

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE MIDWIFE FEE SCHEDULE AS OF: 05/11/2017

Nurse Midwives Fee Schedule
Provider Specialty 063
Effective Date: 1/1/2018

The inclusion of a rate on 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.

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	\$ 38.93	\$ 38.93
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	\$ 111.82	\$ 56.42
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUI	\$ 117.21	\$ 54.37
10035		PERQ DEV SOFT TISS 1ST IMAG	\$ 429.05	\$ 72.97
10060		DRAINAGE OF ABSCESS	\$ 76.18	\$ 66.04
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	\$ 46.67	\$ 21.71
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	\$ 105.77	\$ 71.78
11980		SUBCUTANEOUS HORMONE PELLET (IMPLANTATIO	\$ 75.37	\$ 60.30
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	\$ 98.81	\$ 64.68
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	\$ 113.89	\$ 78.91
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	\$ 177.24	\$ 144.50
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 171.20	\$ 119.64
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	\$ 5.28	\$ 3.36
19020		INCISION OF BREAST LESION	\$ 297.79	\$ 200.45
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	\$ 60.85	\$ 46.92
20604		DRAIN/INJ JOINT/BURSA W/US	\$ 58.22	\$ 37.74
20606		DRAIN/INJ JOINT/BURSA W/US	\$ 64.07	\$ 42.74
20611		DRAIN/INJ JOINT/BURSA W/US	\$ 73.34	\$ 50.06
20612		ASPIRATION AND/OR INJECTION OF GANGLION	\$ 46.66	\$ 34.99
20979		LOW INTENSITY ULTRASOUND STIMULATION TO	\$ 44.30	\$ 30.05
20983		ABLATE BONE TUMOR(S) PERQ	\$5,521.75	\$ 331.00
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$ 851.97	\$ 851.97
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	\$1,043.27	\$1,043.27
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$ 867.68	\$ 867.68
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	\$1,002.62	\$1,002.62
21685		HYOID MYOTOMY AND SUSPENSION	\$ 787.17	\$ 787.17
21812		TREATMENT OF RIB FRACTURE	\$ 536.41	\$ 551.56
21813		TREATMENT OF RIB FRACTURE	\$ 733.87	\$ 745.66
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$1,329.19	\$1,329.19
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	\$ 488.16	\$ 488.16
23412		REPAIR OF TENDON(S)	\$ 624.67	\$ 624.67
23700		FIXATION OF SHOULDER	\$ 138.38	\$ 138.38
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	\$ 309.97	\$ 309.97
24332		TENOLYSIS, TRICEPS	\$ 473.05	\$ 473.05
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	\$ 554.92	\$ 554.92
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	\$ 863.07	\$ 863.07
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	\$ 552.22	\$ 552.22
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	\$ 860.79	\$ 860.79
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	\$ 258.41	\$ 258.41
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 602.00	\$ 602.00
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	\$ 908.63	\$ 908.63
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	\$ 309.31	\$ 309.31
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	\$ 529.49	\$ 529.49
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	\$ 609.52	\$ 609.52
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	\$ 556.95	\$ 556.95
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	\$ 626.77	\$ 626.77
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	\$ 366.90	\$ 366.90
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$ 484.62	\$ 484.62
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	\$ 407.18	\$ 407.18
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	\$ 243.28	\$ 243.28
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	\$1,051.36	\$1,051.36
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	\$ 657.11	\$ 657.11
27279		ARTHRODESIS SACROILIAC JOINT	\$ 463.51	\$ 463.51
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	\$1,125.52	\$1,125.52
29086		APPLICATION, CAST; FINGER (EG, CONTRACTU	\$ 53.90	\$ 37.70
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	\$ 374.31	\$ 374.31
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	\$ 766.72	\$ 766.72
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	\$ 828.35	\$ 828.35
29823		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	\$ 448.38	\$ 448.38

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29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	\$ 531.94	\$ 531.94
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	\$ 874.43	\$ 874.43
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	\$ 408.48	\$ 408.48
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE	\$ 843.46	\$ 843.46
29900		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT,	\$ 368.81	\$ 368.81
29901		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT,	\$ 406.87	\$ 406.87
29902		ARTHROSCOPY, METACARPPOPHALANGEAL JOINT,	\$ 424.12	\$ 424.12
31515		VISUALIZATION OF LARYNX	\$ 146.72	\$ 82.30
31600		INCISION OF WINDPIPE	\$ 299.37	\$ 299.37
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 62.82	\$ 44.68
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	\$ 75.04	\$ 55.60
33215		REPOSITION PACING-DEFIB LEAD	\$ 267.35	\$ 267.35
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	\$ 435.51	\$ 435.51
33225		INSERTION OF LEFT HEART ELECTRODE FOR PA	\$ 390.70	\$ 390.70
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	\$ 419.87	\$ 419.87
33508		ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASS	\$ 13.60	\$ 13.60
33967		INSERT I-AORT PERCUT DEVICE	\$ 226.28	\$ 226.28
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	\$2,031.37	\$2,031.37
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	\$2,963.56	\$2,963.56
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	\$ 533.02	\$ 533.02
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	\$ 242.71	\$ 242.71
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	\$1,087.36	\$1,087.36
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	\$1,065.44	\$1,065.44
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	\$1,037.44	\$1,037.44
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	\$ 980.19	\$ 980.19
35572		HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEG	\$ 299.92	\$ 299.92
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$1,351.11	\$1,351.11
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	\$ 175.07	\$ 175.07
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	\$ 145.68	\$ 145.68
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	\$ 130.26	\$ 130.26
36002		INJECTION PROCEDURES (EG, THROMBIN) FOR	\$ 147.09	\$ 93.96
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	\$ 2.64	\$ 2.64
36511		THERAPEUTIC Apheresis; FOR WHITE BLOOD C	\$ 76.53	\$ 76.53
36512		THERAPEUTIC Apheresis; FOR RED BLOOD CEL	\$ 77.17	\$ 77.17
36513		THERAPEUTIC Apheresis; FOR PLATELETS	\$ 78.20	\$ 78.20
36514		THERAPEUTIC Apheresis; FOR PLASMA PHERES	\$ 500.58	\$ 75.55
36516		THERAPEUTIC Apheresis; WITH EXTRACORPORE	\$2,204.92	\$ 53.26
36555		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 240.11	\$ 107.62
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	\$ 218.78	\$ 102.48
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 757.90	\$ 250.60
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 742.94	\$ 241.14
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,032.42	\$ 299.32
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,038.63	\$ 289.01
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	\$1,018.54	\$ 300.99
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	\$ 882.49	\$ 286.10
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	\$2,440.24	\$ 306.40
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 278.80	\$ 80.87
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	\$ 251.82	\$ 80.45
36570		INSERTION OF PERIPHERALLY INSERTED CENTR	\$1,059.04	\$ 255.32
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	\$1,113.10	\$ 260.47
36575		REPAIR OF TUNNELED OR NON-TUNNELED CENTR	\$ 144.36	\$ 33.24
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	\$ 311.84	\$ 158.93
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	\$ 441.80	\$ 182.31
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	\$ 221.13	\$ 58.18
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 678.14	\$ 170.20
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 935.98	\$ 251.48
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	\$ 938.36	\$ 253.53
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 218.62	\$ 60.21
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	\$ 969.37	\$ 236.60
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	\$ 141.93	\$ 117.95
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	\$ 225.62	\$ 166.02
36595		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 570.71	\$ 161.24
36596		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 125.67	\$ 39.50
36597		REPOSITIONING OF PREVIOUSLY PLACED CENTR	\$ 111.03	\$ 53.68
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	\$ 676.47	\$ 676.47
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	\$1,061.43	\$1,061.43
36838		DISTAL REVASCULARIZATION AND INTERVAL LI	\$1,000.47	\$1,000.47
36902		INTRO CATH DIALYSIS CIRCUIT	\$ 973.62	\$ 181.20
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	\$ 747.39	\$ 747.39

