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<table>
<thead>
<tr>
<th>ACCOMODATION CODE</th>
<th>Revenue Code (RC)</th>
<th>CPT/HCPCS Codes</th>
<th>COVID-19 MODIFIER</th>
<th>DESCRIPTION</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>0821</td>
<td></td>
<td></td>
<td>Hemodialysis</td>
<td>$140.58</td>
</tr>
<tr>
<td>70</td>
<td>0831</td>
<td></td>
<td></td>
<td>Peritoneal Dialysis</td>
<td>$140.58</td>
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<tr>
<td>71</td>
<td>0841</td>
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<td></td>
<td>Continuous Ambulatory Peritoneal Dialysis (CAPD)</td>
<td>$60.25</td>
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<tr>
<td>71</td>
<td>0851</td>
<td></td>
<td></td>
<td>Continuous Cycling Peritoneal Dialysis (CCPD)</td>
<td>$60.25</td>
</tr>
</tbody>
</table>

**Drugs**

Shall apply applicable RC, examples:
- 0250
- 0634
- 0635
- 0636

Drug codes included in the composite rates or separately billable are listed in the Dialysis Clinical Medical Coverage Policy: [https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf](https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf)

For separately billable drug rates see Physician Administered Drug Program Fee Schedule.

**Labs**

Shall apply applicable RC, examples:
- 0300
- 0301
- 0302
- 0303
- 0305

Lab codes included in the composite rate or separately billable are listed in the Dialysis Clinical Medical Coverage Policy: [https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf](https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf)

For separately billable lab rates see Lab Fee Schedule.

Blood Storage 0391 36430 See Physician Services Fee Schedule.

The following procedure codes require the taxonomy of the rendering provider on a professional claim - CMS-1500 billing form:

(Do not use ESRD Taxonomy)

**COVID-19**

** Monthly Capitation Telemedicine**

<table>
<thead>
<tr>
<th>Code 90951*</th>
<th>Code 90952*</th>
<th>Code 90953*</th>
<th>Code 90954**</th>
<th>Code 90955**</th>
<th>Code 90956**</th>
<th>Code 90957**</th>
<th>Code 90958**</th>
<th>Code 90959**</th>
<th>Code 90960*</th>
<th>Code 90961*</th>
<th>Code 90962*</th>
<th>Code 90963*</th>
<th>Code 90964**</th>
<th>Code 90965*</th>
<th>Code 90966*</th>
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</thead>
<tbody>
<tr>
<td>GT-CR</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

For a full month of physician services reimbursement -

See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules.

(\*, ** COVID-19 Effective 03-10-2020)

**COVID-19**

** Daily Capitation Telehealth**

<table>
<thead>
<tr>
<th>Code 90967*</th>
<th>Code 90968**</th>
<th>Code 90969**</th>
<th>Code 90970*</th>
</tr>
</thead>
<tbody>
<tr>
<td>GT-CR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For a partial month of physician services reimbursement -

See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules.

(\*, ** COVID-19 Effective 03-10-2020)

**COVID-19**

** Dialysis Training Telemedicine**

<table>
<thead>
<tr>
<th>Code 90989**</th>
<th>Code 90993**</th>
</tr>
</thead>
<tbody>
<tr>
<td>GT-CR</td>
<td></td>
</tr>
</tbody>
</table>

Training - Complete course - Allowed once per beneficiary's lifetime (25 sessions)

For Training see Physician Assistant and Nurse Practitioner Fee Schedules.

(\*, ** COVID-19 Effective 03-10-2020)

$500.00

Training - Not completed course. Per session amount (Not to exceed 25 sessions)

The dates / units must be the number of training dates.

$20.00

**COVID-19**

Other Procedures

<table>
<thead>
<tr>
<th>Code 93040**</th>
<th>Code 93041**</th>
<th>Code 93042**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

See Physician Services Fee Schedule.

**COVID-19**

** DMA Provider Reimbursement**

<table>
<thead>
<tr>
<th>Code 87635**</th>
</tr>
</thead>
</table>

Infection Agent Detection - SARS-COV-2 COVID-19 AMP PRB

See Lab Fee Schedule.

(COVID-19 Effective 03-13-2020)

$66.72
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<th>RATE</th>
</tr>
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</table>

Covered during the spread of the novel coronavirus (COVID-19)

- Medicaid
- HealthChoice

Modifier CR (Catastrophe /disaster related) must be appended to all claims for CPT codes outlined as GT-CR.

Modifier GT (Via interactive audio and video telecommunication systems) must be appended to the CPT or HCPCS codes outlined as GT-CR.


Fee Schedules

- Physician Service Fee Schedule: [https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-services-fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-services-fee-schedules)
- Physician Assistant Fee Schedule: [https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-assistant-fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-assistant-fee-schedules)
- Nurse Practitioner Fee Schedule: [https://medicaid.ncdhhs.gov/providers/fee-schedules/nurse-practitioner-fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules/nurse-practitioner-fee-schedules)
- LAB Fee Schedule: [https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules)