz sc	24.56	1/1/2019
88332	TC	pathlgy consult dur. surg; ea add tis blk w/frz sc	8.18	1/1/2019
88332		pathlgy consult dur. surg; ea add tis blk w/frz sc	32.74	1/1/2019
88342	26	immunocytochemistry each antibody	34.60	1/1/2019
88342	TC	immunocytochemistry each antibody	45.39	1/1/2019
88342		immunocytochemistry each antibody	79.98	1/1/2019
88346	26	immunofluorescent stdy, ea. antibdy; direct method	35.20	1/1/2019
88346	TC	immunofluorescent stdy, ea. antibdy; direct method	45.10	1/1/2019
88346		immunofluorescent stdy, ea. antibdy; direct method	80.29	1/1/2019
88347	26	immunofluorescent study indirect method	33.75	1/1/2019
88347	TC	immunofluorescent study indirect method	30.10	1/1/2019
88347		immunofluorescent study indirect method	63.85	1/1/2019
88348	26	electron microscopy diagnostic	62.11	1/1/2019
88348	TC	electron microscopy diagnostic	434.00	1/1/2019
88348		electron microscopy diagnostic	496.11	1/1/2019
88355	26	morphometric analysis skeletal muscle	72.91	1/1/2019
88355	TC	morphometric analysis skeletal muscle	119.15	1/1/2019
88355		morphometric analysis skeletal muscle	192.06	1/1/2019
88356	26	morphometric analysis nerve	116.43	1/1/2019
88356	TC	morphometric analysis nerve	117.90	1/1/2019
88356		morphometric analysis nerve	234.33	1/1/2019
88358	26	morphometric analysis of tumor	37.95	1/1/2019
88358	TC	morphometric analysis of tumor	24.74	1/1/2019
88358		morphometric analysis of tumor	62.69	1/1/2019
88362	26	nerve teasing preparation	89.05	1/1/2019
88362	TC	nerve teasing preparation	122.03	1/1/2019
88362		nerve teasing preparation	211.08	1/1/2019
88363		examination and selection of retrieved archival (ie, previously diagnosed) tissue (	23.50	1/1/2019
88365	26	tissue in situ hybridization, interpretation and report	48.39	1/1/2019
88365	TC	tissue in situ hybridization, interpretation and report	77.40	1/1/2019
88365		tissue in situ hybridization, interpretation and report	125.79	1/1/2019
88371	26	protein analysis of tissue by western blot, interp and report	15.20	1/1/2019
88371		protein analysis of tissue by western blot, interp and report	18.45	1/1/2019
88372	26	protein analysis of tissue by western blot, immunological probe	15.20	1/1/2019
88372	TC	protein analysis of tissue by western blot, immunological probe	15.52	1/1/2019
88372		protein analysis of tissue by western blot, immunological probe	14.95	1/1/2019
88749		unlisted in vivo (eg, transcutaneous) laboratory service	6.42	1/1/2019
89050		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid),	6.02	1/1/2019
89051		synovial fluid diff	6.62	1/1/2019
89055		leukocyte assessment, fecal, qualitative or semiquantitative	5.42	1/1/2019
89060		crystal id, synovial fluid	9.09	1/1/2019
89125		fat stain, feces, urine, or respiratory secretions	5.49	1/1/2019
89160		meat fibers feces	4.69	1/1/2019
89190		nasal smear for eosinophils	5.92	1/1/2019
89300		semen analysis; presence and/or motility of sperm including huhner test (post	11.33	1/1/2019
89310		semen analysis	10.66	1/1/2019
89320		semen analysis complete	15.32	1/1/2019
89325		sperm agglutination with antibody titer	13.57	1/1/2019
90471	EP	immunization administration-one single or combo vaccine toxiod	13.71	1/1/2019
90471		immunization administration-one single or combo vaccine toxiod	13.71	1/1/2019
90472	EP	each additional immunization admin;one vaccine single or combo toxiod	13.71	1/1/2019
90472		each additional immunization admin;one vaccine single or combo toxiod	13.71	1/1/2019
90473	EP	immunization admin (intranasal or oral)	13.71	1/1/2019
90473		immunization admin (intranasal or oral)	13.71	1/1/2019
90474	EP	each additional vaccine (single or combination vaccine/toxoid)	13.71	1/1/2019
90474		each additional vaccine (single or combination vaccine/toxoid)	13.71	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
90845		psychoanalysis	69.30	1/1/2019
90846		family therapy	73.71	1/1/2019
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	91.53	1/1/2019
90849		multiple-family group psychotherapy	27.45	1/1/2019
90853		group therapy	26.09	1/1/2019
90865		narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium	129.28	1/1/2019
90870		electroconvulsive therapy (includes necessary monitoring)	113.34	1/1/2019
90935		hemodialysis proc. with single physician eval.	55.56	1/1/2019
90937		hemodialysis proc. requiring repeated evaluations	91.40	1/1/2019
90945		dialysis procedure other than hemodialysis (eg, peritoneal dialysis,	57.72	1/1/2019
90947		dialysis procedure other than hemodialysis (eg, peritoneal dialysis,	93.54	1/1/2019
91010	26	esophageal motility (manometric study of the esophagus and/or gastroesophagea	55.74	1/1/2019
91010	TC	esophageal motility (manometric study of the esophagus and/or gastroesophagea	94.06	1/1/2019
91010		esophageal motility (manometric study of the esophagus and/or gastroesophagea	149.79	1/1/2019
91020	26	gastric motility (manometric) studies	63.87	1/1/2019
91020	TC	gastric motility (manometric) studies	117.99	1/1/2019
91020		gastric motility (manometric) studies	181.87	1/1/2019
91030	26	esophagus, acid perfusion	41.28	1/1/2019
91030	TC	esophagus, acid perfusion	67.89	1/1/2019
91030		esophagus, acid perfusion	109.16	1/1/2019
91034	26	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	43.25	1/1/2019
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	113.09	1/1/2019
91034		esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	156.35	1/1/2019
91037	26	esophageal function test, gastroesophageal reflux test with nasal catheter	43.83	1/1/2019
91037	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	81.95	1/1/2019
91037		esophageal function test, gastroesophageal reflux test with nasal catheter	125.77	1/1/2019
91038	26	esophageal function test, gastroesophageal reflux test with nasal catheter	49.61	1/1/2019
91038	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	61.75	1/1/2019
91038		esophageal function test, gastroesophageal reflux test with nasal catheter	111.37	1/1/2019
91040	26	esophageal balloon distension provocation study	44.98	1/1/2019
91040	TC	esophageal balloon distension provocation study	251.24	1/1/2019
91040		esophageal balloon distension provocation study	296.22	1/1/2019
91065	26	breath hydrogen test	8.75	1/1/2019
91065	TC	breath hydrogen test	42.51	1/1/2019
91065		breath hydrogen test	51.24	1/1/2019
91110	26	gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy)	162.28	1/1/2019
91110	TC	gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy)	545.62	1/1/2019
91110		gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy)	707.90	1/1/2019
91120	26	rectal sensation, tone, and compliance test (ie, response to graded balloon	40.86	1/1/2019
91120	TC	rectal sensation, tone, and compliance test (ie, response to graded balloon	262.67	1/1/2019
91120		rectal sensation, tone, and compliance test (ie, response to graded balloon	303.52	1/1/2019
91122	26	anorectal manometry	75.64	1/1/2019
91122	TC	anorectal manometry	108.01	1/1/2019
91122		anorectal manometry	183.65	1/1/2019
92002		eye exam & treatment,initial	55.52	1/1/2019
92004		eye exam & treatment,initial	104.84	1/1/2019
92012		eye exam & treatment	58.49	1/1/2019
92014		eye exam & treatment	85.53	1/1/2019
92015		2etermination of refractive state	25.89	1/1/2019
92018		ophthalmological examination and evaluation w/anes	107.31	1/1/2019
92019		ophthalmol exam/eval under gen anesthesia subsequen	53.55	1/1/2019
92020		gonioscopy (separate procedure)	19.81	1/1/2019
92025	26	computerized corneal topography, unilateral or bilateral, with interpretation	14.86	1/1/2019