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37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	\$ 356.31	\$ 356.31
37218		STENT PLACEMT ANTE CAROTID	\$ 666.45	\$ 714.17
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	\$ 588.35	\$ 588.35
38120		LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$ 806.21	\$ 806.21
38205		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 67.32	\$ 67.32
38206		BLOOD-DERIVED HEMATOPOIETIC PROGENITOR C	\$ 67.64	\$ 67.64
38220		BONE MARROW; ASPIRATION ONLY	\$ 138.12	\$ 50.00
38221		BONE MARROW; BIOPSY, NEEDLE OR TROCAR	\$ 152.86	\$ 63.78
38242		TRANSPLANTATION OF DONOR STEM CELLS FROM	\$ 78.41	\$ 78.41
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$ 362.05	\$ 301.75
41010		INCISION TONGUE FOLD	\$ 136.68	\$ 76.65
43180		ESOPHAGOSCOPY RIGID TRNSO	\$ 435.16	\$ 478.08
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	\$ 234.09	\$ 105.16
43210		EGD ESOPHAGOGASTR C FNDOPPLSTY	\$ 360.50	\$ 360.50
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 307.36	\$ 141.18
43237		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 193.28	\$ 193.28
43238		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	\$ 238.20	\$ 238.20
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	\$1,256.99	\$1,256.99
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,198.12	\$2,198.12
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,345.62	\$2,345.62
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$1,797.23	\$1,797.23
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$2,064.60	\$2,064.60
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$ 195.14	\$ 195.14
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	\$ 192.31	\$ 192.31
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,186.64	\$1,186.64
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,037.36	\$1,037.36
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,344.57	\$1,344.57
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,413.64	\$1,413.64
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,540.19	\$1,540.19
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,372.77	\$1,372.77
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,690.17	\$1,690.17
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,579.35	\$1,579.35
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	\$ 139.42	\$ 139.42
44381		SMALL BOWEL ENDOSCOPY BR/WA	\$ 53.70	\$ 53.70
44384		SMALL BOWEL ENDOSCOPY	\$ 53.70	\$ 53.70
44401		COLONOSCOPY WITH ABLATION	\$ 254.02	\$ 129.08
44402		COLONOSCOPY W/STENT PLCMT	\$ 254.02	\$ 129.08
44403		COLONOSCOPY W/RESECTION	\$ 254.02	\$ 129.08
44404		COLONOSCOPY W/INJECTION	\$ 254.02	\$ 129.08
44405		COLONOSCOPY W/DILATION	\$ 254.02	\$ 129.08
44406		COLONOSCOPY W/ULTRASOUND	\$ 254.02	\$ 129.08
44407		COLONOSCOPY W/NDL ASPIR/BX	\$ 254.02	\$ 129.08
44408		COLONOSCOPY W/DECOMPRESSION	\$ 254.02	\$ 129.08
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	\$ 133.50	\$ 133.50
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	\$1,416.68	\$1,416.68
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	\$ 186.37	\$ 73.30
45340		SIG W/TNDSC BALLOON DILATION	\$ 327.87	\$ 91.71
45346		SIGMOIDOSCOPY W/ABLATION	\$ 99.57	\$ 47.84
45347		SIGMOIDOSCOPY W/PLCMT STENT	\$ 99.57	\$ 47.84
45349		SIGMOIDOSCOPY W/RESECTION	\$ 99.57	\$ 47.84
45350		SGMDSC W/BAND LIGATION	\$ 99.57	\$ 47.84
45381		COLONOSCOPY SUBMUCOUS NJX	\$ 376.53	\$ 197.72
45386		COLONOSCOPY W/BALLOON DILAT	\$ 551.12	\$ 213.89
45388		COLONOSCOPY W/ABLATION	\$ 294.94	\$ 168.87
45389		COLONOSCOPY W/STENT PLCMT	\$ 294.94	\$ 168.87
45390		COLONOSCOPY W/RESECTION	\$ 294.94	\$ 168.87
45393		COLONOSCOPY W/DECOMPRESSION	\$ 294.94	\$ 168.87
45398		COLONOSCOPY W/BAND LIGATION	\$ 294.94	\$ 168.87
46020		PLACEMENT OF SETON	\$ 188.48	\$ 165.80
46601		DIAGNOSTIC ANOSCOPY	\$ 57.62	\$ 28.23
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	\$ 57.62	\$ 28.23
46706		REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$ 124.99	\$ 124.99
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	\$ 817.60	\$ 817.60
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 951.79	\$ 951.79
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	\$ 956.47	\$ 956.47
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$1,109.51	\$1,109.51
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$1,133.74	\$1,133.74
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	\$ 689.80	\$ 689.80
47383		PERQ ABLTJ LVR CRYOABLATION	\$6,079.03	\$ 417.12

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49419		INSERTION OF INTRAPERITONEAL CANNULA OR	\$ 348.60	\$ 348.60
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 581.85	\$ 581.85
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	\$ 713.48	\$ 713.48
49566		REPAIR RECURRENT INCISIONAL HERNIA;	\$ 661.34	\$ 661.34
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	\$ 803.86	\$ 803.86
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	\$1,183.58	\$1,183.58
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	\$ 998.32	\$ 998.32
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	\$1,273.62	\$1,273.62
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	\$ 509.92	\$ 509.92
51701		INSERTION OF NON-DWELLING BLADDER CATHET	\$ 47.65	\$ 22.15
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 61.08	\$ 24.35
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	\$ 111.25	\$ 66.83
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 174.54	\$ 174.54
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 65.77	\$ 65.77
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 108.78	\$ 108.78
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 174.45	\$ 174.45
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 65.04	\$ 65.04
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 109.43	\$ 109.43
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 188.13	\$ 188.13
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 77.43	\$ 77.43
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	\$ 110.71	\$ 110.71
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 158.29	\$ 158.29
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 63.22	\$ 63.22
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	\$ 95.06	\$ 95.06
52001		CYSTOURETHROSCOPY WITH IRRIGATION AND EV	\$ 340.68	\$ 248.68
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	\$ 989.67	\$ 989.67
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$ 680.49	\$ 680.49
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	\$ 540.69	\$ 540.69
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	\$1,062.50	\$1,062.50
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	\$ 638.22	\$ 638.22
54150		CIRCUMCISION	\$ 134.17	\$ 79.89
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	\$ 216.03	\$ 158.99
54163		REPAIR INCOMPLETE CIRCUMCISION	\$ 174.04	\$ 174.04
54164		FRENULOTOMY OF PENIS	\$ 150.45	\$ 150.45
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	\$ 624.46	\$ 624.46
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	\$ 433.92	\$ 433.92
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	\$1,492.91	\$1,492.91
56420		DRAINAGE OF VULVA ABSCESS	\$ 91.67	\$ 68.10
56441		LYSIS OF LABIAL ADHESIONS	\$ 110.72	\$ 104.96
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	\$ 95.38	\$ 83.32
56605		BIOPSY VULVA/PERINEUM; 1 LESION	\$ 61.64	\$ 45.74
56820		COLPOSCOPY OF THE VULVA;	\$ 81.85	\$ 63.75
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$ 109.60	\$ 86.56
57150		TREATMENT VAGINAL INFECTION	\$ 37.35	\$ 22.55
57155		INSERTION OF UTERINE TANDEMS AND/OR VAGI	\$ 314.61	\$ 314.61
57160		FITTING AND INSERTION OF PESSARY OR OTHE	\$ 56.77	\$ 36.21
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	\$ 51.25	\$ 36.71
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 537.01	\$ 537.01
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 86.09	\$ 67.73
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	\$ 116.06	\$ 92.49
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$ 742.33	\$ 742.33
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	\$ 781.65	\$ 781.65
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 81.01	\$ 68.69
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 114.90	\$ 102.56
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 118.90	\$ 91.36
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 112.30	\$ 85.41
57460		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 218.31	\$ 123.17
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	\$ 288.08	\$ 155.91
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	\$ 96.50	\$ 55.64
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$ 98.47	\$ 86.69
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	\$ 107.02	\$ 97.15
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	\$ 81.64	\$ 66.00
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	\$ 36.57	\$ 31.37
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 740.52	\$ 740.52
58145		REMOVAL OF UTERINE LESION	\$ 439.97	\$ 439.97
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$ 942.10	\$ 942.10
58150		HYSTERECTOMY	\$ 813.61	\$ 813.61
58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	\$1,016.71	\$1,016.71
58180		PARTIAL HYSTERECTOMY	\$ 769.54	\$ 769.54

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
58200		EXTENSIVE UTERINE SURGERY	\$1,061.10	\$1,061.10
58210		EXTENSIVE UTERINE SURGERY	\$1,413.19	\$1,413.19
58240		REMOVAL OF PELVIS CONTENTS	\$2,000.20	\$2,000.20
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	\$ 670.42	\$ 670.42
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	\$ 749.08	\$ 749.08
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	\$ 807.00	\$ 807.00
58267		HYSTERECTOMY & REPAIR VAGINA	\$ 857.69	\$ 857.69
58270		HYSTERECTOMY & REPAIR VAGINA	\$ 719.11	\$ 719.11
58275		VAGINAL HYSTERECTOMY, WITH TOTAL OR PART	\$ 797.75	\$ 797.75
58280		HYSTERECTOMY, REVISE VAGINA	\$ 854.73	\$ 854.73
58285		HYSTERECTOMY	\$1,069.91	\$1,069.91
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 941.28	\$ 941.28
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,021.59	\$1,021.59
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,078.83	\$1,078.83
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,121.52	\$1,121.52
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$ 992.54	\$ 992.54
58300		INSERT INTRAUTERINE DEVICE	\$ 57.96	\$ 41.79
58301		REMOVAL OF IUD	\$ 71.17	\$ 51.43
58346		INSERTION OF HEYMAN CAPSULES FOR CLINICA	\$ 367.79	\$ 367.79
58400		FIXATION OF UTERUS	\$ 361.28	\$ 361.28
58410		FIXATION OF UTERUS	\$ 649.48	\$ 649.48
58520		REPAIR OF RUPTURED UTERUS	\$ 632.64	\$ 632.64
58540		REVISION OF UTERUS	\$ 734.47	\$ 734.47
58542		LSH W/T/O UT 250 G OR LESS	\$ 767.78	\$ 767.78
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 780.69	\$ 780.69
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$ 845.20	\$ 845.20
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 728.37	\$ 728.37
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$ 923.22	\$ 923.22
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYS	\$ 793.27	\$ 793.27
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$ 927.41	\$ 927.41
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	\$1,062.86	\$1,062.86
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	\$ 616.39	\$ 616.39
58720		REMOVAL OF OVARY/TUBE(S)	\$ 580.17	\$ 580.17
58805		DRAINAGE OF OVARIAN CYST(S)	\$ 324.53	\$ 324.53
58822		DRAINAGE OF OVARIAN ABSCESS	\$ 547.03	\$ 547.03
58900		BIOPSY OF OVARY(S)	\$ 331.74	\$ 331.74
58920		PARTIAL REMOVAL OF OVARY(S)	\$ 570.50	\$ 570.50
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	\$ 543.56	\$ 543.56
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	\$ 406.58	\$ 406.58
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	\$ 905.86	\$ 905.86
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$ 862.46	\$ 862.46
58951		RESECT OVARIAN MALIGNANCY	\$1,113.47	\$1,113.47
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$1,255.92	\$1,255.92
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,558.98	\$1,558.98
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,692.89	\$1,692.89
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	\$ 744.90	\$ 744.90
59000		AMNIOCENTESIS; DIAGNOSTIC	\$ 94.53	\$ 60.54
59001		AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUI	\$ 138.46	\$ 138.46
59020		FETAL OXYTOCIN STRESS TEST	\$ 51.58	\$ 51.58
59025		FETAL NON-STRESS TEST	\$ 37.32	\$ 37.32
59025	26	FETAL NON-STRESS TEST	\$ 22.81	\$ 22.81
59030		FETAL BLOOD SAMPLING SCALP	\$ 85.09	\$ 85.09
59100		REMOVAL OF UTERUS LESION	\$ 669.74	\$ 669.74
59120		TREATMENT ATYPICAL PREGNANCY	\$ 637.27	\$ 637.27
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	\$ 641.70	\$ 641.70
59130		TREATMENT ATYPICAL PREGNANCY	\$ 724.72	\$ 724.72
59135		TREATMENT ATYPICAL PREGNANCY	\$ 730.99	\$ 730.99
59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	\$ 693.88	\$ 693.88
59140		TREATMENT ATYPICAL PREGNANCY	\$ 299.13	\$ 299.13
59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	\$ 620.21	\$ 620.21
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	\$ 608.98	\$ 608.98
59200		INSERTION OF HYGROSCOPIC CERVICAL DILATO	\$ 54.40	\$ 33.84
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	\$ 208.42	\$ 208.42
59400		OBSTETRICAL CARE	\$1,300.98	\$1,300.98
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 577.66	\$ 577.66
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$ 669.85	\$ 669.85
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	\$ 77.39	\$ 77.39
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	\$ 68.84	\$ 68.84
59425		ANTEPARTUM CARE ONLY; 4-6 VISITS	\$ 328.37	\$ 252.65

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
59426		ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$ 578.56	\$ 452.43
59430		POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	\$ 103.78	\$ 94.19
59514		CESAREAN DELIVERY ONLY;	\$ 683.98	\$ 683.98
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	\$ 882.09	\$ 882.09
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	\$ 396.89	\$ 396.89
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	\$ 432.86	\$ 432.86
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	\$ 948.96	\$ 948.96
61316		INCISION AND SUBCUTANEOUS PLACEMENT OF C	\$ 68.72	\$ 68.72
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,696.96	\$1,696.96
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,774.85	\$1,774.85
61517		IMPLANTATION OF BRAIN INTRACAVITARY CHEM	\$ 69.37	\$ 69.37
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,498.68	\$1,498.68
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,695.41	\$1,695.41
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,710.31	\$1,710.31
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,927.62	\$1,927.62
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	\$ 457.08	\$ 457.08
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,148.03	\$1,148.03
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 323.22	\$ 323.22
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,693.70	\$1,693.70
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$ 477.80	\$ 477.80
62148		INCISION AND RETRIEVAL OF SUBCUTANEOUS C	\$ 98.34	\$ 98.34
62160		NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEM	\$ 152.49	\$ 152.49
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	\$1,160.18	\$1,160.18
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	\$1,433.35	\$1,433.35
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	\$ 906.42	\$ 906.42
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,524.32	\$1,524.32
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,188.17	\$1,188.17
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	\$ 358.91	\$ 185.60
62270		SPINAL FLUID TAP	\$ 111.46	\$ 58.28
62302		MYELOGRAPHY LUMBAR INJECTION	\$ 196.74	\$ 102.73
62303		MYELOGRAPHY LUMBAR INJECTION	\$ 204.31	\$ 104.13
62304		MYELOGRAPHY LUMBAR INJECTION	\$ 193.84	\$ 100.97
62305		MYELOGRAPHY LUMBAR INJECTION	\$ 211.45	\$ 105.38
62320		NJX INTERLAMINAR CRV/THRC	\$ 136.19	\$ 85.22
62321		NJX INTERLAMINAR CRV/THRC	\$ 201.43	\$ 91.89
62322		NJX INTERLAMINAR LMBR/SAC	\$ 126.90	\$ 73.40
62323		NJX INTERLAMINAR LMBR/SAC	\$ 197.70	\$ 83.94
62324		NJX INTERLAMINAR CRV/THRC	\$ 119.36	\$ 77.97
62326		NJX INTERLAMINAR LMBR/SAC	\$ 125.23	\$ 76.51
62327		NJX INTERLAMINAR LMBR/SAC	\$ 182.24	\$ 81.43
63042		REVISION OF SPINAL COLUMN	\$ 933.76	\$ 933.76
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,763.30	\$1,763.30
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,760.06	\$1,760.06
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$ 232.79	\$ 232.79
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	\$ 146.27	\$ 146.27
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	\$ 140.02	\$ 140.02
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 58.04	\$ 58.04
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	\$ 127.31	\$ 127.31
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	\$ 125.70	\$ 125.70
64517		INJECTION, ANESTHETIC AGENT; SUPERIOR HY	\$ 142.44	\$ 95.80
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	\$1,034.65	\$ 335.90
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	\$ 654.64	\$ 654.64
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	\$ 351.79	\$ 177.18
64821		SYMPATHECTOMY; RADIAL ARTERY	\$ 536.26	\$ 536.26
64822		SYMPATHECTOMY; ULNAR ARTERY	\$ 534.02	\$ 534.02
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$ 605.08	\$ 605.08
66179		AQUEOUS SHUNT EYE W/O GRAFT	\$ 739.16	\$ 882.26
66990		USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARA	\$ 68.00	\$ 68.00
67221		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 228.40	\$ 162.64
67225		DESTRUCTION OF LOCALIZED LESION OF CHORO	\$ 22.61	\$ 20.99
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	\$ 718.51	\$ 365.40
69210		REMOVE IMPACTED EAR WAX	\$ 34.96	\$ 24.07
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	\$ 159.31	\$ 159.31
70150	26	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 10.36	\$ 10.36
70150	TC	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	\$ 21.77	\$ 21.77
70557		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 505.03	\$ 505.03
70557	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 126.26	\$ 126.26
70557	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 378.78	\$ 378.78
70558		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 556.39	\$ 556.39

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
70558	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 139.10	\$ 139.10
70558	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 417.30	\$ 417.30
70559		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 560.73	\$ 560.73
70559	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 140.18	\$ 140.18
70559	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 420.54	\$ 420.54
71045	26	X-ray exam chest 1 view	\$ 7.51	\$ 7.51
71045	TC	X-ray exam chest 1 view	\$ 8.40	\$ 8.40
71045		X-ray exam chest 1 view	\$ 15.92	\$ 15.92
71046	26	X-ray exam chest 2 views	\$ 8.98	\$ 8.98
71046	TC	X-ray exam chest 2 views	\$ 15.46	\$ 15.46
71046		X-ray exam chest 2 views	\$ 24.44	\$ 24.44
71047	26	X-ray exam chest 3 views	\$ 11.59	\$ 11.59
71047	TC	X-ray exam chest 3 views	\$ 19.70	\$ 19.70
71047		X-ray exam chest 3 views	\$ 31.29	\$ 31.29
71048	26	X-ray exam chest 4+ views	\$ 13.34	\$ 13.34
71048	TC	X-ray exam chest 4+ views	\$ 20.27	\$ 20.27
71048		X-ray exam chest 4+ views	\$ 33.60	\$ 33.60
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 10.66	\$ 10.66
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 19.12	\$ 19.12
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 465.47	\$ 465.47
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 58.94	\$ 58.94
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 8.89	\$ 8.89
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 18.85	\$ 18.85
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 12.40	\$ 12.40
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 26.90	\$ 26.90
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 8.89	\$ 8.89
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 20.14	\$ 20.14
72081		X-RAY EXAM ENTIRE SPI 1 VW	\$ 31.01	\$ 31.01
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	\$ 11.12	\$ 11.12
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	\$ 19.89	\$ 19.89
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 49.65	\$ 49.65
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 13.48	\$ 13.48
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	\$ 36.18	\$ 36.18
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 53.95	\$ 53.95
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 14.68	\$ 14.68
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	\$ 39.27	\$ 39.27
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$ 64.19	\$ 64.19
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 17.06	\$ 17.06
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 47.13	\$ 47.13
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 8.89	\$ 8.89
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 20.21	\$ 20.21
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 472.97	\$ 472.97
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 70.33	\$ 70.33
73030	26	X-RAY EXAM OF SHOULDER	\$ 7.44	\$ 7.44
73030	TC	X-RAY EXAM OF SHOULDER	\$ 15.01	\$ 15.01
73060	26	X-RAY EXAM OF HUMERUS	\$ 6.88	\$ 6.88
73060	TC	X-RAY EXAM OF HUMERUS	\$ 15.01	\$ 15.01
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 6.00	\$ 6.00
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 14.07	\$ 14.07
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 6.30	\$ 6.30
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 14.07	\$ 14.07
73110	26	X-RAY EXAM OF WRIST	\$ 6.88	\$ 6.88
73110	TC	X-RAY EXAM OF WRIST	\$ 18.47	\$ 18.47
73130	26	X-RAY EXAM OF HAND	\$ 6.88	\$ 6.88
73130	TC	X-RAY EXAM OF HAND	\$ 16.29	\$ 16.29
73140	26	X-RAY EXAM OF FINGER(S)	\$ 5.42	\$ 5.42
73140	TC	X-RAY EXAM OF FINGER(S)	\$ 16.01	\$ 16.01
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 403.78	\$ 403.78
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 54.57	\$ 54.57
73501		X-RAY EXAM HIP UNI 1 VIEW	\$ 23.87	\$ 23.87
73501	26	X-RAY EXAM HIP UNI 1 VIEW	\$ 7.91	\$ 7.91
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	\$ 15.96	\$ 15.96
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 32.94	\$ 32.94
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 9.40	\$ 9.40
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 23.54	\$ 23.54
73503		X-RAY EXAM HIP UNI 4/> VIEWS	\$ 41.14	\$ 41.14
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 11.99	\$ 11.99
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	\$ 29.16	\$ 29.16
73521		X-RAY EXAM HIPS BI 2 VIEWS	\$ 31.82	\$ 31.82

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	\$ 9.68	\$ 9.68
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	\$ 22.14	\$ 22.14
73551		X-RAY EXAM OF FEMUR 1	\$ 22.14	\$ 22.14
73551	26	X-RAY EXAM OF FEMUR 1	\$ 7.03	\$ 7.03
73551	TC	X-RAY EXAM OF FEMUR 1	\$ 15.12	\$ 15.12
73552		X-RAY EXAM OF FEMUR 2/>	\$ 25.84	\$ 25.84
73552	26	X-RAY EXAM OF FEMUR 2/>	\$ 7.91	\$ 7.91
73552	TC	X-RAY EXAM OF FEMUR 2/>	\$ 17.92	\$ 17.92
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 21.22	\$ 21.22
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 6.88	\$ 6.88
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 14.37	\$ 14.37
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 25.46	\$ 25.46
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 7.44	\$ 7.44
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 18.02	\$ 18.02
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 6.88	\$ 6.88
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 13.54	\$ 13.54
73610	26	X-RAY EXAM OF ANKLE	\$ 6.88	\$ 6.88
73610	TC	X-RAY EXAM OF ANKLE	\$ 16.29	\$ 16.29
73630	26	X-RAY EXAM OF FOOT	\$ 6.88	\$ 6.88
73630	TC	X-RAY EXAM OF FOOT	\$ 16.01	\$ 16.01
73660	26	X-RAY EXAM OF TOE(S)	\$ 5.14	\$ 5.14
73660	TC	X-RAY EXAM OF TOE(S)	\$ 15.18	\$ 15.18
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 410.64	\$ 410.64
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 54.57	\$ 54.57
74018	26	X-ray exam abdomen 1 view	\$ 7.51	\$ 7.51
74018	TC	X-ray exam abdomen 1 view	\$ 14.33	\$ 14.33
74018		X-ray exam abdomen 1 view	\$ 21.85	\$ 21.85
74019	26	X-ray exam abdomen 2 views	\$ 9.56	\$ 9.56
74019	TC	X-ray exam abdomen 2 views	\$ 17.16	\$ 17.16
74019		X-ray exam abdomen 2 views	\$ 26.72	\$ 26.72
74021	26	X-ray exam abdomen 3+ views	\$ 11.23	\$ 11.23
74021	TC	X-ray exam abdomen 3+ views	\$ 19.98	\$ 19.98
74021		X-ray exam abdomen 3+ views	\$ 31.22	\$ 31.22
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 12.96	\$ 12.96
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	\$ 23.69	\$ 23.69
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 42.60	\$ 42.60
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	\$ 14.91	\$ 14.91
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 83.34	\$ 83.34
75901	26	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 21.04	\$ 21.04
75901	TC	MECHANICAL REMOVAL OF PERICATHETER OBSTR	\$ 60.63	\$ 60.63
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 80.35	\$ 80.35
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 16.59	\$ 16.59
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	\$ 60.63	\$ 60.63
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 132.56	\$ 132.56
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 74.43	\$ 74.43
76511	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	\$ 51.12	\$ 51.12
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 69.87	\$ 69.87
76512	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	\$ 44.98	\$ 44.98
76513		ECHO EXAM OF EYE, WATER BATH	\$ 77.12	\$ 77.12
76513	TC	ECHO EXAM OF EYE, WATER BATH	\$ 47.90	\$ 47.90
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 10.56	\$ 10.56
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 7.75	\$ 7.75
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGN	\$ 1.83	\$ 1.83
76516		ECHO EXAM OF EYE	\$ 51.23	\$ 51.23
76516	TC	ECHO EXAM OF EYE	\$ 37.19	\$ 37.19
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 64.62	\$ 64.62
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRA	\$ 40.43	\$ 40.43
76529		ECHO EXAM OF EYE	\$ 51.95	\$ 51.95
76641		ULTRASOUND BREAST COMPLETE	\$ 86.14	\$ 86.14
76641	26	ULTRASOUND BREAST COMPLETE	\$ 30.07	\$ 30.07
76641	TC	ULTRASOUND BREAST COMPLETE	\$ 56.08	\$ 56.08
76642		ULTRASOUND BREAST LIMITED	\$ 70.88	\$ 70.88
76642	26	ULTRASOUND BREAST LIMITED	\$ 28.00	\$ 28.00
76642	TC	ULTRASOUND BREAST LIMITED	\$ 42.88	\$ 42.88
76706		US ABDL AORTA SCREEN AAA	\$ 75.81	\$ 75.81
76706	26	US ABDL AORTA SCREEN AAA	\$ 23.21	\$ 23.21
76706	TC	US ABDL AORTA SCREEN AAA	\$ 52.60	\$ 52.60
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 100.07	\$ 100.07
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.69	\$ 39.69

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
76801	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 60.38	\$ 60.38
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 56.95	\$ 56.95
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.03	\$ 33.03
76802	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 31.17	\$ 31.17
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 111.31	\$ 111.31
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 39.42	\$ 39.42
76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 71.90	\$ 71.90
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 77.24	\$ 77.24
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 38.85	\$ 38.85
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 157.39	\$ 157.39
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 74.73	\$ 74.73
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 82.65	\$ 82.65
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 154.08	\$ 154.08
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 69.89	\$ 69.89
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 42.90	\$ 42.90
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 107.52	\$ 107.52
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 48.74	\$ 48.74
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 58.78	\$ 58.78
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 71.00	\$ 71.00
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 40.88	\$ 40.88
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 30.13	\$ 30.13
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 69.31	\$ 69.31
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 27.47	\$ 27.47
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 85.20	\$ 85.20
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 33.62	\$ 33.62
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 51.57	\$ 51.57
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 77.39	\$ 77.39
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 31.60	\$ 31.60
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	\$ 50.18	\$ 50.18
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 92.61	\$ 92.61
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 44.74	\$ 44.74
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	\$ 53.96	\$ 53.96
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 71.60	\$ 71.60
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 30.52	\$ 30.52
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-S	\$ 41.09	\$ 41.09
76825		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$ 159.53	\$ 159.53
76830		ULTRASOUND, TRANSVAGINAL	\$ 91.16	\$ 91.16
76830	26	ULTRASOUND, TRANSVAGINAL	\$ 27.60	\$ 27.60
76830	TC	ULTRASOUND, TRANSVAGINAL	\$ 63.56	\$ 63.56
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 91.71	\$ 91.71
76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 27.87	\$ 27.87
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	\$ 63.85	\$ 63.85
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 29.83	\$ 29.83
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 13.03	\$ 13.03
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	\$ 14.44	\$ 14.44
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 146.65	\$ 146.65
76940	26	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 89.71	\$ 89.71
76940	TC	ULTRASOUND GUIDANCE FOR, AND MONITORING	\$ 56.24	\$ 56.24
76970		FOLLOW UP ECHO EXAM	\$ 53.67	\$ 53.67
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 272.70	\$ 272.70
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 48.28	\$ 48.28
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	\$ 223.36	\$ 223.36
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 85.85	\$ 85.85
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 15.48	\$ 15.48
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	\$ 70.37	\$ 70.37
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 123.24	\$ 123.24
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 19.24	\$ 19.24
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	\$ 103.99	\$ 103.99
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 53.46	\$ 53.46
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 8.03	\$ 8.03
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	\$ 45.42	\$ 45.42
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 458.92	\$ 458.92
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 68.25	\$ 68.25
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$ 390.67	\$ 390.67
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$1,303.54	\$1,303.54
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 339.86	\$ 339.86
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$ 933.00	\$ 933.00
77306		TELETHX ISODOSE PLAN SIMPLE	\$ 115.89	\$ 115.89
77306	26	TELETHX ISODOSE PLAN SIMPLE	\$ 58.43	\$ 58.43

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77306	TC	TELETHX ISODOSE PLAN SIMPLE	\$ 57.48	\$ 57.48
77307		TELETHX ISODOSE PLAN CPLX	\$ 226.39	\$ 226.39
77307	26	TELETHX ISODOSE PLAN CPLX	\$ 121.22	\$ 121.22
77307	TC	TELETHX ISODOSE PLAN CPLX	\$ 105.18	\$ 105.18
77316		BRACHYTX ISODOSE PLAN SIMPLE	\$ 147.83	\$ 147.83
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	\$ 58.65	\$ 58.65
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	\$ 89.19	\$ 89.19
77317		BRACHYTX ISODOSE INTERMED	\$ 193.55	\$ 193.55
77317	26	BRACHYTX ISODOSE INTERMED	\$ 77.15	\$ 77.15
77317	TC	BRACHYTX ISODOSE INTERMED	\$ 116.40	\$ 116.40
77318		BRACHYTX ISODOSE COMPLEX	\$ 279.60	\$ 279.60
77318	26	BRACHYTX ISODOSE COMPLEX	\$ 121.68	\$ 121.68
77318	TC	BRACHYTX ISODOSE COMPLEX	\$ 157.94	\$ 157.94
77385		NTSTY MODUL RAD TX DLVR SMPL	\$ 403.87	\$ 403.87
77386		NTSTY MODUL RAD TX DLVR CPLX	\$ 403.87	\$ 403.87
77768		HDR RDNCL SKN SURF BRACHYTX	\$ 281.28	\$ 281.28
77768	26	HDR RDNCL SKN SURF BRACHYTX	\$ 59.95	\$ 59.95
77768	TC	HDR RDNCL SKN SURF BRACHYTX	\$ 221.32	\$ 221.32
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 257.68	\$ 257.68
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 83.48	\$ 83.48
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 174.19	\$ 174.19
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 480.37	\$ 480.37
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 163.10	\$ 163.10
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 317.27	\$ 317.27
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 731.97	\$ 731.97
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 231.29	\$ 231.29
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	\$ 500.68	\$ 500.68
78265		GASTRIC EMPTYING IMAG STUDY	\$ 327.33	\$ 327.33
78265	26	GASTRIC EMPTYING IMAG STUDY	\$ 40.30	\$ 40.30
78265	TC	GASTRIC EMPTYING IMAG STUDY	\$ 287.03	\$ 287.03
78266		GASTRIC EMPTYING IMAG STUDY	\$ 388.15	\$ 388.15
78266	26	GASTRIC EMPTYING IMAG STUDY	\$ 44.67	\$ 44.67
78266	TC	GASTRIC EMPTYING IMAG STUDY	\$ 343.48	\$ 343.48
78271		VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	\$ 59.81	\$ 59.81
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 413.16	\$ 413.16
78804	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 45.86	\$ 45.86
78804	TC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	\$ 363.01	\$ 363.01
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 943.95	\$ 943.95
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 960.10	\$ 960.10
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 963.17	\$ 963.17
78814		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 971.43	\$ 971.43
78815		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 981.71	\$ 981.71
78816		TUMOR IMAGING, POSITRON EMISSION TOMOGRA	\$ 984.11	\$ 984.11
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADM	\$ 142.97	\$ 142.97
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVEN	\$ 154.04	\$ 154.04
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 205.69	\$ 205.69
79403	26	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 98.27	\$ 98.27
79403	TC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELE	\$ 107.42	\$ 107.42
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	\$ 184.73	\$ 184.73
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 26.20	\$ 26.20
80050		GENERAL HEALTH SCREEN PANEL	\$ 11.16	\$ 10.93
80051		ELECTROLYTE PANEL	\$ 8.34	\$ 8.34
80053		COMPREHENSIVE METABOLIC PANEL	\$ 10.21	\$ 10.21
80055		OBSTETRIC PANEL	\$ 29.31	\$ 29.31
80061		LIPID PROFILE	\$ 16.09	\$ 16.09
80074		ACUTE HEPATITIS PANEL	\$ 56.33	\$ 56.33
80076		HEPATIC FUNCTION PANEL	\$ 9.69	\$ 9.69
80155		DRUG ASSAY CAFFEINE	\$ 16.69	\$ 16.69
80159		DRUG ASSAY CLOZAPINE	\$ 21.83	\$ 21.83
80163		ASSAY OF DIGOXIN FREE	\$ 16.54	\$ 16.54
80165		DIPROPYLACETIC ACID FREE	\$ 16.70	\$ 16.70
80169		DRUG ASSAY EVEROLIMUS	\$ 16.20	\$ 16.20
80171		DRUG SCREEN QUANT GABAPENTIN	\$ 15.65	\$ 15.65
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$ 15.65	\$ 15.65
80177		DRUG SCR N QUAN LEVETIRACETAM	\$ 15.65	\$ 15.65
80180		DRUG SCR N QUAN MYCOPHENOLATE	\$ 21.31	\$ 21.31
80183		DRUG SCR N QUAN OXCARBAZEPIN	\$ 15.65	\$ 15.65
80195		SIROLIMUS	\$ 18.59	\$ 18.59
80199		DRUG SCREEN QUANT TIAGABINE	\$ 21.31	\$ 21.31

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80203		DRUG SCREEN QUANT ZONISAMIDE	\$ 15.65	\$ 15.65
80305		DRUG TEST PRSMV DIR OPT OBS	\$ 13.61	\$ 13.61
80306		DRUG TEST PRSMV INSTRMNT	\$ 18.51	\$ 18.51
80307		DRUG TEST PRSMV CHEM ANALYZR	\$ 72.63	\$ 72.63
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 4.30	\$ 4.30
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$ 3.83	\$ 3.83
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$ 3.09	\$ 3.09
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$ 2.72	\$ 2.72
81005		URINE TESTS	\$ 2.62	\$ 2.62
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$ 3.10	\$ 3.10
81015		MICROSCOPIC URINE EXAM	\$ 3.67	\$ 3.67
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$ 4.46	\$ 4.46
81025		UA PREG. TEST - COLOR COMPARISON METHOD	\$ 7.64	\$ 7.64
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	\$ 3.62	\$ 3.62
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$ 3.46	\$ 3.46
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$ 4.55	\$ 4.55
82247		BILIRUBIN; TOTAL	\$ 6.03	\$ 6.03
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 3.93	\$ 3.93
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.40	\$ 4.40
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$ 4.40	\$ 4.40
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$ 19.09	\$ 19.09
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	\$ 35.78	\$ 35.78
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$ 4.71	\$ 4.71
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$ 5.32	\$ 5.32
82948		GLUCOSE BLOOD STICK TEST	\$ 4.30	\$ 4.30
82950		GLUCOSE POST GLUCOSE DOSE	\$ 6.44	\$ 6.44
82951		GLUCOSE TOLERANCE	\$ 17.45	\$ 17.45
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$ 5.32	\$ 5.32
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$ 2.83	\$ 2.83
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$ 17.03	\$ 17.03
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	\$ 2.85	\$ 2.85
83030		HEMOGLOBIN F(FETAL) CHEMICAL	\$ 11.21	\$ 11.21
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	\$ 8.08	\$ 8.08
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$ 11.73	\$ 11.73
83045		METHEMOGLOBIN	\$ 6.72	\$ 6.72
83050		METHEMOGLOBIN QUANTITATIVE	\$ 9.92	\$ 9.92
83051		METHEMOGLOBIN PLASMA	\$ 9.90	\$ 9.90
83060		SULFHEMOGLOBIN QUANTITATIVE	\$ 11.21	\$ 11.21
83065		HEMOGLOBIN THERMOLABILE	\$ 9.33	\$ 9.33
83068		HEMOGLOBIN UNSTABLESCREEN	\$ 3.90	\$ 3.90
83069		HEMOGLOBIN URINE	\$ 5.34	\$ 5.34
83630		LACTOFERRIN, FECAL; QUALITATIVE	\$ 26.60	\$ 26.60
83695		LIPOPROTEIN (A)	\$ 17.55	\$ 17.55
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$ 15.26	\$ 15.26
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$ 33.64	\$ 33.64
83704		LIPOPROTEIN BLD QUAN PART	\$ 33.64	\$ 33.64
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$ 11.53	\$ 11.53
83876		MYELOPEROXIDASE (MPO)	\$ 18.34	\$ 18.34
83880		NATRIURETIC PEPTIDE	\$ 46.01	\$ 46.01
83950		ONCOPROTEIN, HER-2/NEU	\$ 87.29	\$ 87.29
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$ 91.22	\$ 91.22
83986		PH BODY FLUID EXCEPT BLOOD	\$ 4.32	\$ 4.32
83993		CALPROTECTIN, FECAL	\$ 23.72	\$ 23.72
84145		PROCALCITONIN (PCT)	\$ 24.01	\$ 24.01
84302		SODIUM; OTHER SOURCE	\$ 6.59	\$ 6.59
84402		TESTOSTERONE; FREE	\$ 31.40	\$ 31.40
84410		TESTOSTERONE BIOAVAILABLE	\$ 31.21	\$ 31.21
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	\$ 16.03	\$ 16.03
84439		THYROXINE; FREE	\$ 10.90	\$ 10.90
84443		TSH	\$ 19.70	\$ 19.70
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	\$ 6.25	\$ 6.25
84481		TRIDOTHYRONINE (T-3); FREE	\$ 20.48	\$ 20.48
84550	Q6	ASSAY OF BLOOD/URIC ACID	\$ 5.46	\$ 5.46
84702	Q6	CHORIONIC GONADOTROPIN TEST	\$ 10.57	\$ 10.57
84703		GONADOTROPIN CHORIONIC QUALITATIVE	\$ 9.26	\$ 9.26
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	\$ 10.57	\$ 10.57
85002		BLEEDING TIME	\$ 6.10	\$ 6.10
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$ 8.77	\$ 8.77
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.67	\$ 4.67

