		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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Code	Modifier	Description	Facility	Non-Facility
10021		fine needle aspiration; without imaging guidance	\$52.36	\$100.4
10022 10030		fine needle aspiration; with imaging guidance	\$51.97	\$103.1
10030		fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$126.07 \$63.53	\$615.2 \$72.2
10040		acne surgery drainage of abscess	\$67.39	\$77.7
10060		drainage of abscess	\$67.39	\$77.7
10061		drainage of abscess drainage of pilonidal cyst	\$120.14	\$133.8
10080		drainage of pilonidal cyst	\$120.71	\$114.7 \$181.1
10081		foreign body removal, skin	\$66.08	\$94.9
10120		foreign body removal, skin	\$135.29	594.9 \$185.0
10121		drainage of blood effusion	\$86.33	\$105.0
10140		puncture drainage of lesion	\$69.52	\$88.8
10180		incision and drainage, complex	\$127.40	\$164.0
11000		surgical cleansing of skin	\$24.52	\$38.5
11001		debridement of extensive eczematous or infected skin; each additional 10% of	12.36	16.2
11004		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$439.08	\$439.0
11005		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$573.02	\$573.0
11006		debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing	\$542.16	\$542.1
11008		removal of prosthetic material or mesh, abdominal wall for necrotizing soft	\$206.56	\$206.5
11010		debridement including removal of foreign material associated with open	\$209.04	\$331.0
11011		debridement including removal of foreign material associated with open	\$225.43	\$369.2 ⁻
11042		debridement skin and subcutaneous tissue	\$35.08	\$53.20
11043		debridement skin subcutaneous and muscle	\$170.54	\$194.3
11044		debridement skin subcutaneous tissue muscle bone	\$234.65	\$265.4
11045		debridement, subcutaneous tissue (includes epidermis and dermis, if performed);	\$14.21	\$24.5
11100		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$36.26	\$72.9
11101		biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple	\$18.66	\$23.9
11200		removal of skin tags	\$48.99	\$57.6
11201		removal of skin tags, multiple fibrocutaneous tags, any area; each additional	\$12.50	\$13.6
11300		shaving of epidermal lesion trunk arms legs 0.5cm	\$22.15	\$47.6
11301		shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; shaving epidermal lesion trunk/arm/leg 1.1 - 2.0 cm	\$37.67	\$65.6
11302			\$46.71	\$78.6
11303 11305		shaving epidermal lesion trunk/arm/leg over 2.0 cm shaving of lesion scalp/neck/hands/etc 0.5 cm	\$54.79 \$28.04	\$92.2 \$49.3
11305		shaving of lesion scalp/neck/hand/etc .6- 1.0 cm	\$28.04	\$68.2
11306	[shaving of lesion scalp/neck/hand/etc 1.0 cm	\$50.08	\$80.5
11307		shaving of lesion scalp/neck/hand/etc over 2.0 cm	\$60.25	\$90.7
11310		shaving of lesion scalpheckmandrec over 2.0 cm	\$32.08	\$59.4
11311		shaving of lesion face/ears/etc. 0.6-1.0cm	\$46.99	\$75.8
11312		shaving of lesion face/ears/etc. 1.1-2.0cm	\$53.95	\$87.5
11313		shaving of lesion face/ears/etc. over 2.0 cm	\$72.18	\$109.6
11400		excision, benign lesion including margins, except skin tag (unless listed	\$53.49	\$80.9
11401		excision, benign lesion including margins, except skin tag (unless listed	\$71.33	\$99.8
11402		excision, benign lesion including margins, except skin tag (unless listed	\$79.01	\$111.4
11403		excision, benign lesion including margins, except skin tag (unless listed	\$100.52	\$128.5
11404		excision, benign lesion including margins, except skin tag (unless listed	\$111.98	\$146.3
11406		excision, benign lesion including margins, except skin tag (unless listed	\$167.88	\$207.3
11420		excision, benign lesion including margins, except skin tag (unless listed	\$57.99	\$82.0
11421		excision, benign lesion including margins, except skin tag (unless listed	\$78.49	\$106.7
11422		excision, benign lesion including margins, except skin tag (unless listed	\$94.65	\$119.2
11423		excision, benign lesion including margins, except skin tag (unless listed	\$110.55	\$139.0
11424		excision, benign lesion including margins, except skin tag (unless listed	\$127.56	\$160.5
11426		excision, benign lesion including margins, except skin tag (unless listed	\$195.24	\$231.0
11440		excision, other benign lesion including margins (unless listed elsewhere),	\$69.31	\$89.7
		excision, other benign lesion including margins (unless listed elsewhere),	\$91.22	\$114.1
11441				
		excision, other benign lesion including margins (unless listed elsewhere), excision, other benign lesion including margins (unless listed elsewhere),	\$101.85 \$126.12	\$128.7 \$154.9

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11146		avaisian ather basism losion including marging (unloss listed along there)	00.000	¢067.45
11446 11450		excision, other benign lesion including margins (unless listed elsewhere), exc skin for hidradenitis primary suture/axillary	\$229.68 \$166.95	\$267.45 \$243.88
11462		exc skin for hidradenitis w prim suture/inguinal	\$160.48	\$240.48
11463		exc skin for hidradenitis w oth closure/inguinal	\$225.28	\$328.24
11470 11471		exc skin for hidradenitis w primary closure exc skin for hidradenitis with other closure	\$190.27 \$239.69	\$268.03 \$337.33
11600		excision, malignant lesion including margins, trunk, arms, or legs; excised	\$80.76	\$124.96
11601		excision, malignant lesion including margins, trunk, arms, or legs; excised	\$104.52	\$154.60
11602 11603		excision, malignant lesion including margins, trunk, arms, or legs; excised excision, malignant lesion including margins, trunk, arms, or legs; excised	\$115.04 \$136.93	\$169.88 \$193.44
11604		excision, malignant lesion including margins, trunk, arms, or legs; excised	\$150.51	\$213.74
11606		excision, malignant lesion including margins, trunk, arms, or legs; excised removal of skin lesion	\$223.52 \$81.98	\$301.84
11620 11621		excision, malignant lesion including margins, scalp, neck, hands, feet,	\$81.98	\$127.58 \$156.01
11622		excision, malignant lesion including margins, scalp, neck, hands, feet,	\$121.90	\$176.73
11623		excision, malignant lesion including margins, scalp, neck, hands, feet,	\$150.38	\$206.89
11624 11626		excision, malignant lesion including margins, scalp, neck, hands, feet, excision, malignant lesion including margins, scalp, neck, hands, feet,	\$171.06 \$214.24	\$232.89 \$283.90
11640		excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$86.36	\$133.36
11641		excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$112.78	
11642 11643		removal of skin lesion excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$133.13 \$166.49	\$189.64 \$223.57
11644		excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$207.62	\$276.16
11646		excision, malignant lesion including margins, face, ears, eyelids, nose, lips;	\$292.40	\$364.86
11719 11720		trimming of nondystrophic nails, any number debridement of nail(s) by any method(s); one to five	\$6.92 \$12.96	\$15.04 \$22.19
11721		debridement of nail(s) by any method(s); six or more	\$22.15	\$31.94
11730 11732		removal of nail avulsion of nail plate, partial or complete, simple; each additional nail plate	\$44.90 \$23.34	\$70.36 \$32.84
11732		evacuation of subungual hematoma	\$23.14	\$31.83
11750		removal of nail bed	\$127.72	\$152.34
11752		exc nail with amputation of tuft of distal phalanx	\$190.86	\$216.87 \$141.38
11760 11762		reconstruction of nail bed reconstruction of nail bed	\$94.94 \$146.67	\$191.15
11765		wedge excision of skin of nail fold	\$48.74	\$89.60
11770		removal of pilonidal lesion	\$128.67	\$182.38
11771 11772		removal of pilonidal lesion removal of pilonidal lesion	\$298.00 \$388.20	\$375.22 \$455.34
11900		injection into skin lesions	23.11	39.89
11901		injection into skin lesions	35.96	50.79
11921 11960		correct skin color defects insertion of tissue expender	\$99.75 \$656.33	\$146.74 \$656.33
11970		replacement of tissue expander	\$431.86	\$431.86
11971 11976		tissue expander removal removal, implantable contraceptive capsule	\$212.89 \$73.24	\$318.35 \$107.93
11976		subcutaneous hormone pellet (implantation of estradiol and/or testosterone)	\$61.53	
11981		insertion, non-biodegradable drug delivery implant	\$64.68	\$98.81
11982 11983		removal, non-biodegradable drug delivery implant removal with reinsertion, non-biodegradable drug delivery implant	\$78.91 \$144.50	\$113.89 \$177.24
12001		removal with reinsertion, hon-blodegradable drug delivery implant	\$144.50 \$75.60	
12002		simple rep superf wds sca neck axil ext gen tru/ex	\$83.90	\$111.32
12004 12005		simple rep superf wds sca neck axil ext gen tru/ex simple rep superf wds sca neck axil ext gen tru/ex	\$98.68 \$123.05	\$131.41 \$163.90
12005		simple rep superf was sca neck axil ext gen tru/ex	\$123.05 \$155.50	
12007		simple rep superf wds sca neck axil ext gen tru/ex	\$177.74	\$230.62
12011		simp rep superf wds of face ea eyel no li muc memb	\$78.16	
12013 12014		simp rep superf wds of face ea eyel no li muc memb simp rep superf wds of face ea eyel no li muc memb	\$89.14 \$107.39	\$122.43 \$144.61
12015		simple rep superf wds of face ears eye nose lip 7.	\$134.81	\$181.82
12016		simple repair superficial wound 12.5 to 20.0 cm.	\$164.59	
12017		simple repair superficial wound 20.0 to 30.0 cm.	\$195.97	\$195.97

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12018		simple repair superifcial wound over 30.0 cm.	\$242.21	\$242.21
12020 12021		treatment of superficial wound dehiscence treatment of superficial wound with packing	\$135.96 \$98.62	\$188.55 \$112.34
12021		layer closure of wounds up to 2.5 cm.	\$113.93	\$166.52
12032		layer closure of wounds 2.5 to 7.5 cm.	\$139.92	\$214.06
12034		layer closure of wounds 7.5 to 12.5 cm.	\$146.59	\$211.77
12035		layer closure of wounds 12.5 to 20.0 cm.	\$171.95	\$258.11
12036		layer closure of wounds 20.0 to 30.0 cm.	\$198.52	\$283.57
12037		layer closure wounds over 30.0 cm.	\$231.13	\$320.09
12041		layer closure of wounds up to 2.5 cm.	\$122.08	\$174.69
12042 12044		layer closure of wounds 2.5 to 7.5 cm. layer closure of wounds 7.5 to 12.5 cm.	\$142.69 \$153.91	\$203.67 \$235.04
12044		layer closure of wounds 12.5 to 12.5 cm.	\$178.68	\$260.65
12046		layer closure wounds 20.0 to 30.0 cm.	\$210.53	\$308.73
12047		layer closure of wounds over 30.0 cm.	\$230.39	\$331.38
12051		layer closure of wounds up to 2.5 cm.	\$130.62	\$187.69
12052		layer closure of wounds 2.5 to 5.0 cm.	\$153.15	\$212.74
12053		layer closure of wounds 5.0 to 7.5 cm.	\$155.89	\$233.94
12054		layer closure of wounds 7.5 to 12.5 cm.	\$165.81	\$247.79
12055 12056		layer closure of wounds 12.5 to 20.0 cm. layer closure of wounds 20.0 to 30.0 cm.	\$202.50 \$247.03	\$299.01 \$353.06
12050		layer closure of wounds 20.0 to 30.0 cm.	\$282.77	\$394.68
13100		repair of wound or lesion	\$170.45	\$223.05
13101		repair complex trunk 2.5 to 7.5 cm.	\$207.21	\$281.63
13102		repair, complex, trunk; each additional 5 cm or less (list separately in	\$55.66	\$76.65
13120		repair of wound or lesion	\$178.14	\$231.85
13121		repair complex scalp arms and/or legs 2.5 to 7.5 c	\$234.85	\$311.79
13122		repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list	\$63.78	\$85.87
13131 13132		repair of wound or lesion	\$201.04 \$338.92	\$256.16 \$410.81
13132		repair complex 2.5 to 7.5 cm. repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands	\$99.07	\$121.73
13151		repair of wound or lesion	\$232.88	\$291.06
13152		repair complex eye nose ear and lips 2.5 to 7.5 cm	\$313.84	\$401.41
13153		repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less	\$107.35	\$133.66
13160		secondary closure of surgical wound dehiscence	\$588.77	\$588.77
14000		adjacent tissue transfer or rearrangement trunk up	\$359.11	\$434.36
14001		adjacent tissue transfer or rearran trunk defect 1	\$477.20	\$565.61
14020 14021		skin tissue rearrangement scalp arms and/or legs u adjacent tissue transf/rearrang scalp arms legs de	\$410.90 \$531.73	\$489.24 \$620.98
14021		skin tissue rearrangement defect up to 10 sq cm	\$468.02	\$544.67
14040		adjacent tissue trans/rearrange 10 sq cm to 30 sq	\$578.32	\$677.92
14060		skin tissue rearrangement defect up to 10 sq cm	\$494.37	\$554.80
14061		adjacent tissue transf/rearrange eye nose ear lip	\$616.67	\$726.06
14301		Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	\$532.36	\$628.31
14350		filleted finger or toe flap including prep of reci	\$546.81	\$546.81
15002		surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inclu	\$168.19	\$236.72
15003 15004		surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inclu surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inclu		\$51.48 \$287.49
15004		surgical preparation or creation of recipient site by excision of open wounds, burn eschar, of scar (inclu surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (inclu		\$287.43
15050		pinch graft single or multiple to cove sm ulcer up	\$314.62	\$380.37
15100		split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one	\$516.91	\$613.1
15110		epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$533.50	\$607.64
15115		epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits	\$552.41	\$615.3
15120		split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands,	\$567.18	\$666.78
15130		dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent	\$403.85	\$476.59
15135 15150		dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or le	\$556.09 \$462.87	\$616.80 \$501.48
15150		tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears	\$496.14	\$528.31
15200		skin graft procedure	\$473.32	\$569.28
15220		skin graft procedure	\$446.79	\$540.78
15240		skin graft procedure	\$570.81	\$650.26

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15260 15570		skin graft procedure	\$619.29 \$517.25	\$705.73 \$626.08
15570		pedicle flap graft; trunk pedicle flap graft; scalp, arms, or legs	\$517.25	\$626.08 \$607.87
15574		pedicle flap-face,neck,axilla,genitalia,hands,feet	\$552.96	\$641.36
15576		pedicle flap; eyelids,nose,ears,lips,intraoral	\$485.53	\$569.75
15600		skin graft procedure	\$143.05	\$227.25
15610 15620		skin graft procedure skin graft procedure	\$169.52 \$225.30	\$229.39 \$305.04
15630		skin graft procedure	\$246.28	\$322.65
15650		skin graft procedure	\$277.91	\$360.44
15731		forehead flap with preservation of vascular pedicle (eg, axial pattern flap,	\$736.11	\$809.40
15732 15734		muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, muscle flap trunk	\$960.36 \$984.09	\$1,073.38 \$1,102.15
15736		muscle flap trunk muscle flap upper extremity	\$984.09	\$1,102.15
15738		muscle flap lower extremity	\$926.77	\$1,042.87
15740		skin graft procedure	\$623.86	\$721.78
15750		skin graft procedure	\$662.06	\$662.06
15756 15757		free muscle flap with or without skin with microvascular anastomosis free skin flap with microvascular anastomosis	\$1,750.05 \$1,733.36	\$1,750.05 \$1,733.36
15758		free fascial flap with microvascular anastomosis	\$1,734.27	\$1,734.27
15760		skin graft procedure	\$511.62	\$599.45
15770		skin graft procedure	\$473.56	\$473.56
15780 15781		abrasion treatment of skin abrasion skin removal tattoos less total face	\$467.15 \$306.36	\$588.30 \$376.30
15782		abrasion skin removal tattoos regional not face	\$293.65	\$396.60
15783		superficial dermabrasion	\$265.58	\$342.24
15786		abrasion single lesion eg keratosis scar	\$100.48	\$167.63
15787 15788		abrasion; each additional four lesions or less (list separately in addition to chemical peel, facial;	\$14.10 \$167.71	\$34.25 \$295.28
15789		chemical peel, facial;	\$305.37	\$398.81
15792		chemical peel, nonfacial;	\$183.52	\$290.11
15793		chemical peel, nonfacial;	\$252.90	\$331.24
15819 15820		cervicoplasty removal of skin furrows	\$533.56 \$343.77	\$533.56 \$378.46
15820		removal of skin furrows	\$364.76	\$402.81
15822		blepharoplasty, upper eyelid;	\$262.96	\$295.97
15823		blepharoplasty, upper eyelid; w/excessive skin weighting lid	\$433.38	\$469.46
15830		excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen	\$850.70	+
15832 15833		removal of skin furrows removal of skin furrows	\$645.79 \$608.75	\$645.79 \$608.75
15834		removal of skin furrows	\$606.63	\$606.63
15835		removal of skin furrows	\$641.59	\$641.59
15836 15837		removal of skin furrows	\$534.41	\$534.41
15837		removal of skin furrows excision excess skin submental fat pad	\$483.66 \$416.62	\$550.52 \$416.62
15839		excision excessive skin and subq tissue other area	\$524.07	\$608.84
15840		skin repair for nerve palsy	\$735.53	\$735.53
15841		facial nerve paralysis free muscle graft	\$1,232.37	\$1,232.37
15842 15847		graft for facial nerve paralysis; free muscle flap by microsurgical technique excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen	\$1,946.96 \$275.89	\$1,946.96 \$275.89
15920		removal of tail bone	\$423.38	\$423.38
15922		removal of tail bone	\$537.78	\$537.78
15931		excision sacral decubitus ulcer primary suture	\$483.27	\$483.27
15933 15934		exc sacral decubitus ulcer with ostectomy/primary excision sacral decubitus ulcer skin flap closur	\$594.00 \$663.16	\$594.00 \$663.16
15935		excision sacral decubitus dicer skin hap closur exc sacral pressure ulcer local skin flap	\$788.44	\$788.44
15936		excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap	\$642.90	\$642.90
15937		exc sacral pressure ulcer with ostectomy	\$751.29	\$751.29
15940 15941		removal of pressure sore excision sacral decubitus ulcer with ostectomy	\$496.79 \$644.01	\$496.79 \$644.01
10941		excision sacrai decubitus uicer with ostectomy exc ischial pressure uicer local skin flap closure	\$634.65	\$634.65

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15945		exc ischial pressure ulcer with ostectomy	\$704.94	\$704.94
15946		excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or	\$1,180.65	\$1,180.65
15950		removal of pressure sore	\$410.80	\$410.80
15951 15952		excision trochanteric decubitus ulcer w ostectomy	\$586.00 \$616.34	\$586.00 \$616.34
15952		removal of pressure sore removal of pressure sore	\$686.23	\$686.23
15956		excision, trochanteric pressure ulcer, in preparation for muscle or	\$826.88	\$826.88
15958		exc trochanteric ulcer myocutan flap w ostectomy	\$843.22	\$843.22
16000		treatment of burns	\$35.16	\$49.43
16020		dressings and/or debridement of partial-thickness burns, initial or subsequent;	\$41.40	\$57.62
16030		dressings and/or debridement of partial-thickness burns, initial or subsequent;	96.60	125.69
16035		escharotomy; initial incision	\$159.98	\$159.98
17000		destruction any method premalignant lesions one le	\$38.91	\$55.42
17003		destruction by any method, including laser, with or without surgical	\$3.42	\$5.38
17004		destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$98.28	\$124.86
17106		destruction of vascular proliferative lesions	\$202.89	\$245.42
17107 17108		destruction vascular proliferative lesion 10sq les destruction vascular lesions over 50.0 sq cm	\$268.32 \$350.17	\$325.11
17108		destruction vascular lesions over 50.0 sq cm destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery,	\$48.35	\$415.91 \$76.62
17110		destruction by any method of flat warts, molluscum contagiosum	\$60.44	\$91.22
17250		chemical cauterization of wound	\$26.63	\$52.08
17260		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$48.76	\$67.22
17261		destruct.malig. lesion-trunk,arms,legs; 0.6-1.0 cm	\$65.77	\$99.89
17262		destruct.malig. lesion-trunk,arms,legs; 1.1-2.0 cm	\$84.23	\$122.00
17263		destruct.malig. lesion-trunk,arms,legs; 2.1-3.0 cm	\$93.29	\$134.70
17264		destruct.malig. lesion-trunk,arms,legs; 3.1-4.0 cm	\$99.70	\$144.18
17266		destruct.malig. lesion-trunk,arms,legs; over 4. cm	\$116.18	\$164.03
17270		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$71.14	\$103.88
17271 17272		destruction malignant lesion scalp,neck-0.6-1.0 cm destruction malignant lesion scalp,neck 1.1-2.0 cm	\$80.11 \$92.96	\$114.80 \$131.57
17272		destruction malignant lesion scalp,neck 2.1-3.0 cm	\$104.99	\$146.96
17273		destruction malignant lesion scalp,neck-3.1-4.0 cm	\$128.97	\$174.30
17276		destruction malignant lesion scalp,neck over 4. cm	\$155.29	\$202.28
17280		destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery,	\$64.65	\$97.38
17281		destruction malignant lesion face 0.6-1.0 cm	\$90.34	\$124.74
17282		destruction malignant lesion face 1.1-2.0 cm	\$104.96	\$144.69
17283		destruction malignant lesion face 2.1-3.0 cm	\$131.51	\$175.16
17284		destruction malignant lesion face 3.1-4.0 cm	\$156.98	
17286		destruction malignant lesion face over 4.0 cm	\$211.18	\$258.74
17311		mohs micrographic technique, including removal of all gross tumor, surgical	\$283.32 \$150.70	\$490.05 \$292.81
17312 17313		mohs micrographic technique, including removal of all gross tumor, surgical mohs micrographic technique, including removal of all gross tumor, surgical	\$150.70 \$254.35	\$292.81 \$447.09
17313		mons micrographic technique, including removal of all gross tumor, surgical mons micrographic technique, including removal of all gross tumor, surgical	\$254.35	\$271.38
17314		mons micrographic technique, including removal of all gross tumor, surgical	\$39.76	\$58.78
17340		cryotherapy (co2 slush, liquid n2) for acne	\$34.29	\$35.41
17360		acne therapy	\$72.95	\$93.93
19001		puncture aspiration of cyst of breast; each additional cyst (list separately in	\$17.66	\$20.75
19020		incision of breast lesion	\$204.54	\$303.87
19081		biopsy of breast accessed through the skin with stereotactic guidance	\$145.42	\$528.81
19082		biopsy of breast accessed through the skin with stereotactic guidance	\$69.99	
19083		biopsy of breast accessed through the skin with ultrasound guidance	\$136.41	\$525.35
19084 19085		biopsy of breast accessed through the skin with ultrasound guidance biopsy of breast accessed through the skin with mri guidance	\$65.80 \$159.38	\$421.98 \$795.13
19085		biopsy of breast accessed through the skin with mri guidance	\$159.38	\$635.39
19080		biopsy of breast; percutaneous, needle core, not using imaging guidance	\$72.94	\$99.40
19100	-	biopsy of breast, percularious, needle core, not using imaging guidance	\$155.73	\$227.08
19110		nipple exploration w/ or w/o excision	\$231.18	\$315.95
19112		excision of lactiferous duct fistula	\$207.32	\$294.88
19120		excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant	\$284.35	\$329.66
19125		excision of breast lesion identified by preoperative placement of radiological	\$315.65	\$365.17
19126		excision of breast lesion identified by preoperative placement of radiological	\$119.69	\$119.69

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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		to this schedule.		
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19260		removal of chest wall lesion	\$869.31	\$869.31
19271		removal of chest wall lesion	\$1,177.09	\$1,177.09
19272		removal of chest wall lesion	\$1,305.32	\$1,305.32
19281		placement of breast localization devices accessed through the skin with mammographic guidance	\$82.97	\$192.08
19282 19283		placement of breast localization devices accessed through the skin with mammographic guidance	\$40.06 \$83.81	\$133.35 \$217.89
19283		placement of breast localization devices accessed through the skin with stereotactic guidance placement of breast localization devices accessed through the skin with stereotactic guidance	\$40.34	\$217.8
19285		placement of breast localization devices accessed through the skin with derectation guidance	\$71.07	\$367.29
19286		placement of breast localization devices accessed through the skin with ultrasound guidance	\$34.58	\$307.76
19287		placement of breast localization devices accessed through the skin with mri guidance	\$113.54	\$678.20
19288		placement of breast localization devices accessed through the skin with mri guidance	\$51.77	\$541.2
19296		placement of radiotherapy afterloading balloon catheter into the breast for	\$153.62	\$2,760.14
19298 19300		placement of radiotherapy afterloading brachytherapy catheters (multiple tube mastectomy for gynecomastia	\$253.22 \$275.41	\$947.86 \$349.82
19300		mastectomy for gynecomastia mastectomy, tylectomy, quadrantectomy, segmentectomy);	\$441.52	\$349.82 \$441.52
19302		mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymph		\$631.96
19303		mastectomy, simple, complete	\$683.16	\$683.16
19304		mastectomy, subcutaneous	\$394.07	\$394.07
19305		mastectomy, radical, including pectoral muscles, axillary lymph nodes	\$787.80	\$787.80
19306 19307		mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban ty	\$825.37 \$830.19	\$825.37 \$830.19
19307		mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, mastopexy	\$563.00	\$563.00
19318		reduction mammaplasty	\$828.87	\$828.87
19328		removal of intact mammary implant	\$351.06	\$351.06
19330		removal of implant material	\$451.91	\$451.91
19370		open periprosthetic capsulotomy breast	\$489.67	\$489.67
19371		periprosthetic capsulectomy breast	\$564.98	\$564.98
19380 20005		revision of reconstructed breast incision of abscess	\$552.66 \$174.93	\$552.66 \$217.46
20000		exploration of penetrating wound (separate procedure); neck	\$438.58	\$438.58
20101		exploration of penetrating wound (separate procedure); chest	\$149.47	\$277.88
20102		exploration of penetrating wound (separate procedure); abdomen/flank/back	\$182.29	\$325.53
20103		exploration of penetrating wound (separate procedure); extremity	\$259.18	\$397.66
20150		excision of epiphyseal bar, with or without autogenous soft tissue graft	\$707.85	\$707.8
20206 20240		biopsy muscle percutaneous needle biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process,	\$48.34 \$167.99	\$185.7 ² \$167.99
20240		bole biopsy	\$458.49	\$458.49
20250		bone biopsy	\$275.77	\$275.77
20251		bone biopsy	\$305.76	\$305.76
20500		injection of sinus tract;	\$69.76	\$84.30
20501		injection of sinus tract;	31.86	93.97
20520 20525		removal of foreign body removal of foreign body	\$103.39 \$181.68	\$135.00 \$327.7
20525		injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	\$43.50	\$54.98
20550		injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar	\$31.96	\$42.5
20551		injection(s); single tendon origin/insertion	\$32.61	\$42.13
20552		injection(s); single or multiple trigger point(s), one or two muscle(s)	\$27.64	\$38.2
20553		injection(s); single or multiple trigger point(s), three or more muscle(s) arthrocentesis, aspiration and/or injection; small joint or bursa (eq. fingers,	\$30.73	\$42.7
20600 20604		arthrocentesis, aspiration and/or injection; small joint or bursa (eg. fingers, aspiration and/or injection of small joint or joint capsule with recording and reporting using ultrasound	\$30.45 \$37.16	\$39.9 \$57.3
20004		guidance	ψ07.10	ψυτ.υ
20605		arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg,	\$31.61	\$42.8
20606		aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using	\$42.09	\$63.0
	1	ultrasound guidance		
20610		drainage of joint or bursa	\$37.75	\$55.1
20611		aspiration and/or injection of major joint or joint capsule with recording and reporting using ultrasound guidance	\$49.29	\$72.2
20612		aspiration and/or injection of ganglion cyst(s) any location	\$32.60	\$42.6
20612		aspiration and injection for treatment of bone cyst	\$117.04	\$155.3
20650		insertion & removal bone pin	\$115.39	\$141.7
20661		fixation procedure	\$335.38	\$335.3

		Nurse Practitioner Fee Schedule		
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Providers s	hould alwa	ys bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
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20662		pplication of halo pelvic	\$348.62	\$348.62
20663 20664		ixation procedure application of halo, including removal, cranial, 6 or more pins placed, for	\$322.56 \$551.93	\$322.56 \$551.93
20665		emoval of fixation device	\$74.09	\$87.79
20670		emoval of implant superficial eg buried wire pin	\$108.40	\$275.13
20680		emoval of buried support	\$302.20	\$420.53
20690		application ext fixation standard configuration	\$398.83	\$398.83
20692		application of multiplane unilateral external fix	\$745.75	\$745.75
20693 20694		adjustment or revision external fixation req anest emoval under anesthesia external fixation system	\$334.48 \$244.16	\$334.48 \$302.34
20694 20802		eplantation of arm	\$244.16	\$302.34
20805		eplantation forearm, complete amputation	\$2,245.65	\$2,245.65
20808	r	eimplantation of hand	\$3,032.45	\$3,032.45
20816		eimplantation of digit	\$1,673.19	\$1,673.19
20822 20824		eplantation digit excl thumb, complete amputation eplantation thumb, complete amputation	\$1,418.49 \$1,666.81	\$1,418.49 \$1,666.81
20824		eplantation thumb, complete amputation	\$1,666.81	\$1,000.81
20838		eplantation foot complete	\$1,850.85	\$1,850.85
20900		emoval of bone for graft	\$193.81	\$299.27
20902		emoval of bone for graft	\$268.36	\$268.36
20910		emove cartilage for graft	\$314.04	\$314.04
20912 20920		artilage graft costochondral nasal septum emoval of tissue for graft	\$352.88 \$297.43	\$352.88 \$297.43
20920		emoval of tissue for graft	\$364.65	\$437.95
20924		emoval of tendon for graft	\$368.09	\$368.09
20926	r	emoval of tissue for graft	\$317.76	\$317.76
20950		nonitor interstitial pressure	\$67.12	\$172.86
20955 20956		ibula graft w/microvascular anastomosis	\$1,898.82	\$1,898.82
20956		one graft with microvascular anastomosis; iliac crest one graft with microvascular anastomosis; metatarsal	\$1,981.45 \$1,896.16	\$1,981.45 \$1,896.16
20962		one graft with microvascular anastomosis; other than fibula, iliac crest, or	\$1,939.92	\$1,939.92
20969		ree osteocutaneous flap with microvascular anastomosis; other than iliac	\$2,104.01	\$2,104.01
20970		ree osteocutaneous flap with microvascular anastomosis; iliac crest	\$2,113.75	\$2,113.75
20972		osteocutaneous flap microvascular anastomo metarsa	\$1,934.52	\$1,934.52
20973 20983		ree osteocutaneous flap great toe web space lestruction of 1 or more bone growths, accessed through the skin	\$2,030.99 \$325.97	\$2,030.99 \$5,437.90
21010		Inthrotomy, temporomandibular joint	\$533.63	\$533.63
21011	e	excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	\$146.58	\$187.10
21012	e	excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	\$200.50	\$200.50
21013		Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); less than 2 c	\$236.36	\$290.91
21014 21015		Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); 2 cm or great adical resection of tumor soft face or scalp	\$309.85 \$310.06	\$309.85 \$310.06
21015		adical resection of tumor soft face or scalp Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp; 2 cm or greater	\$310.06	\$310.06
21025	e	excision of bone, mandible	\$544.28	\$634.63
21026	e	excision of bone, facial bones	\$348.32	\$417.97
21029		emoval by contouring benign tumor facial bone	\$455.84	\$534.73
21030 21031		excision of benign tumor or cyst of maxilla or zygoma by enucleation and	\$289.81	\$349.96
21031 21032		excision of torus mandibularis excision of maxillary torus palatinus	\$207.39 \$204.45	\$268.66 \$272.15
21032		excision of making torus paratinus	\$860.00	\$961.01
21040	r	emoval of bone lesion	\$288.13	\$352.75
21044		excision malignant tumor mandible	\$642.89	\$642.89
21045		exc malignancy mandible radical	\$897.24	\$897.24
21046 21047	e	excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy	\$790.53 \$960.07	\$790.53 \$960.07
21047		excision of benign tumor or cyst of manifolde, requiring extra-oral osteotomy	\$960.07 \$801.41	\$960.07 \$801.41
21049		excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and	\$928.15	\$928.15
21050	а	arthrectomy temporomandibular joint unilateral	\$630.10	\$630.10
21060 21070		nenisectomy temporomandibular joint unilateral	\$576.04	\$576.04
	0	coronoidectomy	\$467.75	\$467.75

		Nurse Practitioner Fee Schedule		
	I	Provider Specialty 061		
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*** Tho foo	chodulo includo tho	new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not i	ncluded on this fee s	chodulo
The lee		iew codes for 2015 and the pending 1% rate reduction enective 1/1/2015 is not i		chedule
21100	maxillofacial	fixation	\$286.83	\$498.88
21110	applica inter	dental fixation device cond oth than	\$450.52	\$526.89
21120		augmentation	\$354.34	\$437.98
21121		augmentation sliding osteotomy single	\$471.42	\$548.92
21122 21123		augmentation 2 or more osteotomies augmentation sliding interpositional	\$519.78 \$623.56	\$519.78 \$623.56
21125	v 1 7	n mandibular body or angle prosthetic	\$546.02	\$2,118.54
21120		n mandibular body angle w/ bone graft	\$637.97	\$2,521.31
21137	reduction for	rehead; contouring only	\$526.10	\$526.10
21138		rehead-contouring & application graft	\$657.19	\$657.19
21139	reduction for	rehead contouring, setback sinus wall	\$737.92	\$737.92
21141 21142		on midface, lefort i; single piece, segment movement in any	\$989.23	\$989.23
21142 21143		on midface, lefort i; two pieces, segment movement in any on midface, lefort i; three or more pieces, segment movement in any	\$978.55 \$1,015.25	\$978.55 \$1,015.25
21143		on midface, lefort i, single piece, segment movement in any	\$1,015.25	\$1,015.25
21145	reconstructio	on midface, lefort i; two pieces, segment movement in any	\$1,214.84	\$1,214.84
21147		on midface, lefort i; three or more pieces, segment movement in any	\$1,251.02	\$1,251.02
21150		on midface anterior intrusion	\$1,241.99	\$1,241.99
21151		nidface any direction req bone graft	\$1,499.56	\$1,499.56
21154 21155		on midface any type req bone graft	\$1,516.42	\$1,516.42
21155		nidface any type w graft, w lefort i nidface, lefort iii, w bone grafts	\$1,720.83 \$2,081.93	\$1,720.83 \$2,081.93
21153		nidiace, lefort ii, w bone grans	\$2,143.92	\$2,143.92
21172		orbital rim/forehead w/wo grafts	\$1,317.83	\$1,317.83
21175		pifrontal orbital rims/forehead, graft	\$1,591.21	\$1,591.21
21179		orehead/orbital rims with grafts	\$1,089.74	\$1,089.74
21180		orehead/orbital rims with autograft	\$1,242.31	\$1,242.31
21181 21182		contouring of benign tumor cranial bone on of orbital walls, rims, forehead, nasoethmoid complex following	\$518.68 \$1,512.02	\$518.68 \$1,512.02
21182		on of orbital walls, rims, forehead, nasoethmoid complex following	\$1,512.02	\$1,512.02
21184		on of orbital walls, rims, forehead, nasoethmoid complex following	\$1,808.68	\$1,808.68
21188		dface, osteotomies, w bone grafts	\$1,195.62	\$1,195.62
21193		on of mandibular rami, horizontal, vertical, "c", or "l"	\$914.46	\$914.46
21194		indibular ramus, osteotomy w bone graft	\$1,044.28	\$1,044.28
21195		on of mandibular rami and/or body, sagittal split; without internal	\$979.85	\$979.85
21196 21198		ndibular ramus w inter. rigid fixation nandible, segmental	\$1,067.89 \$839.06	\$1,067.89 \$839.06
21190		nandible, segmental; with genioglossus advancement	\$762.35	\$762.35
21206	osteotomy, r	naxilla, segmental	\$826.60	\$826.60
21208	augmentatio	n osteoplasty of facial bones	\$601.52	\$1,212.23
21209		teoplasty of facial bones	\$461.09	\$578.87
21210	bone graft		\$601.35	\$1,447.63
21215 21230	bone graft cartilage gra	4	\$627.13 \$561.50	\$2,451.71 \$561.50
21230	cartilage gra		\$561.50	\$501.50
21233		temporomandibular joint w/wo graft	\$811.88	\$811.88
21242		temporomandibular joint w alloplastic	\$743.54	\$743.54
21243		temporomandibular joint	\$1,221.51	\$1,221.51
21244		on of mandible	\$758.40	\$758.40
21247 21255		ndibular condyle w bone/cartilage graft	\$1,188.88 \$1,048.50	\$1,188.88
21255 21256		omatic arch, glenoid fossa w bone/cart it w osteotomies and bone grafts	\$1,048.50	\$1,048.50 \$858.60
21250		telorism correction osteotomies	\$965.54	\$965.54
21200		telorism come with intra and extracranial approach	\$1,655.90	\$1,655.90
21263		telorism with forehead advancement	\$1,490.38	\$1,490.38
21267	orbital repos		\$1,126.87	\$1,126.87
21268		itioning intra and external approach	\$1,401.87	\$1,401.87
21270		entation, bone or alloplastic material.	\$512.41	\$651.74
21275 21280	medial canth	ev orbitocraniofacial reconostruction	\$590.26 \$379.89	\$590.26 \$379.89
21280	lateral canth		\$250.42	\$250.42