92025	TC	computerized corneal topography, unilateral or bilateral, with interpretation	10.58	1/1/2019
92025		computerized corneal topography, unilateral or bilateral, with interpretation	25.44	1/1/2019
92060		sensorimotor examination with multiple measurements of ocular deviation (eg,	44.32	1/1/2019
92081		visual field examination, unilateral or bilateral, with interpretation and	39.02	1/1/2019
92082		special eye exam	18.53	1/1/2019
92083		special eye exam	21.27	1/1/2019
92136	26	ophthalmic biometry by partial coherence interferometry with intraocular lens	23.38	1/1/2019
92136	TC	ophthalmic biometry by partial coherence interferometry with intraocular lens	37.72	1/1/2019
92136		ophthalmic biometry by partial coherence interferometry with intraocular lens	61.11	1/1/2019
92235	26	fluorescein angiography (includes multiframe imaging) with interpretation and	35.17	1/1/2019
92235	TC	fluorescein angiography (includes multiframe imaging) with interpretation and	59.44	1/1/2019
92235		fluorescein angiography (includes multiframe imaging) with interpretation and	94.61	1/1/2019
92242		fluorescein icg angiography	185.74	1/1/2019
92242	TC	fluorescein icg angiography	138.73	1/1/2019
92242	26	fluorescein icg angiography	47.01	1/1/2019
92265		needle oculoelectromyography, one or more extraocular muscles, one or both	58.17	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
92270		electro-oculography with interpretation and report	66.62	1/1/2019
92283		color vision examination	33.39	1/1/2019
92284		dark adaptation examination with interpretation and report	44.80	1/1/2019
92502		ear and throat examination under general anesthesia	76.05	1/1/2019
92504		special ear examination	22.25	1/1/2019
92507		treatment of speech, language, voice, communication, and/ or auditory	68.25	1/1/2019
92508		treatment of speech, language 2 or more	23.88	1/1/2019
92511		visualization nose & throat	117.34	1/1/2019
92512		nasal function studies	46.97	1/1/2019
92516		facial nerve function studies (eg, electroneuronography)	48.21	1/1/2019
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	48.20	1/1/2019
92531		spontaneous nystagmus test	18.05	1/1/2019
92532		positional nystagmus test	18.41	1/1/2019
92533		inner ear test	11.73	1/1/2019
92534		optokinetic nystagmus test	34.67	1/1/2019
92541	26	spontaneous nystagmus test	16.91	1/1/2019
92541	TC	spontaneous nystagmus test	29.24	1/1/2019
92541		spontaneous nystagmus test	46.14	1/1/2019
92542	26	positional nystagmus test	13.95	1/1/2019
92542	TC	positional nystagmus test	33.85	1/1/2019
92542		positional nystagmus test	47.80	1/1/2019
92543	26	caloric vestibular test	4.47	1/1/2019
92543	TC	caloric vestibular test	17.50	1/1/2019
92543		caloric vestibular test	21.97	1/1/2019
92544	26	optokinetic nystagmus test	10.90	1/1/2019
92544	TC	optokinetic nystagmus test	27.51	1/1/2019
92544		optokinetic nystagmus test	38.40	1/1/2019
92545	26	oscillating tracking test	9.67	1/1/2019
92545	TC	oscillating tracking test	26.35	1/1/2019
92545		oscillating tracking test	36.03	1/1/2019
92546	26	sinusoidal vertical axis rotational testing	12.12	1/1/2019
92546	TC	sinusoidal vertical axis rotational testing	52.31	1/1/2019
92546		sinusoidal vertical axis rotational testing	64.44	1/1/2019
92547		use of vertical electrodes (list separately in addition to code for primary	4.07	1/1/2019
92551		screening test, pure tone air only	8.27	1/1/2019
92552		pure tone audiometry (threshold) air only	16.65	1/1/2019
92553		audiometry air and bone	22.24	1/1/2019
92555		speech audiometry threshold	12.33	1/1/2019
92556		speech audiometry and speech recognition	19.06	1/1/2019
92557		comprehensive audiometry threshold eval and speech recognition	36.36	1/1/2019
92560		hearing test, screening	17.50	1/1/2019
92561		special hearing test	21.67	1/1/2019
92562		special hearing test	17.52	1/1/2019
92563		special hearing test	15.79	1/1/2019
92564		special hearing test	15.12	1/1/2019
92565		special hearing test	9.73	1/1/2019
92567		typanometry impedance testing	14.06	1/1/2019
92568		acoustic reflex testing; threshold	14.73	1/1/2019
92571		filtered speech test	12.61	1/1/2019
92572		staggered sporadic word test	13.47	1/1/2019
92575		special hearing test	27.22	1/1/2019
92576		synthetic sentence identification test	16.27	1/1/2019
92577		special hearing test	13.20	1/1/2019
92582		conditioning play audiometry	31.76	1/1/2019
92583		select picture audiometry	25.52	1/1/2019
92584		electrocochleography	51.74	1/1/2019
92585	26	evoked otoacoustic potentials for evoked response	21.38	1/1/2019
92585	TC	evoked otoacoustic potentials for evoked response	57.86	1/1/2019
92585		evoked otoacoustic potentials for evoked response	79.22	1/1/2019
92586		auditory evoked potentials for evoked response audiometry and/or testing of the	48.05	1/1/2019
92587		evoked otoacoustic emissions;limited	30.08	1/1/2019
92588		evoked otoacoustic emissions;comprehensive	49.76	1/1/2019
92590		hearing aid exam and selection monaural	35.53	1/1/2019
92591		hearing aid exam binaural	53.36	1/1/2019
92592		hearing aid check monaural	15.55	1/1/2019
92593		hearing aid check binaural	23.51	1/1/2019
92594		electroacoustic eval for hearing aid monaural	17.17	1/1/2019
92595		electronacoustic eval binaural	25.66	1/1/2019
92596		ear protector attenuation measurements	26.85	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
92601		diagnostic analysis of cochlear implant, patient under 7 years of age; with	126.16	1/1/2019
92602		diagnostic analysis of cochlear implant, patient under 7 years of age;	78.54	1/1/2019
92603		diagnostic analysis of cochlear implant, age 7 years or older w/programming	113.93	1/1/2019
92604		diagnostic analysis of cochlear implant, age 7 years or older subsequent program	67.47	1/1/2019
92607		eval for prescription for speech generating & alt. comm. device - face to face	119.81	1/1/2019
92608		each additional 30 minutes (use in conjunction with 92607)	22.90	1/1/2019
92609		therapeutic svcs for use of speech generating device including prog. & modif.	63.66	1/1/2019
92610		eval of swallowing and oral function for feeding	61.57	1/1/2019
92611		motion fluoroscopic evaluation of swallowing function by cine or video recording	67.05	1/1/2019
92612		endoscopic study of swallowing	123.74	1/1/2019
92614		flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or	110.47	1/1/2019
92616		flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory	152.10	1/1/2019
92620		evaluation of central auditory function, with report; initial 60 minutes	60.25	1/1/2019
92621		evaluation of central auditory function, with report; each additional 15 minutes	14.00	1/1/2019
92625		assessment of tinnitus (includes pitch, loudness matching, and masking)	47.70	1/1/2019
92950		heart-lung resuscitation	222.34	1/1/2019
92953		temporary external pacing	9.87	1/1/2019
92960		cardioversion, elective, electrical conversion of arrhythmia, external	208.54	1/1/2019
92961		cardioversion, elective, electrical conversion of arrhythmia; internal	217.78	1/1/2019
92970		cardioassist-method of circulatory assist; internal	152.12	1/1/2019
92971		cardioassist-method of circulatory assist; external	86.37	1/1/2019
92973		percutaneous transluminal coronary thrombectomy (list separately in addition to	154.40	1/1/2019
92974		transcatheter placement of radiation delivery device for subsequent coronary	141.53	1/1/2019
92975		thrombolysis coronary by intracoronary infusion	339.17	1/1/2019
92977		thrombolysis coronary by intravenous infusion	103.11	1/1/2019
92986		percutaneous balloon valvuloplasty; aortic valve	1151.79	1/1/2019
92990		percutaneous balloon valvuloplasty; pulmonary valve	917.49	1/1/2019
92997		percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	532.86	1/1/2019
92998		percutaneous transluminal pulmonary artery balloon angioplasty; each additional	272.76	1/1/2019
93000		electrocardiogram, routine ekg at least 12 leads; interp and repo	16.85	1/1/2019
93005		electrocardiogram, tracing	9.34	1/1/2019
93010		electrocardiogram report	7.52	1/1/2019
93015		cardiovascular stress test	80.66	1/1/2019
93016		cardiovascular stress test using maximal or submaximal treadmill or bicycle	20.48	1/1/2019
93017		electrocardiogram tracing	46.59	1/1/2019
93018		treadmill ekg-interp only	13.59	1/1/2019
93024	26	ergonovine provocation test	52.84	1/1/2019
93024	TC	ergonovine provocation test	46.28	1/1/2019
93024		ergonovine provocation test	99.13	1/1/2019
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	34.36	1/1/2019
93040		electrocardiogram report	10.87	1/1/2019
93041		rhythm ecg, one to three leads; tracing only w/o interpretation a	4.23	1/1/2019
93042		rhythm strip-interp only	6.63	1/1/2019
93224		electrocardiographic monitoring for 24 hours by continuous original ecg	94.50	1/1/2019
93225		electrocardiographic monitoring for 24 hours by continuous original ecg	27.83	1/1/2019
93226		electrocardiographic monitoring for 24 hours by continuous original ecg	42.86	1/1/2019
93227		electrocardiographic monitoring for 24 hours by continuous original ecg	23.81	1/1/2019
93271		patient demand single or multiple event recording with	171.42	1/1/2019
93272		patient demand single or multiple event recording with	22.95	1/1/2019
93278	26	signal-averaged electrocardiography	10.87	1/1/2019
93278	TC	signal-averaged electrocardiography	21.21	1/1/2019
93278		signal-averaged electrocardiography	32.09	1/1/2019
93306	TC	ultrasound examination of heart including color-depicted blood flow rate, direction	153.62	1/1/2019
93307	26	echocardiography, transthoracic, real-time with image documentation (2d) with	41.68	1/1/2019
93307	TC	echocardiography, transthoracic, real-time with image documentation (2d) with	99.73	1/1/2019
93307		echocardiography, transthoracic, real-time with image documentation (2d) with	141.40	1/1/2019
93308	26	echocardiography real time scan limited	24.42	1/1/2019
93308	TC	echocardiography real time scan limited	64.86	1/1/2019
93308		echocardiography real time scan limited	89.29	1/1/2019
93312	26	echocardiography, transesophageal, real time with image documentation (2d)	97.29	1/1/2019
93312	TC	echocardiography, transesophageal, real time with image documentation (2d)	164.94	1/1/2019
93312		echocardiography, transesophageal, real time with image documentation (2d)	262.23	1/1/2019
93313		echocardio, rl time w/doc transesophageal; plc pro	34.84	1/1/2019
93314	26	echocardio, rl time w/doc transesophageal intrp.on	55.06	1/1/2019
93314	TC	echocardio, rl time w/doc transesophageal intrp.on	168.98	1/1/2019
93314		echocardio, rl time w/doc transesophageal intrp.on	224.02	1/1/2019
93320	26	doppler echocardiography, pulsed wave and/or continuous wave with spectral	17.24	1/1/2019
93320	TC	doppler echocardiography, pulsed wave and/or continuous wave with spectral	45.05	1/1/2019
93320		doppler echocardiography, pulsed wave and/or continuous wave with spectral	62.30	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
93321	26	doppler echocardiography, pulsed wave and/or continuous wave with spectral	6.90	1/1/2019
93321	TC	doppler echocardiography, pulsed wave and/or continuous wave with spectral	20.62	1/1/2019
93321		doppler echocardiography, pulsed wave and/or continuous wave with spectral	27.51	1/1/2019
93325	26	doppler echocardiography color flow velocity mapping (list separately in	3.25	1/1/2019
93325		doppler echocardiography color flow velocity mapping (list separately in	41.43	1/1/2019
93350	26	echocardiography, transthoracic, real-time with image documentation (2d, with	67.28	1/1/2019
93350	TC	echocardiography, transthoracic, real-time with image documentation (2d, with	103.80	1/1/2019
93350		echocardiography, transthoracic, real-time with image documentation (2d, with	171.08	1/1/2019
93503		placement of flow directed catheter	94.69	1/1/2019
93505	26	endocardial biopsy	203.90	1/1/2019
93505	TC	endocardial biopsy	399.15	1/1/2019
93505		endocardial biopsy	603.06	1/1/2019
93530	26	right heart catheterization for congenital cardiac anomalies	194.70	1/1/2019
93530	TC	right heart catheterization for congenital cardiac anomalies	542.86	1/1/2019
93530		right heart catheterization for congenital cardiac anomalies	734.37	1/1/2019
93531	26	combined right heart cath and retrograde left heart cath for cong	381.39	1/1/2019
93531	TC	combined right heart cath and retrograde left heart cath for cong	1548.93	1/1/2019
93531		combined right heart cath and retrograde left heart cath for cong	1922.17	1/1/2019
93532	26	combined right and left catheterization for congenital cardiac	452.32	1/1/2019
93532	TC	combined right and left catheterization for congenital cardiac	1429.75	1/1/2019
93532		combined right and left catheterization for congenital cardiac	1882.05	1/1/2019
93533	26	combined right heart catheterization and transseptal left heart catheterization	304.40	1/1/2019
93533	TC	combined right heart catheterization and transseptal left heart catheterization	1443.22	1/1/2019
93533		combined right heart catheterization and transseptal left heart catheterization	1747.63	1/1/2019
93561	26	indicator dilution studies, including arterial/venous cath.	20.02	1/1/2019
93561	TC	indicator dilution studies, including arterial/venous cath.	17.22	1/1/2019
93561		indicator dilution studies, including arterial/venous cath.	37.52	1/1/2019
93562	26	indicator dilution studies, including arterial/venous cath. subse	6.34	1/1/2019
93562	TC	indicator dilution studies, including arterial/venous cath. subse	10.66	1/1/2019
93562		indicator dilution studies, including arterial/venous cath. subse	17.06	1/1/2019
93571	26	intravascular doppler velocity and/or pressure derived coronary flow reserve	82.97	1/1/2019
93571	TC	intravascular doppler velocity and/or pressure derived coronary flow reserve	142.84	1/1/2019
93571		intravascular doppler velocity and/or pressure derived coronary flow reserve	221.36	1/1/2019
93572	26	intravascular doppler velocity and/or pressure derived coronary flow reserve	65.30	1/1/2019
93572	TC	intravascular doppler velocity and/or pressure derived coronary flow reserve	73.63	1/1/2019
93572		intravascular doppler velocity and/or pressure derived coronary flow reserve	138.93	1/1/2019
93580		percutaneous transcatheter closure of congenital interatrial communication (ie,	845.44	1/1/2019
93581		percutaneous transcatheter closure of a congenital ventricular septal defect	1108.55	1/1/2019
93590		perq transcath cls mitral	1012.29	1/1/2019
93591		perq transcath cls aortic	840.09	1/1/2019
93592		perq transcath closure each	370.19	1/1/2019
93600	26	special electrocardiogram	98.97	1/1/2019
93600	TC	special electrocardiogram	60.73	1/1/2019
93600		special electrocardiogram	155.28	1/1/2019
93602	26	intra atrial recording	98.59	1/1/2019
93602	TC	intra atrial recording	33.39	1/1/2019
93602		intra atrial recording	127.86	1/1/2019
93603	26	right ventricular recording	98.79	1/1/2019
93603	TC	right ventricular recording	51.72	1/1/2019
93603		right ventricular recording	146.08	1/1/2019
93609	26	intraventricular and/or intra-atrial mapping of tachycardia site(s) with	233.45	1/1/2019
