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Providers should always bill their usual and customary charges. Please use the NC Medicaid Physician Services Fee Schedule for additions, changes and deletions to this schedule.
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**Number of Procedures:** 31

**Average Cost per Procedure:** $200.10
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- CPT codes represent medical procedures.
- Dates indicate the billing dates.
- Amounts show the monetary value associated with each procedure.
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REMOVAL OF RECTUM

REMOVAL OF RECTUM W/RESERVOIR

COLONOSCOPY & POLYPECTOMY

SMALL BOWEL ENDOSCOPY

SMALL BOWEL ENDOSCOPY/BIOPSY

REPAIR BOWEL OPENING

REPAIR BOWEL FISTULA

PARTIAL REMOVAL OF RECTUM

COLONOSCOPY WITH BIOPSY

PROCTOSIGMOIDOSCOPY VOLVUL

INTRAOP COLON LAVAGE ADD-ON

BIOPSY OF RECTUM

EXCISION OF RECTAL STRICTURE

DRAINAGE OF RECTAL ABSCESS

PROCTOSIGMOIDOSCOPY ABLATE

INTRO GASTROINTESTINAL TUBE

PROCTOSIGMOIDOSCOPY DILATE

COLOSTOMY WITH BIOPSIES

PARTIAL PROCTECTOMY

COLONOSCOPY W/STENT PLCMT

REMOVAL OF COLON/ILEOSTOMY

EXCISION OF RECTAL PROLAPSE

REVISION OF COLOSTOMY

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- Amounts listed are in USD and may vary based on location and insurance coverage.
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**Notes:**
- Dates range from 12/31/99 to 3/1/2020.
- Amounts range from $10.51 to $25.37.
- Some entries include additional notes such as "TC" or "CBT EACH ADDL HOUR."
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### Notes
- Costs are approximate and subject to change.
- Dates indicate when services were provided, with 3/1/2020 being the most recent.
- Additional services may have been provided but are not listed in this excerpt.
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The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Childcare Manual on the OHIO website for more information.

Please check the monthly NC Medicaid Bulletin for changes and additions to this schedule.
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