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
The inclusio	on of a rat	te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	Guida	
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changes an	d deletior	n to this schedule.		
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21295		reduction masseter muscle extraoral approach	\$124.97	\$124.97
21296		reduction masseter muscle intraoral approach	\$304.14	\$304.14
21310 21315		treatment of closed or open nasal fracture manipul treatment of nose fracture	\$21.85 \$106.59	\$74.46 \$182.69
21315		manipulation instrumental complicated nasal fractu	\$108.59	\$176.09
21325		repair of nose fracture	\$332.98	\$332.98
21330		repair of nose fracture	\$409.69	\$409.69
21335		repair of nose fracture	\$531.81	\$531.81
21336		open tx nasal septal fx, w/wo stabilization	\$457.66	\$457.66
21337 21338		treatment closed nasal septal fracture open treatment nasoethmoid fracture without extern	\$204.12 \$523.15	\$274.62 \$523.15
21338		open treatment nasoethmoid fracture without extern	\$523.15	\$523.15
21340		tr closed/open nasoeth com fr w splint wire headca	\$587.68	\$587.68
21343		open treatment of depressed frontal sinus	\$831.48	\$831.48
21344		open tx of frontal sinus fracture	\$1,097.05	\$1,097.05
21345		tr nasomax comp fr with interdental wire fix or fi	\$476.42	\$573.21
21346 21347		op tr nasomax com fr w wiring a/o local fixation op tr nasomac com fr w wir a/o lo fi w mul aproach	\$688.07 \$798.20	\$688.07 \$798.20
21347		open tx nasomaxillary fx with bone grafting	\$851.98	\$851.98
21355		repair cheek bone fracture	\$234.81	\$309.78
21356		open tx depressed zygomatic arch fracture	\$269.30	\$346.80
21360		open treatment of closed or open depressed fx inc	\$383.75	\$383.75
21365 21366		repair cheek bone fracture open tx malar area fx inc zygomatic arch w/graft	\$807.23 \$897.43	\$807.23 \$897.43
21385		repair eye socket fracture	\$517.89	\$517.89
21386		repair eye socket fracture	\$484.32	\$484.32
21387		repair eye socket fracture	\$540.52	\$540.52
21390		repair eye socket fracture	\$560.48	\$560.48
21395		repair eye socket fracture	\$708.14	\$708.14
21400 21401		treat eye socket fracture repair eye socket fracture	\$102.66 \$211.78	\$124.21 \$330.67
21406		repair eye socket fracture	\$391.75	\$391.75
21407		repair eye socket fracture	\$464.31	\$464.31
21408		open tx of fx orbit except "blowout" w/bone graft	\$639.37	\$639.37
21421		tr pal/alv ri fr cl man w interd wi fi offi de de	\$438.95	\$511.42
21422 21423		tr pa/al ri fr cl man w intd wi fi o fi de/sp op t open tx of palatal or maxillary fx, mult approach	\$485.04 \$577.11	\$485.04 \$577.11
21423		repair upper jaw fracture	\$526.99	\$526.99
21432		open rx craniofacial separation	\$483.86	\$483.86
21433		dp tr cranioe sep w wi/loc fix complicated	\$1,249.16	\$1,249.16
21435		repair upper jaw fracture	\$984.11	\$984.11
21436 21440		open tx craniofacial separation w/bone graft repair dental ridge fracture	\$1,449.09 \$308.75	\$1,449.09 \$370.02
21440		repair dental ridge fracture	\$438.78	\$528.03
21450		treat lower jaw fracture	\$323.80	\$385.61
21451		treatment closed or open mandibular fracture with	\$436.83	\$510.69
21452		treatment of open mandibular fracture without mani	\$233.34	\$415.74
21453 21454		rx open mandibular fracture with manipulation open rx closed or open mandibular fx with external	\$526.68 \$399.59	\$591.30 \$399.59
21454 21461		open rx closed or open mandibular rx with external op tr o clos o op mand fr witho interdenfixation	\$399.59 \$652.88	\$399.5
21461		op tr clos o op mandfract w interdental fixation	\$724.68	\$1,438.63
21465		open treatment mandibular condylar fracture	\$664.22	\$664.22
21470		repair lower jaw fracture	\$867.48	\$867.48
21480		reset dislocated jaw	\$24.64	\$63.52
21485 21490		complicated manipulative treatment of temporomandi reset dislocated jaw	\$391.12 \$672.85	\$456.03 \$672.8
21490		repair hyoid bone fracture	\$484.72	\$484.72
21493		interdental wiring f condition o than fracture	\$395.11	\$460.30
21501		incision / drainage deep abscess or hematoma	\$226.56	\$307.13
21502		drainage of rib abscess	\$380.40	\$380.40
21510		inc deep opening of bone cortex osteomyelitis bone	\$335.43	\$335.43

		Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
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		to this schedule.		
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*** The fee s	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu-	ded on this fee s	cneaule
21550		excisional biopsy soft tissues	\$115.49	\$180.12
21552		excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3cm or gr	\$266.90	
21554		Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); 5 cm or greater	\$438.87	
21555		excision benign tumor subcutaneous	\$239.49	
21556 21557		excision deep subfacial intramuscular radical resection of soft tissue tumor	\$299.68 \$425.87	\$299.68 \$425.87
21558		Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or gr	\$823.78	
21600		excision of rib partial	\$400.54	\$400.54
21610		partial removal of rib	\$782.73	
21615		excision first and/or cervical rib;	\$494.88	
21616 21620		exc first a/o cerv rib f outlet comp synd oth caus	\$630.81	
21620		partial removal of sternum sternal debridement	\$381.37 \$400.10	
21630		radical resection of sternum;	\$935.42	
21632		radical resection of sternum w mediastinal lymphad	\$926.43	\$926.43
21685		hyoid myotomy and suspension	\$729.72	
21700		revision of neck muscle	\$309.82	
21705 21720		revision of neck muscle division sternocleidomastoid for torticollis open	\$476.91 \$298.71	\$476.91 \$298.71
21725		revision of neck muscle	\$387.33	
21740		reconstructive repair of pectus excavatum or carin	\$807.42	
21742		reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$807.42	\$807.42
21743		reconstructive repair of pectus excavatum or carinatum; minimally invasive	\$936.34	
21750 21805		closure of median sternotomy separation with or without debridement (separate treatment of rib fracture(s)	\$535.11 \$184.84	\$535.11 \$184.84
21803		open treatment of broken ribs with insertion of hardware	\$455.68	
21812		open treatment of broken ribs with insertion of hardware	\$543.19	
21813		open treatment of broken ribs with insertion of hardware	\$734.34	
21820		treatment, sternum fracture	\$93.04	
21825 21920		treatment of sternum fracture open	\$413.51 \$115.39	\$413.51 \$179.73
21920		biopsy, soft tissue, back, superficial deep biopsy, soft tissue, back, deep	\$115.39	\$179.73
21930		excision tumor, soft tissue of back	\$269.76	
21931		excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	\$279.13	
21932		Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular); less than 5 cm	\$400.82	
21933 21935		Excision, tumor, soft tissue of back or flank, subfascial (e.g. intramuscular);5 cm or greater	\$442.02 \$855.78	
21935		radical resection of tumor, soft tissue of back Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank; 5 cm or greater	\$856.48	+
22010		incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$656.65	
22015		incision and drainage, open, of deep abscess (subfascial), posterior spine;	\$652.94	
22100		partial excision of posterior vertebral component (eg, spinous process, lamina	\$592.32	
22101		removal part of vertebra	\$590.89	
22102 22110		removal part of vertebra partial excision of vertebral body, for intrinsic bony lesion, without	\$588.63 \$736.53	
22110		removal part of vertebra	\$730.33	
22114		removal part of vertebra	\$731.96	\$731.96
22206		osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, po	\$1,759.97	
22207		osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, po	\$1,737.02	
22208 22210		osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, po osteotomy of spine, posterior or posterolateral approach, one vertebral	\$443.47 \$1,289.96	\$443.47 \$1,289.96
22210		posterior approach osteotomy spine, thoracic	\$1,269.96	
22214		posterior approach osteotomy spine, lumbar	\$1,073.18	
22220		osteotomy of spine, including diskectomy, anterior approach, single vertebral	\$1,161.60	\$1,161.60
22222		anterior appoach osteotomy spine, thoracic	\$1,062.88	
22224		anterior approach osteotomy spine, lumbar	\$1,150.20	
22305 22310		treatment, spinal structure closed treatment of vertebral body fracture(s), without manipulation, requiring	\$122.14 \$191.69	
22310		closed treatment of vertebral fracture(s), without manipulation, requiring	\$544.37	
22318		open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,160.17	
22319		open treatment and/or reduction of odontoid fracture(s) and or dislocation(s)	\$1,275.59	\$1,275.59
22325		open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,015.81	\$1,015.8 ⁻

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		L
		Effective Date: 1/1/2015		
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22226		anan tradmant and/or raduation of variabral fracture(a) and/or	¢1.050.10	¢1.050.10
22326 22327		open treatment and/or reduction of vertebral fracture(s) and/ or open treatment and/or reduction of vertebral fracture(s) and/ or	\$1,059.16 \$1,051.01	\$1,059.16 \$1,051.01
22328		open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s).	\$212.27	\$212.27
22505		manipulation of spine	\$90.32	\$90.32
22532		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$1,267.15	\$1,267.15
22533		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$1,194.33	\$1,194.33
22534		arthrodesis, lateral extracavitary technique, including minimal diskectomy to	\$277.87	\$277.87
22548		arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2	\$1,348.24	\$1,348.24
22551		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and de		\$1,356.32
22552 22554		arthrodesis, anterior interbody, including disc space preparation, discectomy, arthrodesis, anterior interbody technique, including minimal diskectomy to	\$316.77 \$931.01	\$316.77 \$931.01
22556		arthrodesis, anterior interbody technique, including minimal diskectomy to	\$1,208.50	\$1,208.50
22558		arthrodesis, anterior interbody technique, including minimal distectomy to	\$1,111.97	\$1,111.97
22585		arthrodesis, anterior interbody technique, including minimal diskectomy to	\$256.66	\$256.66
22586		arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with	\$1,204.28	\$1,204.28
		posterior instrumentation, with image guidance, includes bone graft when performed, I5-s1 interspace		
00500			* 4 440 7 0	04 440 70
22590 22595		arthrodesis, posterior technique, craniocervical (occiput-c2)	\$1,118.79 \$1,062.24	\$1,118.79 \$1,062.24
22595		arthrodesis, posterior technique, atlas-axis (c1-c2) arthrodesis, posterior or posterolateral technique, single level; cervical	\$910.09	\$1,062.24
22610		arthrodesis, posterior or posterolateral technique, single level; thoracic	\$898.43	\$898.43
22612		arthrodesis, posterior or posterolateral technique, single level; lumbar (with	\$1,165.46	\$1,165.46
22614		arthrodesis, posterior or posterolateral technique, single level; each	\$299.55	\$299.55
22630		arthrodesis, posterior interbody technique, including laminectomy and/or	\$1,119.79	\$1,119.79
22632		arthrodesis, posterior interbody technique, single interspace; each additional	\$243.34	\$243.34
22633		arthrodesis, combined posterior or posterolateral technique with posterior	\$1,034.76	\$1,034.76
22634 22800		arthrodesis, combined posterior or posterolateral technique with posterior arthrodesis, posterior, for spinal deformity, with or without cast; up to 6	\$278.43 \$989.28	\$278.43 \$989.28
22800		arthrodesis, posterior, for spinal deformity, with or without cast, dp to o	\$1,575.22	\$1,575.22
22804		arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more	\$1,820.46	\$1,820.46
22808		arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3	\$1,340.42	\$1,340.42
22810		arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7	\$1,496.37	\$1,496.37
22812		arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more	\$1,637.14	\$1,637.14
22818		kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,650.18	\$1,650.18
22819		kyphectomy, circumferential exposure of spine and resection of vertebral	\$1,900.79	\$1,900.79
22830 22840		exploration of spinal fusion posterior non-segmental instrumentation (eg, single harrington rod technique)	\$589.14 \$584.62	\$589.14 \$584.62
22840		posterior non-segmental instrumentation (eg, pedicle fixation, dual rods with	\$585.91	
22843		posterior segmental instrumentation (eg, pedicle fixation, dual rods with	\$623.87	\$623.87
22845		anterior instrumentation; 2 to 3 vertebral segments	\$559.20	\$559.20
22846		anterior instrumentation; 4 to 7 vertebral segments	\$580.62	\$580.62
22848		pelvic fixation (attachment of caudal end of instrumentation to pelvic bony	\$278.47	\$278.47
22849		reinsertion of spinal fixation device	\$957.34	\$957.34
22850 22851		harrington rod removal application of prosthetic device (eg, metal cages, methylmethacrylate) to	\$521.05 \$311.78	\$521.05 \$311.78
22851		removal of segmental instrumentation	\$498.12	\$498.12
22855		dwyer instrument removal	\$809.94	\$809.94
22864		removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	\$1,361.50	\$1,361.50
22865		removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	\$1,563.25	\$1,563.25
22900		excision abdominal wall tumor subfascial	\$298.75	\$298.75
22901		Excision, tumor, soft tissue of abdominal wall, subfascial (e.g. intramuscular); 5 cm or greater	\$394.72	\$394.72
22902		excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	\$200.09	\$249.82
22903 22904		excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; less than 5 cm	\$261.43 \$617.81	\$261.43 \$617.81
22904 22905		Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; less than 5 cm Radical resection of tumor (e.g., malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater	\$617.81	\$617.81
22905		removal of subdeltoid calcareous deposits, open	\$257.74	\$372.44
23020		capsular contracture release (eg, sever type procedure)	\$502.01	\$502.01
23030		incision and drainage deep abscess or hematoma	\$186.59	\$297.09
23031		incision and drainage infected bursa	\$154.40	\$270.50
23035		incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	\$497.71	\$497.71
23040		arthrotomy, glenohumeral joint, including exploration, drainage, or removal of	\$522.80	\$522.80

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015	1	
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	aid and Health Choice Clinical Policies on the DMA Web Site.		
	uld always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	additions,	
changes and d	leletion to this schedule.		
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23044	arthrotomy, acromioclavicular, sternoclavicular joint, including exploration,	\$414.23	\$414.23
23044	biopsy soft tissues superficial	\$120.91	\$151.68
23066	biopsy soft tissues deep	\$243.76	\$354.20
23071	excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	\$247.97	\$247.97
23073 23075	Excision, tumor, soft tissue of shoulder area, subfacial (e.g. intramuscular); 5 cm or greater excision, soft tissue tumor, shoulder area; subcutaneous	\$411.16 \$128.64	\$411.16 \$182.08
23076	excision deep subfascial or intramuscular tumor	\$408.57	\$408.57
23077	radical resection soft tissue tumor, shoulder	\$870.60	\$870.60
23078	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area; 5 cm or greater	\$833.33	\$833.33
23100 23101	arthrotomy, glenohumeral joint, including biopsy arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy	\$351.85 \$323.52	\$351.85 \$323.52
23105	arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	\$461.91	\$461.91
23106	arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	\$343.45	\$343.45
23107	arthrotomy, glenohumeral joint, w/ joint explor. partial removal. collarbone	\$480.08	\$480.08
23120 23125	removal of collarbone	\$414.59 \$511.18	\$414.59 \$511.18
23130	acromioplasty or acromionectomy, partial, with or without coracoacromial	\$436.13	\$436.13
23140	removal bone lesion	\$372.32	\$372.32
23145	removal bone lesion	\$501.71	\$501.71
23146 23150	removal bone lesion removal bone lesion	\$435.61 \$474.68	\$435.61 \$474.68
23155	removal bone lesion	\$575.46	\$575.46
23156	removal bone lesion	\$488.66	\$488.66
23170	sequestrectomy for osteomyelitis bone abcess clavi	\$383.93	\$383.93
23172 23174	sequestrectomy for osteomyelitis of bone abcess sc sequestrec for osteomyelitis or bone abcess humer	\$393.51 \$546.19	\$393.51 \$546.19
23180	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$496.72	\$496.72
23182	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$479.11	\$479.11
23184	partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$541.30	\$541.30
23190 23195	partial removal of shoulder removal of head of humerus	\$403.09 \$547.56	\$403.09 \$547.56
23200	removal of collarbone	\$647.33	\$647.33
23210	removal of shoulderblade	\$676.97	\$676.97
23220	radical resection of bone tumor, proximal humerus;	\$784.50	\$784.50
23330 23333	removal of foreign body subcutaneous removal of foreign body of shoulder joint, accessed beneath the tissue or muscle	\$107.04 \$362.84	\$156.84 \$362.84
23334	removal of prosthesis of shoulder	\$856.79	\$856.79
23335	removal of prosthesis of shoulder	\$1,021.85	\$1,021.85
23350	injection procedure for shoulder arthrography or enhanced ct/mri shoulder	\$41.74	\$112.81
23395 23397	muscle transfer, any type, shoulder or upper arm; single muscle transfers	\$943.85 \$845.87	\$943.85 \$845.87
23397	fixation of scapula	\$716.18	\$716.18
23405	tenotomy, shoulder area; single tendon	\$459.57	\$459.57
23406	tenotomy, shoulder area; multiple tendons through same incision	\$575.25	\$575.2
23410 23412	repair of ruptured musculotendinous cuff (eg, rotator cuff); acute	\$609.81	\$609.8
23412	repair of tendon(s) release of shoulder ligament	\$637.42 \$507.15	\$637.42 \$507.15
23420	reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes	\$714.58	\$714.58
23430	tenodesis of long tendon of biceps	\$540.71	\$540.7
23440	resection or transplantation of long tendon of biceps capsulorrhaphy, anterior; putti-platt procedure or magnuson type operation	\$558.07	\$558.07
23450 23455	capsulormaphy, anterior; putil-platt procedure or magnuson type operation capsulormaphy, anterior; with labral repair (eg, bankart procedure)	\$701.02 \$747.89	\$701.02 \$747.89
23460	capsulorrhaphy, anterior, any type; with bone block	\$809.39	\$809.3
23462	capsulorrhaphy f recur disloc poster w/w bn block	\$794.43	\$794.43
23465	capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	\$828.61	\$828.6
23466 23470	capsulorrhaphy, glenohumeral joint, any type multi-directional instability arthroplasty, glenohumeral joint; hemiarthroplasty	\$815.88 \$901.91	\$815.88 \$901.9
23470	arthroplasty, glenohumeral joint; nemarthroplasty arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral	\$1,117.84	\$1,117.84
23473	revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid	\$1,289.65	\$1,289.65
	component		

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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23474		revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	\$1,393.15	\$1,393.15
23480		revision of collarbone	\$601.84	\$601.84
23485		revision of collarbone	\$711.77	\$711.77
23490		prophylactic treatment clavicle	\$614.74	\$614.74
23491		prophylactic treatment (nailing, pinning, plating or wiring) with or without	\$749.21	\$749.21
23500		treatment clavicle fracture	\$144.59	\$145.42
23505 23515		treatment clavicle fracture repair clavicle fracture	\$228.32 \$510.28	\$240.35 \$510.28
23515		treat clavicle dislocation	\$510.28	\$150.85
23525		repair clavicle dislocation	\$220.53	\$235.08
23530		repair clavicle dislocation	\$391.10	\$391.10
23532		open treat of closed/open sternoclav dislocation w	\$449.32	\$449.32
23540		treat clavicle dislocation	\$147.26	\$149.22
23545		repair clavicle dislocation	\$199.44	\$215.67
23550		repair clavicle dislocation	\$414.41	\$414.41
23552		repair clavicle dislocation	\$477.44	\$477.44
23570 23575		treat scapula fracture repair scapula fracture	\$157.56 \$251.73	\$155.60 \$266.28
23585		repair scapula fracture	\$694.54	\$694.54
23600		treat humerus fracture	\$201.49	\$217.15
23605		repair humerus fracture	\$298.68	\$322.18
23615		repair humerus fx w/wo tuberosity	\$634.58	\$634.58
23616		open tx proximal humeral fx; w prosthetice replace	\$948.96	\$948.96
23620		closed treatment of greater humeral tuberosity fracture; without manipulation	\$169.07	\$178.87
23625		repair humerus fracture	\$245.98	\$261.09
23630 23650		open treatment of greater humeral tuberosity fracture, with or without internal repair shoulder dislocation	\$544.77 \$187.01	\$544.77 \$203.52
23655		repair shoulder dislocation	\$107.01	\$203.52
23660		repair shoulder dislocation	\$420.10	\$420.10
23665		closed treatment of shoulder dislocation, with fracture of greater humeral	\$274.57	\$290.81
23670		open treatment of shoulder dislocation, with fracture of greater humeral	\$612.81	\$612.81
23675		repair dislocation/fracture	\$353.59	\$380.45
23680		repair dislocation/fracture	\$663.58	\$663.58
23700		fixation of shoulder	\$141.20	\$141.20
23800		arthrodesis, glenohumeral joint;	\$753.97	\$753.97
23802		arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining amputation of arm	\$916.50 \$980.95	\$916.50
23900 23920		amputation of arm	\$980.95	\$980.95 \$793.20
23920		disarticulation of shoulder secondary closure	\$286.73	\$286.73
23930		incision and drainage deep abscess or hematoma	\$156.79	\$246.88
23931		incision and drainage, upper arm or elbow area; bursa	\$112.43	\$191.59
23935		incision deep w/opening of cortex for osteomyeliti	\$357.76	\$357.76
24000		arthrotomy, elbow, including exploration, drainage, or removal of foreign body	\$340.20	\$340.20
24006		arthrotomy elbow w/capsular release	\$516.38	\$516.38
24065		biopsy soft tissues superficial	\$119.92	\$176.16
24066 24071		biopsy, soft tissue of upper arm or elbow area; deep (subfascial or excision, tumor, soft tissue of upper arm or elbow area, 3 cm or greater	\$286.89 \$240.78	\$409.98 \$240.78
24071		Excision, tumor, soft tissue of upper arm or elbow area, subfacial (e.g. intramuscular); 5 cm or greater	\$240.78	\$413.34
24075		excision, tumor, soft tissue of upper arm of elbow area, subtactal (e.g. initianuscular), 5 cm of greater	\$223.94	\$331.65
24076		excision benign tumor deep subfascial or intramusc	\$342.62	\$342.62
24077		radical resection soft tissue tumor, arm/elbow	\$595.18	\$595.18
24079		Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; 5 cm or g	\$768.40	\$768.40
24100		arthrotomy elbow with synovial biopsy only	\$290.01	\$290.01
24101		exploration of elbow joint	\$357.47	\$357.47
24102		arthrotomy, elbow; with synovectomy	\$444.88	\$444.88
24105		removal of elbow bursa	\$238.79	\$238.79 \$420.26
24110 24115		removal of bone lesion removal of bone lesion/graft	\$420.26 \$532.16	\$420.26 \$532.16
24115		removal of bone lesion/graft	\$632.64	\$632.64
24120		removal of bone lesion	\$376.22	\$376.22

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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		ays bin then usual and customary charges. Thease use the monthly No medicald bulletins for a	dullions,	
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*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
24125		removal of bone lesion/graft	\$435.22	\$435.22
24126		removal of bone lesion/graft	\$462.00	\$462.00
24130		removal of head of radius	\$362.97	\$362.97
24134		sequestrectomy for osteomyelitis or bone abscess s	\$547.29	
24136		seques for osteo/bone abscess radial head or neck	\$433.29	
24138 24140		seques for osteo/bone abscess olecranon process	\$477.10 \$520.90	
24140		partial excision (craterization, saucerization, or diaphysectomy) bone (eg, partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$436.18	\$320.90
24143		partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$452.50	
24147		radical resection of capsule, soft tissue, and heterotopic bone, elbow, with	\$841.27	\$841.27
24150		removal of humerus lesion	\$713.60	\$713.60
24152		removal of radius lesion	\$536.15	
24155		removal of elbow joint	\$621.16	
24160		removal of prosthetic device	\$437.57	\$437.57
24164		implant removal radial head	\$357.25	\$357.25
24200		removal of foreign body subcutaneous	\$97.40	\$137.68
24201		removal of foreign body, upper arm or elbow area; deep (subfascial or	\$261.22	\$384.03
24220		injection procedure for elbow arthrography	\$55.14	\$124.24
24300		manipulation, elbow, under anesthesia	\$276.93	\$276.93
24301		muscle or tendon transfer any type single	\$548.60	
24305		tendon lengthening, upper arm or elbow, each tendon	\$417.88	\$417.88
24310		tenotomy, open, elbow to shoulder, each tendon	\$341.78	\$341.78
24320 24330		repair of arm tendon revision of arm muscles	\$565.49	\$565.49 \$521.21
24330		revision of arm muscles	\$521.21 \$576.81	\$576.81
24331		tenolysis, triceps	\$435.95	\$435.95
24340		tenodesis of biceps tendon at elbow (separate procedure)	\$443.63	\$443.63
24341		repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or	\$521.79	
24342		reinsertion of ruptured biceps or triceps tendon, distal, with or without	\$573.39	\$573.39
24343		repair lateral collateral ligament, elbow, with local tissue	\$507.17	\$507.17
24344		reconstruction lateral collateral ligament, elbow, with tendon graft (includes	\$793.62	\$793.62
24345		repair medial collateral ligament, elbow, with local tissue	\$504.01	\$504.01
24346		reconstruction medial collateral ligament, elbow, with tendon graft (includes	\$795.28	\$795.28
24357		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; percutaneous	\$316.90	\$316.90
24358		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debridement, soft tis		
24359		tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow; debridement, soft tis	\$473.20	\$473.20
24360		arthroplasty, elbow; with membrane (eg, fascial)	\$659.62	\$659.62
24361		arthroplasty, elbow w/ humeral prosthetic replace.	\$740.19	
24362		repair of elbow joint	\$783.31	\$783.31
24363 24365		arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic	\$1,100.90	
24365		repair of head of radius repair of head of radius	\$464.58 \$498.02	\$464.58 \$498.02
24300		revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	\$1,220.22	
24370		revision of total elbow anthopiasty, including allograft when performed, numeral of ultral component	φ1,220.22	φ1,220.22
24371		revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	\$1,406.19	\$1,406.19
24400 24410		revision of humerus	\$601.49 \$770.22	
24410 24420		revision of humerus repair of humerus	\$770.22 \$722.20	
24420		repair of humerus	\$768.32	\$722.20
24430		repair/graft of humerus	\$778.50	
24433		hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	\$458.76	
24495		decompression of forearm	\$475.64	\$475.64
24498		prophylactic treatment (nailing, pinning, plating or wiring), with or without	\$639.67	\$639.6
24500		treatment humerus fracture	\$215.13	
24505		treatment humerus fracture	\$316.84	
24515		repair humerus fracture	\$640.69	
24516		open tx humeral shaft fx w/intramedullary implant	\$634.22	\$634.22
24530		treatment humerus fx w/wo intercondylar extension	\$231.65	
24535		repair humerus fracture	\$404.33	
24538		fixation humeral fx w/wo intercondylar extension	\$539.23	\$539.23

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		L
		Effective Date: 1/1/2015		
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and the Med	dicaid and	l Health Choice Clinical Policies on the DMA Web Site.	Guide	
		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
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24545		repair humerus fx with without intercondylar	\$667.44	\$667.44
24546		open tx humeral supraltranscondylar fx; w/wo fix.	\$775.55	\$775.55 \$212.18
24560 24565		treat humerus fracture repair humerus fracture	\$189.24 \$330.25	\$212.10
24566		percutaneous skeletal fixation of humeral epicondylar fracture,	\$504.39	\$504.39
24575		repair humerus fracture	\$535.30	\$535.30
24576		treat humerus fracture	\$201.25	\$223.07
24577		repair humerus fracture	\$342.62	\$369.76
24579 24582		repair humerus fracture percutaneous skeletal fixation of humeral condylar fracture,	\$609.16 \$562.77	\$609.16 \$562.77
24582		repair elbow fracture	\$806.94	\$362.74
24587		repair elbow fracture	\$803.55	\$803.5
24600		treat elbow dislocation	\$229.95	\$251.22
24605		treat elbow dislocation	\$325.80	\$325.80
24615 24620		repair elbow dislocation treat elbow fracture	\$521.61 \$394.64	\$521.61 \$394.64
24620		repair elbow fracture	\$545.26	\$545.26
24640		treat elbow dislocation	\$61.30	\$82.56
24650		treat radius fracture	\$156.10	\$172.05
24655		treat radius fracture	\$275.08	\$298.87
24665		repair radius fracture	\$468.12	\$468.12
24666 24670		repair radius fracture treat ulna fracture	\$532.67 \$174.63	\$532.67 \$193.65
24675		treat ulna fracture	\$292.16	\$315.95
24685		repair ulna fracture	\$470.21	\$470.21
24800		arthrodesis, elbow joint; local	\$579.69	\$579.69
24802		arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	\$734.67	\$734.67
24900 24920		amputation of arm amputation of arm	\$523.50 \$520.24	\$523.50 \$520.24
24925		amputation arm, w secondary closure	\$402.41	\$402.41
24930		amputation follow-up surgery	\$551.99	\$551.99
24931		amputation follow-up surgery	\$619.72	\$619.72
24935		revision of amputation	\$752.23	\$752.23
24940 25000		amputation of arm incision, extensor tendon sheath, wrist (eg, dequervain s disease)	\$863.98 \$247.19	\$863.98 \$247.19
25000		incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	\$234.87	\$234.8
25020		decompression fasciotomy, forearm and/or wrist, flexor or extensor compartment;	\$410.16	\$410.16
25023		decomp fasciotomy flex/exten comp w debr nonviable	\$794.19	
25024		decompression fasciotomy, forearm and/or wrist, flexor and extensor	\$557.37	\$557.37
25025		decompression fasciotomy, forearm and/or wrist, flexor and extensor incision and drainage deep abscess or hematoma	\$862.36 \$365.22	\$862.36 \$365.22
25028 25031		incision and drainage deep abscess or nematoma incision and drainage, forearm and/or wrist; bursa	\$365.22 \$269.16	
25035		incision, deep, bone cortex, forearm and/or wrist, eg, osteomyelitis or bone	\$466.40	
25040		arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or	\$414.02	\$414.02
25065		biopsy soft tissues superficial	\$118.22	\$174.7
25066		biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	\$269.62	\$269.6
25071 25073		excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or Excision, tumor, soft tissue of forearm and /or wrist area, subfascial (eg, intramuscular); 3 cm or greate	\$252.35 \$314.36	
25075		excision, tumor, soft tissue of forearm and/or wrist area; sublascial (eg, initial discular), s cm of greate	\$236.21	\$236.2
25076		removal of forearm lesion	\$318.93	
25077		radical resection soft tissue tumor, forearm/wrist	\$543.74	
25078		Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or	\$670.91	\$670.9
25085 25100		capsulotomy, wrist (eg, contracture) arthrotomy, wrist joint; with biopsy	\$332.71 \$246.57	\$332.7 \$246.5
25100		arthrotomy, wrist joint; with biopsy arthrotomy with joint exploration	\$246.57 \$290.90	
25101		arthrotomy, wrist joint; with synovectomy	\$353.89	\$353.8
25107		arthrotomy, distal radioulnar joint including repair of triangular cartilage,	\$440.24	
25109		excision of tendon, forearm and/or wrist, flexor or extensor, each	\$376.85	\$376.8
25110		excision lesion of tendon sheath	\$258.11	\$258.1
25111 25112		exicsion of ganglion wrist dorsal or volar primary excision ganglion wrist recurrent	\$223.87 \$274.47	\$223.8 \$274.4

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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25115		emoval wrist/forearm lesion	\$580.49	\$580.49
25116 25118		emoval wrist/forearm lesion xplore wrist tendon sheath	\$468.29 \$274.85	\$468.29 \$274.85
25118	-	vnovectomy wrist w resection ulna	\$364.60	\$364.60
25120		emoval of forearm lesion	\$399.35	\$399.35
25125		emoval of forearm lesion	\$465.48	\$465.48
25126		emoval of forearm lesion	\$470.24	\$470.24
25130		emoval of wrist lesion	\$322.83	\$322.83
25135		emoval of wrist lesion	\$403.79	\$403.79
25136 25145		emoval of wrist lesion equestrectomy for osteomyelitis or bone abscess	\$356.83 \$410.22	\$356.83 \$410.22
25145		artial exc bone for osteomyelitis ulna	\$410.22	\$410.22
25150		artial removal radius/ulna	\$462.52	\$462.52
25170		emoval radius/ulna lesion	\$645.39	\$645.39
25210		emoval of wrist bone	\$354.20	\$354.20
25215		emoval of wrist bones	\$457.01	\$457.01
25230 25240		artial removal of radius	\$313.60 \$317.76	\$313.60
25240		xcision distal ulna partial or complete (eg, darrach type or matched resection) njection procedure for wrist arthrography	\$317.76	\$317.76 \$126.43
25248		xploration with removal of deep foreign body, forearm or wrist	\$316.27	\$316.27
25250		emoval of wrist prosthesis separate procedure	\$377.17	\$377.17
25251		emoval wrist prosthesis complicated total wrist	\$516.44	\$516.44
25259		nanipulation, wrist, under anesthesia	\$277.74	\$277.74
25260		epair tendon or muscle flexor primary single each	\$490.29	\$490.29
25263 25265		epair additional tendon epair tendon or muscle secondary with free graft	\$489.56 \$582.33	\$489.56 \$582.33
25205		epair tendon or muscle extensor primary single ea	\$393.13	\$393.13
25272		epair additional tendon	\$443.04	\$443.04
25274	re	epair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free	\$525.87	\$525.87
25275		epair, tendon sheath, extensor, forearm and/or wrist, with free graft	\$485.75	\$485.75
25280		engthening or shortening of flexor or extensor te	\$449.03	\$449.03
25290 25295		enotomy open single flexor or extensor tendon eac enolysis sing flexor or extensor tendon each tend	\$378.93 \$417.72	\$378.93 \$417.72
25295		usion of wrist tendons	\$494.72	\$494.72
25301		usion of wrist tendons	\$471.14	\$471.14
25310		ransplant wrist tendon	\$486.31	\$486.31
25312		ansplant wrist tendon	\$564.07	\$564.07
25315		exor origin slide (eg, for cerebral palsy, volkmann contracture), forearm	\$605.10	\$605.10
25316 25320		evise palsy hand	\$700.91 \$696.25	\$700.91 \$696.25
25320		apsulorrhaphy or reconstruction, wrist, any method (eg, capsulodesis, ligament rthroplasty, wrist, with or without interposition, with or without external or	\$696.25	\$696.25
25335		ealignment of hand	\$699.87	\$699.87
25337		econstruction for stabilization of unstable distal ulna	\$640.96	\$640.96
25350		evision of radius	\$535.96	\$535.96
25355		evision of radius	\$603.34	\$603.34
25360 25365		evision of ulna	\$519.95 \$709.91	\$519.95 \$709.91
25365		evision radius & ulna evision radius or ulna	\$709.91 \$773.79	\$709.91
25375		evision radius & ulna	\$746.76	\$746.76
25390		evise radius or ulna	\$607.05	\$607.05
25391		evise radius or ulna	\$772.92	\$772.92
25392		evise radius & ulna	\$784.64	\$784.64
25393		evise/graft radius/ulna	\$882.36	\$882.36
25394 25400		steoplasty, carpal bone, shortening epair radius or ulna	\$566.18 \$636.99	\$566.18 \$636.99
25400		epair radius of unra epair of nonunion or malunion, radius or ulna; with autograft (includes	\$811.09	\$811.09
25415		epair radius & ulna	\$761.55	\$761.55
25420	r€	epair of nonunion or malunion, radius and ulna; with autograft (includes	\$907.69	\$907.69
25425		epair/graft radius or ulna	\$782.87	\$782.87
25426		epair/graft radius & ulna	\$823.62	\$823.62