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85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$ 4.67	\$ 4.67
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	\$ 5.03	\$ 5.03
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$ 3.21	\$ 3.21
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$ 3.21	\$ 3.21
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$ 2.86	\$ 2.86
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (\$ 10.53	\$ 10.53
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (\$ 8.77	\$ 8.77
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$ 5.83	\$ 5.83
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	\$ 4.07	\$ 4.07
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$ 5.83	\$ 5.83
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$ 5.42	\$ 5.42
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$ 3.44	\$ 3.44
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$ 6.06	\$ 6.06
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	\$ 17.60	\$ 17.60
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$ 12.48	\$ 12.48
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$ 32.50	\$ 32.50
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$ 14.61	\$ 14.61
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	\$ 17.55	\$ 17.55
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$ 17.55	\$ 17.55
86308		HETEROPHILE ANTIBODIES; SCREENING	\$ 6.26	\$ 6.26
86309		HETEROPHILE ANTIBODIES; TITER	\$ 7.83	\$ 7.83
86310		HETEROPHILE ABSORPTION	\$ 8.90	\$ 8.90
86355		B CELLS, TOTAL COUNT	\$ 51.12	\$ 51.12
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (\$ 32.36	\$ 32.36
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$ 51.12	\$ 51.12
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$ 51.12	\$ 51.12
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$ 13.81	\$ 13.81
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$ 83.99	\$ 83.99
86580		SENSITIVITY TEST TUBERCULOSIS	\$ 5.32	\$ 5.32
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$ 14.21	\$ 14.21
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$ 17.08	\$ 17.08
86780		TREPONEMA PALLIDUM	\$ 16.40	\$ 16.40
86788		ANTIBODY; WEST NILE VIRUS, IGM	\$ 19.67	\$ 19.67
86789		ANTIBODY; WEST NILE VIRUS	\$ 19.48	\$ 19.48
86794		Zika virus igm antibody	\$ 19.67	\$ 19.67
86803		HEPATITIS C ANTIBODY;	\$ 17.26	\$ 17.26
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 99.52	\$ 99.52
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$ 33.17	\$ 33.17
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 47.05	\$ 47.05
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 35.30	\$ 35.30
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 95.30	\$ 95.30
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 81.69	\$ 81.69
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 149.78	\$ 149.78
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 136.16	\$ 136.16
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 422.10	\$ 422.10
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$ 381.25	\$ 381.25
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$ 12.78	\$ 12.78
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$ 11.67	\$ 11.67
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$ 6.96	\$ 6.96
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$ 10.94	\$ 10.94
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	\$ 10.97	\$ 10.97
87109		CULTURE MYCOPLASM ANY SOURCE	\$ 18.48	\$ 18.48
87110		CULTURE, CHLAMYDIA, ANY SOURCE	\$ 26.55	\$ 26.55
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 30.38	\$ 30.38
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$ 73.31	\$ 73.31
87177		OVA AND PARASITES	\$ 12.06	\$ 12.06
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 24.36	\$ 24.36
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$ 4.61	\$ 4.61
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$ 5.15	\$ 5.15
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$ 33.12	\$ 33.12
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87340		HEPATITIS B SURFACE AG IA	\$ 11.48	\$ 11.48
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$ 29.02	\$ 29.02
87420		RESP SYNCYTIAL AG IA	\$ 13.75	\$ 13.75
87430		STREP A AG IA	\$ 13.85	\$ 13.85
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87483		CNS DNA AMP PROBE TYPE 12-25	\$ 238.58	\$ 238.58
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64

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NURSE MIDWIFE FEE SCHEDULE AS OF: 05/11/2017

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	\$ 30.38	\$ 30.38
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64
87505		NFCT AGENT DETECTION GI	\$ 87.77	\$ 87.77
87506		IADNA-DNA/RNA PROBE TQ 6-11	\$ 132.97	\$ 132.97
87507		IADNA-DNA/RNA PROBE TQ 12-25	\$ 245.96	\$ 245.96
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 29.64	\$ 29.64
87623		HPV LOW-RISK TYPES	\$ 30.56	\$ 30.56
87624		HPV HIGH-RISK TYPES	\$ 30.56	\$ 30.56
87625		HPV TYPES 16 & 18 ONLY	\$ 30.56	\$ 30.56
87631		RESP VIRUS 3-5 TARGETS	\$ 85.14	\$ 85.14
87632		RESP VIRUS 6-11 TARGETS	\$ 128.98	\$ 128.98
87633		RESP VIRUS 12-25 TARGETS	\$ 238.58	\$ 238.58
87634		Rsv dna/rna amp probe	\$ 17.54	\$ 17.54
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 24.25	\$ 24.25
87661		TRICHOMONAS VAGINALIS AMPLIF	\$ 28.94	\$ 28.94
87662		Zika virus dna/rna amp probe	\$ 29.64	\$ 29.64
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$ 48.47	\$ 48.47
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$ 29.92	\$ 29.92
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 15.53	\$ 15.53
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$ 13.85	\$ 13.85
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$ 13.85	\$ 13.85
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$ 110.39	\$ 110.39
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	\$ 17.30	\$ 17.30
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$ 92.80	\$ 92.80
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$ 92.80	\$ 92.80
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 27.46	\$ 27.46
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 27.46	\$ 27.46
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 14.32	\$ 14.32
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$ 14.32	\$ 14.32
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$ 14.32	\$ 14.32
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 28.95	\$ 28.95
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$ 35.22	\$ 35.22
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 77.85	\$ 77.85
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 52.67	\$ 52.67
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 18.57	\$ 18.57
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 40.78	\$ 40.78
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 29.40	\$ 29.40
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$ 11.37	\$ 11.37
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$ 53.55	\$ 53.55
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$ 17.95	\$ 17.95
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$ 35.59	\$ 35.59
88344		IMMUNOHISTO ANTIBODY SLIDE	\$ 93.29	\$ 93.29
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$ 33.01	\$ 33.01
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$ 60.29	\$ 60.29
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$ 57.86	\$ 57.86
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	\$ 23.60	\$ 23.60
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	\$ 34.26	\$ 34.26
88364		INSITU HYBRIDIZATION (FISH)	\$ 77.35	\$ 77.35
88364	26	INSITU HYBRIDIZATION (FISH)	\$ 22.39	\$ 22.39
88364	TC	INSITU HYBRIDIZATION (FISH)	\$ 54.95	\$ 54.95
88366		INSITU HYBRIDIZATION (FISH)	\$ 119.53	\$ 119.53
88366	26	INSITU HYBRIDIZATION (FISH)	\$ 51.96	\$ 51.96
88366	TC	INSITU HYBRIDIZATION (FISH)	\$ 67.57	\$ 67.57
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$ 58.83	\$ 58.83
88373		M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 47.95	\$ 47.95
88374		M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 162.66	\$ 162.66
88374	26	M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 37.27	\$ 37.27
88374	TC	M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 125.38	\$ 125.38
88377		M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 170.94	\$ 170.94
88377	26	M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 54.26	\$ 54.26
88377	TC	M/PHMTRC ALYS ISHQUNAT/SEMIQ	\$ 116.69	\$ 116.69

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 23.95	\$ 23.95
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$ 14.31	\$ 14.31
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$ 6.22	\$ 6.22
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$ 7.11	\$ 7.11
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	\$ 159.83	\$ 51.95
89055		LEUKOCYTE ASSESSMENT FECAL	\$ 5.78	\$ 5.78
90371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMA	\$ 114.50	\$ 114.50
90384		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FU	\$ 99.00	\$ 99.00
90385		RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MI	\$ 8.90	\$ 8.90
90386		RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN,	\$ 21.30	\$ 21.30
90389		TETANUS IMMUNE GLOBULIN (TIG)250UNITS/1M	\$ 127.81	\$ 127.81
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 13.30	\$ 13.30
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PE	\$ 20.45	\$ 20.45
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 13.30	\$ 13.30
90472	EP	IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$ 20.45	\$ 20.45
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 20.45	\$ 20.45
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 13.30	\$ 13.30
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	\$ 20.45	\$ 20.45
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) F	\$ 111.57	\$ 111.57
90620		MENINGOCOCCAL RECOMBINANT PROTEIN	\$ 171.74	\$ 171.74
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VA	\$ 123.63	\$ 123.63
90633		HEPA VACC PED/ADOL 2 DOSE IM	\$ 23.57	\$ 23.57
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEP	\$ 88.61	\$ 88.61
90647		HIB PRP-OMP VACC 3 DOSE IM	\$ 19.48	\$ 19.48
90648		HIB PRP-T VACCINE 4 DOSE IM	\$ 20.79	\$ 20.79
90649		4VHPV VACCINE 3 DOSE IM	\$ 134.37	\$ 134.37
90650		2VHPV VACCINE 3 DOSE IM	\$ 131.92	\$ 131.92
90651		9VHPV VACCINE 3 DOSE IM	\$ 175.87	\$ 175.87
90656		IIV3 VACC NO PRSV 0.5 ML IM	\$ 16.58	\$ 16.58
90657		IIV3 VACCINE SPLT 0.25 ML IM	\$ 6.31	\$ 6.31
90658		IIV3 VACCINE SPLT 0.5 ML IM	\$ 12.62	\$ 12.62
90670		PCV13 VACCINE IM	\$ 131.44	\$ 131.44
90674		INFLUENZA VIRUS VACCINE, QUADRIVALENT (C	\$ 21.30	\$ 21.30
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	\$ 145.59	\$ 145.59
90680		RV5 VACC 3 DOSE LIVE ORAL	\$ 74.56	\$ 74.56
90681		RV1 VACC 2 DOSE LIVE ORAL	\$ 109.88	\$ 109.88
90686		IIV4 VACC NO PRSV 0.5 ML IM	\$ 18.21	\$ 18.21
90688		IIV4 VACCINE SPLT 0.5 ML IM	\$ 15.80	\$ 15.80
90696		DTAP-IPV VACCINE 4-6 YRS IM	\$ 50.90	\$ 50.90
90698		DTAP-IPV/HIB VACCINE IM	\$ 77.48	\$ 77.48
90700		DIPHThERIA, TETANUS TOXOIDS, AND ACELLUL	\$ 14.20	\$ 14.20
90702		DT VACCINE UNDER 7 YRS IM	\$ 23.82	\$ 23.82
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	\$ 40.61	\$ 40.61
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA V	\$ 132.90	\$ 132.90
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	\$ 24.54	\$ 24.54
90714		TD VACC NO PRESV 7 YRS+ IM	\$ 19.06	\$ 19.06
90715		TETANUS, DIPHThERIA TOXOIDS AND ACELLULA	\$ 39.10	\$ 39.10
90716		VAR VACCINE LIVE SUBQ	\$ 85.56	\$ 85.56
90723		DIPHThERIA, TETANUS TOXOIDS, ACELLULAR P	\$ 71.90	\$ 71.90
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	\$ 31.21	\$ 31.21
90733		MPSV4 VACCINE SUBQ	\$ 89.60	\$ 89.60
90734		MCV4 MENACWY VACCINE IM	\$ 105.80	\$ 105.80
90736		HZV VACCINE LIVE SUBQ	\$ 202.93	\$ 202.93
90740		HEPB VACC 3 DOSE IMMUNSUP IM	\$ 110.41	\$ 110.41
90744		HEPB VACC 3 DOSE PED/ADOL IM	\$ 23.12	\$ 23.12
90746		HEPB VACCINE 3 DOSE ADULT IM	\$ 54.65	\$ 54.65
90747		HEPB VACC 4 DOSE IMMUNSUP IM	\$ 109.31	\$ 109.31
90785		INTERACTIVE COMPLEXITY	\$ 3.76	\$ 3.76
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 119.19	\$ 93.67
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	\$ 99.42	\$ 96.84
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	\$ 119.09	\$ 111.62
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	\$ 100.26	\$ 93.02
91110		ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 810.11	\$ 810.11
91110	26	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 162.28	\$ 162.28
91110	TC	ADMINISTRATION OF ORAL CAPSULE FOR EVALU	\$ 647.82	\$ 647.82
91122		ANORECTAL MANOMETRY	\$ 174.58	\$ 174.58

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PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
91122	26	ANORECTAL MANOMETRY	\$ 71.91	\$ 71.91
91122	TC	ANORECTAL MANOMETRY	\$ 102.67	\$ 102.67
91200		LIVER ELASTOGRAPHY	\$ 29.11	\$ 29.11
91200	26	LIVER ELASTOGRAPHY	\$ 12.32	\$ 12.32
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 68.51	\$ 68.51
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 24.19	\$ 24.19
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE	\$ 44.31	\$ 44.31
92537		CALORIC VSTBLR TEST W/REC	\$ 33.14	\$ 33.14
92537	26	CALORIC VSTBLR TEST W/REC	\$ 26.44	\$ 26.44
92537	TC	CALORIC VSTBLR TEST W/REC	\$ 6.69	\$ 6.69
92538		CALORIC VSTBLR TEST W/REC	\$ 16.82	\$ 16.82
92538	26	CALORIC VSTBLR TEST W/REC	\$ 13.22	\$ 13.22
92538	TC	CALORIC VSTBLR TEST W/REC	\$ 3.60	\$ 3.60
92551		HEARING TEST	\$ 7.86	\$ 7.86
92560		HEARING TEST, SCREENING	\$ 17.96	\$ 17.96
92567		TYMPANOMETRY	\$ 13.37	\$ 11.99
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 114.33	\$ 114.33
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 78.36	\$ 78.36
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 70.65	\$ 70.65
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT,	\$ 44.94	\$ 44.94
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	\$ 18.79	\$ 18.79
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	\$ 51.98	\$ 51.98
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLO	\$ 85.03	\$ 85.03
92611		MOTION FLUOROSCOPIC EVALUATION OF SWALLO	\$ 88.92	\$ 88.92
92612		ENDOSCOPY SWALLOW (FEES) VID	\$ 132.84	\$ 57.69
92614		LARYNGOSCOPIC SENSORY VID	\$ 119.88	\$ 57.69
92616		FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATIO	\$ 165.85	\$ 85.51
92950		HEART-LUNG RESUSCITATION	\$ 211.35	\$ 140.62
92973		REMOVAL OF BLOOD CLOT IN HEART ARTERY	\$ 155.77	\$ 155.77
92974		TRANSCATHETER PLACEMENT OF RADIATION DEL	\$ 142.67	\$ 142.67
93000		ELECTROCARDIOGRAM, COMPLETE	\$ 16.01	\$ 16.01
93010		ELECTROCARDIOGRAM REPORT	\$ 7.15	\$ 7.15
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESMEN	\$ 213.19	\$ 213.19
93260		PRGRMG DEV EVAL IMPLTBL SYS	\$ 53.51	\$ 53.51
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	\$ 37.00	\$ 37.00
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	\$ 16.51	\$ 16.51
93261		INTERROGATE SUBQ DEFIB	\$ 48.79	\$ 48.79
93261	26	INTERROGATE SUBQ DEFIB	\$ 32.29	\$ 32.29
93261	TC	INTERROGATE SUBQ DEFIB	\$ 16.51	\$ 16.51
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 203.14	\$ 203.14
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 58.27	\$ 58.27
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	\$ 146.03	\$ 146.03
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELO	\$ 39.39	\$ 39.39
93355		ECHO TRANSESOPHAGEAL (TEE)	\$ 188.55	\$ 188.55
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	\$ 855.08	\$ 855.08
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	\$1,131.53	\$1,131.53
93613	26	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENS	\$ 201.20	\$ 201.20
93644		ELECTROPHYSIOLOGY EVALUATION	\$ 246.80	\$ 246.80
93644	26	ELECTROPHYSIOLOGY EVALUATION	\$ 164.17	\$ 164.17
93644	TC	ELECTROPHYSIOLOGY EVALUATION	\$ 82.63	\$ 82.63
93701		BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 32.92	\$ 32.92
93701	26	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 7.75	\$ 7.75
93701	TC	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$ 25.16	\$ 25.16
94150		VITAL CAPACITY TEST.	\$ 16.98	\$ 16.98
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	\$ 10.18	\$ 10.18
94644		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 30.06	\$ 30.06
94645		CONTINUOUS INHALATION TREATMENT WITH AER	\$ 11.39	\$ 11.39
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	\$ 10.90	\$ 10.89
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	\$ 3.84	\$ 3.84
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$ 4.33	\$ 4.33
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	\$ 8.82	\$ 2.52
95851		RANGE OF MOTION EVALUATION	\$ 12.60	\$ 6.30
95851	26	RANGE OF MOTION EVALUATION	\$ 10.16	\$ 4.73
95990		REFILLING AND MAINTENANCE OF IMPLANTABLE	\$ 49.54	\$ 49.54
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	\$ 75.41	\$ 30.70
96110		DEVELOPMENTAL SCREEN W/SCORE	\$ 8.26	\$ 8.26
96110	EP	DEVELOPMENTAL SCREEN W/SCORE	\$ 8.26	\$ 8.26
96127		BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.17	\$ 4.17
96127	EP	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 4.17	\$ 4.17