93610	26	intra-atrial pacing	140.15	1/1/2019
93610	TC	intra-atrial pacing	40.76	1/1/2019
93610		intra-atrial pacing	174.71	1/1/2019
93612	26	intraventricular pacing	139.48	1/1/2019
93612	TC	intraventricular pacing	49.26	1/1/2019
93612		intraventricular pacing	183.10	1/1/2019
93613	26	intracardiac electrophysiologic 3-dimensional mapping (list separately in	188.75	1/1/2019
93613	TC	intracardiac electrophysiologic 3-dimensional mapping (list separately in	122.43	1/1/2019
93613		intracardiac electrophysiologic 3-dimensional mapping (list separately in	328.00	1/1/2019
93618	26	induction arrhythmia by electrical pacing	200.45	1/1/2019
93618	TC	induction arrhythmia by electrical pacing	121.66	1/1/2019
93618		induction arrhythmia by electrical pacing	311.58	1/1/2019
93619	26	comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	346.15	1/1/2019
93619	TC	comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	241.28	1/1/2019
93619		comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	574.12	1/1/2019
93620	26	comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	544.13	1/1/2019
93620	TC	comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	272.45	1/1/2019
93620		comprehensive ep eval with rt atrial pacing and recording, rt ventricular pacin	807.94	1/1/2019



**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
93621	26	comprehensive electrophysiologic evaluation with right atrial pacing and	98.43	1/1/2019
93621	TC	comprehensive electrophysiologic evaluation with right atrial pacing and	75.67	1/1/2019
93621		comprehensive electrophysiologic evaluation with right atrial pacing and	174.11	1/1/2019
93622	26	comprehensive electrophysiologic evaluation with right atrial pacing and	143.98	1/1/2019
93622	TC	comprehensive electrophysiologic evaluation with right atrial pacing and	110.52	1/1/2019
93622		comprehensive electrophysiologic evaluation with right atrial pacing and	254.50	1/1/2019
93623	26	programmed stimulation and pacing after intravenous drug infusion (list	133.48	1/1/2019
93640	26	electrophysiologic evaluation of cardioverter-defibrillator leads (includes	163.79	1/1/2019
93640	TC	electrophysiologic evaluation of cardioverter-defibrillator leads (includes	225.18	1/1/2019
93640		electrophysiologic evaluation of cardioverter-defibrillator leads (includes	381.44	1/1/2019
93641	26	electrophysiologic evaluation of cardioverter- defibrillator	277.20	1/1/2019
93641	TC	electrophysiologic evaluation of cardioverter- defibrillator	222.72	1/1/2019
93641		electrophysiologic evaluation of cardioverter- defibrillator	486.38	1/1/2019
93642	26	electrophysiologic evaluation of cardioverter-defibrillator	227.51	1/1/2019
93642	TC	electrophysiologic evaluation of cardioverter-defibrillator	156.84	1/1/2019
93642		electrophysiologic evaluation of cardioverter-defibrillator	384.35	1/1/2019
93660		evaluation of cardiovascular function with tilt table evaluation, with	140.69	1/1/2019
93662	26	intracardiac echocardiography during therapeutic/diagnostic intervention,	128.88	1/1/2019
93662	TC	intracardiac echocardiography during therapeutic/diagnostic intervention,	103.88	1/1/2019
93662		intracardiac echocardiography during therapeutic/diagnostic intervention,	253.66	1/1/2019
93701	26	bioimpedance, thoracic, electrical	7.52	1/1/2019
93701	TC	bioimpedance, thoracic, electrical	19.81	1/1/2019
93701		bioimpedance, thoracic, electrical	27.33	1/1/2019
93724	26	electronic analysis of antitachycardia pacemaker system (includes	223.76	1/1/2019
93724	TC	electronic analysis of antitachycardia pacemaker system (includes	51.75	1/1/2019
93724		electronic analysis of antitachycardia pacemaker system (includes	275.52	1/1/2019
93740	26	analysis pacemaker single chamber/telephonic	6.62	1/1/2019
93740	TC	analysis pacemaker single chamber/telephonic	1.35	1/1/2019
93740		analysis pacemaker single chamber/telephonic	7.98	1/1/2019
93745	26	initial set-up and programming by a physician of wearable	37.63	1/1/2019
93745	TC	initial set-up and programming by a physician of wearable	21.95	1/1/2019
93745		initial set-up and programming by a physician of wearable	59.58	1/1/2019
93770	26	determination of venous pressure	6.62	1/1/2019
93770	TC	determination of venous pressure	0.48	1/1/2019
93770		determination of venous pressure	7.12	1/1/2019
93880	TC	duplex scan extracranial arteries, bilat, complete	170.73	1/1/2019
93882	26	duplex scan of extracranial arteries;	17.01	1/1/2019
93882	TC	duplex scan of extracranial arteries;	112.50	1/1/2019
93882		duplex scan of extracranial arteries;	129.51	1/1/2019
93886	26	transcranial doppler stdy of intracranial art;comp	39.44	1/1/2019
93886	TC	transcranial doppler stdy of intracranial art;comp	196.91	1/1/2019
93886		transcranial doppler stdy of intracranial art;comp	236.35	1/1/2019
93888	26	transcranial doppler study of the intracranial arteries; limited study	26.66	1/1/2019
93888	TC	transcranial doppler study of the intracranial arteries; limited study	134.26	1/1/2019
93888		transcranial doppler study of the intracranial arteries; limited study	160.92	1/1/2019
93890	26	transcranial doppler study of the intracranial arteries; vasoreactivity study	41.89	1/1/2019
93890	TC	transcranial doppler study of the intracranial arteries; vasoreactivity study	165.76	1/1/2019
93890		transcranial doppler study of the intracranial arteries; vasoreactivity study	207.64	1/1/2019
93892	26	transcranial doppler study of the intracranial arteries; emboli detection	47.71	1/1/2019
93892	TC	transcranial doppler study of the intracranial arteries; emboli detection	180.18	1/1/2019
93892		transcranial doppler study of the intracranial arteries; emboli detection	227.89	1/1/2019
93893	26	transcranial doppler study of the intracranial arteries; emboli detection with	48.00	1/1/2019
93893	TC	transcranial doppler study of the intracranial arteries; emboli detection with	179.32	1/1/2019
93893		transcranial doppler study of the intracranial arteries; emboli detection with	227.32	1/1/2019
93922	26	noninvasive physiologic studies of upper or lower extremity	10.50	1/1/2019
93922	TC	noninvasive physiologic studies of upper or lower extremity	85.06	1/1/2019
93922		noninvasive physiologic studies of upper or lower extremity	95.55	1/1/2019
93923	26	noninvasive physiologic studies of upper or lower extremity	19.15	1/1/2019
93923	TC	noninvasive physiologic studies of upper or lower extremity	128.36	1/1/2019
93923		noninvasive physiologic studies of upper or lower extremity	147.51	1/1/2019
93924	26	noninvasive physiologic studies of lower extremity arteries,	21.77	1/1/2019
93924	TC	noninvasive physiologic studies of lower extremity arteries,	159.82	1/1/2019
93924		noninvasive physiologic studies of lower extremity arteries,	181.59	1/1/2019
93925	26	duplex scan lower extrem. arteries; bilat,complete	24.64	1/1/2019
93925	TC	duplex scan lower extrem. arteries; bilat,complete	219.77	1/1/2019
93925		duplex scan lower extrem. arteries; bilat,complete	244.41	1/1/2019
93926	26	duplex scan of lower extremity arteries or arterial bypass grafts; unilateral	16.70	1/1/2019
93926	TC	duplex scan of lower extremity arteries or arterial bypass grafts; unilateral	139.24	1/1/2019
93926		duplex scan of lower extremity arteries or arterial bypass grafts; unilateral	155.94	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
93930	26	duplex scan upper extrem. arteries; bilat complete	19.75	1/1/2019
93930	TC	duplex scan upper extrem. arteries; bilat complete	172.86	1/1/2019
93930		duplex scan upper extrem. arteries; bilat complete	192.61	1/1/2019
93931	26	duplex scan of upper extremity arteries or arterial bypass grafts; unilateral	13.14	1/1/2019
93931	TC	duplex scan of upper extremity arteries or arterial bypass grafts; unilateral	115.78	1/1/2019
93931		duplex scan of upper extremity arteries or arterial bypass grafts; unilateral	128.93	1/1/2019
93965	26	non-invasive physiologic studies of extremity veins, complete bilateral study	14.77	1/1/2019
93965	TC	non-invasive physiologic studies of extremity veins, complete bilateral study	83.13	1/1/2019
93965		non-invasive physiologic studies of extremity veins, complete bilateral study	97.90	1/1/2019
93970	26	duplex scan of extremity veins; complete, bilatera	29.02	1/1/2019
93970	TC	duplex scan of extremity veins; complete, bilatera	171.43	1/1/2019
93970		duplex scan of extremity veins; complete, bilatera	200.45	1/1/2019
93971	26	duplex scan of extremity veins including responses to compression and other	19.24	1/1/2019
93971	TC	duplex scan of extremity veins including responses to compression and other	113.50	1/1/2019
93971		duplex scan of extremity veins including responses to compression and other	132.73	1/1/2019
93975	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	77.44	1/1/2019
93975	TC	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	224.23	1/1/2019
93975		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	301.67	1/1/2019
93976	26	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	51.41	1/1/2019
93976	TC	duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	122.74	1/1/2019
93976		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	174.15	1/1/2019
93978	26	duplex scan complete; aorta,vena cava,iliac vasc.	27.80	1/1/2019
93978	TC	duplex scan complete; aorta,vena cava,iliac vasc.	160.75	1/1/2019
93978		duplex scan complete; aorta,vena cava,iliac vasc.	188.54	1/1/2019
93979	26	duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	18.64	1/1/2019
93979	TC	duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	111.75	1/1/2019
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	130.38	1/1/2019
93990	26	duplex scan of hemodialysis	10.41	1/1/2019
93990		duplex scan of hemodialysis	152.53	1/1/2019
94002		ventilation assist and management, initiation of pressure or volume preset	73.92	1/1/2019
94003		ventilation assist and management, initiation of pressure or volume preset	53.42	1/1/2019
94004		ventilation assist and management, initiation of pressure or volume preset	38.89	1/1/2019
94010	26	spirometry including graphic record total timed vital capacity exploratory flow	6.94	1/1/2019
94010	TC	spirometry including graphic record total timed vital capacity exploratory flow	19.43	1/1/2019
94010		spirometry including graphic record total timed vital capacity exploratory flow	26.37	1/1/2019
94060	26	bronchospasm evaluation, spirometry as in 94010 before & after bronchodilator	12.17	1/1/2019
94060	TC	bronchospasm evaluation, spirometry as in 94010 before & after bronchodilator	34.06	1/1/2019
94060		bronchospasm evaluation, spirometry as in 94010 before & after bronchodilator	46.24	1/1/2019
94070	26	prolonged postexposure evaluation of bronchospasm with multiple spirometric	23.91	1/1/2019
94070	TC	prolonged postexposure evaluation of bronchospasm with multiple spirometric	24.47	1/1/2019
94070		prolonged postexposure evaluation of bronchospasm with multiple spirometric	48.38	1/1/2019
94150	26	vital capacity total	3.25	1/1/2019
94150	TC	vital capacity total	14.61	1/1/2019
94150		vital capacity total	17.86	1/1/2019
94200	26	max breathing capacity, max voluntary ventilation	4.50	1/1/2019
94200	TC	max breathing capacity, max voluntary ventilation	13.38	1/1/2019
94200		max breathing capacity, max voluntary ventilation	17.86	1/1/2019
94250	26	expired gas collection	4.50	1/1/2019
94250	TC	expired gas collection	14.91	1/1/2019
94250		expired gas collection	19.40	1/1/2019
94375	26	respiratory flow volume loop	12.17	1/1/2019
94375	TC	respiratory flow volume loop	17.70	1/1/2019
94375		respiratory flow volume loop	28.97	1/1/2019
94400	26	breathing response to co2	16.23	1/1/2019
94400	TC	breathing response to co2	25.99	1/1/2019
94400		breathing response to co2	42.22	1/1/2019
94450	26	breathing response to hypoxia	15.75	1/1/2019
94450	TC	breathing response to hypoxia	24.91	1/1/2019
94450		breathing response to hypoxia	40.66	1/1/2019
94610		intrapulmonary surfactant administration by a physician through endotracheal	51.98	1/1/2019
94620	26	pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm	25.74	1/1/2019
94620	TC	pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm	31.97	1/1/2019
94620		pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm	57.71	1/1/2019
94621	26	pulmonary stress testing; complex (including measurements of co2 production, o2	59.01	1/1/2019
94621	TC	pulmonary stress testing; complex (including measurements of co2 production, o2	71.48	1/1/2019
94621		pulmonary stress testing; complex (including measurements of co2 production, o2	130.50	1/1/2019
94640		nonpressurized inhalation treatment for acute airway obstruction	10.49	1/1/2019
94642		aerosol inhalation pentamidine prophylaxis	9.20	1/1/2019
94644		continuous inhalation treatment with aerosol medication for acute airway	26.93	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
94645		continuous inhalation treatment with aerosol medication for acute airway	10.49	1/1/2019
94660		continuous positive airway pressure ventilation (cpap), initiation and	46.12	1/1/2019
94662		cont negative pressure vent iniation/management	30.06	1/1/2019
94664		aerosol tx initial	11.47	1/1/2019
94667		manipulation of chest wall	15.99	1/1/2019
94668		subsequent manipulation of chest wall	15.11	1/1/2019
94680	26	expired gas analysis	10.32	1/1/2019
94680	TC	expired gas analysis	35.51	1/1/2019
94680		expired gas analysis	45.83	1/1/2019
94681	26	expired gas analysis with co2	7.87	1/1/2019
94681	TC	expired gas analysis with co2	41.60	1/1/2019
94681		expired gas analysis with co2	49.47	1/1/2019
94690	26	expired gas analysis rest, indirect	2.96	1/1/2019
94690	TC	expired gas analysis rest, indirect	36.85	1/1/2019
94690		expired gas analysis rest, indirect	39.80	1/1/2019
94750	26	pulmonary compliance study (eg, plethysmography, volume and pressure	9.10	1/1/2019
94750	TC	pulmonary compliance study (eg, plethysmography, volume and pressure	47.23	1/1/2019
94750		pulmonary compliance study (eg, plethysmography, volume and pressure	56.32	1/1/2019
94760		non-invasive ear or pulse oximetry	2.13	1/1/2019
94761		noninvasive ear or pulse oximetry multiple determ.	4.07	1/1/2019
94762		noninvasive pulse oximetry for o2 saturation; by continuous overnight monitoring	22.74	1/1/2019
94770	26	carbon dioxide /infrared analysis	6.02	1/1/2019
94770	TC	carbon dioxide /infrared analysis	22.72	1/1/2019
94770		carbon dioxide /infrared analysis	28.76	1/1/2019
94772	26	respiratory pattern recording	50.37	1/1/2019
94772	TC	respiratory pattern recording	45.29	1/1/2019
94772		respiratory pattern recording	95.65	1/1/2019
95004		percutaneous test allergenic extract, each test	4.55	1/1/2019
95012		Measurement of inhaled nitric oxide gas	16.36	1/1/2019
95024		interacutaneous test w/allergenic extract each test	5.41	1/1/2019
95027		skin end point titration	3.69	1/1/2019
95028		interacutaneous test delayed reaction,each test	8.56	1/1/2019
95044		patch or application test(s) (specify number of tests)	4.81	1/1/2019
95052		photo patch test(s) (specify number of tests)	5.39	1/1/2019
95056		photosensitivity tests	27.31	1/1/2019
95060		allergy eye tests	18.27	1/1/2019
95065		allergy nose test	16.63	1/1/2019
95070		allergy bronchial tests	33.85	1/1/2019
95071		inhala bronch challenge testing w/antigens specify	41.92	1/1/2019
95076		ingestion challenge test (sequential and incremental ingestion of test items, eg, fo	96.17	1/1/2019
95079		ingestion challenge test (sequential and incremental ingestion of test items, eg, fo	68.25	1/1/2019
95115		immunotherapy, one injection	8.18	1/1/2019
95117		professional services for allergen immunotherapy not including provision of	9.91	1/1/2019
95120		professional services for allergen immunotherapy in prescribing	4.39	1/1/2019
95125		professional services for allergen immunotherapy in prescribing	6.60	1/1/2019
95130		immunotherapy	28.52	1/1/2019
95131		immunotherapy 2 stinging insect venoms	35.53	1/1/2019
95132		immunotherapy 3 stinging insect venoms	27.97	1/1/2019
95133		immunotherapy 4 stinging insect venoms	51.74	1/1/2019
95134		immunotherapy 5 stinging insect venoms	61.93	1/1/2019
95144		professional services for the supervision of preparation and provision of	9.28	1/1/2019
95180		rapid desensitization procedure, each hour (eg, insulin, penicillin, equine	115.38	1/1/2019
95705		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG, 2-12 HOURS, UNMONITOF	188.68	1/1/2020
95706		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS, WITH INTE	188.68	1/1/2020
95707		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2-12 HOURS, WITH CON	188.68	1/1/2020
95708		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS. UNMONIT	188.68	1/1/2020
95709		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS. WITH INTE	188.68	1/1/2020
95710		MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12-26 HOURS. WITH CON	188.68	1/1/2020
95711		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOUR	1436.21	1/1/2020
95712		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOUR	176.52	1/1/2020
95713		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 HOUR	1436.21	1/1/2020
95714		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOU	1436.21	1/1/2020
95715		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOU	1436.21	1/1/2020
95716		MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 HOU	1436.21	1/1/2020
95805	26	multiple sleep latency or maintenance of wakefulness testing, recording,	76.55	1/1/2019
95805	TC	multiple sleep latency or maintenance of wakefulness testing, recording,	261.10	1/1/2019
95805		multiple sleep latency or maintenance of wakefulness testing, recording,	337.65	1/1/2019
95806		sleep study, simultaneous recording of ventilation, respiratory	167.62	1/1/2019
95807	26	sleep study, simultaneous recording of ventilation, respiratory effort, ecg or	67.19	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
95807	TC	sleep study, simultaneous recording of ventilation, respiratory effort, ecg or	326.71	1/1/2019
95807		sleep study, simultaneous recording of ventilation, respiratory effort, ecg or	393.89	1/1/2019
95808	26	polysomnography; sleep staging with 1-3 add'l parameters of sleep, attended	107.69	1/1/2019
95808	TC	polysomnography; sleep staging with 1-3 add'l parameters of sleep, attended	409.48	1/1/2019
95808		polysomnography; sleep staging with 1-3 add'l parameters of sleep, attended	517.17	1/1/2019
95810	26	polysomnography; sleep staging with 4 or more add'l parameters of sleep, attended	141.95	1/1/2019
95810	TC	polysomnography; sleep staging with 4 or more add'l parameters of sleep, attended	474.67	1/1/2019
95810		polysomnography; sleep staging with 4 or more add'l parameters of sleep, attended	616.62	1/1/2019
95811		polysomnography; of sleep, attended by a technologist sleep stagi	679.36	1/1/2019
95812	26	eeg extended monitoring; up to 1 hour	44.95	1/1/2019
95812		eeg extended monitoring; up to 1 hour	189.03	1/1/2019
95813	26	eeg extended monitoring; greater than 1 hour	71.58	1/1/2019
95813		eeg extended monitoring; greater than 1 hour	232.67	1/1/2019
95816	26	electroencephalogram (eeg) including recording awake and drowsy (including	44.95	1/1/2019
95816	TC	electroencephalogram (eeg) including recording awake and drowsy (including	128.59	1/1/2019
95816		electroencephalogram (eeg) including recording awake and drowsy (including	173.55	1/1/2019
95819	26	electroencephalogram (eeg) including recording awake and asleep (including	44.95	1/1/2019
95819	TC	electroencephalogram (eeg) including recording awake and asleep (including	141.28	1/1/2019
95819		electroencephalogram (eeg) including recording awake and asleep (including	186.23	1/1/2019
95822	26	electroencephalogram; sleep only	44.95	1/1/2019
95822	TC	electroencephalogram; sleep only	140.43	1/1/2019
95822		electroencephalogram; sleep only	185.39	1/1/2019
95824	26	electroencephalogram; cerebral death eval. only	30.79	1/1/2019
95824	TC	electroencephalogram; cerebral death eval. only	13.44	1/1/2019
95824		electroencephalogram; cerebral death eval. only	49.90	1/1/2019
95829	26	electrocorticogram at surger	260.77	1/1/2019
95829	TC	electrocorticogram at surger	706.72	1/1/2019
95829		electrocorticogram at surger	967.48	1/1/2019
95830	26	insertion of electrodes for electroencephalographi	23.46	1/1/2019
95830		insertion of electrodes for electroencephalographi	70.75	1/1/2019
95851	26	range of motion evaluation	4.98	1/1/2019
95851		range of motion evaluation	6.62	1/1/2019
95852	26	range of motion measurements and report of hands	2.57	1/1/2019
95852		range of motion measurements and report of hands	10.26	1/1/2019
95857	26	tensilon test for myasthenia gravis	8.41	1/1/2019
95857		tensilon test for myasthenia gravis	33.65	1/1/2019
95860	26	needle electromyography, one extremity with or without related paraspinal areas	41.01	1/1/2019
95860	TC	needle electromyography, one extremity with or without related paraspinal areas	24.91	1/1/2019
95860		needle electromyography, one extremity with or without related paraspinal areas	65.93	1/1/2019
95861	26	needle electromyography, two extremities with or without related paraspinal	65.55	1/1/2019
95861	TC	needle electromyography, two extremities with or without related paraspinal	30.31	1/1/2019
95861		needle electromyography, two extremities with or without related paraspinal	95.87	1/1/2019
95863	26	needle electromyography, three extremities with or without related paraspinal	78.54	1/1/2019
95863	TC	needle electromyography, three extremities with or without related paraspinal	35.80	1/1/2019
95863		needle electromyography, three extremities with or without related paraspinal	114.34	1/1/2019
95864	26	needle electromyography, four extremities with or without related paraspinal	84.01	1/1/2019
95864	TC	needle electromyography, four extremities with or without related paraspinal	35.80	1/1/2019
95864		needle electromyography, four extremities with or without related paraspinal	114.34	1/1/2019
95867	26	needle electromyography,cranial nerve supplied muscles,unilateral	33.30	1/1/2019
95867	TC	needle electromyography,cranial nerve supplied muscles,unilateral	23.86	1/1/2019
95867		needle electromyography,cranial nerve supplied muscles,unilateral	57.17	1/1/2019
95868	26	needle electromyography,cranial nerve supplied muscles,bilateral	49.60	1/1/2019
95868	TC	needle electromyography,cranial nerve supplied muscles,bilateral	28.97	1/1/2019
95868		needle electromyography,cranial nerve supplied muscles,bilateral	78.57	1/1/2019
95869	26	needle electromyography; thoracic paraspinal muscles	15.68	1/1/2019