		Nurse Practitioner Fee Schedule		
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		n to this schedule.	uunuono,	
*** The fee	abadula	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not includ	had on this fac a	abadula
The lee s	scheuule	include the new codes for 2013 and the pending 1% rate reduction enective 1/1/2013 is not includ		chedule
25431		repair of nonunion of carpal bone (excluding carpal scaphoid (navicular))	\$571.84	\$571.84
25440		repair of nonunion, scaphoid carpal (navicular) bone, with or without radial	\$568.01	\$568.01
25441 25442		arthroplasty prosthetic repl distal radius arthroplasty with prosthetic replacement distal ul	\$689.10 \$586.63	\$689.10 \$586.63
25442		arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	\$562.65	\$562.65
25444		arthroplasty with prosthetic replacement lunate	\$600.46	\$600.46
25445		arthroplasty with prothetic replacement trapezium	\$525.49	\$525.49
25446		arthroplasty w prost repla distal radius a part or	\$867.56	\$867.56
25447 25449		arthroplasty, interposition, intercarpal or carpometacarpal joints arthroplasty with removal of implant	\$592.84 \$759.59	\$592.84 \$759.59
25449		revision of wrist joint	\$439.94	\$439.94
25455		revision of wrist joint	\$502.00	\$502.00
25490		prophylactic treatment radius	\$552.23	\$552.23
25491		prophylactic treatment ulna	\$582.73	\$582.73
25492 25500		prophylactic treatment radius and ulna treat fracture of radius	\$703.28 \$161.80	\$703.28 \$176.90
25505		repair fracture of radius	\$321.35	\$346.53
25515		repair fracture of radius	\$483.99	\$483.99
25520		closed treatment of radial shaft fracture and closed treatment of dislocation	\$366.35	\$383.41
25525 25526		open tx radial shaft fx & closed tx radioulnar jnt open treatment of radial shaft fracture, with internal and/or external fixation	\$585.00 \$718.38	\$585.00 \$718.38
25520		treat fracture of ulna	\$154.07	\$170.86
25535		repair fracture of ulna	\$315.94	\$336.08
25545		repair fracture of ulna	\$452.36	\$452.36
25560		treat fracture radius & ulna	\$160.93	\$179.12
25565 25574		repair fracture radius/ulna open tx radial/ulnar shaft fxs	\$334.04 \$476.14	\$363.14 \$476.14
25575		repair fracture radius/ulna	\$648.73	\$648.73
25600		treat fracture radius/ulna	\$176.98	\$195.15
25605		repair fracture radius/ulna	\$405.50	\$427.32
25606		percutaneous skeletal fixaton of distal radial fracture or epiphyseal separation	\$475.60	\$475.60 \$515.05
25607 25608		open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation open treatment of distal radial extra-articular fracture or epiphyseal separation; with internal fixation of	\$515.05 \$588.10	\$588.10
25609		open treatment of distal radial extra antioural matche of epiphyseal separation; with internal fixation of	\$751.32	\$751.32
25622		rx closed carpal scaphoid fx without manipulation	\$180.68	\$199.98
25624		rx closed carpal scaphoid fx with manipulation	\$291.11	\$317.40
25628 25630		open rx closef or open carpal scaphoid fracture treat wrist fracture(s)	\$517.55 \$186.23	\$517.55 \$205.25
25635		repair wrist fracture(s)	\$269.67	\$300.46
25645		open treatment of carpal bone fracture (other than carpal scaphoid	\$408.04	\$408.04
25650		treatment of closed ulnar styloid fracture	\$197.83	\$214.06
25651		percutaneous skeletal fixation of ulnar styloid fracture	\$336.83	\$336.83
25652 25660		open treatment of ulnar styloid fracture repair wrist dislocation	\$444.58 \$281.44	\$444.58 \$281.44
25670		open rx of closed or open radiocarpal or intercarp	\$440.46	\$440.46
25671		percutaneous skeletal fixation of distal radioulnar dislocation	\$370.90	\$370.90
25675		repair wrist dislocation	\$274.45	\$296.54
25676 25680		repair wrist dislocation	\$456.03 \$326.13	\$456.03 \$326.13
25685		repair wrist fracture repair wrist fracture	\$531.40	\$531.40
25690		repair wrist dislocation	\$328.60	\$328.60
25695		repair wrist dislocation	\$457.85	\$457.85
25800		arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/ or	\$541.70	\$541.70
25805 25810		fusion/graft of wrist fusion/graft of wrist	\$624.71 \$630.69	\$624.71 \$630.69
25810		arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	\$630.69 \$441.62	\$630.69
25825		intercarpal fusion, w/ autogenous bone graft	\$544.68	\$544.68
25830		arthrodesis, distal radioulnar joint with segmental resection of ulna, with or	\$678.39	\$678.39
25900		amputation forearm through radius and ulna	\$542.68	\$542.68
25905 25907		amputation of forearm amputation forearm, w secondary closure	\$536.81 \$468.06	\$536.81 \$468.06

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
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25909		emplitation follow up ourgony	\$527.71	\$527.71
25909		amputation follow-up surgery amputation of forearm	\$926.12	\$926.12
25920		disarticulation through wrist	\$496.52	\$496.52
25922		amputation secondary closure or scar revision	\$419.61	\$419.61
25924		reamputation	\$484.83	\$484.83
25927 25929		transmetacarpal amputation transmetacarp amput sec closure or scar revision	\$561.44 \$406.67	\$561.44 \$406.67
25931		transmetacarpal reamputation	\$511.15	\$511.15
26010		drainage of finger abscess	\$93.99	\$173.73
26011		drainage of finger abscess complicated	\$131.36	\$264.80
26020 26025		drainage of tendon sheath, digit and/or palm, each drainage of palmar bursa; single, bursa	\$302.80 \$296.14	\$302.80 \$296.14
26025		drainage of palmar bursa; single, bursa drainage of palmar bursa; multiple bursa	\$296.14 \$350.54	\$296.14 \$350.54
26034		incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	\$379.59	\$379.59
26035		decompression finger/hand	\$593.40	\$593.40
26037		decompressive fasciotomy hand	\$409.87	\$409.87
26040 26045		fasciotomy, palmar (eg, dupuytren s contracture); percutaneous release palm contracture	\$216.74 \$331.60	\$216.74 \$331.60
26055		tendon sheath incision (eg, for trigger finger)	\$207.24	\$386.57
26060		tenotomy, percutaneous, single, each digit	\$185.46	\$185.46
26070		arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$212.10	\$212.10
26075		arthrotomy, with exploration, drainage, or removal of loose or foreign body;	\$224.47	\$224.47
26080 26100		exploration of finger joint arthrotomy with biopsy; carpometacarpal joint, each	\$270.42 \$227.19	\$270.42 \$227.19
26105		arthrotomy with biopsy; metacarpophalangeal joint, each	\$232.43	\$232.43
26110		arthrotomy with synovial biopsy; interphalangeal joint, each	\$223.04	\$223.04
26111		excision, tumor or vascular malformation, soft tissue of hand or finger, subcuta	\$244.88	\$244.88
26113 26115		Excison, tumor, soft tissue, or vacular malformation, of hand or finger, subfascial (eg, intramuscular); ' excision, tumor or vascular malformation, soft tissue of hand or finger;	\$322.29 \$252.69	\$322.29 \$425.58
26116		excision, tumor or vascular malformation, soft tissue of hand or finger; deep	\$340.77	\$340.77
26117		radical resection soft tissue tumor, hand/finger	\$467.27	\$467.27
26118		Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater	\$631.45	\$631.45
26121		fasciectomy, palm only, with or without z-plasty, other local tissue	\$428.85	\$428.85
26123 26130		fasciectomy, partial palmar with release of single digit including proximal exploration hand joint	\$587.27 \$324.19	\$587.27 \$324.19
26135		exploration finger joint	\$395.37	\$395.37
26140		exploration finger joint	\$359.09	\$359.09
26145		synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm	\$365.15	
26160 26170		excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or removal of palm tendon	\$226.22 \$286.58	\$387.93 \$286.58
26180		excision of tendon, finger, flexor (separate procedure), each tendon	\$200.30	\$313.31
26185		sesamoidectomy, thumb or finger (separate procedure)	\$374.53	\$374.53
26200		removal of joint lesion	\$322.12	\$322.12
26205 26210		removal/graft joint lesion removal of finger lesion	\$433.53 \$311.76	\$433.53 \$311.76
26210		removal of ringer lesion	\$311.76 \$397.32	\$311.76
26230		partial excision (craterization, saucerization, or diaphysectomy) bone (eg,	\$360.88	\$360.88
26235		partial removal finger bone	\$354.38	\$354.38
26236		partial removal finger bone	\$313.62	\$313.62
26250 26260		radical resection, metacarpal; (eg, tumor) radical resection, proximal or middle phalanx of finger (eg, tumor);	\$419.09 \$392.42	\$419.09 \$392.42
26262		radical resection, proximal of middle phalanx of miger (eg, tumor),	\$327.24	\$327.24
26320		removal of implant from hand	\$243.67	\$243.67
26340		manipulation, finger joint, under anesthesia, each joint	\$216.80	\$216.80
26350		repair or advancement, flexor tendon, not in zone 2 digital flexor tendon	\$502.43	\$502.43
26352 26356		repair/graft tendon repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath	\$573.03 \$748.86	\$573.03 \$748.86
26357		flexor tendon repair, secondary, each tendon	\$616.11	\$616.11
26358		repair/graft tendon	\$651.66	\$651.66
26370		repair or advancement of profundus tendon, with intact superficialis tendon;	\$545.23	\$545.23
26372		repair or advancement of profundus tendon, with intact superficialis tendon;	\$633.38	\$633.38

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00070			0004 00	\$ 004.00
26373 26390		repair or advancement of profundus tendon, with intact superficialis tendon; excision flexor tendon, with implantation of synthetic rod for delayed tendon	\$601.63 \$592.93	\$601.63 \$592.93
26392		removal of synthetic rod and insertion of flexor tendon graft, hand or finger	\$692.34	\$692.34
26410		repair, extensor tendon, hand, primary or secondary; without free graft, each	\$399.21	\$399.21
26412 26415		repair/graft tendon excision of extensor tendon, with implantation of synthetic rod for delayed	\$486.26 \$514.84	\$486.26 \$514.84
26416		removal of synthetic rod and insertion of extensor tendon graft (includes	\$552.15	\$552.15
26418		repair, extensor tendon, finger, primary or secondary; without free graft, each	\$400.07	\$400.07
26420 26426		repair/graft tendon repair of extensor tendon, central slip, secondary (eg, boutonniere deformity);	\$505.73 \$408.57	\$505.73 \$408.57
26428		repair of extensor tendori, central slip, secondary (eg, boutonniere deformity);	\$531.74	\$531.74
26432		closed treatment of distal extensor tendon insertion, with or without	\$349.10	\$349.10
26433 26434		repair of extensor tendon, distal insertion, primary or secondary; without repair/graft tendon	\$375.08 \$451.42	\$375.08 \$451.42
26434		realignment of extensor tendon, hand, each tendon	\$439.69	\$439.69
26440		tenolysis, flexor tendon; palm or finger; each tendon	\$439.92	\$439.92
26442 26445		release tendon palm & finger tenchreie, extenser tenden, hand er finger, each tenden	\$670.11	\$670.11 \$407.57
26445		tenolysis, extensor tendon, hand or finger; each tendon tenolysis, complex, extensor tendon, finger, including forearm, each tendon	\$407.57 \$539.46	\$407.57 \$539.46
26450		tenotomy, flexor, palm, open, each tendon	\$283.54	\$283.54
26455		tenotomy, flexor, finger, open, each tendon	\$281.60	\$281.60
26460 26471		tenotomy, extensor, hand or finger, open, each tendon tenodesis; of proximal interphalangeal joint, each joint	\$273.63 \$433.14	\$273.63 \$433.14
26474		tenodesis; of distal joint, each joint	\$415.08	\$415.08
26476		lengthenig of tendon, extensor, hand or finger, each tendon	\$404.15	\$404.15
26477 26478		shortening of tendon, extensor, hand or finger, each tendon lengthening of tendon, flexor, hand or finger, each tendon	\$407.55 \$442.91	\$407.55 \$442.91
26478		shortening of tendon, flexor, hand of finger, each tendon	\$438.13	\$438.13
26480		transfer or transplant of tendon, carpometacarpal area or dorsum of hand;	\$532.31	\$532.31
26483		tendon transplant	\$602.64	\$602.64
26485 26489		transfer or transplant of tendon, palmar; without free tendon graft, each tendon tendon transplant & graft	\$576.82 \$626.47	\$576.82 \$626.47
26490		opponensplasty; superficialis tendon transfer type, each tendon	\$559.43	\$559.43
26492		opponensplasty; tendon transfer with graft (includes obtaining graft), each	\$624.03	\$624.03
26494 26496		tendon/muscle transfer repair thumb tendon	\$566.23 \$615.11	\$566.23 \$615.11
26490		transfer of tendon to restore intrinsic function; ring and small finger	\$615.42	\$615.42
26498		sublimis transfer to correct claw finger 2/3/4/5	\$824.93	\$824.93
26499		correct claw finger first stg	\$587.74	\$587.74
26500 26502		reconstruction of tendon pulley, each tendon; with local tissues (separate tendon reconstruction/graft	\$442.44 \$500.44	\$442.44 \$500.44
26508		release of thenar muscle(s) (eg, thumb contracture)	\$444.93	\$444.93
26510		cross intrinsic transfer, each tendon	\$421.22	\$421.22
26516 26517		capsulodesis, metacarpophalangeal joint; single digit fusion of knuckle joints	\$499.06 \$588.70	\$499.06 \$588.70
26518		fusion of knuckle joints	\$594.41	\$594.41
26520		capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	\$460.00	\$460.00
26525 26530		capsulectomy or capsulotomy; interphalangeal joint, each joint arthroplasty, metacarpophalangeal joint; each joint	\$461.94 \$383.30	\$461.94 \$383.30
26530		arthroplasty, metacarpophalangeal joint, each joint arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	\$446.49	\$446.49
26535		arthroplasty, interphalangeal joint; each joint	\$287.77	\$287.77
26536		arthroplasty, interphalangeal joint; with prosthetic implant, each joint	\$474.75	\$474.75
26540 26541		repair of collateral ligament, metacarpophalangeal or interphalangeal joint reconstruction, collateral ligament, metacarpophalangeal joint, single, with	\$467.89 \$573.56	\$467.89 \$573.56
26542		prim repair collateral ligament w/ local tissue	\$484.09	\$484.09
26545		reconstruct finger joint	\$492.84	\$492.84
26546 26548		repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or repair/reconstruct finger volar plate	\$693.55 \$543.55	\$693.55 \$543.55
26550	-	construct thumb replacement	\$1,082.18	\$1,082.18
26551		transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around	\$2,361.46	\$2,361.46
26553		toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,074.81	\$2,074.81

		Nurse Practitioner Fee Schedule		
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26554		toe-to-hand transfer with microvascular anastomosis; other than great toe,	\$2,705.27	\$2,705.2
26555		transfer, finger to another position without microvascular anastomosis	\$988.67	\$988.6
26556		transfer, free toe joint, with microvascular anastomosis	\$2,143.41	\$2,143.4
26560		repair of web finger	\$402.66	\$402.6
26561		repair of web finger	\$650.56	\$650.5
26562 26565		repair of web finger osteotomy; metacarpal, each	\$947.97 \$479.69	\$947.9 \$479.6
26567		osteotomy; phalanx of finger, each	\$484.55	\$484.5
26568		osteoplasty, lengthening, metacarpal or phalanx	\$638.22	\$638.2
26580		repair hand deformity	\$1,011.34	\$1,011.34
26587		reconstruction of polydactylous digit, soft tissue and bone	\$694.44	\$694.4
26590		repair macrodactylia, each digit	\$922.54	\$922.5
26591		repair, intrinsic muscles of hand, each muscle	\$306.25	\$306.2
26593 26596		release, intrinsic muscles of hand, each muscle excision of constricting ring w/ z-plasties	\$419.94 \$525.99	\$419.94 \$525.99
26600		treat metacarpal fracture	\$172.51	\$186.22
26605		repair metacarpal fracture	\$197.03	\$215.2
26607		closed treatment of metacarpal fracture, with manipulation, with external	\$311.49	\$311.49
26608		percutaneous fix. metacarpal fx, each bone	\$336.37	\$336.3
26615		repair metacarpal fracture	\$391.38	\$391.3
26641 26645		treatment carpometacarp disloc thumb w/manipulatio repair thumb dislocation	\$228.08 \$262.74	\$248.49 \$283.73
26650		repair thumb dislocation	\$336.13	\$336.1
26665		repair thumb dislocation	\$434.68	\$434.68
26670		closed treatment of carpometacarpal dislocation, other than thumb, with	\$203.68	\$224.60
26675		repair hand dislocation	\$280.86	\$302.69
26676		percutaneous skeletal fixation of carpometacarpal dislocation, other than	\$352.44	\$352.44
26685		open treatment of carpometacarpal dislocation, other than thumb; with or	\$401.39	\$401.3
26686 26700		open treat clo/open carpometaca dislo cmpl/mul/del repair finger dislocation	\$445.75 \$200.67	\$445.75 \$214.60
26705		repair finger dislocation	\$255.92	\$277.40
26706		treatment of closed metacarpophalangeal dislocatio	\$306.23	\$306.23
26715		repair finger dislocation	\$391.97	\$391.9
26720		treat finger fractures	\$118.41	\$129.03
26725		rx closed phalangeal shaft fx prox or mid phalanx	\$208.93	\$231.5
26727 26735		repair finger fractures repair finger fractures	\$330.55 \$408.45	\$330.5 \$408.4
26735		closed treatment of articular fracture, involving metacarpophalangeal or	\$408.45	
26742		treat clsd art fx w/manipulation	\$232.02	\$254.13
26746		open treatment of articular fracture, involving metacarpophalangeal or	\$501.36	\$501.3
26750		treat finger fracture	\$117.84	
26755		repair finger fracture	\$186.40	\$212.7
26756 26765		treatment of closed distal phalangeal fx w/ pinnin open rx closed or open distal phalangeal fx finger	\$290.90 \$331.64	\$290.9 \$331.6
26765		repair finger dislocation	\$331.64 \$167.13	\$331.6
26775		repair finger dislocation	\$233.23	\$258.40
26776		treatment of closed interphalangeal joint dislocat	\$309.77	\$309.7
26785		open rx closed or open interphalangeal joint dislo	\$362.25	\$362.2
26820		thumb fusion with graft	\$560.26	\$560.2
26841 26842		thumb fusion thumb fusion with graft	\$517.65 \$563.53	\$517.6 \$563.5
26842		arthrodesis, carpometacarpal joint, digit, other than thumb, each;	\$503.53	\$503.5
26844		fusion/graft of hand joint	\$582.46	\$582.4
26850		fusion of knuckle	\$493.67	\$493.6
26852		fusion of knuckle with graft	\$567.14	\$567.1
26860		finger joint fusion	\$394.07	\$394.0
26862		fusion/graft of finger joint	\$514.95	\$514.9
26910		amputation metacarpal bone	\$507.68	\$507.68 \$437.00
26951 26952		amputation of finger amputation of finger	\$437.00 \$458.74	\$437.0
26990		incision/drainage abscess or hematoma	\$444.59	\$444.5

	Nu	rse Practitioner Fee Schedule		
		Provider Specialty 061		
	Effe	ective Date: 1/1/2015	1	
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	n of a rate on this table does not icaid and Health Choice Clinical	guarantee that a service is covered. Please refer to the Medicaid Billing	Guide	
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26004	incident/decine as informed	huran	¢076.47	¢402.40
26991 26992	incison/drainage infected	vis and/or hip joint (eg, osteomyelitis or bone	\$376.17 \$703.08	\$493.10 \$703.08
27000		, percutaneous (separate procedure)	\$322.85	\$322.85
27001	tenotomy, adductor of hip		\$391.99	\$391.99
27003	incision of hip tendon		\$421.10	\$421.10
27005	tenotomy, hip flexor(s), o		\$532.47	\$532.47
27006 27025		or extensor(s) of hip, open (separate procedure)	\$537.85	\$537.85
27025	incision of hip fascia arthrotomy, hip, with drain	page (eq. infection)	\$652.53 \$696.42	\$652.53 \$696.42
27030		exploration or removal of loose or foreign body	\$720.98	\$720.98
27035	denervation, hip joint, intr	apelvic or extrapelvic intra-articular branches of	\$809.83	\$809.83
27036	capsulectomy or capsulo	tomy, hip, with or without excision of heterotopic bone,	\$736.76	\$736.76
27040	biopsy soft tissue superfi	cial	\$147.97	\$239.45
27041		is and hip area; deep, subfascial or intramuscular	\$504.17	\$504.17
27043 27045		e of pelvis and hip area, subcutaneous; 3 cm or great ie of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	\$278.69 \$443.22	\$278.69 \$443.22
27045		d hip area; subcutaneous tissue	\$376.14	5443.22 \$444.11
27047	excision benign tumor de		\$344.74	\$344.74
27049		, soft tissue of pelvis and hip area (eg, malignant	\$734.41	\$734.41
27050	arthrotomy, with biopsy; s	acroiliac joint	\$252.02	\$252.02
27052	biopsy of hip joint		\$402.01	\$402.01
27054	arthrotomy with synovect		\$494.18	\$494.18
27059 27060	removal of ischial bursa	or (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greate	\$1,087.64 \$311.01	\$1,087.64 \$311.01
27062	removal of femur lesion		\$324.14	\$324.14
27065	removal of hip bone lesio	n	\$361.86	\$361.86
27066	excision of bone cyst or to	umor deep with or withou	\$589.75	\$589.75
27067		bone graft req seperate in	\$749.17	\$749.17
27070		tion, saucerization) (eg, osteomyelitis or bone	\$617.35	\$617.35
27071 27075		tion, saucerization) (eg, osteomyelitis or bone	\$662.65 \$1,718.86	\$662.65 \$1,718.86
27075	partial removal of hip bor		\$1,7183.36	\$1,183.36
27077	removal of hip bone		\$1,986.50	\$1,986.50
27078	partial removal of hip bor	es	\$746.04	\$746.04
27080	coccygectomy primary		\$357.77	\$357.77
27086	removal foreign body sub		\$107.00	\$171.34
27087		pelvis or hip; deep (subfascial or intramuscular)	\$460.55	\$460.55
27090 27091	removal of hip prosthesis removal of hip prosthesis	; complicated, including total hip prosthesis,	\$610.00 \$1,185.81	\$610.00 \$1,185.81
27091	injection procedure for hi		\$63.71	\$167.51
27096		croiliac joint, arthrography and/or anesthetic/steroid	\$53.67	\$127.81
27097	release or recession, han	nstring, proximal	\$486.19	\$486.19
27098	transfer, adductor to isch		\$454.81	\$454.81
27100	transfer of abdominal mu	SCIE	\$599.35 \$627.79	\$599.35 \$627.79
27105 27110	transfer of spinal muscle transfer iliopsoas; to grea	ter trochanter of femur	\$627.79	\$627.79
27110	transfer iliopsoas to femo		\$626.85	\$626.85
27120	reconstruction of hip		\$953.60	\$953.60
27122		n, femoral head (eg, girdlestone procedure)	\$815.75	\$815.75
27125		tial (eg, femoral stem prosthesis, bipolar	\$830.95	\$830.95
27130 27132		nd proximal femoral prosthetic replacement (total hip p surgery to total hip arthroplasty, with or without	\$1,072.82 \$1,254.24	\$1,072.82 \$1,254.24
27132	revision of total hip, both		\$1,254.24	\$1,254.22
27134	revision of total hip, aceta		\$1,438.39	\$1,436.38
27138	revision of total hip, femo		\$1,154.52	\$1,154.52
27140	osteotomy and transfer o	f greater trochanter of femur (separate procedure)	\$661.34	\$661.34
27146	incision of hip bone		\$934.77	\$934.77
27147	osteotomy with open redu	uction of hip	\$1,089.58	\$1,089.58
27151	incision of hip bones revision of hip bones		\$1,137.67 \$1,272.43	\$1,137.67 \$1,272.43
27156			φ1,272.43	φι,∠ιΖ.43

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015	I	
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27161		incision of neck of femur	\$903.35	\$903.35
27165		osteotomy including internal or external fixation	\$1,009.60	\$1,009.60
27170		repair/graft femur	\$874.77	\$874.77
27175 27176		treatment of slipped femoral epiphysis; treatment slipped epiphysis	\$485.21 \$670.71	\$485.21 \$670.71
27170		repair slipped epiphysis	\$819.09	\$819.09
27178		open rx slipped fem epiphysis closed manip w/singl	\$663.84	\$663.84
27179		revision of neck of femur	\$715.36	\$715.36
27181 27185		fixation slipped epiphysis epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	\$797.36 \$505.78	\$797.36 \$505.78
27187		prophylactic tx femoral neck and proximal femur	\$733.36	\$733.36
27193		closed tx pelvic ring fx; wo manipulation	\$337.19	\$334.40
27194 27200		closed tx pelvic ring fx; w/ manipulation repair tail bone fracture	\$523.10 \$123.19	\$523.10 \$120.68
27200		repair tail bone fracture	\$461.45	\$461.45
27215		open tx of iliac spine w/internal fixation	\$541.74	\$541.74
27216		percutaneous skeletal fx post pelvic ring fx/dislocation	\$792.98	\$792.98
27217 27218		open tx ant. ring fx/dislocation w/internal fix open tx post ring fx/dislocation w/internal fix.	\$749.94 \$1,026.70	\$749.94 \$1,026.70
27220		treatment hipsocket fracture	\$374.26	\$376.79
27222		repair hipsocket fracture	\$718.99	\$718.99
27226 27227		open tx post/ant. acetabular wall fx, internal fix open treatment acetabular fx w/internal fix.	\$766.52 \$1,242.32	\$766.52 \$1,242.32
27228		open treatment acetabular fx w/internal fixation	\$1,242.32	\$1,242.32
27230		treatment fracture of femur	\$330.47	\$334.66
27232		repair fracture of femur	\$572.40	\$572.40
27235 27236		fixation of femur fracture open treatment of femoral fracture, proximal end, neck, internal fixation or	\$670.51 \$878.66	\$670.51 \$878.66
27238		treatment of femur fracture	\$323.89	\$323.89
27240		rx closed intertrochanteric or pertro femoral fx w	\$701.78	\$701.78
27244 27245		fixation of femur fracture open tx femoral fx; w/intramedullary implant	\$904.03 \$936.04	\$904.03 \$936.04
27245		treatment of femur fracture	\$930.04	\$930.04
27248		repair of femur fracture	\$553.93	\$553.93
27250		repair of hip dislocation	\$175.54	\$175.54
27252 27253		repair of hip dislocation repair of hip dislocation	\$554.58 \$696.98	\$554.58 \$696.98
27254		repair of hip dislocation	\$943.74	\$943.74
27256		treatment of hip dislocation	\$181.56	\$212.89
27257 27258		repair of hip dislocation repair of hip dislocation	\$248.33 \$817.92	\$248.33 \$817.92
27258		open rx closed/open acetab fx w/femoral shaft shor	\$817.92	\$817.92
27265		tx atraumatic hip dislocation w/o anesthesia	\$281.07	\$281.07
27266		tx atraumatic hip dislocation w/ gen anesthesia	\$420.09	\$420.09
27267 27268		closed treatment of femoral fracture, proximal end, head; without manipulation closed treatment of femoral fracture, proximal end, head; with manipulation	\$299.52 \$371.87	\$299.52 \$371.87
27269		open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	\$899.95	\$899.95
27275		manipulation of hip joint	\$130.17	\$130.17
27279 27280		fusion sacroiliac joint through the skin or minimally invasive using image guidance fusion of sacroiliac joint	\$456.48 \$756.07	\$456.48 \$756.07
27280		fusion of pubic bones	\$593.13	\$593.13
27284		arthrodesis, hip joint (including obtaining graft);	\$1,156.90	\$1,156.90
27286		fusion of hip joint	\$1,218.91	\$1,218.91
27290 27295		amputation of leg at hip amputation of leg at hip	\$1,165.32 \$940.91	\$1,165.32 \$940.91
27295		incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	\$358.19	\$465.63
27303		incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis	\$463.86	\$463.86
27305 27306		incision of tendon & fascia tenotomy, percutaneous, adductor or hamstring; single tendon (separate	\$337.83 \$272.78	\$337.83 \$272.78
27306	ļ	tenotomy, percutaneous, adductor or namstring; single tendon (separate tenotomy, percutaneous, adductor or hamstring; multiple tendons	\$272.78	\$272.78
27310		arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg,	\$529.44	\$529.44

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27323		biopsy soft tissues superficial	\$128.72	\$186.35
27324 27325		biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	\$275.16 \$381.93	\$275.16 \$381.93
27325		neurectomy, hamstring muscle neurectomy, popliteal (gastrocnemius)	\$352.00	\$352.00
27327		excision benign tumor subcutaneous	\$251.37	\$317.39
27328		exc bengin tumor deep	\$303.86	\$303.86
27329		radical resection soft tissue tumor thigh/knee	\$762.76	\$762.76
27330		arthrotomy, knee; with synovial biopsy only	\$288.05	\$288.05
27331		arthrotomy, knee; including joint exploration, biopsy, or removal of loose or	\$340.47	\$340.47
27332 27333		arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or arthrotomy knee exc semilunar cartilage medial and	\$462.89 \$418.96	\$462.89 \$418.96
27333		arthrotomy, with synovectomy knee; anterior or posterior	\$493.23	\$418.96
27335		arthrotomy knee anterior and posterior including p	\$558.55	\$558.55
27337		excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or great	\$248.63	\$248.63
27339		Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	\$447.83	\$447.83
27340		removal of kneecap bursa	\$259.80	\$259.80
27345		excision of synovial cyst of popliteal space (eg, baker s cyst)	\$344.67	\$344.67
27347 27350		excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee removal of kneecap	\$369.99 \$471.08	\$369.99 \$471.08
27355		removal of femur lesion	\$436.55	\$436.55
27356		removal & graft femur lesion	\$536.27	\$536.27
27357		removal & graft femur lesion	\$594.69	\$594.69
27360		partial excision (craterization, saucerization, or diaphysectomy) bone, femur,	\$618.56	\$618.56
27364		Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater	\$935.72	\$935.72
27365		radical resection of tumor, bone, femur or knee	\$905.11	\$905.11
27370 27372		excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or great removal foreign body deep	\$40.64 \$290.69	\$118.42 \$416.30
27380		repair kneecap tendon	\$426.49	\$426.49
27381		repair/graft kneecap tendon	\$583.47	\$583.47
27385		repair of thigh muscle	\$457.15	\$457.15
27386		repair/graft of thigh muscle	\$605.00	\$605.00
27390		tenotomy, open, hamstring, knee to hip; single tendon	\$316.17	\$316.17
27391 27392		tenotomy, open, hamstring, knee to hip; multiple tendons, one leg tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	\$412.96 \$510.20	\$412.96 \$510.20
27392		lengthening of hamstring tendon; single tendon	\$365.95	\$365.95
27394		lengthening of hamstring tendon; multiple tendons, one leg	\$473.95	\$473.95
27395		lengthening of hamstring tendon; multiple tendons, bilateral	\$643.05	\$643.05
27396		transplant, hamstring tendon to patella; single tendon	\$445.11	
27397		transplant, hamstring tendon to patella; multiple tendons	\$657.28	\$657.28
27400		transfer, tendon or muscle, hamstrings to femur (eg, egger s type procedure) arthrotomy with meniscus repair, knee	\$496.42 \$466.28	\$496.42
27403 27405		repair of knee ligament	\$466.28	\$466.28 \$491.31
27405		repair of knee ligament	\$562.46	\$562.46
27409		repair of knee ligaments	\$707.86	\$707.86
27415		osteochondral allograft, knee, open	\$1,027.64	\$1,027.64
27416		osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	\$710.46	\$710.46
27418		anterior tibial tubercleplasty (eg, maquet type procedure)	\$610.00	\$610.00
27420 27422		reconstruction of dislocating patella; (eg, hauser type procedure) reconstruction of dislocating patella; with extensor realignment and/or muscle	\$545.85 \$543.58	\$545.85 \$543.58
27422		revision/removal of kneecap	\$545.04	\$545.04
27425		lateral retinacular release	\$315.99	\$315.99
27427		reconstruction knee extra-articular	\$523.19	\$523.19
27428		reconstruction knee intra-articular	\$807.06	\$807.06
27429		reconstruction knee intra and extra articular	\$904.05	\$904.05
27430		quadricepsplasty (eg, bennett or thompson type)	\$540.19 \$570.13	\$540.19 \$570.12
27435 27437		capsulotomy, posterior capsular release, knee arthrplasty patella w/o prosthesis	\$579.13 \$479.97	\$579.13 \$479.97
27437		arthroplasty patella w/prosthesis	\$616.52	\$616.52
27440		repair of knee joint	\$563.63	\$563.63
27441		repair of knee joint	\$582.22	\$582.22
27442		arthroplasty, femoral condyles or tibial plateau(s), knee;	\$638.76	\$638.76