REPORT: RS04345-R1345 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE MIDWIFE FEE SCHEDULE AS OF: 05/11/2017

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
96160		PT-FOCUSED HLTH RISK ASSMT	\$ 3.66	\$ 3.66
96161		CAREGIVER HEALTH RISK ASSMT	\$ 3.66	\$ 3.66
96161	EP	CAREGIVER HEALTH RISK ASSMT	\$ 3.66	\$ 3.66
96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	\$ 48.02	\$ 48.02
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	\$ 13.98	\$ 13.98
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 58.57	\$ 58.57
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 18.82	\$ 18.82
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 29.60	\$ 29.60
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	\$ 17.56	\$ 17.56
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 127.53	\$ 127.53
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 13.59	\$ 13.59
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	\$ 61.69	\$ 61.69
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 16.20	\$ 16.20
96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 15.60	\$ 15.60
96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 46.48	\$ 46.48
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$ 20.16	\$ 20.16
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 135.02	\$ 54.03
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 133.03	\$ 54.31
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$ 197.34	\$ 92.70
97032		APPLICATION OF A MODALITY TO ONE OR MORE	\$ 12.80	\$ 12.80
97161		PT EVAL LOW COMPLEX 20 MIN	\$ 66.11	\$ 66.11
97162		PT EVAL MOD COMPLEX 30 MIN	\$ 66.11	\$ 66.11
97163		PT EVAL HIGH COMPLEX 45 MIN	\$ 66.11	\$ 66.11
97164		PT RE-EVAL EST PLAN CARE	\$ 44.79	\$ 44.79
97165		OT EVAL LOW COMPLEX 30 MIN	\$ 64.14	\$ 64.14
97166		OT EVAL MOD COMPLEX 45 MIN	\$ 64.14	\$ 64.14
97167		OT EVAL HIGH COMPLEX 60 MIN	\$ 64.14	\$ 64.14
97168		OT RE-EVAL EST PLAN CARE	\$ 42.32	\$ 42.32
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	\$ 22.76	\$ 22.76
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	\$ 25.95	\$ 25.95
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	\$ 25.95	\$ 25.95
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	\$ 25.95	\$ 25.95
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 17.30	\$ 17.30
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	\$ 9.27	\$ 9.27
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	\$ 9.23	\$ 9.23
99082		UNUSUAL TRAVEL	\$ 0.81	\$ 0.81
99201		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 31.54	\$ 20.40
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 51.87	\$ 39.33
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 79.24	\$ 59.36
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 122.88	\$ 99.69
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	\$ 155.34	\$ 129.73
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 15.99	\$ 7.55
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 31.85	\$ 20.10
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 53.18	\$ 39.32
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 80.12	\$ 60.84
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	\$ 108.37	\$ 86.38
99217		HOSPITAL OBSERVATION CARE DISCHARGE	\$ 58.29	\$ 58.29
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	\$ 54.98	\$ 54.98
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	\$ 91.04	\$ 91.04
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	\$ 127.69	\$ 127.69
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 78.95	\$ 78.95
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 107.74	\$ 107.74
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	\$ 158.64	\$ 158.64
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	\$ 22.14	\$ 22.14
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	\$ 39.32	\$ 39.32
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	\$ 58.80	\$ 58.80
99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 32.60	\$ 32.60
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 58.75	\$ 58.75
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	\$ 84.16	\$ 84.16
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	\$ 111.38	\$ 111.38
99235		OBSERV/HOSP SAME DATE	\$ 146.31	\$ 146.31
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	\$ 58.09	\$ 58.09
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	\$ 38.00	\$ 26.21
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	\$ 71.20	\$ 55.31
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	\$ 97.91	\$ 77.09
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	\$ 145.43	\$ 122.40
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	\$ 178.74	\$ 152.70
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 38.80	\$ 38.80
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 60.13	\$ 60.13

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NURSE MIDWIFE FEE SCHEDULE AS OF: 05/11/2017

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 91.28	\$ 91.29
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 132.03	\$ 132.03
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	\$ 160.87	\$ 160.87
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	\$ 16.19	\$ 16.19
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	\$ 31.50	\$ 31.50
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	\$ 48.81	\$ 48.81
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	\$ 91.39	\$ 91.39
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	\$ 135.87	\$ 135.87
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 34.72	\$ 34.72
99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 53.07	\$ 53.07
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 70.40	\$ 70.40
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	\$ 104.10	\$ 104.10
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 50.79	\$ 50.79
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$ 66.36	\$ 66.36
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	\$ 73.59	\$ 73.59
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 47.19	\$ 47.19
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 68.72	\$ 68.72
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 113.64	\$ 113.64
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 148.22	\$ 148.22
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	\$ 174.48	\$ 174.48
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 48.64	\$ 48.64
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 75.34	\$ 75.34
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 106.09	\$ 106.09
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	\$ 152.43	\$ 152.43
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	\$ 47.19	\$ 47.19
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	\$ 68.72	\$ 68.72
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	\$ 110.68	\$ 110.68
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	\$ 145.31	\$ 145.31
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	\$ 174.77	\$ 174.77
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 46.05	\$ 46.05
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 69.53	\$ 69.53
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 101.25	\$ 101.25
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	\$ 141.15	\$ 141.15
99354		PROLONG E&M/PSYCTX SERV O/P	\$ 80.39	\$ 76.17
99355		PROLONG E&M/PSYCTX SERV O/P	\$ 79.59	\$ 75.36
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 73.42	\$ 73.42
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	\$ 73.91	\$ 73.91
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 79.65	\$ 53.20
99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 86.83	\$ 60.70
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 86.22	\$ 60.70
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 93.93	\$ 68.40
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$ 76.36	\$ 76.36
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 92.04	\$ 67.04
99385	EP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 76.36	\$ 76.36
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 107.87	\$ 82.27
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 66.41	\$ 45.50
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$ 76.36	\$ 76.36
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 74.12	\$ 53.20
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$ 76.36	\$ 76.36
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 73.81	\$ 53.20
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$ 76.36	\$ 76.36
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 81.30	\$ 60.70
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$ 76.36	\$ 76.36
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 79.98	\$ 59.49
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$ 76.36	\$ 76.36
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	\$ 87.53	\$ 67.04
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	\$ 98.20	\$ 75.01
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 11.34	\$ 10.14
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 11.34	\$ 10.14
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 21.91	\$ 21.01
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	\$ 21.91	\$ 21.01
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.22	\$ 28.00
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 29.22	\$ 28.00
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 57.42	\$ 56.22
99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$ 57.42	\$ 56.22
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 49.38	\$ 49.38
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	\$ 72.91	\$ 55.13

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 NURSE MIDWIFE FEE SCHEDULE AS OF: 05/11/2017

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	\$ 26.34	\$ 26.34
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	\$ 66.07	\$ 66.07
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	\$ 115.69	\$ 115.69
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	\$ 19.20	\$ 19.20
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	\$ 10.75	\$ 10.75
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$ 19.36	\$ 19.36
G0480		DRUG TEST DEF 1-7 CLASSES	\$ 72.75	\$ 72.75
G0481		DRUF TEST DEF 8-14 CLASSES	\$ 111.92	\$ 111.92
G0482		DRUF TEST DEF 15-21 CLASSES	\$ 151.09	\$ 151.09
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$ 195.86	\$ 195.86
P9041		ALBUMIN (HUMAN), 5%, 50 ML	\$ 19.14	\$ 19.14
P9047		ALBUMIN (HUMAN), 25%, 50 ML	\$ 38.30	\$ 38.30
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$ 20.75	\$ 20.75
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$ 475.47	\$ 475.47
Q2050		DOXORUBICIN INJ 10MG	\$ 551.74	\$ 551.74
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	\$ 22.25	\$ 22.25
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$ 0.58	\$ 0.58
S9442		BIRTHING CLASSES, NONPHYSICIAN PROVIDER,	\$ 8.26	\$ 8.26

*** The Physician Drug Program fee schedule can be found at <https://dma.ncdhs.gov/providers/fee-schedules>