95869	TC	needle electromyography; thoracic paraspinal muscles	28.97	1/1/2019
95869		needle electromyography; thoracic paraspinal muscles	49.60	1/1/2019
95870	26	needle electromyography; other than paraspinal (eg, abdomen, thorax)	15.68	1/1/2019
95870	TC	needle electromyography; other than paraspinal (eg, abdomen, thorax)	19.72	1/1/2019
95870		needle electromyography; other than paraspinal (eg, abdomen, thorax)	35.40	1/1/2019
95872	26	needle electromyography using single fiber electrode, with quantitative	115.90	1/1/2019
95872	TC	needle electromyography using single fiber electrode, with quantitative	20.88	1/1/2019
95872		needle electromyography using single fiber electrode, with quantitative	136.78	1/1/2019
95875	26	ischemic limb exercise test with serial specimen(s) acquisition for muscle	45.96	1/1/2019
95875	TC	ischemic limb exercise test with serial specimen(s) acquisition for muscle	29.17	1/1/2019
95875		ischemic limb exercise test with serial specimen(s) acquisition for muscle	75.12	1/1/2019
95925	26	short-latency somatosensory evoked potential study, stimulation of any/all	22.82	1/1/2019
95925	TC	short-latency somatosensory evoked potential study, stimulation of any/all	70.41	1/1/2019
95925		short-latency somatosensory evoked potential study, stimulation of any/all	93.22	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
95933	26	orbicularis oculi reflex by electrodiagnostic tes	24.95	1/1/2019
95933	TC	orbicularis oculi reflex by electrodiagnostic tes	26.28	1/1/2019
95933		orbicularis oculi reflex by electrodiagnostic tes	51.23	1/1/2019
95937	26	neuromuscular junctn testing, ea nerve,any 1 meth.	28.19	1/1/2019
95937	TC	neuromuscular junctn testing, ea nerve,any 1 meth.	17.70	1/1/2019
95937		neuromuscular junctn testing, ea nerve,any 1 meth.	45.89	1/1/2019
95954	26	pharmacological or physical activation requiring physician attendance during	95.11	1/1/2019
95954	TC	pharmacological or physical activation requiring physician attendance during	103.58	1/1/2019
95954		pharmacological or physical activation requiring physician attendance during	198.68	1/1/2019
95955	26	electroencephalogram during surgery interpretation	41.42	1/1/2019
95955	TC	electroencephalogram during surgery interpretation	68.25	1/1/2019
95955		electroencephalogram during surgery interpretation	109.67	1/1/2019
95957		digital analysis of electroencephalogram (eeg) (eg, for epileptic spike	207.61	1/1/2019
95958	26	wada activation test for hemispheric funct.inc.eeg	176.73	1/1/2019
95958	TC	wada activation test for hemispheric funct.inc.eeg	132.07	1/1/2019
95958		wada activation test for hemispheric funct.inc.eeg	308.80	1/1/2019
95961	26	functional cortical and subcortical mapping by stimulation and/or recording of	131.51	1/1/2019
95961	TC	functional cortical and subcortical mapping by stimulation and/or recording of	55.60	1/1/2019
95961		functional cortical and subcortical mapping by stimulation and/or recording of	187.11	1/1/2019
95962	26	functional cortical mapping by stimulation of electrodes on brain surface, or	136.69	1/1/2019
95962	TC	functional cortical mapping by stimulation of electrodes on brain surface, or	37.15	1/1/2019
95962		functional cortical mapping by stimulation of electrodes on brain surface, or	173.85	1/1/2019
95965	26	magnetoencephalography (meg), recording and analysis; for spontaneous brain	340.70	1/1/2019
95966	26	magnetoencephalography (meg), recording and analysis; for evoked magnetic	169.70	1/1/2019
95967	26	magnetoencephalography (meg), recording and analysis; for evoked magnetic	145.44	1/1/2019
95970		electronic analysis of implanted neurostimulator pulse generator system (eg,	40.00	1/1/2019
95971		electronic analysis of implanted neurostimulator pulse generator system (eg,	46.47	1/1/2019
95972		electronic analysis of implanted neurostimulator pulse generator system (eg,	82.99	1/1/2019
95973		electronic analysis of implanted neurostimulator pulse generator system (eg,	45.65	1/1/2019
95990		refilling and maintenance of implantable pump or reservoir for drug delivery,	46.18	1/1/2019
95991		refilling and maintenance of implantable pump or reservoir for drug delivery,	70.48	1/1/2019
96000		comprehensive computer-based motion analysis by video-taping and 3-d kinemat	72.43	1/1/2019
96001		comprehensive computer-based motion analysis by video-taping and 3-d kinemat	85.74	1/1/2019
96002		dynamic surface electromyography, during walking or other functional	16.93	1/1/2019
96003		dynamic fine wire electromyography, during walking or other functional	14.81	1/1/2019
96004		physician review and interpretation of comprehensive computer based motion	91.68	1/1/2019
96040		medical genetics and genetic counseling services, each 30 minutes face-to-face	32.05	1/1/2019
96110		developmental screening	8.75	1/1/2019
96127		brief emotional/behavioral assessment	4.49	1/1/2019
96160		pt-focused hlth risk asmnt	3.74	1/1/2019
96161		caregiver health risk asmnt	3.74	1/1/2019
96405		chemotherapy administration; intralesional, up to and including 7 lesions	68.43	1/1/2019
96406		chemotherapy administration; intralesional, more than 7 lesions	94.76	1/1/2019
96420		chemotherapy admin, intra-arterial push	85.90	1/1/2019
96422		chemotherapy admin, intra-arterial infusion up to 1 hour	138.68	1/1/2019
96423		chemotherapy administration, intra-arterial; infusion technique, each	62.23	1/1/2019
96425		chemotherapy admin, intra-arterial infusion, over 8 hours (pump)	136.66	1/1/2019
96440		chemotherapy admin, into pleural cavity including thoracentesis	482.18	1/1/2019
96450		chemotherapy administration, into cns (eg, intrathecal), requiring and	169.18	1/1/2019
96542		chemotherapy injection, subarachnoid or intraventricular via subq, reservoir	108.41	1/1/2019
96570		photodynamic therapy by endoscopic application of light to ablate abnormal	48.01	1/1/2019
96571		photodynamic therapy by endoscopic application of light to ablate abnormal	23.22	1/1/2019
96900		ultraviolet light therapy	15.40	1/1/2019
96910		photochemotheraph tar/ultraviolet b goeckerman tre	49.82	1/1/2019
96912		photochemotherapy psoralens/ultraviolet a puva	63.86	1/1/2019
96920		laser treatment for inflammatory skin disease (psoriasis) total area less than	130.57	1/1/2019
96921		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq	127.92	1/1/2019
96922		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	190.28	1/1/2019
97001		physical therapy eval	58.30	1/1/2019
97002		physical therapy re-eval	31.21	1/1/2019
97003		occupational therapy eval	61.67	1/1/2019
97004		occupational therapy re-eval	35.54	1/1/2019
97010		application of a modality to 1 or more areas; hot or cold packs	3.79	1/1/2019
97012		traction; mechanical	12.03	1/1/2019
97014		electrical stimulation (unattended)	11.00	1/1/2019
97016		vasopneumatic devices	12.44	1/1/2019
97018		paraffin bath	6.40	1/1/2019
97022		whirlpool	14.15	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
97024		application of a modality to one or more areas; diathermy (eg, microwave)	4.38	1/1/2019
97026		infrared	4.09	1/1/2019
97028		ultraviolet	5.00	1/1/2019
97032		application of modality to 1 or more areas	13.47	1/1/2019
97033		iontophoresis	19.84	1/1/2019
97034		contrast bath	12.22	1/1/2019
97035		ultrasound	9.63	1/1/2019
97036		hubbard tank	20.76	1/1/2019
97110		therapeutic procedure 1 or more area	23.37	1/1/2019
97112		neuromuscular re-education of movement	24.03	1/1/2019
97113		therapeutic procedure, one or more areas, each 15 minutes;	28.34	1/1/2019
97116		therapeutic procedure 1 or more areas	20.46	1/1/2019