Effective Date: 1/1/2015 The Inclusion of a rate on this table does not guarantee that a service its covered. Please refer to the Medicald Billing Guide and the Medical and Health Checke Chincal Policies on the MM Web Sine. Providers should always bill their usual and customary charges. Please use the monthly NC Medicald Bulletins for additions, charges and deletion to this schedule. *** The fee schedule includes the new codes for 2015 and the pending '1% rate reduction effective 1/12015 is not included on this fee schedule SSR7.69 SSR7.69 27444 anthologiany, knoe, hinge prosthesis (og, waldius type) SSR7.69 SSR7.69 27445 anthologiany, knoe, honge prosthesis (og, waldius type) SSR7.69 SSR7.69 27446 anthologiany, knoe, nonge prosthesis (og, waldius type) SSR7.69 SSR7.69 27446 anthologiany, knoe, nonge prosthesis (og, waldius type) SSR7.69 SSR7.70 27446 anthologiany, knoe, nonge prosthesis (og waldius type) SSR7.69 SSR7.70 27447 anthologiany, knoe, nonge prosthesis (og waldius type) SSR7.69 SSR7.70 27448 costocomy provem altion alter apphysical closure SSR7.69 SSR7.70 27449 costocomy provem altion alter apphysical closure SSR7.70 <t< th=""><th></th><th></th><th>Nurse Practitioner Fee Schedule</th><th></th><th></th></t<>			Nurse Practitioner Fee Schedule		
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	27590		amputation of leg	\$614.12	\$614.12 \$678.19

Provider Specialty 061 Effective Data: 1//2015 The Inclusion of a rate on this itable does not guarantee that a service is covered. Piease refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Providers should arrays bill their value and customary charges. Piease use the monthly NC Medicaid Bulletins for additions, charges and defetion to this schedule. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies on the DAM Web Site. Image: Clinical Policies Site. Image: Clinical Policies On the DAM Web Site. Image: Clinical Policies Site. Site. Image: Clinical Policies On the DAM Web Site. Image: Clinical Policies Site. Site.		Nurse Practitioner Fee Schedule		
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27703 arthroplasty, ankle; revision, total ankle \$854.67				
27704 removed entries that a second sec	arthro	rthroplasty, ankle; revision, total ankle	\$854.67	\$854.67
		emoval ankle implant	\$416.95	
27705 incision of tibia \$565.71 27707 incision of fibula \$285.34				\$565.7 ⁴ \$285.34

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	Guide	
and the Me	dicaid and	I Health Choice Clinical Policies on the DMA Web Site.		
Providers s	hould alw	lays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions.	
		n to this schedule.	,	
*** The fee	schedule	l include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
27709		incision of tibia & fibula	\$829.12	\$829.12
27712 27715		osteotomy; multiple, with realignment on intramedullary rod (eg, sofield type osteoplasty, tibia and fibula, lengthening or shortening	\$807.40 \$788.61	\$807.40 \$788.61
27720		repair of lower leg	\$647.25	\$647.25
27722		repair/graft of lower leg	\$645.97	\$645.97
27724 27725		repair/graft of lower leg repair malunion tibia by synostosis with fibula	\$953.92 \$885.58	\$953.92 \$885.58
27726		repair of fibula nonunion and/or malunion with internal fixation	\$677.06	\$677.06
27727		repair congenital pseudarthrosis tibia	\$720.76	\$720.76
27730 27732		arrest, epiphyseal (epiphysiodesis), any method; distal tibia repair of fibula epiphysis	\$429.74	\$429.74 \$292.15
27732	ļ	repair for fibula epiphysis repair lower leg epiphyses	\$292.15 \$439.85	\$292.15
27740		arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal	\$487.89	\$487.89
27742		repair of leg epiphyses	\$514.88	\$514.88
27745 27750		prophylactic treatment tibia treatment of tibia fracture	\$554.97 \$214.61	\$554.97 \$233.08
27752		repair of tibia fracture	\$353.91	\$377.98
27756		repair of tibia fracture	\$411.70	\$411.70
27758		open rx closed or open tibial shaft fx complicated	\$652.50	\$652.50
27759 27760		treatment of tibial shaft fracture (with or without fibular fracture) by treatment of ankle fracture	\$740.20 \$204.50	\$740.20 \$224.35
27762		repair of ankle fracture	\$313.47	\$337.80
27766		repair of ankle fracture	\$442.97	\$442.97
27767 27768		closed treatment of posterior malleolus fracture; without manipulation closed treatment of posterior malleolus fracture; with manipulation	\$179.00 \$289.75	\$178.16 \$289.75
27769		open treatment of posterior malleoulus fracture, includes internal fixation, when performed	\$507.61	\$507.61
27780		treatment of fibula fracture	\$182.45	\$200.63
27781		repair of fibula fracture	\$273.39	\$292.14
27784 27786		repair of fibula fracture treatment of ankle fracture	\$503.96 \$192.22	\$503.96 \$212.65
27788		repair of ankle fracture	\$272.87	\$294.69
27792		repair of ankle fracture	\$509.41	\$509.41
27808		treatment of ankle fracture	\$200.34	\$222.17
27810 27814		repair of ankle fracture repair of ankle fracture	\$305.60 \$568.56	\$330.50 \$568.56
27816		treatment of ankle fracture	\$190.64	\$210.79
27818		repair of ankle fracture	\$312.87	\$341.13
27822		open rx closed or open trimalleolar ankle fx med a open rx closed or open trimalleolar ankle fx w/int	\$621.63 \$709.23	\$621.63 \$709.23
27823 27824		close tx fx wt bearing portion distal tibia	\$204.73	\$212.28
27825		closed tx fx wt bearing portion tibia; with skel trac	\$359.61	\$389.26
27826 27827		open tx fx distal tibia with fixation of fibula only open tx fx tibia with fixation fibula or tibia only	\$596.81	\$596.81 \$796.27
27827		open tx fx tibla with fixation fibula or tibla only open tx fx tibla with int & ext fix of both tibla & fibula	\$796.27 \$953.94	\$796.27 \$953.94
27829		open tx tibiofibular joint	\$476.47	\$476.47
27830		repair lower leg dislocation	\$232.27	\$247.10
27831 27832		repair lower leg dislocation repair lower leg dislocation	\$270.94 \$514.41	\$270.94 \$514.41
27832		repair lower leg dislocation	\$250.44	\$250.44
27842		repair ankle dislocation	\$350.52	\$350.52
27846		repair ankle dislocation	\$542.90	\$542.90
27848 27860		repair ankle dislocation fixation of ankle	\$614.74 \$130.88	\$614.74 \$130.88
27870		fusion of ankle	\$776.54	\$776.54
27871		arthrodesis tibiofibular joint proximal or distal	\$508.70	\$508.70
27880		amputation of lower leg	\$689.94	\$689.94
27881 27882		amputation leg w/immediate fitting technique inc a amputation of lower leg	\$662.58 \$467.42	\$662.58 \$467.42
27884		amputation of lower leg	\$433.81	\$433.81
27886		amputation follow-up surgery	\$494.91	\$494.91
27888		amputation, ankle, through malleoli of tibia and fibula (eg, syme, pirogoff	\$522.99	\$522.99

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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The lee	Sericaule			encaule
27889		ankle disarticulation	\$512.24	\$512.24
27892		decompression fasciotomy, leg; ant &/or lat compar	\$401.11	\$401.11
27893		decompression fasciotomy, leg; posterior compart.	\$405.79	\$405.79
27894 28001		decompression fasciotomy, leg; ant &/or lat & post incision and drainage, bursa, foot	\$624.09 \$136.50	\$624.09 \$191.89
28002		incision and drainage, bursa, loor	\$287.78	\$359.11
28003		drainage of foot	\$425.04	\$497.22
28005		incision, bone cortex (eg, osteomyelitis or bone abscess), foot	\$462.14	\$462.14
28008		incision of foot ligaments	\$230.68	\$303.41
28010		tenotomy, percutaneous, toe; single tendon	\$159.22	\$169.57
28011 28020		tenotomy, percutaneous, toe; multiple tendons arthrotomy, including exploration, drainage, or removal of loose or foreign	\$224.76 \$270.35	\$240.43 \$359.60
28020		exploration of a foot joint	\$270.35 \$250.32	\$359.60 \$332.01
28022		exploration of a toe joint	\$237.15	\$315.47
28035		release, tarsal tunnel (posterior tibial nerve decompression)	\$272.95	\$361.92
28039		excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	\$204.82	\$284.77
28043		excision, tumor, foot; subcutaneous tissue	\$195.71	\$241.59
28045 28046		excision benign tumor deep subfascial intramuscula radical resection soft tissue tumor foot	\$249.22 \$511.33	\$338.19 \$619.88
28040		Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater	\$570.61	\$570.61
28050		arthrotomy with biopsy; intertarsal or tarsometatarsal joint	\$234.99	\$317.53
28052		biopsy of a foot joint	\$213.90	\$292.79
28054		biopsy to toe joint	\$194.66	\$274.39
28055		neurectomy, intrinsic musculature of foot	\$300.46	\$300.46
28060 28062		fasciectomy, plantar fascia; partial (separate procedure) removal of foot fascia	\$274.40 \$322.63	\$357.22 \$421.10
28070		exploration of a foot joint	\$268.51	\$354.11
28072		exploration of a foot joint	\$259.10	\$348.07
28080		excision, interdigital (morton) neuroma, single, each	\$261.55	\$341.56
28086		synovectomy tendon sheath flexor	\$270.60	\$373.27
28088		synovectomy tendon sheath extensor	\$225.04	\$316.25
28090 28092		excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) excision of lesion, tendon, tendon sheath, or capsule (including synovectomy)	\$236.28 \$206.89	\$320.49 \$288.58
28100		removal of heel lesion	\$306.78	\$413.37
28102		excision or curettage of bone cyst or benign tumor, talus or calcaneus;	\$418.63	\$418.63
28103		removal/graft heel lesion	\$338.67	\$338.67
28104		excision or curettage of bone cyst or benign tumor, tarsal or metatarsal,	\$268.82	\$355.27
28106		excision or curettage of bone cyst or benign tumor, tarsal removal/araft foot lesion	\$358.41 \$293.27	\$358.41
28107 28108		removal of toe lesions	\$293.27 \$221.70	\$393.98 \$298.63
28110		partial removal metatarsal	\$221.15	\$312.91
28111		partial removal metatarsal	\$259.05	\$356.95
28112		partial removal metatarsals	\$241.89	\$337.28
28113		partial removal metatarsal	\$315.80 \$611.40	\$404.22
28114 28116		ostectomy, complete excision; all metatarsal heads, with partial proximal revision of foot	\$611.40 \$435.33	\$737.02 \$528.20
28118		partial removal of heel	\$314.28	\$407.44
28119		removal of heel spur	\$278.13	\$363.18
28120		partial excision (craterization, saucerization, sequestrectomy, or	\$298.92	\$402.16
28122		partial excision (craterization, saucerization, sequestrectomy, or	\$384.24	\$469.84
28124 28126		partial excision (craterization, saucerization, sequestrectomy, or resection, partial or complete, phalangeal base, each toe	\$256.18 \$192.39	\$332.26 \$267.65
28130	<u> </u>	removal of bone of ankle	\$192.39	\$477.49
28140		removal of metatarsal	\$350.00	\$442.04
28150		phalangectomy, toe, each toe	\$219.86	\$298.75
28153		resection, condyle(s), distal end of phalanx, each toe	\$199.83	\$278.17
28160		hemiphalangectomy or interphalangeal joint excision, toe, proximal end of	\$208.23	\$285.44
28171 28173		radical resection of tumor, bone; tarsal (except talus or calcaneus)	\$469.45 \$428.25	\$469.45 \$528.22
28173		radical resection of tumor, bone; metatarsal radical resection of tumor, bone; phalanx of toe	\$428.35 \$301.60	\$528.22
28190		remove foreign body subcutaneous	\$102.15	\$169.85

		Nurse Practitioner Fee Schedule		
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28192		removal foreign body deep	\$244.75	\$328.39
28193		removal foreign body complicated repair, tendon, flexor, foot; primary or secondary, without free graft, each	\$291.50	\$377.67
28200 28202		repair, rendon, nexor, noor, primary or secondary, without nee grait, each	\$244.09 \$341.81	\$328.31 \$438.33
28208		repair, tendon, extensor, foot; primary or secondary, each tendon	\$234.32	\$316.02
28210		repair/graft of foot tendon	\$319.06	\$408.30
28220		tenolysis, flexor, foot; single tendon	\$236.73	\$312.54
28222		tenolysis, flexor, foot; multiple tendons	\$282.35	\$362.08
28225		tenolysis, extensor, foot; single tendon	\$195.98	\$270.95
28226 28230		tenolysis, extensor, foot; multiple tendons tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate	\$244.48 \$225.04	\$325.88 \$300.01
28230		tenotomy, open, tendon flexor; toot, single tendon (separate procedure)	\$225.04	\$300.0
28234		tenotomy, open, extensor, foot or toe, each tendon	\$199.46	\$274.71
28238		reconstruction (advancement), posterior tibial tendon with excision of	\$383.92	\$481.28
28240		release of big toe	\$230.93	\$308.70
28250		division of plantar fascia and muscle (eg, steindler stripping) (separate	\$306.78	\$393.51
28260 28261		release of midfoot joint capulotomy with tendon leathening	\$396.88	\$482.77
28261		capsulotomy midfoot; extensive, including posterior talotibial capsulotomy and	\$605.48 \$846.59	\$702.56 \$980.31
28264		capsulotomy, midtarsal (eg, heyman type procedure)	\$531.80	\$626.37
28270		capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint	\$255.58	\$333.91
28272		capsulotomy; interphalangeal joint, each joint (separate procedure)	\$199.37	\$272.68
28280		syndactylization, toes (eg, webbing or kelikian type procedure)	\$277.94	\$366.35
28285		correction, hammertoe (eg, interphalangeal fusion, partial or total	\$245.39	\$323.44
28286 28288		correction, cock-up fifth toe, with plastic skin closure (eg, ruiz-mora type ostectomy, partial, exostectomy or condylectomy, metatarsal head, each	\$235.96 \$319.11	\$316.25 \$405.00
28289		hallux rigidus correction with cheilectomy, debridement and capsular release of	\$416.20	\$513.83
28290		correction, hallux valgus (bunion), with or without sesamoidectomy; simple	\$303.99	\$399.38
28292		removal of big toe joint	\$447.92	\$546.11
28293		removal of big toe joint	\$543.14	\$727.50
28294		correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon	\$414.80	\$528.38
28296 28297		incision of metatarsal hallux valgus correction,lapidus type procedure	\$411.73 \$462.71	\$517.76 \$584.97
28297		incision of toe	\$394.16	\$504.94
28299		correction, hallux valgus (bunion), with or without sesamoidectomy; by double	\$534.41	\$651.07
28300		osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without	\$498.67	\$498.67
28302		incision of ankle bone	\$494.15	\$494.15
28304		osteotomy, tarsal bones, other than calcaneus or talus;	\$455.00	
28305 28306		osteotomy, tarsal bones, other than calcaneus or talus; with autograft	\$522.94 \$307.32	\$522.94 \$418.65
28306		osteotomy, with or without lengthening, shortening or angular correction, osteotomy, with or without lengthening, shortening or angular correction,	\$307.32	\$418.65
28308		osteotomy, with or without lengthening, shortening or angular correction,	\$281.56	\$379.20
28309		osteotomy, with or without lengthening, shortening or angular correction,	\$674.97	\$674.97
28310		osteotomy, shortening, angular or rotational correction; proximal phalanx,	\$275.12	\$373.88
28312]	incision of big toes	\$244.64	\$341.44
28313		reconstruction, angular deformity of toe, soft tissue procedures only (eg,	\$279.78	\$359.23
28315 28320		sesamoidectomy first toe repair, nonunion or malunion; tarsal bones	\$250.38 \$471.95	\$330.39 \$471.95
28322		repair of metatarsals	\$435.37	\$544.76
28340		reconst toe, macrodactyly; soft tissue resection	\$340.37	\$434.65
28341		reconst, toe, macrodactyly; w/ bone resection	\$403.40	\$501.88
28344		reconstruction, toe(s); polydactyly	\$237.49	\$331.21
28345		reconstruct toes syndactyly w/wo graft	\$311.18	\$401.54
28360 28400		reconstruction cleft foot treatment of heel fracture	\$727.34 \$155.54	\$727.34 \$168.69
28400		repair of heel fracture	\$155.54 \$261.45	\$168.65
28406		treat closed calcan fixation w/manipulation skelet	\$381.96	\$381.96
28415		repair of heel fracture	\$844.14	\$844.14
		repair/graft heel fracture	\$889.86	\$889.86
28420 28430		treatment of ankle fracture	\$141.45	\$157.95

		Nurse Practitioner Fee Schedule		
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The lee	Senedule			enedule
28436		treatment of closed talusfx w/ manip and pinning	\$305.29	\$305.29
28445		repair of ankle fracture	\$797.16	\$797.16
28450		treatment midfoot fracture	\$131.48	\$146.03
28455 28456		repair midfoot fracture	\$190.99 \$195.13	\$203.86 \$195.13
28456		treatment of closed tarsal bone fx w/ manip,pinnin repair midfoot fracture(s)	\$195.13	\$452.78
28470		treat metatarsal fractures	\$132.24	\$145.95
28475		repair metatarsal fractures	\$172.96	\$186.39
28476		treatment of closed metatarsal fx w/ manip,pinning	\$241.72	\$241.72
28485		repair metatarsal fractures	\$390.24	\$390.24
28490		treat big toe fracture	\$82.43	\$93.62
28495 28496		repair big toe fracture treatment of closed toe fx w/ manip and pinning	\$105.98 \$162.27	\$118.85 \$285.08
28496		repair of big toe fracture	\$162.27 \$359.60	\$285.08 \$462.55
28510		treatment of toe fracture	\$80.20	\$81.60
28515		repair of toe fracture	\$99.45	\$107.56
28525		repair of toe fracture	\$285.32	\$387.98
28530		treatment of closed sesamoid fracture	\$73.12	\$78.71
28531		open tx sesamoid fx repair foot dislocation	\$141.18	\$252.80
28540 28545		repair foot dislocation	\$131.44 \$159.38	\$140.12 \$172.25
28546		treatment tarsal disloc with percutaneous skeletal	\$139.38	\$321.51
28555		repair of foot dislocation	\$482.92	\$605.18
28570		repair foot dislocation	\$109.26	\$120.73
28575		repair foot dislocation	\$217.31	\$231.59
28576		percutaneous skeletal fix talotarsel jnt disloc.	\$256.15	\$256.15
28585 28600		repair of foot dislocation repair foot dislocation	\$543.63 \$131.55	\$647.43 \$145.54
28605		repair foot dislocation	\$177.08	\$188.83
28606		treat clsd tars/metatars desloc w/percut skel fix	\$283.53	\$283.53
28615		repair foot dislocation	\$569.00	\$569.00
28630		repair of toe dislocation	\$81.87	\$104.53
28635		repair of toe dislocation	\$101.96	\$124.63
28636 28645		percu. skeletal fix met at arsophalangeal jnt disloc	\$151.05	\$204.49
28660		repair of toe dislocation repair of toe dislocation	\$351.40 \$62.40	\$438.69 \$76.11
28665		repair of toe dislocation	\$101.43	\$111.49
28666		percu. skeletal fix metatarsophalangeal joint dislocation	\$144.65	\$144.65
28675		open treatment of closed or open interphalangeal j	\$292.11	\$396.73
28705		arthrodesis; pantalar	\$985.02	\$985.02
28715		arthrodesis; triple	\$728.07	\$728.07
28725 28730		arthrodesis; subtalar fusion of foot bones	\$599.59 \$626.44	\$599.59 \$626.44
28735		arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with	\$599.91	\$599.91
28737	1	arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal	\$532.26	\$532.26
28740		fusion of foot bones	\$469.53	\$598.77
28750		fusion of big toe joint	\$446.31	\$581.99
28755		fusion of big toe joint	\$253.85	\$349.80
28760 28800		arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, amputation, foot; midtarsal (eg, chopart type procedure)	\$441.30 \$429.70	\$552.65 \$429.70
28805		amputation, root, midialisal (eg, chopan type procedure) amputation thru metatarsal	\$567.81	\$567.81
28810		amputation toe & metatarsal	\$330.62	\$330.62
28820		amputation of toe	\$260.31	\$369.70
28825		partial amputation of toe	\$297.02	\$401.66
29065		percu. skeletal fix metatarsophalangeal joint dislocation	\$49.33	\$65.27
29075		application of forearm cast	\$44.52	\$60.47
29085		application hand/wrist cast	\$48.02	\$64.52
29105 29125		application long arm splint application forearm splint	\$43.44 \$30.94	\$59.95 \$46.33
29123		application finger splint static	\$21.59	\$28.59
29200	1	strapping of chest	\$29.94	\$37.77

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20240		atransing of aboutday	¢00.05	\$42.21
29240 29260		strapping of shoulder strapping of elbow or wrist	\$33.25 \$27.38	\$36.34
29280		strapping any age hand or finger	\$25.79	\$35.03
29345		application of long leg cast	74.64	94.22
29355		application of long leg cast	79.51	97.70
29358		application long leg clast brace	\$76.02	\$105.68
29405		application short leg cast	\$47.43	\$61.98
29425		application short leg cast	\$52.45	\$67.27
29440 29505		adding walker to previously applied cast application long leg splint	\$26.04 \$34.99	\$36.96 \$52.62
29505	<u> </u>	application lower leg splint	\$36.68	\$49.55
29530		strapping of knee	\$27.99	\$36.94
29540		strapping; ankle and/or foot	\$24.97	\$30.56
29550		strapping toes	\$23.48	\$29.63
29580		strapping unna boot	\$27.49	\$37.28
29582		application of multi-layer compression system; thigh and leg, including ankle	\$8.85	\$39.38
29583 29584		application of multi-layer compression system; upper arm and forearm application of multi-layer compression system; upper arm, forearm, hand, and	\$6.47 \$8.85	\$24.41 \$39.38
29384		removal/revision of cast	\$26.34	\$44.78
29705		removal of full arm or leg cast	\$36.11	\$47.58
29720		repair of cast	\$33.21	\$55.32
29730		revision of cast	\$34.77	\$46.24
29740		revision of cast	\$50.76	\$66.43
29800		arthroscopy, tm joint with or w/o synovial biopsy	\$376.12	\$376.12
29804 29805		arthroscopy, tm joint, surgical	\$467.81	\$467.81
29805		arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate arthroscopy, shoulder, surgical; capsulorrhaphy	\$340.21 \$782.36	\$340.21 \$782.36
29807		arthroscopy, shoulder, surgical; repair of slap lesion	\$761.86	\$761.86
29819		arthroscopy shoulder surgical removal of fb	\$427.12	\$427.12
29820		arthroscopy synovectomy partial	\$394.28	\$394.28
29821		arthroscopy synovectomy complete	\$430.61	\$430.61
29822		arthroscopy debridement limited	\$418.09	\$418.09
29823 29824		arthroscopy debridement extensive	\$457.53	\$457.53
29824		arthroscopy, shoulder, surgical; distal claviculectomy including distal arthroscopy with lysis of adhesions	\$487.58 \$426.57	\$487.58 \$426.57
29826		arthroscopy shoulder w/ decompr subacromial space	\$490.03	\$490.03
29827		arthroscopy, shoulder, surgical; with rotator cuff repair	\$802.40	\$802.40
29828		arthroscopy, shoulder, surgical; biceps tenodesis	\$671.46	\$671.46
29830		arthroscopy elbow diagnostic	\$328.41	\$328.41
29834		arthroscopy elbow surgical with removal of fb	\$357.91	\$357.91
29835		arthroscopy elbow synovectomy partial	\$367.44	\$367.44
29836 29837		arthroscopy elbow synovectomy complete arthroscopy elbow debridement limited	\$422.53 \$385.41	\$422.53 \$385.41
29838		arthroscopy elbow debridement annied	\$430.85	\$430.85
29840		arthroscopy, wrist, diagnostic, with or without synovial biopsy	\$321.69	\$321.69
29843		surgical arthroscopy for infection	\$345.83	\$345.83
29844		surgical arthroscopy for partial synovectomy	\$359.59	\$359.59
29845		surgical arthroscopy for complete synovectomy	\$411.06	
29846 29847		surgical arthroscopy for excision fibrocartilage	\$378.37	\$378.37
29847 29848		surgical arthroscopy for fixation of fracture endoscopy, wrist, surgical, with release of transverse carpal ligament	\$393.01 \$357.41	\$393.01 \$357.41
29850		arthroscopically aided tx of fx knee	\$417.96	\$417.96
29851		arthroscopically aided tx fx of knee	\$688.24	\$688.24
29855		arthroscopically aided tx of tibial fx	\$575.39	\$575.39
29856		arthroscopically aided tx of tibial fx	\$737.71	\$737.71
29860		arthroscopy, hip, diagnostic with or without synovial biopsy (separate	\$473.90	\$473.90
29861		arthroscopy, hip, surgical; with removal of loose body or foreign body	\$526.14	
29862 29863		arthroscopy, hip, surgical; with debridement/shaving of articular cartilage arthroscopy, hip, surgical; with synovectomy	\$587.21 \$581.14	\$587.21 \$581.14
29863		arthroscopy, hip, surgical; with synovectomy arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty)	\$766.51	\$581.14
29867		arthroscopy, knee, surgical, osteochondral allograft (eg, mosaicplasty)	\$930.38	\$930.38

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29870		arthroscopy knee diagnostic	\$295.06	\$295.06
29870		arthroscopy knee surgical	\$371.42	\$371.42
29873		arthroscopy, knee, surgical; with lateral release	\$369.74	\$369.74
29874		arthroscopy knee with removal of foreign body	\$389.89	\$389.89
29875		arthroscopy knee synovectomy limited	\$359.29	\$359.29
29876		arthroscopy knee synovectomy major	\$472.96	\$472.96
29877		arthroscopy knee debridement/shaving	\$447.29	\$447.29
29879		arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty	\$478.94	\$478.94
29880 29881		arthroscopy w/meniscectomy, knee arthroscopy knee with meniscectomy	\$500.25 \$465.87	\$500.25 \$465.87
29881		arthroscopy knee with meniscus repair	\$505.09	\$505.09
29883		arthroscopy w/meniscus repair, knee	\$616.99	\$616.99
29884		arthroscopy knee with lysis of adhesions	\$445.92	\$445.92
29885		surgical arthroscopy w/bone grafting, knee	\$541.51	\$541.51
29886		arthroscopy knee drilling	\$456.21	\$456.21
29887		arthroscopy knee drilling with internal fixation	\$538.40	\$538.40
29888		ligament repair by arthroscopy, anterior	\$732.27	\$732.27
29889 29891		ligament repair by arthroscopy, posterior arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or	\$894.19	\$894.19 \$507.79
29891		arthroscopy, ankie, surgical, excision of osteochondrai defect of faius and/of arthroscopically aided repair of large osteochondritis dissecans lesion, talar	\$507.79 \$519.87	\$519.87
29893		endoscopic plantar fasciotomy	\$319.34	\$419.21
29894		arthroscopy ankle surgical	\$381.50	\$381.50
29895		arthroscopy ankle synovectomy partial	\$369.05	\$369.05
29897		arthroscopy ankle debridement limited	\$386.29	\$386.29
29898		arthroscopy ankle debridement extensive	\$432.42	\$432.42
29899		endoscopic plantar fasciotomy with ankle arthrodesis	\$778.15	\$778.15
29900		arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	\$330.67	\$330.67
29901 29902		arthroscopy, metacarpophalangeal joint, surgical; with debridement	\$362.84 \$388.22	\$362.84 \$388.22
29902		arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	\$300.22	\$300.22
29905		arthroscopy, subtalar joint, surgical; with synovectomy	\$485.23	\$485.23
29906		arthroscopy, subtalar joint, surgical; with debridement	\$511.13	\$511.13
29907		arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	\$627.37	\$627.37
29914		Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	\$817.21	\$817.21
29915		Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	\$832.75	\$832.75
29916		Arthroscopy, hip, surgical; with labral repair	\$832.75	\$832.75
30000		drainage of nose lesion	\$84.77	\$159.18
30020 30110		drainage of nose lesion removal of nose polyp(s)	\$85.32 \$94.56	\$154.14 \$156.38
30110		removal of nose polyp(s)	\$306.23	\$306.23
30117		excision or destruction (eg, laser), intranasal lesion; internal approach	\$236.89	\$567.85
30118		removal of nose lesion	\$557.28	\$557.28
30120		revision of nose	\$323.60	\$368.36
30124		removal of nose lesion	\$194.60	\$194.60
30125		removal of nose lesion	\$443.04	\$443.04
30130		excision turbinate, partial or complete, any method	\$266.30	\$266.30
30140 30150		submucous resection turbinate, partial or complete, any method partial removal of nose	\$303.31 \$569.39	\$303.31 \$569.39
30150		removal of nose	\$569.39	\$573.07
30210		displace therapy	\$71.08	\$102.14
30220		insertion, nasal septal prosthesis (button)	\$90.61	\$199.71
30300		remove foreign body,nose	\$85.90	\$154.72
30310		remove foreign body,nose	\$145.48	\$145.48
30320		remove foreign body,nose	\$321.36	\$321.36
30400		reconstruction of nose	\$740.54	\$740.54
30410		reconstruction of nose	\$880.57	\$880.57
30420		reconstruction of nose	\$992.26	\$992.26
30430 30435		revision of nose rhinoplasty secondary intermediate revision	\$644.65 \$855.38	\$644.65 \$855.38
30435		rhinoplasty secondary intermediate revision	\$855.38	\$855.38
30450		rhinoplasty secondary major revision rhinoplasty for nasal deformity; tip only	\$554.94	\$554.94

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
The inclusio		a an this table does not suprantee that a payring is payred. Dispace rates to the Madianid Dilling	Cuida	
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Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes and	d deletion	to this schedule.		
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30462		rhinoplasty for nasal deformity; tip,septum,osteot	\$1,115.47	\$1,115.47
30465		repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall	\$708.51 \$431.97	\$708.51 \$431.97
30520 30540		repair of nasal septum repair nasal lesion	\$482.65	\$431.97
30545		repair nasal lesion	\$698.96	\$698.96
30560		release of nasal adhesions	\$97.98	\$183.31
30580		repair upper jaw fistula	\$364.20	\$449.25
30600		repair mouth/nose fistula	\$323.17	\$412.98
30620		reconstruction inner nose	\$438.67	\$438.67
30630 30801		repair nasal septal perforations cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any	\$447.90 \$93.49	\$447.90 \$154.20
30801		cauterization and/or ablation, mucosa of turbinates, unilateral of bilateral, any	\$134.45	\$154.20
30901		control nasal hemorrage, anterior, simple	\$47.66	\$74.79
30903		control nasal hemorrhage, anterior, complex	\$61.93	\$135.51
30905		control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery,	\$79.63	\$168.87
30906		control hemorrhage posterior subsequent w posterio	\$103.67	\$194.59
30915 30920		ligation nasal sinus artery ligation upper jaw artery	\$417.52 \$602.12	\$417.52 \$602.12
30920		fracture nasal turbinate(s), therapeutic	\$86.89	\$86.89
31000		lavage by cannulation; maxillary sinus	\$75.17	\$123.56
31002		irrigation of sinus	\$142.94	\$142.94
31020		exploration of sinus	\$248.18	\$334.35
31030		sinusotomy, maxillary; radical w/o removal polyps	\$375.26	\$490.80
31032		sinusotomy, maxillary, radical w removal of polyps	\$410.14	\$410.14
31040 31050		exploration behind upper jaw exploration of sinus	\$542.43 \$353.24	\$542.43 \$353.24
31050		sinusotomy w/mucosal stripping or polyp removal	\$462.04	\$462.04
31070		exploration of sinus	\$309.43	\$309.43
31075		exploration of sinus	\$565.57	\$565.57
31080		sinusotomy frontalobliterative wo osteoplas flap b	\$731.56	\$731.56
31081 31084		sinusotomy frontal obliterative w/o osteoplast fla	\$891.52	\$891.52
31084		removal of sinus removal of sinus	\$854.42 \$903.56	\$854.42 \$903.56
31086		nonobliterative w osteoplastic flap brow incision	\$809.11	\$809.11
31087		nonobliterative w osteoplastic flap coronal incis	\$802.73	\$802.73
31090		sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary,	\$716.65	\$716.6
31200		removal of sinus	\$379.81	\$379.8
31201		removal of sinus	\$526.53	\$526.53
31205 31225		removal of sinus removal of upper jaw	\$618.50 \$1,341.27	\$618.50 \$1,341.27
31223		removal of upper jaw	\$1,505.60	\$1,505.60
31239		nasal/sinus endoscopy, surgical;	\$486.87	\$486.87
31290		nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$869.48	\$869.48
31291		nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak;	\$916.36	\$916.30
31292		nasal/sinus endoscopy, surgical;	\$751.98	\$751.98
31293 31294		nasal/sinus endoscopy, surgical; nasal/sinus endoscopy, surgical;	\$819.55 \$941.58	\$819.54 \$941.58
31300		removal of larynx lesion	\$914.14	\$914.14
31320		incision of larynx	\$460.23	\$460.23
31360		removal of larynx	\$1,469.11	\$1,469.1
31365		removal of larynx	\$1,842.11	\$1,842.1
31367		partial removal of larynx	\$1,584.21	\$1,584.2
31368 31370		partial removal of larynx partial removal of larynx	\$1,770.30 \$1,487.69	\$1,770.30 \$1,487.69
31370		partial removal of larynx	\$1,487.09	\$1,487.0
31380		partial removal of larynx	\$1,386.42	\$1,386.42
31382		partial laryngectomy antero-latero-vertical	\$1,519.67	\$1,519.67
31390		removal of larynx & pharynx	\$2,051.05	\$2,051.05
31395		reconstruct larynx & pharynx	\$2,173.46	\$2,173.4
31400		revision of larynx removal of epiglottis	\$724.56 \$611.47	\$724.50 \$611.4

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a n to this schedule.	additions,	
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31500		insertion of windpipe airway	\$86.60	\$86.60
31505 31511		visualization of larynx	\$36.19 \$98.91	\$59.13 \$152.62
31511		laryngoscopy indirect with removal foreign body visualization of larynx	\$98.91	\$152.62
31580		revision of larynx	\$871.39	\$871.39
31582 31584		revision of larynx repair of larynx	\$1,385.39 \$1,113.13	\$1,385.39 \$1,113.13
31587		laryngoplasty, cricoid split	\$731.03	\$731.03
31588		laryngoplasty nos	\$824.22	\$824.22
31590 31595		laryngeal reinnervation by neuromuscular pedicle	\$636.57 \$554.92	\$636.57 \$554.92
31595		section recurrent laryngeal nerve, therapeutic (separate procedure), incision of windpipe	\$305.48	\$305.48
31601		tracheostomy under two years	\$201.27	\$201.27
31605 31610		cricothyroidostomy incision of windpipe	\$142.50 \$518.24	\$142.50 \$518.24
31610		const trach fistula w/ insert speech prosthesis	\$386.22	\$386.22
31612		tracheal puncture, percutaneous with transtracheal aspiration and/or injection	\$37.17	\$59.00
31613 31614		tracheostoma revision; tracheostoma revision complex with flap rotation	\$319.01 \$530.82	\$319.01 \$530.82
31632		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$550.82	\$57.82
31633		bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with	\$52.51	\$69.85
31717 31720		cath with bronchial brush biopsy catheter aspiration (separate procedure); nasotracheal	\$87.50 \$41.52	\$223.47 \$41.52
31720		catheter aspiration tracheobronchial with fibersco	\$74.84	\$74.84
31730		transtracheal intro dilator/stent/tube for oxygen	\$114.29	\$629.04
31750 31755		repair of windpipe repair of windpipe	\$970.81 \$1,226.12	\$970.81 \$1,226.12
31760		repair of windpipe	\$1,064.10	\$1,064.10
31766		carinal reconstruction	\$1,391.68	\$1,391.68
31770 31775		repair/graft of bronchus repair of bronchus	\$1,030.93 \$1,066.36	\$1,030.93 \$1,066.36
31780		excision tracheal stenosis and anastomosis cervica	\$899.10	\$899.10
31781		excision tracheal stenosis and anastamosis cervico	\$1,091.92	\$1,091.92
31785 31786		excis tracheal tumor or car cinoma cervical excis tracheal tumor or carcinoma thoracic	\$823.69 \$1,146.36	\$823.69 \$1,146.36
31800		suture of tracheal wound or injury; cervical	\$508.83	\$508.83
31805		repair of windpipe injury	\$630.46	\$630.46
31820 31825		closure of windpipe lesion repair of windpipe defect	\$241.21 \$356.11	\$308.62 \$433.05
31830		revision trach scar	\$249.54	\$310.81
32035		thoracostomy w/rib resection	\$536.34	\$536.34
32036 32096		thoracostomy w/open flap draining for empyema thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge	\$581.90 \$459.73	\$581.90 \$459.73
32097		thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg,	\$459.73	\$459.73
32098		thoracotomy, with biopsy(ies) of pleura	\$432.11	\$432.11
32100 32110		exploration/biopsy of chest thoracotomy major w cont of tram hem and or repair	\$739.37 \$1,115.86	\$739.37 \$1,115.86
32120		exploration of chest	\$662.31	\$662.31
32124		explore chest,free adhesions	\$704.58	\$704.58
32140 32141		thoracotomy major w cyst removal w or wo pleural p thoracot major w/exc-plica bullae w/wo pleur proce	\$753.98 \$1,142.40	\$753.98 \$1,142.40
32150		removal of lung lesion(s)	\$759.87	\$759.87
32151		thoracot major w/removal intrapulmonary for body	\$776.67	\$776.67
32160 32200		open chest heart massage drainage of lung lesion	\$583.68 \$852.29	\$583.68 \$852.29
32215		pleural scarification for repeat pneumothorax	\$610.90	\$610.90
32220		release of lung	\$1,222.22	\$1,222.22
32225 32310		partial release of lung pleurectomy, parietal (separate procedure)	\$760.59 \$701.36	\$760.59 \$701.36
32310		decortication/parietal pleurectomy	\$1,225.77	\$1,225.77
32440		removal of lung, total pneumonectomy;	\$1,225.96	\$1,225.96

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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and the Mee	dicaid and	Health Choice Clinical Policies on the DMA Web Site.		
Providors s	hould alw	vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions	
		ays bin then usual and customary charges. Please use the monthly NC medicald Bulletins for a 1 to this schedule.	idanions,	
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32442		removal of lung, total pneumonectomy;	\$2,287.57	\$2,287.57
32445		removal of lung, total pneumonectomy; extrapleural	\$2,598.31	\$2,598.31
32480		removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$1,157.18	\$1,157.18
32482 32484		removal of lung, other than total pneumonectomy;	\$1,233.95 \$1,116.95	\$1,233.95
32484		removal of lung, other than total pneumonectomy; removal of lung, other than total pneumonectomy;	\$1,785.78	\$1,116.95 \$1,785.78
32488		removal of lung, other than total pneumonectomy;	\$1,808.48	\$1,808.48
32491		removal of lung, other than total pneumonectomy; excision-plication of	\$1,147.96	\$1,147.96
32503		resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,412.93	\$1,412.93
32504		resection of apical lung tumor (eg, pancoast tumor), including chest wall re	\$1,623.19	\$1,623.19
32505 32540		thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial removal of lung lesion	\$530.84 \$1,285.94	\$530.84 \$1,285.94
32540		insertion of indwelling tunneled pleural catheter with cuff	\$1,285.94	\$585.71
32551		tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema),	\$139.36	\$139.36
32552		Removal of indwelling tunneled pleural catheter with cuff	\$97.18	\$109.67
32555		removal of fluid from chest cavity with imaging guidance	\$90.02	\$508.34
32557 32560		removal of fluid from chest cavity with imaging guidance	\$130.31 \$88.82	\$751.50 \$220.60
32560		chemical pleurodesis (eg, for recurrent or persistent pneumothorax) thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$518.57	\$220.60
32651		thoracoscopy, surgical;	\$821.59	\$821.59
32652		thoracoscopy, surgical;	\$1,248.63	\$1,248.63
32653		thoracoscopy, surgical;	\$796.25	\$796.25
32654		thoracoscopy, surgical;	\$880.53	\$880.53
32655 32656		thoracoscopy, surgical; thoracoscopy, surgical;	\$726.17 \$621.37	\$726.17 \$621.37
32658		thoracoscopy, surgical;	\$559.79	\$559.79
32659		thoracoscopy, surgical;	\$568.80	\$568.80
32661		thoracoscopy, surgical;	\$625.79	\$625.79
32662		thoracoscopy, surgical;	\$700.61	\$700.61
32663 32664		thoracoscopy, surgical; thoracoscopy, surgical;	\$1,081.35 \$665.83	\$1,081.35 \$665.83
32665		thoracoscopy, surgical;	\$936.34	\$936.34
32666		thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule),	\$496.22	\$496.22
32669		thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$764.00	\$764.00
32670		thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$911.89	\$911.89
32671 32672		thoracoscopy, surgical; with removal of lung (pneumonectomy) thoracoscopy, surgical; with resection-plication for emphysematous lung	\$1,011.69 \$865.39	\$1,011.69 \$865.39
32672		thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$684.23	\$684.23
32800		repair lung hernia thru chest wall	\$716.12	\$716.12
32810		close chest wall foll open flap drain for empyema	\$692.46	\$692.46
32815		open closure of major bronchial fistula	\$2,058.89	\$2,058.89
32820 32851		major reconstruct chest wall post trauma lung transplant, single;	\$1,031.89 \$1,992.00	\$1,031.89 \$1,992.00
32852		lung transplant, single;	\$2,203.85	\$2,203.85
32853		lung transplant, double (bilateral sequential or en bloc);	\$2,382.67	\$2,382.67
32854		lung transplant, double (bilateral sequential or en bloc);	\$2,593.30	\$2,593.30
32900		resection ribs extrapleural all stages	\$1,054.58	\$1,054.58
32905 32906		thoracoplasty schede type or extrapleural thoracoplasty with closure bronchopleural fistula	\$1,039.99 \$1,292.32	\$1,039.99 \$1,292.32
32906		revision of lung	\$1,292.32	\$1,292.32
33015		incision of heart sac	\$415.71	\$415.71
33020		incision of heart sac	\$674.21	\$674.21
33025		incision of heart sac	\$622.39	\$622.39
33030		partial removal of heart sac	\$996.84	\$996.84
33031 33050		pericardiectomy w/o cardiopulmonary bypass removal of heart sac lesion	\$1,113.82 \$769.89	\$1,113.82 \$769.89
33050		removal of heart lesion	\$769.89 \$1,217.57	\$769.89
33130		removal of heart lesion	\$1,072.13	\$1,072.13
33140		transmyocardial laser revascularization, by thoracotomy (separate procedure)	\$1,224.55	\$1,224.55
33202		insertion for epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid ap		\$607.04
33203		insertion for epicardial electrode(s); endoscopic approach (eg, thorascopy, pericardioscopy)	\$639.85	\$639.85

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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33206		insertion or replacement of permanent pacemaker with transvenous electrode(s);	\$370.09	\$370.09
33207		insertion permanent pacemaker ventricular	\$396.50	\$396.50
33208 33212		insertion or replacement of permanent pacemaker with transvenous electrode(s); insertion or replacement of pacemaker pulse generator only; single chamber,	\$427.49 \$276.73	\$427.49 \$276.73
33212		insertion or replacement of pacemaker pulse generator only;	\$315.96	\$315.96
33214		upgrade of implanted pacemaker system, conversion of single	\$391.62	\$391.62
33215		insert transvenous electrode; single chamber (1 electrode) permanent pacemaker/	\$250.10	\$250.10
33216 33217		insertion or repositioning of a transvenous electrode (15 days or more after insertion or repositioning of a transvenous electrode (15 days or more after	\$307.67 \$305.10	\$307.67 \$305.10
33217		repair of single transvenous electrode for a single chamber, permanent	\$318.01	\$318.01
33220		repair of two transvenous electrodes for a dual chamber permanent pacemaker or	\$321.00	\$321.00
33221		insertion of pacemaker pulse generator only; with existing multiple leads	\$199.80 \$270.50	\$199.80 \$270.50
33222 33223		revision or relocation of skin pocket for pacemaker revision of skin pocket for single or dual chamber pacing	\$279.59 \$339.20	\$279.59 \$339.20
33224		insertion of pacing electrode, cardiac venous system, for left ventricular	\$416.09	\$416.09
33226		repositioning of previously implanted cardiac venous system (left ventricular)	\$401.97	\$401.97
33227		removal of permanent pacemaker pulse generator with replacement of pacemaker	\$190.65	\$190.65
33228 33229		removal of permanent pacemaker pulse generator with replacement of pacemaker removal of permanent pacemaker pulse generator with replacement of pacemaker	\$198.82 \$206.98	\$198.82 \$206.98
33230		insertion of pacing cardioverter-defibrillator pulse generator only; with	\$214.96	\$214.96
33231		insertion of pacing cardioverter-defibrillator pulse generator only; with	\$223.12	\$223.12
33233 33234		removal of permanent pacemaker pulse generator	\$195.30 \$397.55	\$195.30 \$397.55
33235		removal of transvenous pacemaker electrode(s); single lead system, atrial or removal of transvenous pacemaker electrode(s); dual lead system	\$513.51	\$513.51
33236		removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$608.01	\$608.01
33237		removal of permanent epicardial pacemaker and electrodes by thoracotomy;	\$671.28	\$671.28
33238 33240		removal of permanent transvenous electrode(s) by thoracotomy insertion or replacement of implantable cardioverter-defibrillator	\$725.14 \$380.13	\$725.14 \$380.13
33241		removal of implantable cardioverter-defibrillator pulse generator only	\$184.85	\$184.85
33243		removal of single or dual chamber pacing cardioverter-defibrillator	\$1,068.08	\$1,068.08
33244		removal of single or dual chamber pacing cardioverter-defibrillator	\$698.57	\$698.57
33249 33250		insertion or repositioning of electrode lead(s) for single or dual chamber operative ablation of supraventricular arrhythmogenic focus or pathway (eg,	\$739.85 \$1,145.52	\$739.85 \$1,145.52
33251		ablat supravent arrhyth focus with card-pul bypass	\$1,269.89	\$1,269.89
33254		operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	\$1,067.79	\$1,067.79
33255 33256		operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); without cardiopul	\$1,306.33 \$1,558.60	\$1,306.33 \$1,558.60
33256		operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); with cardiopulmor operative ablation of ventricular arrhythmogenic focus with cardiopulmonary	\$1,558.60	\$1,558.60
33262		removal of pacing cardioverter-defibrillator pulse generator with replacement	\$207.19	\$207.19
33263		removal of pacing cardioverter-defibrillator pulse generator with replacement	\$215.35	\$215.35
33264 33265		removal of pacing cardioverter-defibrillator pulse generator with replacement endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze p	\$223.51 \$1,065.55	\$223.51 \$1,065.55
33265		endoscopy, surgical, operative tissue ablation and reconstruction of atria, inflited (eg, modified maze p endoscopy, surgical;operative tissue ablation and reconstruction of atria, extensive (eg, maze procedu	\$1,065.55	\$1,463.37
33300		repair of heart wound	\$1,816.84	\$1,816.84
33305		repair of heart wound	\$3,034.73	\$3,034.73
33310 33315		cardiotomy, exploratory (includes removal of foreign body, atrial or cardiotomy explor with bypass	\$912.98 \$1,161.58	\$912.98 \$1,161.58
33320		suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	\$827.88	\$827.88
33321		suture repair of aorta or great vessels;	\$933.65	\$933.65
33322		repair major blood vessels	\$1,084.36	\$1,084.36
33330 33335		insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary insertion of heart graft	\$1,095.64 \$1,478.07	\$1,095.64 \$1,478.07
33400		repair of aortic valve	\$1,781.54	\$1,781.54
33401		valvuloplasty, aortic valve;	\$1,172.64	\$1,172.64
33403		valvuloplasty, aortic valve;	\$1,180.07	\$1,180.07
33404 33405		construction of apical/aortic conduit replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve	\$1,400.52 \$1,816.56	\$1,400.52 \$1,816.56
33405		replacement, aortic valve, with cardiopulmonary bypass, with prostnetic valve	\$2,244.41	\$2,244.41
33410		replacement aortic valve, with cardiopulmonary bypass; with stentless tissue	\$1,980.33	\$1,980.33
33411		replacement aortic valve w/ annulus enlargement	\$2,588.56	\$2,588.56
33412		replacement aortic valve, konno procedure	\$1,959.67	\$1,959.67

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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00440			<u> </u>	0 5 40 74
33413 33414		replacement, aortic valve; by translocation of autologous pulmonary valve with repair of left ventricular outflow tract obstruction by patch	\$2,549.71 \$1,703.12	\$2,549.71 \$1,703.12
33415		revision of aortic valve	\$1,579.89	\$1,579.89
33416		ventriculomyotomy/myectomy for subaortic stenosis	\$1,585.57	\$1,585.57
33417 33420		revision of aortic valve valvotomy, mitral valve; closed heart	\$1,320.05 \$1,074.25	\$1,320.05 \$1,074.25
33422		valvotomy, mitral valve; open heart, with cardiopulmonary bypass	\$1,325.82	\$1,325.82
33425		revision of mitral valve	\$2,072.45	\$2,072.45
33426		valvuloplasty mv w/ card-pul bypass w/ prosth ring	\$1,877.36	\$1,877.36
33427 33430		valvuloplasty mv w/ cpb radical reconstr w/wo ring replacement of mitral valve	\$1,958.83 \$2,172.90	\$1,958.83 \$2,172.90
33460		valvectomy, tricuspid valve, with cardiopulmonary bypass	\$1,844.52	\$1,844.52
33463		valvuloplasty, tricuspid valve;	\$2,331.52	\$2,331.52
33464 33465		valvuloplasty, tricuspid valve; replacement, tricuspid valve, with cardiopulmonary bypass	\$1,876.12 \$2,101.29	\$1,876.12 \$2,101.29
33468		revision of tricuspid valve	\$1,476.87	\$1,476.87
33470		valvotomy, pulmonary valve, closed heart; transventricular	\$933.13	\$933.13
33471		valvotomy, pulmonary valve, closed heart via pulmonary artery	\$1,040.00	\$1,040.00
33474 33475		revision of tricuspid valve replacement, pulmonary valve	\$1,618.15 \$1,819.45	\$1,618.15 \$1,819.45
33476		revision of heart chamber	\$1,150.65	\$1,150.65
33478		revision of heart chamber	\$1,236.15	\$1,236.15
33496 33500		repair of non-structural prosthetic valve dysfunction with cardiopulmonary	\$1,322.97 \$1,241.24	\$1,322.97
33500		repair coronary fistula w/cardio-pulmonary bypass repair of coronary fistula; wo cp bypass	\$861.22	\$1,241.24 \$861.22
33502		repair of anomalous coronary artery from pulmonary artery origin; by ligation	\$994.12	\$994.12
33503		anomalous coronary artery graft without bypass	\$1,063.01	\$1,063.01
33504 33505		anomalous coronary artery graft with bypass repair of anomalous coronary artery;	\$1,135.95 \$1,567.51	\$1,135.95 \$1,567.51
33506		repair of anomalous coronary artery;	\$1,622.57	\$1,622.57
33507		repair of anomalous (eg, intramural) aortic origin of coronary artery by unr	\$1,371.51	\$1,371.51
33510		coronary artery bypass single venous graft	\$1,544.55	\$1,544.55
33511 33512		coronary artery bypass 2 coronary venous grafts coronary artery bypass 3 coronary venous grafts	\$1,686.22 \$1,900.07	\$1,686.22 \$1,900.07
33513		coronary artery bypass 4 coronary venous grafts	\$1,941.66	\$1,941.66
33514		coronary artery bypass 5 coronary venous grafts	\$2,057.60	\$2,057.60
33516		coronary artery bypass 6 or more venous grafts	\$2,139.09	\$2,139.09
33517 33518		coronary artery bypass;single vein graft coronary artery bypass; 2 venous grafts	\$147.44 \$319.29	\$147.44 \$319.29
33519		coronary artery bypass; 3 venous grafts	\$425.89	\$425.89
33521		coronary artery bypass; 4 venous grafts	\$515.31	\$515.31
33522 33523		coronary artery bypass; 5 venous grafts coronary artery bypass; 6 or more venous grafts	\$586.00 \$668.73	\$586.00 \$668.73
33523		coronary artery bypass, so or more venous grans	\$1,503.79	\$1,503.79
33534		coronary artery bypass; 2 arterial grafts	\$1,749.22	\$1,749.22
33535		coronary artery bypass; 3 arterial grafts	\$1,942.85	\$1,942.85
33536 33542		coronary artery bypass; 4 or more arterial grafts removal of heart lesion	\$2,082.43 \$2,008.69	\$2,082.43 \$2,008.69
33545		repair of heart defect	\$2,000.09	\$2,008.09
33600		closure of atrioventricular valve (mitral or tricuspid) by suture or	\$1,346.31	\$1,346.31
33602		closure of semilunar valve (aortic or pulmonary) by suture or patch	\$1,283.10	\$1,283.10 \$1,207.20
33606 33608		anastomosis of pulmonary artery to aorta (damus-kaye-stansel procedure) repair of complex cardiac anomaly other than pulmonary atresia	\$1,397.29 \$1,434.07	\$1,397.29 \$1,434.07
33610		repair of complex cardiac anomalies (eg, single ventricle with subaortic	\$1,399.59	\$1,399.59
33611		repair of double outlet right ventricle with intraventricular tunnel	\$1,539.88	\$1,539.88
33612		repair of double outlet right ventricle with intraventricular tunnel	\$1,590.19	\$1,590.19
33615 33617		repair of complex cardiac anomalies (eg, tricuspid atresia) repair of complex cardiac anomalies (eg, single ventricle)	\$1,583.73 \$1,700.32	\$1,583.73 \$1,700.32
33619		repair of single ventricle with aortic outflow obstruction	\$2,084.43	\$2,084.43
33641		repair of heart defect	\$1,266.07	\$1,266.07
33645		revision of heart veins	\$1,245.66	\$1,245.66

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		1
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	licaid and Health Choice Clinical Policies on the DMA Web Site.	ing Guide	
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	d deletion to this schedule.		
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226.47	repair of and and used direct or notable cleasure	£4 004 00	¢4,004,00
33647 33660	repair of asd and vsd, direct or patch closure repair of incomplete or partial atrioventricular canal (ostium primum atrial	\$1,324.29 \$1,389.05	
33665	repair of intermediate or transitional atrioventricular canal, with or without	\$1,503.45	
33670	repair of heart chambers	\$1,564.22	+)
33675	closure of multiple ventricle septal defects;	\$1,560.25	\$1,560.25
33676	closure of multiple ventricle septal defects; with pulmonary valvotomy or infundibular resection (ac	/an \$1,623.39	\$1,623.39
33677	closure of multiple ventricle septal defects; with removal of pulmonary artery band, with or without g		. ,
33681	repair of heart defect	\$1,441.53	
33684	repair of heart defect	\$1,473.04	
33688 33690	repair of heart defect	\$1,480.02 \$907.76	. ,
33690	banding of pulmonary artery complete repair tetralogy of fallot without pulmonary atresia;	\$907.76	
33694	repair of heart defects	\$1,567.68	
33697	complete repair tetralogy of fallot with pulmonary atresia	\$1,687.03	. ,
33702	repair of heart defects	\$1,206.89	
33710	repair of heart defects	\$1,457.58	\$1,457.58
33720	repair of heart defect	\$1,222.59	
33722	closure of aortico-left ventricular tunnel	\$1,218.81	
33724	repair of isolated partial anomalous pulmonary venous return (eg, scimitar syndrome)	\$1,240.88	
33726 33730	repair of pulmonary venous stenosis complete repair anomalous venous return	\$1,622.35 \$1,546.99	. ,
33730	repair of cor triatriatum or supravalvular mitral ring by resection	\$1,346.99	
33735	atrial septectomy or septostomy; closed heart (blalock-hanlon type operation)	\$982.04	
33736	atrial septectomy or septostomy;	\$1,094.89	
33737	atrial septectomy or septostomy; open heart, with inflow occlusion	\$1,021.09	\$1,021.09
33750	shunt subclavian to pulmonary artery	\$1,027.10	
33755	shunt ascending aorta to pulmonary artery	\$1,015.35	
33762	shunt descending aorta to pulmonary artery	\$1,013.61	
33764 33766	shunt,central w/ prosthetic graft shunt; superior vena cava to pulmonary artery for flow to one lung (classical	\$999.09 \$1,098.73	
33766	shuht;	\$1,098.73	. ,
33770	repair of transposition of the great arteries with ventricular	\$1,693.33	
33771	repair of transposition of the great arteries with ventricular	\$1,736.28	
33774	rep transposition grt arteries w cardiopulm bypass	\$1,426.05	\$1,426.05
33775	rep transposition grt art w cpb w rem pulm band	\$1,483.62	. ,
33776	rep transpo grt art w cpb w cl vent septal defect	\$1,561.01	\$1,561.01
33777	rep transpo grt art w cpb w rep subpulm obstruct	\$1,529.32	
33778	repair transpo grt arteries w cardiopulm bypass	\$1,879.85	
33779 33780	rep transpo grt arteries w cpb w removal pulm band repair aortic artery w/ closure septal defect	\$1,805.29 \$1,875.72	
33780	repair aortic artery w/ repair of obstruction	\$1,875.72	
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh p		
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh p		
33786	total repair truncus arteriosus	\$1,813.07	\$1,813.07
33788	revision of pulmonary artery	\$1,222.89	
33800	aortic suspension for tracheal decompression	\$767.19	
33802	division aberrant vessel	\$824.59	
33803 33813	division of aberrant vessel w/ reanastomosis obliteration septal defect w/o bypass	\$897.74	
33813	obliteration septal defect w/o bypass	\$1,016.00 \$1,199.05	
33820	repair of patent ductus arteriosus; by ligation	\$767.31	
33822	patent ductus arteriosus division under 18 yrs	\$814.84	
33824	patene ductus arteriosus division 18 yrs older	\$921.54	
33840	exc of coarctation of aorta w/wo assoc pat duc w/d	\$932.44	
33845	exc coarctation of aorta w/wo assoc pat duc art wi	\$1,074.09	
33851	excision coarctation of aorta waldhusen procedure	\$988.70	
33852	repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic	\$1,074.26	
33853	repair of hypoplastic or interrupted aortic arch using autogenous	\$1,480.86	
33860 33863	ascending aorta graft, with cardiopulmonary bypass, with or without valve ascending aorta graft, with cardiopulmonary bypass, with or	\$2,479.46	
	ascending aona grait, with cargiopulmonary bybass, with or	\$2,476.90	\$2,476.90

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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	hould always bi d deletion to thi	II their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
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33875	descer	nd thoracic aorta graft w/o bypass	\$1,562.58	\$1,562.58
33877	repair	thoracoaaa w/ grft, w/wo cp bypass	\$2,785.95	\$2,785.95
33880 33881		ascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, ascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm,	\$1,647.74 \$1,414.91	\$1,647.74 \$1,414.91
33883		nent of proximal extension prosthesis for endovascular repair of	\$1,041.30	\$1,414.91
33886	placen	nent of distal extension prosthesis(s) delayed after endovascular repair	\$898.74	\$898.74
33910		nary artery embolectomy with bypass	\$1,307.18	\$1,307.18
33915 33916		nary artery embolectomy without bypass nary endarterectomy w/ bypass	\$1,046.31 \$1,307.04	\$1,046.31 \$1,307.04
33910		of pulmonary artery stenosis by reconstruction with patch or graft	\$1,182.38	\$1,182.38
33920	repair	of pulmonary atresia with ventricular septal defect,	\$1,431.07	\$1,431.07
33922		ction of pulmonary artery with cardiopulmonary bypass	\$1,081.49	\$1,081.49 \$1,202.17
33925 33926		of pulmonary artery arborization anomalies by unifocalization; withou of pulmonary artery arborization anomalies by unifocalization; with c	\$1,392.17 \$1,857.21	\$1,392.17 \$1,857.21
33935		ung transplant with recipient cardiectomy	\$2,739.71	\$2,739.71
33945		ransplant with or without recip cardiectomy	\$3,652.63	\$3,652.63
33967 33968		on of intra-aortic balloon assist device, percutaneous al of intra-aortic balloon assist device, percutaneous	\$217.72 \$27.97	\$217.72 \$27.97
33900		al of intra-aortic balloon assist device, perculateous	\$560.71	\$560.71
33974		al of intra-aortic balloon assist device from the ascending	\$714.04	\$714.04
33975		on of ventricular assist device; extracorporeal, single ventricle	\$884.45	\$884.45
33976 33977		on of ventricular assist device; extracorporeal, biventricular al of ventricular assist device; extracorporeal, single ventricle	\$982.14 \$946.52	\$982.14 \$946.52
33978		al of ventricular assist device; extracorporeal, single ventricular	\$1,043.05	\$1,043.05
33979		on of ventricular assist device, implantable intracorporeal, single	\$1,939.61	\$1,939.61
33980 34001		al of ventricular assist device, implantable intracorporeal, single al blood clot artery	\$2,845.33 \$764.56	\$2,845.33 \$764.56
34001		al of blood clot, artery	\$765.30	\$765.30
34101		al of blood clot,artery	\$486.12	\$486.12
34111		ectomy/thrombectomy, radial or ulnar artery	\$485.93	\$485.93
34151 34201		al of blood clot,artery al blood clot artery	\$1,127.75 \$795.50	\$1,127.75 \$795.50
34203		ectomy/thrombectomy,popliteal-tibio-peroneal	\$778.15	\$778.15
34401	remov	al of blood clot, vein	\$1,161.18	\$1,161.18
34421 34451		al of blood clot, vein al of blood clot, vein	\$589.18	\$589.18 \$1.217.67
34451		al of blood clot, vein	\$1,217.67 \$853.86	\$853.86
34490		al of blood clot, vein	\$488.58	\$488.58
34501		oplasty femoral vein	\$757.53	\$757.53
34502 34510		struction of vena cava, any method s valve transposition any vein donor	\$1,227.50 \$861.45	\$1,227.50 \$861.45
34520		over vein graft to venous system	\$827.36	\$827.36
34530		nopopliteal vein anastomosis	\$777.27	\$777.27
34800 34802		ascular repair of infrarenal abdominal aortic aneurysm or dissection; ascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$925.89 \$1,011.31	\$925.89 \$1,011.31
34802		ascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,035.48	\$1,035.48
34804		ascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$1,010.74	\$1,010.74
34805		ascular repair of infrarenal abdominal aortic aneurysm or dissection;	\$949.76	\$949.76
34806 34825		atheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, nent of proximal or distal extension prosthesis for endovascular repair of	\$85.96 \$565.36	\$85.96 \$565.36
34830		epair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,480.89	\$1,480.89
34831	open r	epair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,570.30	\$1,570.30
34832		repair of infrarenal aortic aneurysm or dissection, plus repair of	\$1,591.36 \$499.83	\$1,591.36 \$499.83
34833 34834		liac artery exposure with creation of conduit for delivery of infrarenal prachial artery exposure to assist in the deployment of infrarenal aortic	\$499.83	\$499.83
34900		ascular graft replacement for repair of iliac artery (eg, aneurysm,	\$734.66	\$734.66
35001		repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$916.06	\$916.06
35002 35005		rupture aneurysm artery neck incision repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$967.68 \$841.47	\$967.68 \$841.47
35005		repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$804.53	\$804.53
35013		ruptured aneurysm artery arm incision	\$998.39	\$998.39

	Nurse Practitioner Fee Schedule		
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25024	direct repair of anountern population or evolution (partial or total) and	¢070.07	¢070.07
35021 35022	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and ruptured aneurysm innominate artery thoracic	\$978.27 \$1,107.01	\$978.27 \$1,107.01
35045	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$782.31	\$782.31
35081	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,403.95	\$1,403.95
35082	repair ruptured aneurysm abdominal aorta	\$1,763.56	\$1,763.56
35091	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,485.78	\$1,485.78
35092	repair rupt aneurysm abd aorta visceral vessels	\$2,107.61	\$2,107.61
35102	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,523.56	\$1,523.56
35103	repair rupt aneurysm abd aorta iliac vessels	\$1,822.75	\$1,822.75
35111 35112	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,121.84 \$1,375.20	\$1,121.84 \$1,375.20
35112	repair ruptured aneurysm splenic artery direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,375.20	\$1,375.20
35121	repair rupt aneurysm hepatic celiac renal mesenter	\$1,595.39	\$1,595.39
35131	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,135.71	\$1,135.71
35132	rupture aneurysm iliac artery	\$1,373.55	\$1,373.55
35141	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$900.73	\$900.73
35142	repair defect of artery	\$1,077.70	\$1,077.70
35151	direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and	\$1,015.94	\$1,015.94
35152	rupture aneurysm popliteal artery	\$1,179.93	\$1,179.93
35180 35182	repair congenital a-v fistula, head and neck repair congential a-v fistula, thorax and abdomen	\$673.73 \$1,385.90	\$673.73 \$1,385.90
35182	repair congential a-v fistula, extremities	\$816.67	\$816.67
35188	repair acq or traumatic a-v fistula, head and neck	\$683.75	\$683.75
35189	repair acq or traumatic a-v fistula, thorax/abd	\$1,279.87	\$1,279.87
35190	repair acq or traumatic a-v fistula, extremities	\$597.41	\$597.41
35201	repair blood vessel lesion	\$749.73	\$749.73
35206	repair blood vessel lesion	\$612.60	\$612.60
35207	repair blood vessels hand, finger	\$551.24	\$551.24
35211	repair blood vessel lesion	\$1,088.53	\$1,088.53
35216 35221	repair blood vessel lesion repair blood vessel lesion	\$1,518.35 \$1,123.28	\$1,518.35 \$1,123.28
35226	repair blood vessel lesion	\$676.42	\$676.42
35231	repair blood vessel lesion	\$939.99	\$939.99
35236	repair blood vessel lesion	\$784.45	\$784.45
35241	repair blood vessel lesion	\$1,136.86	\$1,136.86
35246	repair blood vessel lesion	\$1,236.76	\$1,236.76
35251	repair blood vessel lesion	\$1,336.17	\$1,336.17
35256	repair blood vessel lesion	\$825.05	\$825.05
35261 35266	repair blood vessel lesion repair blood vessel lesion	\$833.39 \$690.91	\$833.39 \$690.91
35266	repair blood vessel lesion	\$1,086.93	\$1,086.93
35276	repair blood vessel lesion	\$1,141.07	\$1,141.07
35281	repair blood vessel lesion	\$1,275.92	\$1,275.92
35286	repair blood vessel lesion	\$756.30	\$756.30
35301	rechanneling of artery	\$849.08	\$849.08
35302	thromboendarterectomy, including patch graft, if performed; superficial femoral artery	\$904.10	\$904.10
35303	thromboendarterectomy, including patch graft, if performed; popliteal artery	\$995.14	\$995.14
35304	thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	\$1,034.97	\$1,034.97
35305 35306	thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (lis	\$994.03 \$372.88	\$994.03 \$372.88
35311	rechanneling of artery	\$1,217.98	\$1,217.98
35321	rechanneling of artery	\$721.81	\$721.81
35331	rechanneling of artery	\$1,192.44	\$1,192.44
35341	rechanneling of artery	\$1,122.59	\$1,122.59
35351	rechanneling of artery	\$1,043.92	\$1,043.92
35355	thromboendarterectomy w/ or w/o patch, iliofemoral	\$847.50	\$847.50
35361	rechanneling of artery	\$1,284.81	\$1,284.81
35363	thromboendarterectomy w/ or w/o patch aortoiliofem	\$1,397.96	\$1,397.96
35371 35372	rechanneling of artery	\$667.27	\$667.27
	thromboendartectomy, w/wo patch grft, deep femoral	\$801.31	\$801.31

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		· •		
35506		artery bypass graft	\$1,076.86	\$1,076.86
35508 35509		bypass graft w/ vein, carotid-vertebral artery bypass graft	\$1,112.40 \$1,216.01	\$1,112.40 \$1,216.0
35510		bypass graft, with vein; carotid-brachial	\$1,021.20	. ,
35511		artery bypass graft	\$959.80	
35512		bypass graft, with vein; subclavian-brachial	\$995.72	\$995.72
35515		bypass graft w/ vein, subclavian-vertebral	\$1,075.47	\$1,075.47
35516 35518		artery bypass graft bypass graft w/ vein, axillary-axillary	\$985.28 \$977.10	\$985.28 \$977.10
35521		artery bypass graft	\$977.10	\$977.10
35522		bypass graft, with vein; axillary-brachial	\$972.49	\$972.49
35523		bypass graft, with vein; brachial-ulnar or -radial	\$1,029.03	\$1,029.03
35525		bypass graft, with vein; brachial-brachial	\$912.67	\$912.67
35526 35531		artery bypass graft artery bypass graft	\$1,346.47 \$1,643.34	\$1,346.47 \$1,643.34
35533		bypass graft w/ vein, axillary-femoral-femoral	\$1,643.34	\$1,643.34
35536		artery bypass graft	\$1,417.01	\$1,417.01
35537		bypass graft, with vein; aortoiliac	\$1,757.60	\$1,757.60
35538		bypass graft, with vein; aortobi-iliac	\$1,972.75	\$1,972.75
35539 35540		bypass graft, with vein; aortofemoral	\$1,830.24 \$2,050.15	\$1,830.24 \$2,050.15
35556		bypass graft, with vein; aortobifemoral artery bypass graft	\$1,122.76	\$2,050.15
35558		artery bypass graft	\$993.45	\$993.45
35560		bypass graft w/ vein, aortorenal	\$1,446.20	\$1,446.20
35563		artery bypass graft	\$1,108.41	\$1,108.41
35565 35566		artery bypass graft	\$1,073.41 \$1,347.82	\$1,073.41 \$1,347.82
35571		artery bypass graft artery bypass graft	\$1,089.10	\$1,089.10
35583		in-situ vein bypass; femoral-popliteal	\$1,159.66	\$1,159.66
35585		in-situ vein bypass; femoral-ant tib,post tib,pero	\$1,357.89	\$1,357.89
35587		in-situ vein bypass; popliteal-tibial, peroneal	\$1,122.87	\$1,122.87
35601 35606		artery bypass graft artery bypass graft	\$1,169.34 \$952.39	\$1,169.34 \$952.39
35612		artery bypass graft	\$744.09	\$744.09
35616		artery bypass graft	\$912.03	\$912.03
35621		artery bypass graft	\$899.71	\$899.71
35623		bypass graft, with other than vein;	\$1,104.29	\$1,104.29
35626 35631		artery bypass graft artery bypass graft	\$1,267.11 \$1,512.11	\$1,267.11 \$1,512.11
35636		bypass graft, with other than vein; splenorenal (splenic to renal arterial	\$1,341.84	\$1,341.84
35637		bypass graft, with other than vein; aortoiliac	\$1,388.52	\$1,388.52
35638		bypass graft, with vein; aortobi-iliac	\$1,418.43	\$1,418.43
35642		bypass graft w/ other than vein, carotid-vertebral	\$838.75	
35645 35646		bypass graft w/ other than vein, subclavian-vert bypass graft, with other than vein; aortobifemoral	\$795.93 \$1,400.36	\$795.93 \$1,400.36
35646		bypass graft, with other than vein; aortofemoral	\$1,267.49	
35650		bypass graft w/ other than vein, axillary-axillary	\$866.48	
35654		bypass graft w/ other than vein, axil-fem-fem	\$1,118.80	
35656		artery bypass graft	\$881.30	\$881.30
35661 35663		artery bypass graft artery bypass graft	\$881.90 \$1,023.12	\$881.90 \$1,023.12
35665		artery bypass graft	\$958.30	\$958.30
35666		artery bypass graft	\$1,032.70	\$1,032.70
35671		artery bypass graft	\$909.74	\$909.74
35685		placement of vein patch or cuff at distal anastomosis of bypass graft,	\$164.64	\$164.64
35686 35691		creation of distal arteriovenous fistula during lower extremity bypass surgery transposition and/or reimplantation;	\$137.73 \$802.08	\$137.73 \$802.08
35691		transposition and/or reimplantation; transposition and/or reimplantation;	\$802.08	
35694		transposition and/or reimplantation;	\$829.67	\$829.67
35695		transposition and/or reimplantation;	\$864.11	\$864.1 <i>°</i>
35697		reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	\$122.65	\$122.65