97124		massage including effleurage	18.61	1/1/2019
97140		manual therapy techniques; each 15 mins	21.68	1/1/2019
97161		pt eval low complex 20 min	67.46	1/1/2019
97162		pt eval mod complex 30 min	67.46	1/1/2019
97163		pt eval high complex 45 min	67.46	1/1/2019
97164		pt re-eval est plan care	45.71	1/1/2019
97165		ot eval low complex 30 min	65.44	1/1/2019
97166		ot eval mod complex 45 min	65.44	1/1/2019
97167		ot eval high complex 60 min	65.44	1/1/2019
97168		ot re-eval est plan care	43.18	1/1/2019
97530		therapeutic activities direct 1 on 1 by provider; each 15 mins	24.59	1/1/2019
97597		removal of devitalized tissue from wound(s), selective debridement, without	47.63	1/1/2019
97598		removal of devitalized tissue from wound(s), selective debridement, without	59.10	1/1/2019
97750		physical performance test or measurement	23.94	1/1/2019
97802		medical nutrition therapy; initial assessment and intervention, individual	24.51	1/1/2019
97803		medical nutrition therapy; re-assessment and intervention, individual,	21.44	1/1/2019
99050		medical services after hours	27.30	1/1/2019
99051		service(s) provided in the office during regularly scheduled evening, weekend	27.30	1/1/2019
99053		service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in	27.30	1/1/2019
99058		office visit/emergency	18.20	1/1/2019
99070		special supplies	9.71	1/1/2019
99082		unusual travel	0.85	1/1/2019
99100		anesthesia for patient of extreme age, under one year and over seventy (list	17.90	1/1/2019
99116		anesthesia complicated by utilization of total body hypothermia (list	17.90	1/1/2019
99135		anesthesia complicated by utilization of controlled hypotension (list	17.51	1/1/2019
99140		anesthesia complicated by emergency conditions (specify) (list separately in	17.90	1/1/2019
99151		mod sed same phys/qhp <5 yrs	63.40	1/1/2019
99152		mod sed same phys/qhp 5/> yrs	42.07	1/1/2019
99153		mod sed same phys/qhp ea	8.85	1/1/2019
99155		mod sed oth phys/qhp <5 yrs	78.57	1/1/2019
99156		mod sed oth phys/qhp 5/> yrs	64.37	1/1/2019
99157		mod see other phys qhp ea	48.82	1/1/2019
99170		anogenital examination with colposcopic magnification in childhood for	117.00	1/1/2019
99175		induced vomiting	19.86	1/1/2019
99183		physician attendance and supervision of hyperbaric oxygen therapy,	155.44	1/1/2019
99190		monitoring services	92.52	1/1/2019
99191		monitoring services	59.41	1/1/2019
99192		monitoring services	43.02	1/1/2019
99195		therapeutic phlebotomy	56.06	1/1/2019
99217		observation care discharge day management	61.32	1/1/2019
99218		initial observation, per day, low complexity	57.84	1/1/2019
99219		initial observation care, per day, moderate complexity	95.78	1/1/2019
99220		initial observation care, per day, high complexity	134.33	1/1/2019
99221		initial hosp. care, minor. phys time approx 30 min	83.05	1/1/2019
99222		initial hosp care, moderate-phys time approx 50 min	113.34	1/1/2019
99223		initial hosp care, severe-phys time approx 70 min	166.89	1/1/2019
99231		hosp visit, stable. phys time approx 15 minutes	34.30	1/1/2019
99232		hosp visit, moderate. phys time approx 25 minutes	61.81	1/1/2019
99233		hosp visit, complex. phys time approx 35 minutes	88.53	1/1/2019
99238		hospital discharge day management; 30 minutes or less	61.11	1/1/2019
99239		hospital discharge day management; more than 30 minutes	88.81	1/1/2019
99241		office consultation new or established patient	39.98	1/1/2019
99242		office consultation new or established patient	74.90	1/1/2019
99243		office consultation new or established patient	103.00	1/1/2019
99244		office consultation new or established patient	152.99	1/1/2019
99245		office consultation new or established patient	188.03	1/1/2019
99251		initial inpt consult- phys time approx 20 min.	40.82	1/1/2019

**Physician Fee Schedule  
Provider Specialty 075  
Taxonomy: 261QR1300X  
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	NON-FACILITY	EFFECTIVE DATE
99252		initial inpt consult- phys time approx 40 min.	63.25	1/1/2019
99253		initial inpt consult- phys time approx 55 min.	96.02	1/1/2019
99254		initial inpt consult- phys time approx 80 min.	138.89	1/1/2019
99255		initial inpt consult- phys time approx 110 min.	169.23	1/1/2019
99281		er visit, minor	17.03	1/1/2019
99282		er visit, low severity	33.13	1/1/2019
99283		er visit, moderate severity	51.35	1/1/2019
99284		er visit, high severity	96.14	1/1/2019
99288		physician direction of ems advanced life support	44.63	1/1/2019
99354		prolonged physician service in the office or other outpatient setting requiring	84.57	1/1/2019
99355		prolonged physician service in the office or other outpatient setting requiring	83.72	1/1/2019
99356		prolonged physician service in the inpatient setting, requiring direct	77.23	1/1/2019
99357		prolonged physician service in the inpatient setting, requiring direct	77.76	1/1/2019
99360		physician standby service, requiring prolonged physician attendance, each 30	49.94	1/1/2019
99375		physician supervision of patients under care of home health	95.98	1/1/2019
99378		physician supervision of a hospice patient (patient not present) requiring	99.15	1/1/2019
99404		preventive medicine, individual counseling, appx 60 minutes	91.49	1/1/2019
99412		preventive medicine, group counseling, appx 60 minutes	16.07	1/1/2019
99460		initial hospital or birthing center care, per day, for evaluation and	51.95	1/1/2019
99463		initial hospital or birthing center care, per day, for evaluation and	69.50	1/1/2019
99464		attendance at delivery (when requested by the delivering physician) and initial	59.50	1/1/2019
99468		initial inpatient neonatal critical care, per day, for the evaluation and	728.86	1/1/2019
99469		subsequent inpatient neonatal critical care, per day, for the evaluation and	319.19	1/1/2019
A4263		permanent,long-term,nondissolvable lacrimal duct implant,each	9.79	1/1/2019
G0127		trimming of dystrophic nails, any number	15.31	1/1/2019
G0279		diagnostic digital breast tomosynthesis, unilateral or bilateral	45.56	1/1/2019
G0279	26	diagnostic digital breast tomosynthesis, unilateral or bilateral	25.09	1/1/2019
G0279	TC	diagnostic digital breast tomosynthesis, unilateral or bilateral	20.47	1/1/2019
G0477		drug test(s), presumptive,any number of drug classes;any number of devices or procedures,(e.g.,immunoassay) capable of being read by direct optical observation only (e.g.,dipsticks,cups,cards,cartridges),includes sample validation when performed,per date of service	13.52	1/1/2019
G0478		drug test(s), presumptive,any number of drug classes;any number of devices or procedures, (e.g.,immunoassay) read by instrument-assisted direct optical observation (e.g.,dipstick,cups,cards,cartridges),includes validation when performed,per date of service	18.03	1/1/2019
G0479		drug test(s),presumptive,any number of drug classes;any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay,enzyme assay,tof,maldi,ldtd,desi,dart,ghpc,gc masws spectrometry),includes sample validation when performed,per date of service	72.12	1/1/2019
G0480		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, e	72.75	1/1/2019
G0481		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	111.92	1/1/2019
G0482		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	151.09	1/1/2019
G0483		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	195.86	1/1/2019
S9442		birthing class (one unit = 2 hours)	8.69	1/1/2019
T1017		targeted case management (one unit = 15 minutes)	17.67	1/1/2019

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