		Nurse Practitioner Fee Schedule		
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The fee e				
35701		exploration, carotid artery	\$428.49	\$428.49
35721		exploration,femoral artery	\$363.89	\$363.8
35741		exploration popliteal artery	\$398.83	\$398.83
35761 35800		exploration of artery/vein exploration of neck	\$293.69 \$378.48	\$293.69 \$378.48
35820		exploration of chest	\$1,491.99	\$1,491.99
35840		exploration of abdomen	\$495.45	\$495.45
35860		exploration of limb	\$319.75	\$319.75
35870		repair of graft-enteric fistula	\$1,039.60	\$1,039.60
35875		thrombectomy of arterial or venous graft (other than hemodialysis graft or	\$478.08	\$478.08
35876		thrombectomy of arterial or venous graft;	\$766.92 \$750.42	\$766.92 \$750.42
35879 35881		revision, lower extremity arterial bypass, without thrombectomy, open; with revision, lower extremity arterial bypass, without thrombectomy, open; with	\$750.42 \$834.33	\$750.42 \$834.33
35883		revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with nonautogenous pat	\$974.04	\$974.04
35884		revision, femoral anastamosis of synthetic arterial bypass graft in groin, open; with autogenous vein pa	\$1,027.81	\$1,027.81
35901		excision of infected graft;	\$400.00	\$400.00
35903		excision of infected graft;	\$452.55	\$452.55
35905		excision of infected graft;	\$1,414.75	\$1,414.75
35907 36000		excision of infected graft; insertion vein access device	\$1,559.20 \$7.60	\$1,559.20 \$19.07
36005		injection procedure for extremity venography (including introduction of needle	\$40.04	\$255.18
36010		introduction of catheter into the upper or lower major vein (vena cava)	\$100.83	\$442.42
36147		introduction of needle and/or catheter, arteriovenous shunt created for	\$117.32	\$467.83
36148		introduction of needle and/or catheter, arteriovenous shunt created for	\$31.31	\$147.20
36260		insertion implantable infusion pump	\$455.45	\$455.4
36261 36262		revision of implanted intra-arterial infusion pump	\$276.67	\$276.67
36400		removal of implanted infusion pump venipuncture, under age 3 years; femoral or jugular	\$210.33 \$14.31	\$210.33 \$19.90
36405		establish access to vein	\$12.47	\$18.06
36406		venipuncture under age 3 yrs, other vein	\$7.31	\$12.90
36410		venipuncture, age 3 years or older, necessitating physician's skill (separate	\$7.03	\$14.3 [,]
36415		collection of venous blood by venipuncture	\$2.70	\$2.70
36420		venipuncture, cutdown;	\$38.89 \$30.56	\$38.89
36425 36430		venipuncture, cutdown; blood transfusion service	\$30.56	\$30.56 \$27.45
36470		injection of sclerosing solution;	\$54.01	\$103.2
36471		injection of sclerosing solution;	\$76.10	\$127.8
36556		insertion of non-tunneled centrally inserted central venous catheter; age 5	\$96.60	\$178.5
36557		insertion of tunneled centrally inserted central venous catheter, without	\$237.10	\$634.63
36558		insertion of tunneled centrally inserted central venous catheter, without	\$226.62	\$613.8
36560 36561		insertion of tunneled centrally inserted central venous access device, with	\$280.83 \$271.59	\$869.7 \$860.2
36561 36563		insertion of tunneled centrally inserted central venous access device, with insertion of tunneled centrally inserted central venous access device with	\$271.59 \$281.98	\$860.2 \$870.0
36565		insertion of tunneled centrally inserted central venous access device with	\$267.67	\$729.5
36566		insertion of tunneled centrally inserted central venous access device,	\$286.71	\$2,688.1
36568		insertion of peripherally inserted central venous catheter (picc), without	\$78.09	\$234.7
36569		insertion of peripherally inserted central venous catheter (picc), without	\$77.99	\$204.4
36570		insertion of peripherally inserted central venous access device, with insertion of peripherally inserted central venous access device, with	\$250.46 \$243.70	\$882.1
36571 36576		repair of central venous access device, with subcutaneous port or pump, central	\$243.70 \$147.73	\$914.5 \$272.7
36578		replacement, catheter only, of central venous access device, with subcutaneous	\$168.84	\$379.4
36580		replacement, complete, of a non-tunneled centrally inserted central venous	\$56.13	\$175.0
36581		replacement, complete, of a tunneled centrally inserted central venous	\$160.02	\$569.0
36582		replacement, complete, of a tunneled centrally inserted central venous access	\$235.07	\$794.5
36583		replacement, complete, of a tunneled centrally inserted central venous access	\$235.47	\$794.9
36584		replacement, complete, of a peripherally inserted central venous catheter	\$57.56	\$172.2
36585 36589		replacement, complete, of a peripherally inserted central venous access device, removal of tunneled central venous catheter, without subcutaneous port or pump	\$220.73 \$109.90	\$814.9 \$128.9
36590		removal of tunneled central venous access device, with subcutaneous port of pump	\$109.90	\$209.0
36593		declotting by thrombolytic agent of implanted vascular access device or catheter	\$26.96	\$26.9
36600		withdrawal of arterial blood	\$12.30	\$23.4

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36620	arterial catheterization or cannulation for sampling, monitoring	\$40.88	\$40.88
36625	arterial catheterization or cannulation for sampling, monitoring	\$84.47	\$84.47
36660 36680	catheterization, umbilical artery, newborn, for diagnosis or therapy placement of needle for intraosseous infusion	\$53.70 \$47.36	+ · · ·
36818	arteriovenous anastomosis, open; by upper arm cephalic vein transposition	\$534.62	\$534.62
36819	arteriovenous anastomosis, open; by upper arm basilic vein transposition	\$630.30	
36820	arteriovenous anastomosis, open; by forearm vein transposition	\$632.35	\$632.35
36821	arteriovenous anastomosis, open; direct, any site (eg, cimino type) (separate	\$525.27	\$525.27
36823	insertion of arterial and venous cannula(s) for isolated extracorporeal	\$1,006.05	\$1,006.05
36825	creation of arteriovenous fistula by other than direct arteriovenous	\$455.90	\$455.90
36830 36831	creation of arteriovenous fistula by other than direct arteriovenous thrombectomy, open, arteriovenous fistula without revision, autogenous or	\$522.33 \$360.23	\$522.33 \$360.23
36832	revision, open, arteriovenous fistula; without thrombectomy, autogenous or	\$360.23	\$360.23
36833	revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous	\$520.36	
36835	insertion of thomas shunt (separate procedure)	\$359.60	\$359.60
36838	distal revascularization and interval ligation (dril), upper extremity	\$930.22	\$930.22
36861	cannula declotting with balloon catheter	\$118.60	\$118.60
36870	thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous	\$244.17	\$1,382.23
37140 37145	venous anastomosis; portocaval venous anastomosis; renoportal	\$1,063.68 \$1,146.82	\$1,063.68 \$1,146.82
37143	venous anastomosis; caval-mesenteric	\$997.85	. ,
37180	venous anastomosis; splenorenal, proximal	\$1,118.33	\$1,118.33
37181	splenorenal distal (selective decompression)	\$1,208.79	
37182	insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$722.93	\$722.93
37183	revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes	\$343.54	\$343.54
37191 37200	insertion of intravascular vena cava filter, endovascular approach including	\$135.85	\$1,498.81
37200	transcatheter biopsy transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	\$192.02 \$321.83	\$192.02 \$321.83
37212	transcatherer therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	\$284.10	\$284.10
37213	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	\$198.54	\$198.54
37214	transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	\$116.44	\$116.44
37215	transcatheter placement of intravascular stent(s), cervical carotid artery,	\$889.21	\$889.21
37216 37218	transcatheter placement of intravascular stent(s), cervical carotid artery, insertion of stents in blood vessels of chest open or accessed through the skin with radiological supervision and interpretation	\$817.22 \$703.31	\$817.22 \$656.33
37500	vascular endoscopy, surgical, with ligation of perforator veins, subfascial	\$542.49	\$542.49
37565	ligation, internal jugular vein	\$539.72	\$539.72
37600	ligation of neck artery	\$552.15	
37605	ligation of neck artery	\$632.13	
37606	ligation of neck artery	\$411.25	\$411.25
37607	ligation or banding of angioaccess arteriovenous fistula	\$293.60	
37609 37615	ligation or biopsy temporal artery ligation major artery neck	\$151.12 \$363.74	\$217.70 \$363.74
37615	ligation major artery chest	\$847.92	\$303.72
37617	ligate major artery abdomen	\$1,011.47	\$1,011.47
37618	ligation major artery extremity	\$290.44	\$290.44
37619	ligation of inferior vena cava	\$924.91	\$924.91
37650	ligation of femoral vein	\$397.09	
37660	ligation of common iliac vein	\$946.89	\$946.89
37700 37718	revise leg vein ligation, division, and stripping, short saphenous vein	\$194.38 \$321.10	\$194.38 \$321.10
37718	ligation, division, and stripping, short saphenous vein ligation, division, and stripping, long (greater) saphenous veins from saphe	\$321.10 \$371.66	

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The lee	scriedule	Include the new codes for 2015 and the pending 1% rate reduction enective 1/1/2015 is not includ	ueu on uns ree s	criedule
37735		removal of leg veins/lesion	\$494.64	\$494.64
37760		revision of leg veins	\$487.16	\$487.16
37761		Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	\$348.98	\$348.98
37765		stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	\$349.91	\$349.91
37766		stab phlebectomy of varicose veins, one extremity; more than 20 incisions	\$425.96	\$425.96
37780 37785		revision of leg vein revision leg vein	\$200.51 \$200.97	\$200.5 ² \$266.16
38100		removal of spleen	\$200.97	\$200.10
38101		splenectomy partial	\$823.71	\$823.71
38115		repair ruptured spleen w/wo partial splenectomy	\$911.74	\$911.74
38120		laparoscopy, surgical, splenectomy	\$758.09	\$758.09
38220		bone marrow; aspiration only	\$47.62	\$116.16
38221		bone marrow; biopsy, needle or trocar	\$60.40	\$129.2
38230		bone marrow harvesting for transplantation.	\$242.50	\$242.50
38232		bone marrow harvesting for transplantation; autologous	\$103.43	\$103.43
38243 38300		hematopoietic progenitor cell (hpc); hpc boost drainage of lymph node abscess or lymphadenitis;	\$93.61 \$131.38	\$93.6° \$192.65
38300		drainage of lymph node abscess of lymphadenius; drainage lymph node lesion	\$334.71	\$192.65
38308		incision of lymph channels	\$321.95	\$321.95
38380		suture and or ligation of thoracic duct cervical a	\$414.13	\$414.13
38381		suture and or ligation of thoracic duct thoracic a	\$619.05	\$619.05
38382		suture/ligation thoracic duct abdominal approach	\$499.68	\$499.68
38500		biopsy or excision of lymph node(s); open, superficial	\$181.30	\$227.75
38505		bx or excision lymph node; superficial by needle	\$57.74	\$94.95
38510		biopsy or excision of lymph node(s); open, deep cervical node(s)	\$307.91	\$369.44
38520 38525		biopsy or excision of lymph node(s); open, deep cervical node(s) with excision biopsy or excision of lymph node(s); open, deep axillary node(s)	\$336.25 \$304.74	\$336.25 \$304.74
38530		biopsy or excision of lymph node(s); open, internal mammary node(s)	\$392.15	\$392.15
38542		dissection deep jugular node	\$374.54	\$374.54
38550		excision of cystic hygroma, axillary or cervical; without deep neurovascular	\$346.62	\$346.62
38555		excision of cystic hygroma, axillary or cervical; with deep neurovascular	\$722.52	\$722.52
38562		limited lymphadenectomy for staging pelvic	\$518.89	\$518.89
38564		limited lymphadenectomy for staging retroperitonea	\$515.60	\$515.60
38570		laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy),	\$420.67	\$420.67
38571		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$661.64	\$661.64
38572 38700		laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and removal of lymph nodes, neck	\$728.10 \$582.79	\$728.10 \$582.79
38720		removal of lymph nodes, neck	\$968.90	
38724		cervical lymphadenectomy	\$1,051.07	\$1,051.07
38740		removal lymph nodes, armpit	\$488.23	\$488.23
38745		removal lymph nodes, armpits	\$621.75	\$621.75
38760		inguiofemoral lymphadenectomy superfic incl cloq n	\$613.31	\$613.3 [,]
38765		inguinofemoral lymphadenectomy, superficial	\$954.70	\$954.70
38770		pelvic lymphadenectomy inc ext iliac hypogastric w	\$639.34	\$639.34
38780		retroperitoneal lymphadenectomy extens inc pel aor cannulation, thoracic duct	\$805.13 \$237.66	\$805.13
38794 39000		mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$237.66	\$237.66 \$370.88
39000	-	mediastinotomy with exploration, drainage, removal of foreign body, or biopsy;	\$616.01	\$616.0°
39200		removal mediastinal lesion	\$683.47	\$683.4
39220		removal mediastinal lesion	\$880.26	\$880.20
39400		visualization of mediastinum	\$382.45	\$382.4
39501		repair, laceration of diaphragm, any approach	\$626.56	\$626.5
39503		repair diaphragmatic hernia neonatal	\$4,398.56	\$4,398.50
39540		repair of diaphragm hernia	\$640.66	\$640.6
39541 39545		repari diaphr hernia traumatic chronic imbrication of diaphragm for eventration, transthoracic or transabdominal,	\$691.11 \$679.63	\$691.1 \$679.63
39545		resection, diaphragm; with simple repair (eg, primary suture)	\$587.54	\$587.54
39561		resection, diaphragm; with complex repair (eg, prosthetic material, local	\$913.16	\$913.10
40490		biopsy lip	\$55.20	\$92.90
40500		partial excision of lip	\$260.82	\$350.9
40510		partial excision of lip	\$259.07	\$341.03

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1110100	Sonodulo			
40520		partial excision of lip	\$261.81	\$350.21
40525 40527		excision lip full thickness local flap excision lip full thickness cross lip flap	\$407.32 \$481.49	
40530		partial removal of lip	\$297.07	
40650		repair lip	\$208.41	\$290.38
40652 40654		repair lip repair lip	\$253.93 \$308.48	
40034		repair left lip	\$683.84	
40701		repair cleft lip	\$848.56	
40702		repair cleft lip	\$659.82	\$659.82
40720 40761		repair cleft lip repair cleft lip	\$726.33 \$786.46	
40701		drainage mouth lesion	\$90.52	
40801		drainage mouth lesion	\$158.36	\$215.16
40804		removal foreign body, mouth	\$91.69	
40805 40808		removal embedded foreign body complicated biopsy mouth lesion	\$164.23 \$76.04	
40810		excision mouth lesion	\$90.56	
40812		excision mouth lesion	\$141.30	
40814		excision mouth lesion	\$217.96	
40816 40818		exc lesion of mucosa and submucosa w/o repair excision oral mucosa, graft	\$228.11 \$194.28	\$280.44 \$245.47
40820		treatment mouth lesion	\$121.16	
40830		repair mouth laceration	\$113.99	
40831 40840		repair mouth laceration reconstruction mouth	\$160.25 \$465.31	\$223.20 \$577.21
40840		reconstruction mouth	\$455.79	
40843		reconstruction mouth	\$593.81	
40844		reconstruction mouth	\$828.49	
40845 41000		reconstruction mouth drainage mouth lesion	\$929.05 \$80.28	
41000		drainage mouth lesion	\$00.28	
41006		drainage mouth lesion	\$187.88	
41007		incision/drainage abscess mouth submental space	\$182.32	
41008 41009		incision/drainage mouth submandibular space incision/drainage mouth masticator space	\$194.81 \$211.40	
41009		incision tongue fold	\$78.21	
41015		drainage extraoral abscess/cyst/hematoma floor of	\$242.26	\$297.65
41016		incision/drainage extraoral lesion submental	\$251.40	
41017 41018		incision/drainage mouth lesion submandibular lesio incision/drainage mouth lesion masticator space	\$252.52 \$296.06	
41018		placement of needles, catheters, or other device(s) into the head and/or neck	\$290.00	
41100		biopsy tongue	\$79.89	\$117.93
41105		posterior one-third	\$81.01	
41108 41110		biopsy floor of mouth excision tongue lesion	\$65.06 \$94.92	
41112		excision tongue lesion	\$180.07	
41113		excision tongue lesion	\$200.44	
41114 41115		exc lesion tongue local tongue flap excision linguinal frenum (frenectomy)	\$466.22 \$107.32	
41115		excision inguinal renum (renectority) excision lesion floor of mouth	\$107.32	
41120		partial removal of tongue	\$755.24	\$755.24
41130		partial removal of tongue	\$936.21	
41135 41140		tongue and neck surgery removal of tongue	\$1,569.29 \$1,610.35	
41140		tongue removal; neck surgery	\$2,019.46	
41150		mouth and jaw surgery	\$1,596.58	\$1,596.58
41153		glossectomy composite proc w/resection floor mouth	\$1,733.84	
41155 41250		mouth, jaw, and neck surgery repair laceration tongue	\$2,160.80 \$102.95	
41250		repair laceration to 2cm posterior one third tongu	\$102.95	

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Providers s	hould alw	vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	additions,	
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44050			¢455.04	¢046.00
41252 41500		repair laceration tongue fixation tongue	\$155.31 \$318.05	\$216.29 \$318.05
41510		tongue to lip surgery	\$291.98	\$291.98
41520 41800		reconstruction, tongue fold drainage gum lesion	\$182.39 \$91.77	\$240.86 \$156.39
41800		removal foreign body, gum	\$91.77	\$150.39
41806		removal foreign body,jawbone	\$182.54	\$237.93
41822		excision gum lesion	\$127.65	\$199.83
41823 41825		excision gum lesion excision gum lesion	\$229.31 \$90.70	\$297.84 \$142.18
41826		excision gum lesion	\$146.48	\$200.76
41827 41830		excision gum lesion alveolectomy inc/currettage of osteitis or sequest	\$217.69 \$201.59	\$298.27 \$269.56
41850		destruction of lesion except excision	\$33.81	\$33.81
41872		gingivoplasty, each quadrant (specify)	\$186.90	\$252.36
41874 42000		alveoloplasty, each quadrant (specify) drainage mouth roof lesion	\$184.14 \$74.52	\$256.60 \$110.05
42000		biopsy roof of mouth	\$79.09	\$110.03
42104		excision lesion roof mouth	\$99.43	\$145.60
42106 42107		excision lesion, mouth roof excision lesion palate, uvula local flap closure	\$130.18 \$251.36	\$184.73 \$322.42
42107		resection palate or extensive resection of lesion	\$705.13	\$705.13
42140		excision uvula	\$111.42	\$173.25
42145 42160		palatopharyngoplasty treatment roof of mouth	\$514.93 \$110.90	\$514.93 \$167.97
42180		repair palate	\$135.07	\$172.00
42182		repair palate	\$197.39	\$236.27
42200 42205		reconstruction cleft palate reconstruction cleft palate	\$653.43 \$697.26	\$653.43 \$697.26
42203		reconstruction cleft palate	\$786.30	\$786.30
42215		reconstruction cleft palate	\$514.14	\$514.14
42220 42225		reconstruction cleft palate reconstruction cleft palate	\$399.60 \$682.12	\$399.60 \$682.12
42225		lengthening palate and pharyngeal flap	\$678.77	\$678.77
42227		lengthening of palate with island flap	\$659.59	\$659.59
42235 42260		repair palate repair nose to lip fistula	\$538.41 \$505.59	\$538.41 \$602.95
42300		drainage salivary gland	\$111.28	\$146.81
42305		drainage salivary gland	\$318.78	\$318.78
42310 42320		drainage salivary gland drainage salivary gland	\$90.85 \$130.54	\$114.34 \$176.70
42320		treatment salivary stone	\$130.54	\$176.70
42335		treatment salivary stone	\$189.68	\$261.86
42340 42405		treatment salivary stone biopsy salivary gland	\$249.94 \$169.27	\$329.96 \$217.39
42403		excision salivary cyst	\$109.27 \$242.55	\$323.12
42409		treatment salivary cyst	\$164.11	\$232.94
42410 42415		excision parotid gland ex parotid tumor parotid gl lat lob w dissecan pre	\$463.02 \$837.28	\$463.02 \$837.28
42415		excision parotid gland	\$960.22	\$960.22
42425		excision parotid gland	\$631.38	\$631.38
42426 42440		excision parotid tumor or parotid gland total excision submaxillary gland	\$1,027.78 \$348.19	\$1,027.78 \$348.19
42440 42450		excision sublingual gland	\$348.19 \$263.68	\$348.19
42500		repair salivary duct	\$250.75	\$307.82
42505		repair salivary duct	\$336.33	\$400.68 \$276.42
42507 42509		parotid duct divers bilateral parotid duct diversion bilat w/exc both submandibu	\$376.43 \$616.37	\$376.43 \$616.37
42510		parotid duct diversion bilat ligat submandibular	\$465.02	\$465.02
42550		injection for sialography	\$52.30	\$109.65
42600		closure salivary fistula	\$261.82	\$346.03

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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42665		ligation salivary duct, intraoral	\$151.80	\$217.82
42700		drainage tonsil abscess	\$99.10	\$132.66
42720 42725		drainage throat abscess drainage throat abscess	\$296.35 \$603.43	\$334.96 \$603.43
42725		biopsy throat	\$81.96	\$111.34
42804		biopsy upper nose/throat	\$83.94	\$140.74
42806 42808		biopsy uper nose/throat	\$98.72 \$121.93	\$159.15 \$163.06
42808		excision lesion pharynx removal of foreign body from pharynx	\$95.62	\$103.00
42810		excision throat cyst	\$207.76	\$273.22
42815 42820		excision throat cyst removal tonsils and adenoids	\$408.29 \$216.27	\$408.29
42820		removal tonsils and adenoids	\$216.27 \$225.75	\$216.27 \$225.75
42825		removal of tonsils	\$193.07	\$193.07
42826		removal of tonsils	\$186.62	\$186.62
42830 42831		removal of adenoids removal of adenoids	\$151.85 \$163.77	\$151.85 \$163.77
42835		removal of adenoids	\$136.88	\$136.88
42836		removal of adenoids	\$179.00	\$179.00
42842 42844		radical resection tonsil without closure radical resection tonsil closure with local flap	\$708.94 \$997.90	\$708.94 \$997.90
42845		radical resection tonsil closure with other flap	\$1,639.03	\$1,639.03
42860		excision tonsil tags	\$137.25	\$137.25
42870		excision lingual tonsil	\$415.51	\$415.51
42890 42892		partial removal pharynx resect lateral pharyngeal wall direct closure	\$1,017.03 \$1,335.77	\$1,017.03 \$1,335.77
42894		resect pharyngeal wall with myocutaneous flap	\$1,712.59	\$1,712.59
42900		repair throat wound	\$258.19	\$258.19
42950 42953		reconstruction of throat pharyngoesophageal repair	\$576.16 \$707.50	\$576.16 \$707.50
42955		surgical opening of throat	\$543.03	\$543.03
42960		control oropharyngeal hemorrhage, primary or secondary (eg,	\$125.35	\$125.35
42961		control oropharyngeal hemorrhage, primary or secondary (eg,	\$310.81	\$310.81
42962 42970		control bleeding, throat control of nasopharyngeal hemorrhage, primary or secondary (eg,	\$385.52 \$288.84	\$385.52 \$288.84
42971		control of nasopharyngeal hemorrhage, primary or secondary	\$339.90	\$339.90
42972		control bleeding,nose/throat	\$382.31	\$382.31
43020 43030		incision of esophagus cricopharyngeal myotomy	\$393.80 \$389.74	\$393.80 \$389.74
43045		esophagotomy, thoracic approach, with removal of foreign body	\$992.44	\$992.44
43100		excision of lesion, esophagus, with primary repair; cervical approach	\$466.12	\$466.12
43101 43107		excision of lesion, esophagus, with primary repair; thoracic or abdominal total or near total esophagectomy, without thoracotomy;	\$775.43 \$1,921.01	\$775.43 \$1,921.01
43107		total or near total esophagectomy, without thoracotomy; with colon	\$3,248.25	\$3,248.25
43112		total or near total esophagectomy, with thoracotomy;	\$2,053.85	\$2,053.85
43113		total or near total esophagectomy, with thoracotomy; with colon interposition	\$3,241.03	
43116 43117		partial esophagectomy, cervical, with free intestinal graft, partial esophagectomy, distal two-thirds, with thoracotomy	\$3,689.18 \$1,879.03	\$3,689.18 \$1,879.03
43118		partial esophagectomy, distal two-thirds, with thoracotomy and separate	\$2,672.20	\$2,672.20
43121		partial esophagectomy, distal two-thirds, with thoracotomy	\$2,119.81	\$2,119.81
43122 43123		partial esophagectomy, thoracoabdominal or abdominal approach, partial esophagectomy, thoracoabdominal or abdominal approach, with or without	\$1,900.12 \$3,265.18	\$1,900.12 \$3,265.18
43123		total or partial esophagectomy, without reconstruction	\$2,787.36	\$2,787.36
43130		removal esophagus pouch	\$590.89	\$590.89
43135 43180		removal esophagus pouch removal of esophagus tissue using an endoscope	\$1,110.07 \$470.83	\$1,110.07 \$428.55
43180		diagnostic examination of esophagus using an endoscope	\$470.83	\$428.55
43192		injections of substance in tissue lining of esophagus using an endoscope	\$122.33	\$122.33
43193		biopsy of esophagus using an endoscope	\$145.77	\$145.77
43194 43195		removal of foreign body of esophagus using an endoscope balloon dilation of esophagus using an endoscope	\$132.44 \$146.04	\$132.44 \$146.04

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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43196		insertion of wire and dilation of esophagus using an endoscope	\$159.75	\$159.75
43197		diagnostic examination of esophagus using an endoscope	\$65.28	\$146.63
43198		biopsy of esophagus using an endoscope	\$77.74	\$163.79
43201 43202		esophagoscopy, rigid or flexible; with directed submucosal injection(s), any	\$99.66 \$88.02	\$214.35 \$204.67
43202		esophagoscopy, rigid or flexible; with biopsy, single or multiple removal of tissue lining of esophagus using an endoscope	\$198.43	\$204.67
43212		placement of stent on esophagus using an endoscope	\$156.04	\$156.04
43213		dilation of esophagus using an endoscope	\$220.49	\$973.39
43214		balloon dilation of esophagus using an endoscope	\$159.51	\$159.51
43217		esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other	\$130.74	\$274.82
43226 43227		esophagoscopy, rigid or flexible; esophagoscopy, rigid or flexible; with control of bleeding (eg, injection,	\$109.11 \$162.62	\$109.11 \$162.62
43227		destruction of growths of esophagus using an endoscope	\$168.26	\$574.13
43233		balloon dilation of esophagus, stomach, and/or upper small bowel using an endoscope	\$189.32	\$189.32
43235		upper gastrointestinal endoscopy including esophagus, stomach,	\$112.30	\$220.29
43236		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$136.55	\$274.18
43239 43241		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$132.99 \$120.69	\$255.25 \$120.69
43241		upper gastrointestinal endoscopy including esophagus, stomach, and either the upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$120.09	\$120.09
43251		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$169.20	\$169.20
43253		injection of diagnostic or therapeutic substances or markers in esophagus, stomach, and/or upper sma	\$219.65	\$219.65
43254		removal of tissue lining of esophagus, stomach, and/or upper small bowel using endoscope	\$227.95	\$227.95
43255 43260		upper gastrointestinal endoscopy including esophagus, stomach, and either the	\$220.17 \$270.72	\$220.17 \$270.73
43260		endoscopic retrograde cholangiopancreatography (ercp); placement of stent in esophagus, stomach, and/or upper small bowel using an endoscope	\$270.73 \$188.60	\$188.60
43270		destruction of growths on esophagus, stomach, and/or upper small bowel using an endoscope	\$198.25	\$573.04
43274		placement of stent pancreatic or bile duct using an endoscope	\$390.75	\$390.75
43275		removal of foreign body or stent from pancreatic or bile duct using an endoscope	\$322.17	\$322.17
43276		replacement of stent pancreatic or bile duct using an endoscope	\$406.57	\$406.57
43277 43278		balloon dilation of pancreatic or bile duct using an endoscope endoscope destruction of mass on gallbladder, pancreatic, liver, and bile ducts using an endoscope	\$324.16 \$368.56	\$324.16 \$368.56
43279		laparoscopy, surgical, esophagomyotomy (heller type) with fundoplasty, when performed	\$941.38	\$941.38
43280		laparoscopy, surgical, esophagogastric fundoplasty (eg, nissen, toupet	\$785.06	\$785.06
43281		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; withou	\$937.11	\$937.11
43282		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with in	\$1,054.04	\$1,054.04
43300 43305		repair of esophagus repair esophagus and fistula	\$462.56 \$830.70	\$462.56 \$830.70
43305		repair of esophagus	\$1,161.20	\$1,161.20
43312		esophagoplasty with repair of tracheoesophageal fi	\$1,282.65	\$1,282.65
43313		esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,043.50	\$2,043.50
43314		esophagoplasty for congenital defect, (plastic repair or reconstruction),	\$2,339.83	\$2,339.83
43320 43325		esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty,	\$1,020.21 \$974.24	\$1,020.21 \$074.24
43325 43327		esophagogastric fundoplasty with fundic patch (tha Esophagogastric fundoplasty partial or complete; laparotomy	\$974.24 \$652.77	\$974.24 \$652.77
43328		Esophagogastric fundoplasty partial or complete; haparotomy	\$952.44	\$952.44
43330		esophagomyotomy (heller type); abdominal approach	\$955.69	\$955.69
43331		esophagomyotomy thoracic approach	\$1,034.67	\$1,034.67
43332		Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; witho	\$934.60	\$934.60
43333 43334		Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with	\$1,014.95 \$1,025.50	\$1,014.95 \$1,025.50
43335	1	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal, with Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with	\$1,025.50	\$1,025.00
43336		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except	\$1,207.87	\$1,207.87
43337		Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except	\$1,318.80	\$1,318.80
43340		esophagojejunostomy w tot gastrec abd approach	\$992.01	\$992.01
43341		esophagojejunostomy thoracic approach	\$1,090.93	\$1,090.93
43351 43352		esophagostomy thoracic approach esophagomyotomy cervical approach	\$992.48 \$811.45	\$992.48 \$811.45
43352		gastrointestinal reconstruction for previous esophagectomy,	\$1,740.71	\$1,740.71
43361	<u> </u>	gastrointestinal reconstruction for previous esophagectomy, for obstructing	\$1,945.27	\$1,945.27
43400		ligation esophageal veins	\$1,194.24	\$1,194.24
43401		transection of esoph w/ repair for esoph varices	\$1,133.24	\$1,133.24

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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		ays bin their usual and customary charges. Thease use the monthly No metricald bunctins for a		
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43405		ligation or stapling at gastroesophageal junction for pre-existing	\$1,096.58	\$1,096.58
43410 43415		repair wound,esophagus suture of esophageal wound or injury; transthoracic or transabdominal approach	\$749.72 \$1,278.40	
43415		repair opening,esophagus	\$750.60	. ,
43425		closure of esophagostomy or fistula; transthoracic or transabdominal approach	\$1,122.85	\$1,122.85
43453		dilation of esophagus, over guide wire	\$74.36	\$217.87
43500 43501		incision of stomach gastrotomy; with suture repair of bleeding ulcer	\$561.04 \$965.96	\$561.04 \$965.96
43501		gastrotomy;	\$903.90	\$1,094.06
43510		gastrotomy; with esophageal dilation and insertion of permanent intraluminal	\$692.44	\$692.44
43520		incision pyloric muscle	\$507.23	\$507.23
43605 43610		biopsy of stomach excision, local; ulcer or benign tumor of stomach	\$595.86 \$704.10	
43610		excision, local; ucel of benigh tumor of stomach	\$704.10	
43620		gastrectomy, total; with esophagoenterostomy	\$1,429.39	\$1,429.39
43621		gastrectomy, total;	\$1,628.30	
43622 43631		gastrectomy, total; gastrectomy, partial, distal;	\$1,652.33 \$1,047.59	\$1,652.33 \$1.047.59
43632		gastrectomy, partial, distal;	\$1,429.24	\$1,429.24
43633		gastrectomy, partial, distal;	\$1,359.74	\$1,359.74
43634		gastrectomy, partial, distal;	\$1,501.82	\$1,501.82
43640 43641		division vagus nerve vagotomy w/ pyloroplasty parietal cell	\$841.92 \$849.29	\$841.92 \$849.29
43644		laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and	\$1,246.80	
43651		laparoscopy, surgical; transection of vagus nerves, truncal	\$466.72	\$466.72
43652		laparoscopy, surgical; transection of vagus nerves, selective or highly	\$546.82	\$546.82
43653 43760		laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, change of gastrostomy tube	\$397.86 \$39.29	\$397.86 \$243.52
43761		repositioning gastric feeding tube, thru duodenum	\$84.26	\$94.90
43800		reconstruction of pylorus	\$668.13	\$668.13
43810		fusion stomach and bowel	\$724.36	\$724.36
43820 43825		gastrojejunostomy; without vagotomy fusion stomach and bowel	\$939.00 \$932.01	\$939.00 \$932.01
43830		gastrostomy, open; without construction of gastric tube (eg, stamm procedure)	\$494.86	\$494.86
43831		temporary opening, stomach	\$412.79	¥ -
43832		gastrostomy, open; with construction of gastric tube (eg, janeway procedure)	\$762.80	\$762.80
43840 43843		repair lesion,stomach gastric restrictive procedure, without gastric bypass, for morbid obesity;	\$952.38 \$908.53	\$952.38 \$908.53
43850		revision stomachbowel fusion	\$1,164.18	
43855		revision stomachbowel fusion	\$1,216.51	\$1,216.51
43860		revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction,	\$1,181.97	\$1,181.97
43865 43870		revision stomachbowel fusion repair opening,stomach	\$1,229.55 \$505.56	\$1,229.55 \$505.56
43880		repair stomach-bowel fistula	\$1,154.70	
44005		freeing of bowel adhesion	\$788.76	
44010		duodenotomy	\$619.77	\$619.77
44020 44021		enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), enterotomy small bowel for decompression	\$696.98 \$704.93	\$696.98 \$704.93
44025		exploration of large bowel	\$709.59	\$709.59
44050		reduction bowel obstruction	\$671.61	\$671.61
44055		correction of malrotation	\$1,076.92 \$607.75	
44110 44111		excision of one or more lesions of small or large intestine not requiring excision bowel lesions	\$607.75 \$707.93	\$607.75 \$707.93
44111		enterectomy, resection of small intestine; single resection and anastomosis	\$877.43	
44125		enterectomy, resection of small intestine; with enterostomy	\$851.64	\$851.64
44126		enterectomy, resection of small intestine for congenital atresia, single	\$1,760.01	\$1,760.01
44127 44128		enterectomy, resection of small intestine for congenital atresia, single enterectomy, resection of small intestine for congenital atresia, single	\$2,049.66 \$182.07	\$2,049.66 \$182.07
44128		enteroenterostomy, anastomosis of intestine, with or without cutaneous	\$182.07 \$919.04	\$182.07
44135		intestinal allotransplantation; from cadaver donor	\$947.46	\$947.46
44136		intestinal allotransplantation; from living donor	\$947.46	\$947.46

	Nurse Practitioner Fee Schedule			
	Provider Specialty 061			
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44407			000457	\$ 004 5 7
44137 44139	removal of transplanted intestinal allograft, complete mobilization (take-down) of splenic flexure performed in		\$904.57 \$90.71	\$904.57 \$90.71
44139	partial removal of colon		\$969.05	\$969.05
44141	colectomy partial with cecostomy colostomy		\$1,276.15	\$1,276.15
44143	colectomy partial with end colostomy closure dista		\$1,194.04	\$1,194.04
44144	colectomy partial w/resec colos ileos mucofistula		\$1,255.06	\$1,255.06
44145	partial removal of colon		\$1,208.33	\$1,208.33
44146 44147	colectomy partial w/coloproctostomy colostomy colectomy partial abd and transanal approach		\$1,510.05 \$1,363.71	\$1,510.05 \$1.363.71
44147	removal of colon		\$1,303.71	\$1,322.85
44151	colectomy total with continent ileostomy		\$1,513.16	\$1,513.16
44155	removal of colon		\$1,482.82	\$1,482.82
44156	colectomy total abd w/ proctectomy w/ continent		\$1,629.21	\$1,629.21
44157	colectomy, total, abdominal, with proctectomy; with ileoanal anastamosis, ir		\$1,547.66	\$1,547.66
44158 44160	colectomy, total, abdominal, with proctectomy; with ileoanal anastamosis, cr colectomy, partial, with removal of terminal ileum with ileocolostomy	eation of ileal reservoir(s or	\$1,586.55 \$892.97	\$1,586.55 \$892.97
44180	laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separat		\$665.45	\$665.45
44186	laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)		\$468.75	\$468.75
44187	laparoscopy, surgical; ileostomy or jejunostomy, non-tube		\$789.87	\$789.87
44188	laparoscopy, surgical, colostomy or skin level cecostomy		\$874.02	\$874.02
44202	laparoscopy, surgical; enterectomy, resection of small intestine, single		\$1,002.91	\$1,002.91
44203 44204	laparoscopy, surgical; each additional small intestine resection and laparoscopy, surgical; colectomy, partial, with anastomosis		\$180.47 \$1,120.24	\$180.47 \$1,120.24
44205	laparoscopy, surgical; colectomy, partial, with anastomosis	th	\$977.99	\$977.99
44206	laparoscopy, surgical; colectomy, partial, with end colostomy and closure c		\$1,270.78	\$1,270.78
44207	laparoscopy, surgical; colectomy, partial, with anastomosis, with		\$1,335.93	\$1,335.93
44208	laparoscopy, surgical; colectomy, partial, with anastomosis, with		\$1,451.52	\$1,451.52
44210	laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with	ith	\$1,296.87	\$1,296.87
44211 44212	laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with		\$1,592.32 \$1,493.29	\$1,592.32 \$1,493.29
44212	laparoscopy, surgical, colectority, total, abdominal, with protectority, with laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in		\$142.26	\$142.26
44227	laparoscopy, surgical, closure of enterostomy, large or small intestine, wit		\$1,212.95	\$1,212.95
44300	surgical opening of bowel		\$602.97	\$602.97
44310	ileostomy		\$754.56	\$754.56
44312	repair small bowel opening		\$428.24	\$428.24
44314 44316	repair small bowel opening continent ileostomy		\$730.06 \$1,000.52	\$730.06 \$1,000.52
44310	colostomy or skin level cecostomy		\$860.27	\$1,000.52
44322	colostomy or skin level cecostomy; with multiple biopsies (eg, for congenita	al	\$679.86	\$679.86
44340	repair large bowel opening		\$430.50	\$430.50
44345	repair large bowel opening		\$752.65	\$752.65
44346	revision of colostomy w/ repair paracolostomy hern	um not	\$845.38	\$845.38
44360 44361	small intestinal endoscopy, enteroscopy beyond second portion of duoden small intestinal endoscopy, enteroscopy beyond second portion of duoden		\$122.26 \$134.75	\$122.26 \$134.75
44363	smail mestinal endoscopy, enteroscopy beyond second pontion of duodent		\$159.69	\$159.69
44364	small intestinal endoscopy, enteroscopy beyond second portion of duodent	um, not	\$171.98	\$171.98
44366	small intestinal endoscopy, enteroscopy beyond second portion of duoden	um, not	\$202.71	\$202.71
44369	small intestinal endoscopy, enteroscopy beyond second portion of duoden		\$207.08	\$207.08
44380	ileoscopy, through stoma; diagnostic, with or without collection of specimer		\$53.16	\$53.16
44381	balloon dilation of small bowel using an endoscope which is inserted throug	yn abdominal opening	\$53.16	\$53.16
44382	ileoscopy, through stoma; with biopsy, single or multiple		\$63.93	\$63.93
44384	placement of stent in small bowel using an endoscope which is inserted th	rough abdominal opening	\$53.16	\$53.16
				+ · · ·
44385	endoscopic evaluation of small intestinal (abdominal or pelvic) pouch;		\$81.97	\$181.01
44388	colonoscopy through stoma; diagnostic, with or without collection of		\$127.76	\$251.42
44401	destruction of large bowel growths using an endoscope which is inserted the	nrough abdominal opening	\$127.76	\$251.42
44402	stent placement in large bowel using an endoscope which is inserted throu	ah abdominal opening	\$127.76	\$251.42
	sont placement in large bower doing an endoscope which is liselled through	gir abdorninai openning	ψι21.10	ψ201.42

	Nurse Practitioner Fee Schedule Provider Specialty 061		
	Effective Date: 1/1/2015		
	on of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billi licaid and Health Choice Clinical Policies on the DMA Web Site.	ng Guide	
	hould always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	r additions,	
changes an	d deletion to this schedule.		
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44403	resection of large bowel tissue using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44404 44405	injections of large bowel using an endoscope which is inserted through abdominal opening balloon dilation of large bowel using an endoscope which is inserted through abdominal opening	\$127.76 \$127.76	\$251.42 \$251.42
44405	balloon dilation of large bower using an endoscope which is inserted through abdominal opening	\$127.70	φ231.42
44406	ultrasound examination of large bowel using an endoscope which is inserted through abdominal	\$127.76	\$251.42
44407	opening ultrasound guided fine needle aspiration/biopsies of large bowel using an endoscope which is	\$127.76	\$251.42
11107	inserted through abdominal opening	φ121.10	φ201.42
44408	decompression of large bowel using an endoscope which is inserted through abdominal opening	\$127.76	\$251.42
44500	introduction of long gastrointestinal tube (eg, miller-abbott)	\$20.44	\$20.44
44602	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$997.36	
44603	suture of small intestine (enterorrhaphy) for perforated ulcer,	\$1,142.85	\$1,142.85
44604 44605	suture of large intestine (colorrhaphy) for perforated ulcer, repair bowel lesion	\$765.63 \$943.65	\$765.63 \$943.65
44605	intestinal stricturoplasty (enterotomy and enterorrhaphy) with	\$777.31	\$777.31
44620	repair bowel opening	\$620.47	\$620.47
44625	closure of enterostomy, large or small intestine; with resection and	\$735.19	\$735.19
44626 44640	closure of enterostomy, large or small intestine; with resection and colorectal repair bowel-skin fistula	\$1,169.87 \$1,020.31	\$1,169.87 \$1,020.31
44650	repair bowel istula	\$1,061.08	\$1,061.08
44660	repair bowel-bladder fistula	\$1,028.09	\$1,028.09
44661	closure of enterovesical fistula; with intestine and/or bladder resection	\$1,153.36	\$1,153.36
44680 44700	surgical folding intestine exclusion of small intestine from pelvis by mesh or other prosthesis, or native	\$767.68 \$743.38	\$767.68 \$743.38
44701	intraoperative colonic lavage (list separately in addition to code for primary	\$125.47	\$125.47
44800	excision bowel pouch	\$545.41	\$545.41
44820 44850	excision mesentery lesion	\$603.02 \$532.05	\$603.02 \$532.05
44850	repair of mesentery incision and drainage of appendiceal abscess; open	\$545.27	\$545.27
44950	appendectomy	\$461.90	\$461.90
44960	appendectomy for rupt appen w/abscess or generaliz	\$622.29	\$622.29
44970 45000	laparoscopy, surgical, appendectomy transrectal drainage of pelvic abscess	\$424.10 \$295.68	\$424.10 \$295.68
45005	drainage of rectal abscess	\$109.48	\$175.51
45020	drainage of rectal abscess	\$386.36	\$386.36
45100	biopsy of rectum	\$204.85	
45108 45110	anorectal myomectomy proctectomy; complete, combined abdominoperineal, with colostomy	\$249.63 \$1,334.22	\$249.63 \$1,334.22
45111	proctectomy; partial resection of rectum, transabdominal approach	\$783.60	
45112	proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal	\$1,377.84	\$1,377.84
45113 45114	proctectomy, partial, with rectal mucosectomy, ileoanal	\$1,411.52 \$1,289.87	\$1,411.52 \$1,289.87
45114 45116	proctectomy, partial, with anastomosis; abdominal and transsacral approach partial removal of rectum	\$1,289.87	\$1,289.87
45119	proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal	\$1,413.82	\$1,413.82
45120	proctectomy, complete (for congenital megacolon), abdominal and perineal	\$1,129.27	\$1,129.27
45121 45123	proctectomy, complete (for congenital megacolon), abdominal and perineal proctectomy, partial, without anastomosis, perineal approach	\$1,236.07 \$800.98	\$1,236.07 \$800.98
45126	pelvic exenteration for colorectal malignancy, with proctectomy (with or	\$2,088.45	\$2,088.45
45130	excision of rectal prolapse	\$783.41	\$783.41
45135 45136	excision of rectal prolapse	\$958.84 \$1,327.35	\$958.84 \$1 227 25
45136 45150	excision of ileoanal reservoir with ileostomy excision rectal stricture	\$1,327.35	\$1,327.35 \$284.12
45160	excision of rectal lesion	\$712.06	
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	\$354.21	\$354.21
45172 45190	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) destruction of rectal tumor (eg, electrodessication, electrosurgery, laser	\$486.76 \$483.11	\$486.76 \$483.11
45190	proctosigmoidoscopy, rigid; diagnostic, with or without collection of	\$36.71	\$76.45
45303	proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	\$62.83	\$584.02
45307	proctosigm w/removal of foreign body	\$71.43	\$139.13

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
	-	Effective Date: 1/1/2015		
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changes an	d deletior	n to this schedule.		
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45317		proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar	\$84.35	\$149.82
45330 45331		sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) sigmoidoscopy, flexible; with biopsy, single or multiple	\$47.36 \$57.49	\$98.55 \$125.20
45333		sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s)	\$83.88	\$206.69
45334		sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar	\$127.25	\$127.25
45335		sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	\$70.04	\$176.64
45340		sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	\$88.30	\$313.50
45346 45347		destruction of polyps or growths of large bowel using an endoscope placement of stent in large bowel using an endoscope	\$47.36 \$47.36	\$98.55 \$98.55
45347	1	removal of large bowel tissue using an endoscope	\$47.36	\$98.55
45350		rubber banding of large bowel using an endoscope	\$47.36	\$98.55
45379		colonoscopy fiberoptic beyond splenic flexure w/re	\$209.44	\$370.59
45381		colonoscopy, flexible, proximal to splenic flexure; with directed submucosal	\$190.66	\$340.90
45382		colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	\$257.42	\$461.64
45386 45388		colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 destruction of large bowel growths using an endoscope	\$205.56 \$167.15	\$484.48 \$291.93
45389		stent placement of large bowel using an endoscope	\$167.15	\$291.93
45390		removal of large bowel tissue using an endoscope	\$167.15	\$291.93
45393		decompression of large bowel using an endoscope	\$167.15	\$291.93
45395		colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other	\$1,441.79	\$1,441.79
45397 45398		colonoscopy through stoma; with transendoscopic stent placement (includes tying of large bowel using an endoscope	\$1,562.95 \$167.15	\$1,562.95 \$291.93
45398		laparoscopy, surgical; proctopexy (for prolapse)	\$832.75	\$832.75
45402		laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	\$1,114.89	\$1,114.89
45500		repair of rectum	\$364.90	\$364.90
45505		repair of rectum	\$399.90	\$399.90
45540 45541		fixation of rectal prolapse proctopexy for prolapse perineal approach	\$768.75 \$659.28	\$768.75 \$659.28
45550		fixation of rectal prolapse	\$1,057.10	\$1,057.10
45560		repair rectocele separate procedure	\$521.48	\$521.48
45562		exploration, repair, and presacral drainage for rectal injury;	\$800.00	\$800.00
45563		exploration, repair, and presacral drainage for rectal injury;	\$1,159.53	\$1,159.53
45800		repair rectobladder fistula	\$898.62	\$898.62
45805 45820		repair rectobladder fistula repair rectourethral fistula	\$1,015.85 \$892.55	\$1,015.85 \$892.55
45825		repair rectourethral fistula	\$1,073.91	\$1,073.91
45900		reduction of rectal prolapse	\$141.15	\$141.15
45905		dilation of anal sphincter	\$119.54	\$119.54
45910		dilation rectal narrowing	\$141.68	\$141.68
45915 46020		removal rectal obstruction placement of seton	\$158.67 \$156.40	\$218.82 \$177.67
46020		removal of anal seton, other marker	\$156.40	\$88.86
46040	<u> </u>	incision of rectal abscess	\$280.36	\$345.82
46045		drainage transanal abscess under anesthesia	\$289.26	\$289.26
46050		incision anal abscess	\$65.57	\$122.65
46060 46070		incision and drainage of ischiorectal or intramural abscess, with fistulectomy incision anal septum	\$318.23 \$161.67	\$318.23 \$161.67
46070		incision anal sphincter	\$161.67 \$113.53	\$161.93
46083		incision and spinneed	\$75.76	\$121.64
46200		removal anal fissure	\$210.92	\$270.23
46220		papillectomy or excision of single tab anus	\$81.26	\$129.93
46221		hemorrhoidectomy by simple ligature	\$128.54	\$170.51
46230 46250		removal of anal tab hemorrhoidectomy	\$121.86 \$214.21	\$178.93 \$297.59
46250		hemorrhoidectomy	\$214.21 \$244.04	\$297.55
46257		hemorrhoidectomy with fissurectomy	\$285.34	\$285.34
46258		hemorrhoidectomy with fistulectomy	\$312.08	\$312.08
46260		hemorrhoidectomy	\$324.52	\$324.52
46261 46262		hemorrhoidectomy int and external complex or exten	\$363.13	\$363.13
		hemorrhoidectomy int and ext complx or exten w/fis	\$378.82 \$256.69	\$378.82 \$322.15

		Nurse Practitioner Fee Schedule		
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		Effective Date: 1/1/2015		
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and the wee	aicaid and	i Health Choice Chinical Policies on the DMA web Site.		
Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions.	
		to this schedule.		
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46275		removal anal fistula	\$275.48	\$341.50
46280		surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or	\$315.89	\$315.89
46285		removal anal fistula	\$271.99	\$332.14
46288		closure of anal fistula with rectal advancement flap	\$373.88	\$373.88
46320		removal hemorrhoid clot	\$77.34	\$117.63
46500		injection treatment of anus	\$87.36	\$142.46
46505 46600		chemodenervation of internal anal sphincter anoscopy; diagnostic, with or without collection of specimen(s) by brushing or	\$159.73 \$27.95	\$187.71 \$57.04
46600		diagnostic examination of anus with magnification and chemical agent enhancement using an	\$27.95	\$57.04
10001		endoscope	φ21.30	ψ07.04
46604		anoscopy; with dilation (eg, balloon, guide wire, bougie)	\$48.56	\$350.42
46606		anoscopy; with biopsy, single or multiple	\$53.69	\$145.44
46607		biopsies of anus with magnification and chemical agent enhancement using an endoscope	\$27.95	\$57.04
46608		anoscopy;	\$59.17	\$150.38
46610 46612		anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy anoscopy; with removal of multiple tumors, polyps, or other lesions by hot	\$58.66 \$71.72	\$148.74 \$178.31
46614		anoscopy, with removal of highlight tamors, polyps, of other resions by not	\$51.15	\$90.59
46700		repair anal stricture	\$450.94	\$450.94
46705		repair of anal stricture	\$370.88	\$370.88
46706		repair of anal fistula with fibrin glue	\$119.11	\$119.11
46707		Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	\$272.30	\$272.30
46710 46712		repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch adva	\$768.64 \$1,571.69	\$768.64 \$1,571.69
46712		repair of low imperforate anus; with anoperineal fistula ("cut-back"	\$367.10	\$367.10
46716		repair of low imperforate anus; with transposition of anoperineal or	\$895.59	\$895.59
46730		repair of high imperforate anus without fistula; perineal or sacroperineal	\$1,363.24	\$1,363.24
46735		repair of high imperforate anus without fistula; combined transabdominal and	\$1,592.99	\$1,592.99
46740		construction of anus	\$1,464.50	\$1,464.50
46742 46744		repair of high imperforate anus with rectourethral or rectovaginal	\$1,731.40 \$2,474.09	\$1,731.40 \$2,474.09
46746		repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, repair of cloacal anomaly by anorectovaginoplasty and urethroplasty,	\$2,854.17	\$2,854.17
46748		repair of cloacal anomaly by anorectovaginoplasty and arethroplasty,	\$2,983.61	\$2,983.61
46750		repair anal sphincter	\$545.77	\$545.77
46751		repair anal sphincter	\$452.08	\$452.08
46753		reconstruction of anus	\$411.77	\$411.77
46754 46760		removal of suture from anus repair anal sphincter	\$150.61 \$772.56	\$193.98 \$772.56
46760		sphincteroplasty, levatormuscle imbrication	\$668.60	
46762		sphincteroplasty w/ artificial sphincter	\$658.51	\$658.51
46900		removal of anal warty growth	\$98.23	\$156.14
46910		removal of anal warty growth	\$94.07	\$162.61
46916		destruction anal lesion, simple; cryosurgery	\$103.17	\$161.09
46917 46922		destruction of lesion(s), anus (eg, condyloma, papilloma, destruction anal lesion, simple; surgical excision	\$94.74 \$94.09	\$306.79 \$169.34
46922 46924		destruction anal lesion, simple; surgical excision destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum	\$94.09 \$131.58	\$169.32 \$348.96
46930		destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequer	\$108.72	\$149.28
46940		curettage or cautery of anal fissure, including dilation of anal sphincter	\$105.09	\$148.18
46942		treatment of anal fissure	\$93.33	\$136.98
46945		ligation of internal hemorrhoids;	\$146.96	\$189.48
46946		ligation of internal hemorrhoids;	\$156.00 \$266.03	\$205.79 \$266.03
46947 47010		hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling hepatotomy; for open drainage of abscess or cyst, one or two stages	\$266.03 \$856.43	\$266.03
47010		laparotomy, with aspiration and/or injection of hepatic	\$812.72	\$812.72
47100		biopsy of liver, wedge	\$594.35	\$594.35
47120		partial removal of liver	\$1,678.04	\$1,678.04
47122		resection of liver, trisegmentectomy	\$2,500.04	\$2,500.04
47125		partial removal of liver	\$2,238.77	\$2,238.77
47130		partial removal of liver	\$2,407.52	\$2,407.52
47135 47136	-	liver allotransplantation; orthotopic, partial or whole, from cadaver or living liver allotransplantation;	\$3,542.03 \$3,019.77	\$3,542.03 \$3,019.77
47300		treatment,liver lesion	\$799.68	\$799.68

		Nurse Practitioner Fee Schedule		
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		vays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for n to this schedule.	additions,	
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The ree s	scheaule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	uaea on this tee s	cneaule
47350		management of liver hemorrhage; simple suture of liver wound or injury	\$981.90	\$981.90
47360		management of liver hemorrhage; complex suture of liver wound or injury, with	\$1,337.38	\$1,337.38
47361		management of liver hemorrhage; exploration of hepatic wound, extensive	\$2,200.80	\$2,200.80
47362 47370		management of liver hemorrhage; re-exploration of hepatic wound for removal of laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	\$1,019.12 \$898.33	\$1,019.12 \$898.33
47371		laparoscopy, surgical, ablation of one or more liver tumor(s); revolution equation	\$914.39	\$914.39
47380		ablation, open, of one or more liver tumor(s); radiofrequency	\$1,050.71	\$1,050.71
47381		ablation, open, of one or more liver tumor(s); cryosurgical	\$1,070.86	\$1,070.86
47382		ablation, one or more liver tumor(s), percutaneous, radiofrequency	\$663.58	\$663.58
47383 47400		destruction of 1 or more liver growths, accessed through the skin incision of bile duct	\$410.78 \$1,526.61	\$5,986.70 \$1.526.61
47400		choledochotomy or choledochostomy with exploration, drainage, or removal of	\$1,526.61	\$1,526.61
47425		incision of bile duct	\$971.21	\$971.21
47460		transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal	\$915.92	\$915.92
47480		incision of gallbladder	\$608.96	\$608.96
47490 47505		percutaneous cholecystostomy inj proc cholangiography thru existing cath	\$408.10 \$31.86	\$408.10 \$31.86
47505		introduction transhepatic cath or stent	\$31.86	\$387.17
47511		intro transhepatic stent for biliary drainage	\$487.78	\$487.78
47525		change percutaneous biliary drainage catheter	\$99.62	\$440.09
47530		revision and/or reinsertion of transhepatic tube	\$290.85	\$1,067.19
47562		laparoscopy, surgical; cholecystectomy	\$528.57	\$528.57
47563 47564		laparoscopy, surgical; cholecystectomy with cholangiography laparoscopy, surgical; cholecystectomy with exploration of common duct	\$541.29 \$626.04	\$541.29 \$626.04
47570		laparoscopy, surgical; cholecystoenterostomy	\$558.66	\$558.66
47600		removal of gallbladder	\$759.00	\$759.00
47605		removal of gallbladder	\$702.36	\$702.36
47610		removal of gallbladder	\$901.29	\$901.29
47612 47620		cholecystectomy w/ choledochoenterostomy removal of gallbladder	\$910.70 \$988.73	\$910.70 \$988.73
47630		biliary duct stone ext percut via t-tube tract	\$442.34	\$442.34
47700		explor for cong atresia bile ducts with or w/o liv	\$748.58	\$748.58
47701		portoenterostomy	\$1,288.65	\$1,288.65
47711		excision of bile duct tumor, with or without primary repair of bile duct;	\$1,118.75	\$1,118.75
47712 47715		excision of bile duct tumor, with or without primary repair of bile duct; excision of choledochal cyst	\$1,433.69 \$939.81	\$1,433.69 \$939.81
47720		fusion gallbladder & bowel	\$811.38	\$811.38
47721		cholecystoenterostomy w/gastroenterostomy	\$958.07	\$958.07
47740		fusion gallbladder & bowel	\$925.71	\$925.71
47741		cholecystoenterostomy;	\$1,049.16	\$1,049.16
47760 47765		anastomosis, of extrahepatic biliary ducts and gastrointestinal tract anastomosis, of intrahepatic ducts and gastrointestinal tract	\$1,582.51 \$2,090.88	\$1,582.51 \$2,090.88
47765		fusion bile ducts and bowel	\$2,090.88	\$2,090.88
47785		anastomosis, roux-en-y, of intrahepatic biliary ducts and	\$2,258.26	\$2,258.26
47800		reconstruction of bile ducts	\$1,129.73	\$1,129.73
47801		placement of choledochal stent	\$796.80	\$796.80
47802 47900		u-tube hepaticoenterostomy suture of extrahepatic biliary duct for pre-existing injury	\$1,084.10 \$977.07	\$1,084.10 \$977.07
47900		placement of drains, peripancreatic, for acute pancreatitis;	\$977.07 \$1,355.87	\$977.07 \$1,355.87
48001		placement of drains, peripancreatic, for acute pancreatitis;	\$1,667.70	\$1,667.70
48020		removal of pancreatic stone	\$835.00	\$835.00
48100		biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge	\$633.83	\$633.83
48102		biopsy pancreas needle percutaneous	\$204.54	\$406.53
48105 48120		resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis. removal pancreas lesion	\$2,055.89 \$792.43	\$2,055.89 \$792.43
48120		pancreatectomy, distal subtotal, with or without splenectomy; without	\$1,122.43	\$1,122.41
48145		partial removal of pancreas	\$1,165.76	\$1,165.76
48146		pancreatectomy, distal, near-total with preservation of duodenum	\$1,329.01	\$1,329.01
48148		excision of ampulla of vater	\$882.61	\$882.61
48150		pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,	\$2,246.16	\$2,246.16
48152		pancreatectomy, proximal subtotal with total duodenectomy,	\$2,076.53	\$2,076.53

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		ays bin then usual and customary charges. Please use the monthly NC medicald bulletins for a 1 to this schedule.	danions,	
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48153		pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,243.13	\$2,243.13
48154		pancreatectomy, proximal subtotal with near-total duodenectomy,	\$2,082.01	\$2,082.01
48155		removal of pancreas	\$1,288.69	\$1,288.69
48500 48510		marsupialization of pancreatic cyst external drainage, pseudocyst of pancreas; open	\$806.92 \$766.19	\$806.92 \$766.19
48520		fusion pancreas cyst - bowel	\$783.25	\$783.25
48540		fusion pancreas cyst - bowel	\$936.67	\$936.67
48545		pancreatorrhaphy for injury	\$948.19	\$948.19
48547		duodenal exclusion with gastrojejunostomy for pancreatic injury	\$1,279.81	\$1,279.81
48548 49000		pancreaticojejunostomy, side-to-side anastomisis (puestow-type operation) exploration of abdomen	\$1,198.07 \$556.74	\$1,198.07 \$556.74
49000		reexploration of abdomen	\$556.74 \$732.19	\$556.74
49010		exploration of abdomen	\$690.74	\$690.74
49020		drainage of peritoneal abscess or localized peritonitis, exclusive of	\$1,143.06	\$1,143.06
49040		drainage of subdiaphragmatic or subphrenic abscess; open	\$716.06	\$716.06
49060		drainage of retroperitoneal abscess; open	\$801.60	\$801.60
49062 49082		drainage of extraperitoneal lymphocele to peritoneal cavity, open abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	\$544.29 \$39.71	\$544.29 \$92.36
49083		abdominal paracentesis (diagnostic of therapeutic); with imaging guidance	\$61.24	\$174.37
49084		peritoneal lavage, including imaging guidance, when performed	\$56.09	\$56.09
49180		needle biopsy retroperitoneal mass percutaneous	\$72.71	\$128.93
49203		excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, r	\$873.06	\$873.06
49204 49205		excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, r excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, r	\$1,115.77 \$1,278.01	\$1,115.77 \$1,278.01
49205		excision of presacral or sacroccygeal tumor	\$1,602.62	\$1,602.62
49220		staging laparotomy for hodgkins disease or lymphoma (includes splenectomy,	\$696.00	\$696.00
49250		excision of umbilicus	\$415.00	\$415.00
49255		removal of omentum	\$563.90	\$563.90
49320 49321		laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without	\$237.75 \$250.30	\$237.75 \$250.30
49321		laparoscopy, surgical; with biopsy (single or multiple) laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of	\$250.30	\$250.30
49323		laparoscopy, surgical, abdomen, peritoneum, and omentum; with drainage of	\$462.27	\$462.27
49324		laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent	\$283.37	\$283.37
49325		laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with remov	\$304.33	\$304.33
49326 49402		laparoscopy, surgical; with omentopexy (omental tacking procedure) (list separately in addition to code	\$140.87 \$614.81	\$140.87 \$614.81
49402		removal of peritoneal foreign body from peritoneal cavity fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$174.40	\$690.48
49406		fluid collection drainage by catheter using imaging guidance, accessed through the skin	\$174.68	
49407		fluid collection drainage by catheter using imaging guidance, accessed throug vagina or rectum	\$185.95	\$584.05
49418		insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal	\$187.50	\$1,216.02
49419		insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir,	\$328.31	\$328.31
49421 49422		insertion intraperitoneal cannula permanent removal of permanent intraperitoneal cannula or catheter	\$281.24 \$282.74	\$281.24 \$282.74
49422		exchange of previously placed abscess or cyst drainage catheter under	\$62.67	\$419.36
49424		contrast injection for assessment of abscess or cyst via previously placed	\$32.71	\$114.67
49425		insertion of peritoneal-venous shunt	\$551.93	\$551.93
49426		revision of peritoneal-venous shunt	\$470.14	\$470.14
49428 49429		ligation of peritoneal-venous shunt removal of peritoneal-venous shunt	\$316.09 \$334.31	\$316.09 \$334.31
49429 49436		delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or cathe	\$131.76	\$131.76
49440		insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance	\$189.25	\$818.99
49441		insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic	\$209.14	\$889.51
49442		insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic	\$172.86	\$796.73
49446		conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under	\$139.37	\$743.37
49450 49451		replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, replacement of duodenostomy or jejunostomy tube, percutaneous, under	\$55.81 \$77.63	\$553.79 \$528.31
49451		replacement of duddenostomy tube, percutaneous, under fluoroscopic	\$121.00	\$666.54
49460		mechanical removal of obstructive material from gastrostomy, duodenostomy,	\$39.78	\$606.02
49465		contrast injection(s) for radiological evaluation of existing gastrostomy,	\$26.04	\$127.59
49491		repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$555.23	\$555.23
49492		repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation	\$678.50	\$678.50

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40.405			\$000.40	\$ 000.40
49495 49496		repair, initial inguinal hernia, full term infant under age 6 months, or repair initial inguinal hernia, under age 6 months, with or	\$282.16 \$428.00	\$282.16 \$428.00
49500		repair initial inguinal hernia, age 6 months to under 5 years, with or without	\$280.15	
49501		repair initial inguinal hernia, age 6 months to under 5 years,	\$424.96	\$424.96
49505 49507		repair initial inguinal hernia, age 5 years or over; reducible repair initial inguinal hernia, age 5 years or over;	\$368.03 \$453.47	\$368.03 \$453.47
49520		repair recurrent inguinal hernia, any age; reducible	\$450.16	\$450.16
49521		repair recurrent inguinal hernia, any age;	\$549.50	\$549.50
49525 49540		repair inguinal hernia, sliding, any age repair lumbar hernia	\$406.83 \$481.56	\$406.83 \$481.56
49550		repair initial femoral hernia, any age, reducible;	\$408.84	\$408.84
49553		repair initial femoral hernia, any age;	\$447.56	\$447.56
49555 49557		repair recurrent femoral hernia; reducible repair recurrent femoral hernia;	\$425.71 \$517.37	\$425.71 \$517.37
49560		repair initial incisional or ventral hernia; reducible	\$529.08	\$529.08
49561		repair initial incisional hernia;	\$667.95	\$667.95
49565 49566		repair recurrent incisional or ventral hernia; reducible repair recurrent incisional hernia;	\$548.56 \$674.83	\$548.56 \$674.83
49570		repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	\$289.22	\$289.22
49572		repair epigastric hernia (eg, preperitoneal fat);	\$359.06	\$359.06
49580		repair umbilical hernia, under age 5 years; reducible	\$224.82	\$224.82
49582 49585		repair umbilical hernia, under age 5 years; repair umbilical hernia, age 5 years or over;	\$334.73 \$311.09	\$334.73 \$311.09
49587		repair umbilical hernia, age 5 years or over;	\$369.11	\$369.11
49590		repair abdominal hernia	\$405.36	
49600 49605		repair of small omphalocele, with primary closure repair of large omphalocele or gastroschisis; with or without prosthesis	\$523.29 \$3,627.30	\$523.29 \$3,627.30
49606		repair on phalocele stag clo prosth red op room ane	\$820.26	\$820.26
49610		repair umbilical hernia	\$486.82	\$486.82
49611		repair umbilical hernia	\$437.69	\$437.69
49650 49651		laparoscopy, surgical; repair initial inguinal hernia laparoscopy, surgical; repair recurrent inguinal hernia	\$302.65 \$391.48	\$302.65 \$391.48
49652		laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$570.48	\$570.48
49653		laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric	\$712.80	\$712.80
49654 49655		laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when	\$655.66 \$789.23	\$655.66 \$789.23
49656		laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$658.03	\$658.03
49657		laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh	\$950.48	
49900 49904		repair of abdominal wall omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall	\$581.19 \$1,082.04	
49904 50010		exploration of kidney	\$569.06	
50020		drainage of perirenal or renal abscess; open	\$812.65	\$812.65
50040		drainage of kidney	\$765.20	\$765.20
50045 50060		exploration of kidney removal of kidney stone	\$772.73 \$951.99	\$772.73 \$951.99
50065		incision of kidney	\$1,001.19	\$1,001.19
50070		incision of kidney	\$994.73	
50075 50080		removal of kidney stone percutaneous nephrostolithotomy, up to 2 cm	\$1,223.18 \$726.77	\$1,223.18 \$726.77
50080		percutaneous nephrostolithotomy, up to 2 cm	\$1,068.02	\$1,068.02
50100		revise kidney blood vessels	\$778.89	\$778.89
50120 50125		exploration of kidney exploration/drainage kidney	\$787.87 \$814.74	\$787.87 \$814.74
50125 50130		exploration/drainage kidney removal of kidney stone	\$814.74	\$814.74 \$862.22
50135		exploration of kidney	\$934.08	\$934.08
50205		biopsy of kidney	\$548.59	\$548.59
50220 50225		nephrectomy, including partial ureterectomy, any open approach including rib removal of kidney	\$849.01 \$983.91	\$849.01 \$983.91
50225	-	removal of kidney	\$1,067.07	\$963.91
50234		nephrectomy with total ureterectomy and bladder cu	\$1,083.16	\$1,083.16
50236		removal of kidney & ureter	\$1,225.38	\$1,225.38

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50240 50250		partial removal of kidney	\$1,100.55 \$1.020.88	\$1,100.55 \$1,020.88
50250		ablation, open, one or more renal mass lesion(s), cryosurgical, including in removal of kidney lesion	\$784.42	\$1,020.88
50290		excision of perinephric cyst	\$724.40	\$724.40
50320		donor nephrectomy, open from living donor (excluding preparation and	\$1,067.40	\$1,067.40
50340 50360		removal of kidney renal allotransplantation, implantation of graft; excluding donor and recipient	\$658.41 \$1,809.70	\$658.41 \$1,809.70
50365		transplantation of kidney	\$2,038.89	\$2,038.89
50370		removal of transplanted renal allograft	\$845.60	\$845.60
50380 50387		reimplantation of kidney removal and replacement of externally accessible transnephric ureteral stent	\$1,426.92 \$84.88	\$1,426.92 \$455.29
50387		removal and replacement of externally accessible transheprinc different stent	\$46.64	\$264.01
50390		drainage of kidney lesion	\$82.56	\$82.56
50392		drainage of kidney lesion	\$151.09	\$151.09
50393 50394		introduction ureteral cath or stent into ureter preparation for kidney x-ray	\$184.30 \$41.29	\$184.30 \$82.42
50398		change of kidney tube	\$62.67	\$407.89
50400		revision of kidney/ureter	\$961.48	\$961.48
50405		revision of kidney/ureter	\$1,166.57	\$1,166.57
50500 50520		repair of kidney wound closure kidney/skin fistula	\$932.24 \$861.94	\$932.24 \$861.94
50525		closure nephrovisceral fistula including visceral	\$1,078.59	\$1,078.59
50526		closure nephrovisceral fistula thoracic approach	\$1,130.48	\$1,130.48
50540 50541		revision of horseshoe kidney laparoscopy, surgical; ablation of renal cysts	\$942.26 \$767.47	\$942.26 \$767.47
50542		laparoscopy, surgical, ablation of renal cysts laparoscopy, surgical; ablation of renal mass lesion(s)	\$973.57	\$973.57
50543		laparoscopy, surgical; partial nephrectomy	\$1,242.53	\$1,242.53
50544		laparoscopy, surgical; pyeloplasty	\$1,047.97	\$1,047.97
50545 50546		laparoscopy, surgical; radical nephrectomy (includes removal of gerota's fascia	\$1,124.72 \$996.64	\$1,124.72 \$996.64
50546		laparoscopy, surgical; nephrectomy, including partial ureterectomy laparoscopy, surgical; donor nephrectomy from living donor (excluding	\$1,197.26	\$1,197.26
50548		laparoscopy, surgical; nephrectomy with total ureterectomy	\$1,134.25	\$1,134.25
50562		renal endoscopy through established nephrostomy or pyelostomy, with or without	\$493.61	\$493.61
50590 50592		lithotripsy shock wave (professional component) ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	\$467.69 \$303.64	\$751.07 \$2,781.75
50600		exploration of ureter	\$779.02	\$779.02
50605		ureterotomy for insertion of indwelling stent	\$751.00	\$751.00
50610		removal of stone, ureter	\$794.75	\$794.75
50620 50630		removal of stone, ureter removal of stone, ureter	\$753.81 \$735.23	\$753.81 \$735.23
50650		removal of ureter	\$859.60	\$859.60
50660		removal of ureter	\$950.84	\$950.84
50688 50700		change of ureter tube revision of ureter	\$65.28 \$769.67	\$65.28 \$769.67
50700	-	release of ureter	\$910.84	\$910.84
50722		release of ureter	\$792.34	\$792.34
50725		release/revision of ureter	\$905.80	\$905.80
50727 50728		revision urinary-cutaneous anastomosis revision of urinary-cutaneous anastomosis with repair	\$414.05 \$571.50	\$414.05 \$571.50
50740		fusion of ureter-kidney	\$891.74	\$891.74
50750		fusion of ureter-kidney	\$967.25	\$967.25
50760 50770		fusion of ureter splicing of ureters	\$902.71 \$937.53	\$902.71 \$937.53
50770		reimplant ureter in bladder	\$937.53	\$905.03
50782		ureteroneocystostomy; anastomosis	\$888.67	\$888.67
50783		ureteroneocystostomy; ureteral tailoring	\$922.31	\$922.31
50785 50800		reimplant ureter in bladder implant ureter in bowel	\$1,004.45 \$762.11	\$1,004.45 \$762.11
50810		ureterosigmoidostomy, with creation of sigmoid bladder and establishment of	\$1,004.18	\$1,004.18
50815		ureterocolon conduit, including intestine anastomosis	\$1,017.04	\$1,017.04
50820		ureteroileal conduit (ileal bladder), including intestine anastomosis (bricker	\$1,083.77	\$1,083.77

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50005			¢4 075 40	¢4.075.40
50825 50830		continent diversion, including intestine anastomosis using any segment of small urinary andiversion	\$1,375.49 \$1,494.00	\$1,375.49 \$1,494.00
50840		replacement of all or part of ureter by intestine segment, including intestine	\$1,023.54	\$1,023.54
50845		cutaneous appendico-vesicostomy	\$1,037.81	\$1,037.81
50860 50900		transplant of ureter to skin repair of ureter	\$786.32 \$691.80	\$786.32 \$691.80
50920		closure ureter/skin fistula	\$731.34	\$731.34
50930		closure ureter/bowel fistula	\$886.90	\$886.90
50940 50945		release of ureter laparoscopy, surgical, ureterolithotomy	\$735.85 \$817.21	\$735.85 \$817.21
50947		laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent	\$1,159.20	\$1,159.20
51020		cystotomy or cystostomy w/fulgration and/or insert	\$383.69	\$383.69
51030 51040		incision/treatment bladder incision of bladder	\$380.48 \$239.24	\$380.48 \$239.24
51045		incision of bladder	\$382.68	\$382.68
51050		removal of bladder stone	\$389.81	\$389.81
51060 51065		removal of ureteral stone cystotomy, with calculus basket extraction and/or ultrasonic or	\$480.38 \$477.21	\$480.38 \$477.21
51080		drainage of bladder abscess	\$333.78	\$333.78
51100		aspiration of bladder; by needle	\$32.39	\$49.45
51101		aspiration of bladder; by trocar or intracatheter	\$43.40	\$100.19
51102 51500		aspiration of bladder; with insertion of suprapubic catheter removal of bladder cyst	\$125.63 \$514.52	\$191.10 \$514.52
51520		removal of bladder lesion	\$484.26	\$484.26
51525		removal of bladder lesion	\$713.06	\$713.06
51530 51535		removal of bladder lesion revision of ureter lesion	\$635.36 \$645.40	\$635.36 \$645.40
51550		partial removal of bladder	\$784.57	\$784.57
51555		partial removal of bladder	\$1,043.86	\$1,043.86
51565		revision of bladder & ureter	\$1,067.08	\$1,067.08
51570 51575		removal of bladder cyctectomy w/bilat lymphadenectomy including hypog	\$1,219.28 \$1,524.25	\$1,219.28 \$1,524.25
51580		removal of bladder	\$1,587.95	\$1,587.95
51585		cyctectomy w/bilat lymph including hypogastric and	\$1,769.26	\$1,769.26
51590 51595		cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including cystectomy w/bilat lymph including hypogastric and	\$1,612.07 \$1,832.32	\$1,612.07 \$1,832.32
51596		cystectomy, complete, with continent diversion, any open technique, using any	\$1,969.33	\$1,969.33
51597		removal of pelvic structures	\$1,899.50	\$1,899.50
51600 51700		injection for bladder x-ray irrigation of bladder	\$37.28 \$37.28	\$151.97 \$70.29
51700		insertion of non-dwelling bladder catheter (eg, straight catheterization for	\$37.28	\$70.29
51702		insertion of temporary indwelling bladder catheter; simple (eg, foley)	\$24.84	\$62.33
51703		insertion of temporary indwelling bladder catheter; complicated (eg, altered	\$68.20 \$55.15	\$113.52 \$00.07
51705 51710		change of cystostomy tube; change of bladder tube	\$55.15 \$78.52	\$90.97 \$128.33
51725		simple cystometrogram	\$175.74	\$175.74
51726		complex cystometrogram with gas	\$254.64	\$254.64
51727 51727	26	complex cystometrogram (ie, calibrated electronic equipment); with urethral complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$178.10 \$67.10	\$178.10 \$67.10
51727	TC	complex cystometrogram (ie, calibrated electronic equipment); with urethral	\$111.00	\$111.00
51728		complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$178.01	\$178.01
51728 51728	26 TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$66.37 \$111.66	\$66.37 \$111.66
51728	10	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$111.66	\$111.00
51729	26	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$79.01	\$79.01
51729	TC	complex cystometrogram (ie, calibrated electronic equipment); with voiding	\$112.97	\$112.97
51736 51741		simpl uroglowmetry electronic uroflowmetry initial recording	\$43.38 \$69.03	\$43.38 \$69.03
51741	TC	electronic uroflowmetry initial recording	\$20.25	\$20.25
51741	26	electronic uroflowmetry initial recording	\$48.79	\$48.79
51784		electromyography studies (emg) of anal or urethral sphincter,	\$161.52	\$161.52

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51784	26	anal/urinary muscle study	\$64.51	\$64.51
51784	TC	anal/urinary muscle study	\$97.00	\$97.00
51785		needle electromyography studies (emg) of anal or urethral sphincter, any	\$175.04	\$175.04
51792 51798		stimulus evoked response measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	\$182.57 \$16.08	\$182.57 \$16.08
51800		cystoplasty or cystourethroplasty with or w/o res	\$866.81	\$866.81
51820		revision of urinary tract	\$883.84	\$883.84
51840		anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz, fixation of bladder/urethra	\$527.38	\$527.38 \$626.17
51841 51845		abdomino-vaginal vesical neck suspension	\$626.17 \$480.29	\$626.17 \$480.29
51860		repair of bladder wound	\$587.43	\$587.43
51865		repair of bladder wound	\$728.08	\$728.08
51880 51900		repair of bladder opening repair bladder/vagina lesion	\$380.67 \$675.15	\$380.67 \$675.15
51900		repair bladder/vagina lesion	\$623.97	\$623.97
51925		hysterectomy/bladder repair	\$813.68	\$813.68
51940		closure, exstrophy of bladder	\$1,337.11	\$1,337.11
51960 51980		enterocystoplasty, including intestinal anastomosis construct bladder opening	\$1,152.62 \$589.68	\$1,152.62 \$589.68
51990		laparoscopy, surgical; urethral suspension for stress incontinence	\$607.02	\$607.02
51992		laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or	\$662.58	\$662.58
52250		cystovre ins radioac sub w/wo biopsy o fulguration	\$204.87	\$204.87
52265 52332		local anesthesia cystourethroscopy w/intsert indw ureteral sternt	\$133.14 \$131.58	\$341.85 \$387.55
52356		crushing of stone in urinary duct (ureter) with stent using an endoscope	\$335.06	\$335.06
52400		cystourethroscopy with incision, fulguration, or resection of congenital	\$406.16	\$406.16
52450		transurethral incision of prostate	\$386.31	\$386.31
52500 52601		revision of bladder transurethral electrosurgical resection of prostate, including control of	\$403.67 \$687.74	\$403.67 \$687.74
52630		remove prostate regrowth	\$367.60	\$367.60
52640		relieve bladder contracture	\$250.26	\$250.26
52647		non-contact laser coagulation of prostate, including control	\$535.02	\$1,742.19
52648 52649		contact laser vaporization with or without transurethral laser enucleation of the prostate with morcellation, including control of postoperative bleeding, completed	\$571.12 \$816.40	\$1,780.51 \$816.40
52700		drainage of prostate abscess	\$358.88	\$358.88
53000		revision of urethra	\$122.43	\$122.43
53010 53040		revision of urethra drainage of urethra abscess	\$239.68 \$324.10	\$239.68 \$324.10
53040		drainage of urethra abscess	\$126.64	\$142.31
53080		drainage of urinary leakage	\$358.63	\$358.63
53085		drainage of urinary leakage	\$510.46	\$510.46
53210 53215		removal of urethra removal of urethra	\$638.74 \$776.32	\$638.74 \$776.32
53220		treatment of urethra lesion	\$372.26	\$372.26
53230		removal of urethra lesion	\$496.75	\$496.75
53235		removal of urethra lesion	\$528.30	\$528.30
53240 53250		revision of urethral pouch removal of urethral gland	\$354.24 \$328.62	\$354.24 \$328.62
53260		treatment of urethral lesion	\$145.04	\$163.23
53265		treatment of urethral lesion	\$152.45	\$180.98
53270		removal of urethral gland	\$149.32	\$166.39
53275 53400		repair of urethral defect revision urethra, 1st stage	\$220.10 \$664.01	\$220.10 \$664.01
53400		revision urethra, 2nd stage	\$731.61	\$731.61
53410		reconstruction of urethra	\$816.80	\$816.80
53415		urethroplasty, transpubic, one stage	\$942.66	\$942.66
53420 53425		revision urethra, 1st stage revision urethra, 2nd stage	\$670.51 \$786.91	\$670.51 \$786.91
53425		reconstruction of urethra	\$785.58	\$785.58
53431		urethroplasty with tubularization of posterior urethra and/or lower bladder for	\$963.54	\$963.54
53440		operation for correction of male urinary incontinence, with	\$728.27	\$728.27

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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changes an	u uelelloi			
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
53442		removal or revision of sling for male urinary incontinence (eg, fascia or	\$640.92	\$640.92
53444		insertion of tandem cuff (dual cuff)	\$662.59	\$662.59
53445 53446		insertion of inflatable urethral/bladder neck sphincter, including placement of removal of inflatable urethral/bladder neck sphincter, including pump,	\$731.06 \$533.97	\$731.06 \$533.97
53447		removal and replacement of inflatable urethral/bladder neck sphincter including	\$676.13	\$676.13
53448		removal and replacement of inflatable urethral/bladder neck sphincter including	\$1,070.19	\$1,070.19
53449 53450		repair of inflatable urethral/bladder neck sphincter, including pump, revision of urethra	\$507.80 \$337.26	\$507.80 \$337.26
53450		revision of urethra	\$379.15	\$379.15
53500		urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg,	\$610.72	\$610.72
53502		urethrorrhaphy female	\$401.09	\$401.09
53505 53510		repair of urethra injury repair of urethra injury	\$402.90 \$524.69	\$402.90 \$524.69
53515		repair of urethra injury	\$662.53	\$662.53
53520		repair of urethra defect	\$460.10	\$460.10
53850		transurethral destruction of prostate tissue; by microwave thermotherapy	\$472.20	\$1,995.20
53852 54000		transurethral destruction of prostate tissue; by radiofrequency thermotherapy slitting of prepuce, dorsal or lateral (separate procedure);	\$513.80 \$87.90	\$1,922.10 \$127.06
54001		slitting of prepuce, dorsal or lateral (separate procedure);	\$113.64	\$156.72
54015		incision and drainage of penis deep	\$257.18	\$257.18
54050 54055		treatment of penis lesion treatment of penis lesion	\$76.84 \$70.91	\$95.87
54055		destruction of lesion, penis, simple; cryosurgery	\$70.91	\$91.61 \$99.97
54057		destruction of lesion, penis, simple; laser	\$74.53	\$109.77
54060		treatment of penis lesion	\$104.28	\$148.75
54065 54105		destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum biopsy of penis	\$127.49 \$178.09	\$163.57 \$226.21
54110		treatment of penis lesion	\$517.22	\$517.22
54111		excision of penile plaque with graft to 5cm	\$669.09	\$669.09
54112		excision of penile plaque with graft more than 5cm	\$785.44	\$785.44
54115 54120		removal foreign body from deep penile tissue partial amputation of penis	\$347.11 \$523.10	\$370.62 \$523.10
54125		amputation of penis	\$675.09	\$675.09
54130		amputation of penis	\$999.81	\$999.81
54135 54161		amputation penis w/bilateral lymph include hypogas circumcision	\$1,270.06 \$163.22	\$1,270.06 \$163.22
54161		lysis or excision of penile post-circumcision adhesions	\$162.23	\$103.22
54163		repair incomplete circumcision	\$179.02	\$179.02
54164		frenulotomy of penis	\$157.45	\$157.45
54200 54205		injection procedure for peyronie disease; treatment of penis lesion	\$68.89 \$443.72	\$89.31 \$443.72
54205		ing procedure for corpora cavernosgraphy	\$66.59	\$80.30
54240		penile plethysmography	\$83.44	\$83.44
54300		revision of penis	\$538.78	\$538.78
54304 54308		plastic operation on penis for correct of chordee urethroplasty second stage hypospadias less th 3cm	\$631.39 \$601.17	\$631.39 \$601.17
54312		urethroplasty for hypospadias repair more than 3cm	\$694.76	\$694.76
54316		urethroplasty for hypospadias repair with graft	\$841.26	\$841.26
54318 54322		urethroplasty for hypospadias to release penis hypospadias repair with meatal advancement	\$605.63 \$657.82	\$605.63 \$657.82
54322		hypospadias repair with urethroplasty by flaps	\$817.80	\$817.80
54326		hypospadias repair with urethroplasty by flaps/mob	\$769.30	\$769.30
54328		hypospadias with urethroplasty to correct chordee	\$779.67	\$779.67
54332 54336		penile hypospadias repair dissection to corr chord hypospadias repair to corrt chordee and urethropla	\$852.34 \$968.61	\$852.34 \$968.61
54340		repair hypospadias complications, simple	\$467.71	\$467.71
54344		repair hypospadias complications mobilization graf	\$807.01	\$807.01
54348		repair hypospadias compli dissection and urethropl	\$856.80	\$856.80
54352 54360		repair of hypospadias cripple requiring dissection plasti operation on penis to correct angulation	\$1,208.74 \$606.00	\$1,208.74 \$606.00
54380		revision of penis	\$671.56	\$671.56

		Nurse Practitioner Fee Schedule Provider Specialty 061		
		Effective Date: 1/1/2015		
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changes an	la deletion			
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54385		revise penis/bladder defect	\$810.67	\$810.67
54390		revise penis/bladder defect	\$988.87	\$988.87
54406 54415		removal of all components of a multi-component, inflatable penile prosthesis removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile	\$608.32 \$436.34	\$608.32 \$436.34
54420		revision of penis	\$589.43	\$589.43
54430		revision of penis	\$533.77	\$533.77
54435 54440		corpora cavernosa-glans penis fistulization revision of penis	\$344.90 \$729.31	\$344.90 \$729.31
54450		foreskin manipulation	\$49.39	\$60.59
54505		biopsy of testis	\$176.70	\$176.70
54512 54520		excision of extraparenchymal lesion of testis removal of testis	\$444.46 \$268.80	\$444.46 \$268.80
54522		orchiectomy, partial	\$482.67	\$482.67
54530		removal of testis	\$419.62	\$419.62
54535 54550		extensive testis surgery exploration for testis	\$610.71 \$405.04	\$610.71 \$405.04
54560		exploration for testis	\$553.30	\$553.30
54600		reduce testis torsion	\$374.34	\$374.34
54620 54640		fixation of testis	\$251.56 \$384.35	\$251.56 \$384.35
54640 54650		orchiopexy, inguinal approach, with or without hernia repair orchiopexy, abdominal approach, for intra-abdominal testis	\$384.35	\$589.66
54670		repair testis injury	\$334.17	\$334.17
54680		relocation of testis(es)	\$651.65	\$651.65
54690 54692		laparoscopy, surgical; orchiectomy laparoscopy, surgical; orchiopexy for intra-abdominal testis	\$526.78 \$643.63	\$526.78 \$643.63
54700		drainage of scrotum	\$174.32	\$174.32
54830		remove epididymis lesion	\$304.10	\$304.10
54840 54860		remove epididymis lesion removal of epididymis	\$267.08 \$345.05	\$267.08 \$345.05
54861		removal of epididymes	\$467.13	\$467.13
54865		exploration of epididymis, with or without biopsy	\$293.58	\$293.58
55040		removal of hydrocele	\$277.58	\$277.58
55041 55060		removal of hydroceles repair of hydrocele	\$418.05 \$310.42	\$418.05 \$310.42
55100		drainage of scrotum abscess	\$131.52	\$174.88
55110		scrotal exploration	\$315.85	\$315.85
55120 55150		removal of scrotum lesion removal of scrotum	\$289.63 \$400.43	\$289.63 \$400.43
55175		scrotoplasty; simple	\$297.14	\$297.14
55180		scrotoplasty; complicated	\$566.23	\$566.23
55200 55250		incision of sperm duct removal of sperm duct(s)	\$227.76 \$186.06	\$396.45 \$348.60
55250 55450		ligation of sperm duct(s)	\$186.06	\$348.60
55500		removal of hydrocele	\$308.11	\$308.11
55520		removal of sperm cord lesion	\$317.41	\$317.41
55530 55535		revise spermatic cord veins revise spermatic cord veins	\$291.22 \$352.41	\$291.22 \$352.41
55540		revise hernia & sperm veins	\$385.20	\$385.20
55550		laparoscopy, surgical, with ligation of spermatic veins for varicocele	\$349.04	\$349.04
55600 55650		incise sperm duct pouch remove sperm duct pouch	\$351.53 \$592.41	\$351.53 \$592.41
55680		remove sperm pouch lesion	\$279.91	\$279.91
55705		biopsy of prostate	\$223.83	\$223.83
55720 55725		drainage of prostate abscess drainage of prostate abscess	\$383.07 \$486.29	\$383.07 \$486.29
55725		removal of prostate	\$486.29 \$905.83	\$486.29
55810		removal of prostate	\$1,096.49	\$1,096.49
55812		prostatectomy w lymph node biopsy	\$1,347.67	\$1,347.67
55815 55821		prostatectomy perineal w pelvic lymphadenectomy removal of prostate	\$1,478.60 \$728.48	\$1,478.60 \$728.48
55831		removal of prostate	\$789.68	\$789.68

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		
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	d deletion to this schedule.	,	
*** The fee s	schedule include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not include	ded on this fee s	chedule
55840	prostatectomy, retropubic radical, with or without nerve sparing;	\$1,118.64	\$1,118.64
55842	prostatectomy, retropuble radical, with or without nerve sparing,	\$1,199.02	\$1,199.02
55845	extensive prostate surgery	\$1,372.39	\$1,372.39
55860	exposure of prostate, any approach, for insertion of radioactive substance;	\$730.82	\$730.82
55862	exposure of prostate, any approach, for insertion of radioactive substance;	\$923.60	\$923.60
55865	exposure of prostate, any approach, for insertion of radioactive substance;	\$1,119.45	\$1,119.45
55866	laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	\$1,457.88	\$1,457.88
55873 55875	cryosurgical ablation of the prostate (includes ultrasonic guidance for	\$952.24 \$633.63	\$952.24
55875	transperineal placement of needles or catheters into prostate for interstitial radioelement application, w placement of needles or catheters into pelvic organs and/ or genitalia (except	\$633.63	\$633.63 \$358.13
56405	i and d of abscess, vulva/perineal	\$79.87	\$81.55
56420	drainage of vulva abscess	\$69.49	\$93.55
56440	marsupilization of bartholin's gland cyst	\$138.62	\$138.62
56441	lysis of labial adhesions	\$107.11	\$112.98
56501	destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery,	\$85.02	\$97.33
56515	destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery,	\$148.32	\$166.78
56620 56625	vulvectomy partial unilateral or bilateral external genital surgery	\$372.16 \$449.11	\$372.16 \$449.11
56630	vulvectomy radical without skin graft	\$658.02	\$658.02
56631	vulvectomy, radical, partial; w lymphadenectomy	\$837.56	\$837.56
56632	vulvectomy, radical, partial;	\$969.65	\$969.65
56633	vulvectomy, radical, complete	\$859.02	\$859.02
56634	vulvectomy, rad, complete; uni lymphadenectomy	\$907.47	\$907.47
56637	vulvectomy, radical, complete; w lymphadenectomy	\$1,073.19	\$1,073.19
56640 56700	vulvectomy radical with inguinofem iliac pelvic ly	\$1,070.63	\$1,070.63
56740	external genital surgery external genital surgery	\$140.20 \$224.80	\$140.20 \$224.80
56800	plastic repair of introitus	\$184.85	\$184.85
56805	clitoroplasty for intersex state	\$873.26	\$873.26
56810	perineoplasty, repair of perineum, non-ob	\$198.66	\$198.66
56820	colposcopy of the vulva;	\$65.05	\$83.52
56821	colposcopy of the vulva; with biopsy (s)	\$88.33	\$111.84
57000	drainage of pelvic lesion	\$144.49 \$324.88	\$144.49
57010 57022	colpotomy with drainage pelvic abscess incision and drainage of vaginal hematoma; obstetrical/postpartum	\$324.88	\$324.88 \$126.09
57022	incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma,	\$236.50	\$236.50
57061	destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery,	\$72.62	\$84.65
57065	destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery,	\$129.13	\$144.52
57105	biopsy of vagina	\$93.89	\$101.71
57106	vaginectomy, partial removal of vaginal wall;	\$357.99	\$357.99
57107	vaginectomy, partial removal of vaginal wall; with removal of paravaginal	\$1,065.19	
57109 57110	vaginectomy, partial removal of vaginal wall; with removal of paravaginal vaginectomy, complete removal of vaginal wall;	\$1,218.28 \$685.12	\$1,218.28 \$685.12
57110	vaginectomy, complete removal of vaginal wall, vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,230.66	\$1,230.66
57112	vaginectomy, complete removal of vaginal wall; with removal of paravaginal	\$1,307.13	\$1,307.13
57120	vaginal surgery	\$387.55	\$387.55
57130	vaginal surgery	\$121.88	\$136.15
57135	excision vaginal cyst or tumor	\$131.47	\$146.02
57150	treatment vaginal infection	\$23.01	\$38.11
57155 57160	insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy fitting and insertion of pessary or other intravaginal support device	\$321.03 \$36.95	\$321.03 \$57.93
57160	diaphram fitting with instructions	\$37.46	\$52.29
57180	intro of hemostatic agentor packn non-ob hemorrhag	\$80.85	\$106.30
57200	repair of vagina	\$223.45	\$223.45
57210	repair vagina/perineum	\$277.57	\$277.57
57220	revision of urethra	\$241.05	\$241.05
57230	revision of urethral lesion	\$301.98	\$301.98
57240	repair of bladder lesion	\$504.16	\$504.16
57250	posterior colporrhaphy repair rectocele with or w/	\$493.54 \$615.45	\$493.54
57260	extensive vaginal repair extensive vaginal repair	\$615.45 \$687.39	\$615.45 \$687.39

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	1
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changes an	d deletior	n to this schedule.		
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57267		insertion of mesh or other prosthesis for repair of pelvic floor defect, each	\$207.71	\$207.71
57268 57270		repair enterocele vaginal approach repair of visceral pouch	\$363.89 \$606.62	\$363.89 \$606.62
57280		fixation of vagina	\$737.99	\$737.99
57282		sacrospinous ligament fixation for prolapse	\$385.92	\$385.92
57283		colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	\$522.81	\$522.81
57284 57285		paravaginal defect repair (including repair of cystocele, stress urinary paravaginal defect repair (including repair for cystocele, if performed); vaginal approach	\$639.31 \$510.44	\$639.31 \$510.44
57285		removal or revision of sling for stress incontinence (eg, fascia or synthetic)	\$535.36	
57288		sling operation for stress incontinence	\$563.73	\$563.73
57289		pereyra procedure inc anterior colporrhaphy	\$592.48	\$592.48
57291		construction artificial vagina w/o graft	\$410.96 \$630.88	\$410.96
57292 57295		construction artificial vagina with graft revision (including removal) of prosthetic vaginal graft, vaginal approach	\$630.88	\$630.88 \$374.07
57296		revision (including removal) of prosthetic vaginal graft; open abdominal approach	\$722.50	\$722.50
57300		repair rectum/vagina lesion	\$402.36	\$402.36
57305		repair rectum/vagina lesion	\$673.98	\$673.98
57307 57308		repair rectum/vagina lesion	\$754.08 \$480.65	\$754.08 \$480.65
57308		closure of rectovaginal fistula; transperineal approach, with perineal body repair urethra/vagina lesion	\$400.05	\$374.66
57311		closure urethrovaginal fistula w/ bulbocavernosus	\$428.03	\$428.03
57320		repair bladder/vagina lesion	\$426.49	\$426.49
57330		repair bladder/vagina lesion	\$606.78	\$606.78
57335 57415		vaginoplasty for intersex state removal vag foreign body w anesth.	\$886.19 \$120.92	\$886.19 \$120.92
57420		colposcopy of the entire vagina, with cervix if present;	\$69.10	\$87.84
57421		colposcopy of the entire vagina, with cervix if present; with biopsy(s)	\$94.38	\$118.43
57423		paravaginal defect repair (including repair for cystocele, if performed); laparoscopic approach	\$706.06	\$706.06
57425 57426		laparoscopy, surgical, colpopexy (suspension of vaginal apex) Revision (including removal) or prosthetic vaginal graft, laparoscopic approach	\$744.69 \$522.02	\$744.69 \$522.02
57452		colposcopy of the cervix including upper/adjacent vagina;	\$70.08	\$82.66
57454		colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$104.65	\$117.24
57455		colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the	\$85.49	\$108.72
57456 57461		colposcopy of the cervix including upper/adjacent vagina; with endocervical colposcopy of the cervix including upper/adjacent vagina; with loop electrode	\$79.75 \$145.45	\$102.69 \$250.36
57500		biopsy single or multiple or local exc lesion with	\$56.77	\$98.46
57505		endocervical curettage	\$67.99	\$75.82
57510		cautery of cervix; electro or thermal	\$88.45	
57511 57513		cryocautry initial or repeat cervix uteri cauterization of cervix laser surgery	\$99.12 \$99.69	\$109.20 \$107.81
57520		conization of cervix laser surgery	\$99.69	
57522		conization of cervix, with or without fulguration, with	\$182.81	\$198.19
57530		removal of cervix	\$259.29	\$259.29
57531		radical trachelectomy, with bilateral total pelvic lymphadenectomy and	\$1,293.32 \$591.43	\$1,293.32
57540 57545		removal of cervix tissue remove cervix, repair pelvis	\$591.43 \$624.06	\$591.43 \$624.06
57550		removal of cervix tissue	\$306.76	1
57555		remove cervix, repair vagina	\$454.18	\$454.18
57556		cervix uteri with repair of enterocele	\$433.39	\$433.39
57558 57700		dilation and curettage of cervical stump revision of cervix	\$85.45 \$229.77	\$94.11 \$229.77
57720		revision of cervix	\$230.61	\$230.61
58100		endometrial sampling (biopsy) with or without endocervical sampling (biopsy),	\$67.35	\$83.30
58110		endometrial sampling (biopsy) performed in conjunction with colposcopy (list	\$32.01	\$37.32
58120 58140		d & c diag and or therapeutic myomectomy, excision of leiomyomata of uterus, single or multiple (separate	\$163.50 \$693.79	\$188.12 \$693.79
58140		removal of uterine lesion	\$693.79 \$410.39	
58146		myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas	\$884.26	\$884.26
58150		hysterectomy	\$752.09	\$752.09
58152		total abdominal hysterectomy (corpus and cervix), with or without removal of	\$949.54	\$949.54
58180		partial hysterectomy	\$722.11	\$722.11

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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50000			¢004.00	\$004.00
58200 58210		extensive uterine surgery extensive uterine surgery	\$994.90 \$1,325.51	\$994.90 \$1,325.51
58240		removal of pelvis contents	\$2,084.31	\$2,084.31
58260		hysterectomy	\$627.58	\$627.58
58262		vaginal hysterectomy w/ removal of tubes and ovary(s)	\$701.51	\$701.51
58263	1	vaginal hysterectomy w/ removal or tube/ovary & enterocele	\$756.00	\$756.00
58267		hysterectomy & repair vagina	\$803.38	\$803.38
58270		hysterectomy & repair vagina	\$672.68	\$672.68
58275		vaginal hysterectomy, with total or partial vaginectomy;	\$748.53	\$748.53
58280 58285		hysterectomy, revise vagina	\$801.07 \$1,005.92	\$801.07 \$1,005.92
58285 58290		hysterectomy vaginal hysterectomy, for uterus greater than 250 grams;	\$1,005.92	\$1,005.92 \$880.18
58291		vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$956.62	\$956.62
58292		vaginal hysterectomy, for uterus greater than 250 grams; with removal of	\$1,008.31	\$1,008.31
58293		vaginal hysterectomy, for uterus greater than 250 grams; with	\$1,047.05	\$1,047.05
58294	1	vaginal hysterectomy, for uterus greater than 250 grams; with repair of	\$930.04	\$930.04
58300		insert intrauterine device	\$42.64	\$59.14
58301		removal of iud	\$52.48	\$72.62
58346		insertion of heyman capsules for clinical brachytherapy	\$345.51	\$345.51
58353 58400		endometrial ablation, thermal, without hysteroscopic guidance fixation of uterus	\$167.69 \$338.97	\$836.60 \$338.97
58410		fixation of uterus	\$608.89	\$608.89
58520		repair of ruptured uterus	\$594.55	\$594.55
58540		revision of uterus	\$690.51	\$690.51
58541		laparoscopy, surgical, supracervcical hysterectomy, for uterus 250 g or less	\$651.08	\$651.08
58542		laparoscopy, surgical, supracervcical hysterectomy, for uterus 250 g or less with removal of tube(s) an	\$723.47	\$723.47
58543		laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$735.57	\$735.57
58544		laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g with removal of tube(s	\$795.20	\$795.20
58545		laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with	\$680.17	\$680.17
58546 58548		laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-	\$862.54 \$1,345.99	\$862.54 \$1,345.99
58550		laparoscopy, surgical, with radical hysterectomy, with bilateral total pende lymphadenectomy and para- laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$671.12	\$671.12
58552		laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	\$740.98	\$740.98
58553		laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$867.02	\$867.02
58554		laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250	\$993.59	\$993.59
58555		hysteroscopy, diagnostic (separate procedure)	\$146.15	\$181.96
58558		hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or	\$206.04	\$246.32
58559		hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	\$265.12	\$265.12
58560 58561		hysteroscopy, surgical; with division or resection of intrauterine septum (any hysteroscopy, surgical; with removal of leiomyomata	\$299.69 \$424.38	\$299.69 \$424.38
58562		hysteroscopy, surgical, with removal of impacted foreign object	\$224.75	\$260.83
58563		hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection,	\$265.12	\$1,362.62
58565		hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce	\$336.77	\$1,450.22
58570		laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	\$699.24	\$699.24
58571		laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or	\$768.62	\$768.62
58572		laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g;	\$870.10	\$870.10
58573		laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) an	\$985.48	\$985.48
58600 58605		ligation or transection fallop tubes abd or vag un ligation or transection fallop tubes abd or vag po	\$274.94 \$249.83	\$274.94 \$249.83
58615		occlus fallopian tubes by device vag/suprapubic	\$188.82	\$188.82
58660		laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	\$511.27	\$511.27
58661		laparoscopy, surgical; with removal of adnexal structures (partial or total	\$491.66	\$491.66
58662		laparoscopy, surgical; with fulguration or excision of lesions of the ovary,	\$537.41	\$537.41
58670		laparoscopy, surgical; with fulguration of oviducts (with or without	\$276.81	\$276.81
58671		laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or	\$276.71	\$276.72
58700		salpingectomy complete or partial unilateral or bi	\$578.43	\$578.43
58720		removal of ovary/tube(s)	\$543.64	\$543.64
58800		drainage of ovarian cyst(s)	\$224.73 \$205.70	\$240.67 \$205.70
58805 58820		drainage of ovarian cyst(s) drainage of ovarian abscess; vaginal approach, open	\$305.70 \$235.58	\$305.70 \$235.58
		drainage of ovarian abscess, vaginar approach, open drainage of ovarian abscess	\$534.18	\$534.18

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
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		I Health Choice Clinical Policies on the DMA Web Site.	Guide	
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes an	d deletior	to this schedule.		
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		· •		
58825		ovarian transposition	\$528.28	\$528.28
58900 58920		biopsy of ovary(s) partial removal of ovary(s)	\$311.95 \$532.17	\$311.95 \$532.17
58925		ovarian cystectomy unilateral or bilateral	\$554.66	\$554.66
58940		oophorectomy partial or total unilateral or bilate	\$379.12	\$379.12
58943		oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or	\$848.88	\$848.88
58950		resection of ovarian, tubal or primary peritoneal malignancy with bilateral	\$808.89	\$808.89
58951 58952		resect ovarian malignancy	\$1,044.55	\$1,044.55 \$1.178.02
58952 58953		resection of ovarian, tubal or primary peritoneal malignancy with bilateral bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,178.02 \$1,461.92	\$1,178.02 \$1,461.92
58954		bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy	\$1,587.14	\$1,587.14
58956		bilateral salpingo-oophorectomy with total omentectomy, total abdominal	\$1,023.21	\$1,023.21
58957		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-ab	\$1,125.04	\$1,125.04
58958		resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-ab	\$1,250.55	\$1,250.55
58960 59020		laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal fetal oxytocin stress test	\$698.98 \$52.64	\$698.98 \$52.64
59025		fetal non-stress test	\$35.13	\$35.13
59025	TC	fetal non-stress test	\$11.85	\$11.85
59025	26	fetal non-stress test	\$23.28	\$23.28
59030		fetal blood sampling scalp	\$86.82	\$86.82
59100 59120		removal of uterus lesion treatment atypical pregnancy	\$622.10 \$594.20	\$622.10 \$594.20
59120		surg treat ectopic pregn tubal wo salping/oophorec	\$596.93	\$596.93
59130		treatment atypical pregnancy	\$697.10	\$697.10
59135		treatment atypical pregnancy	\$705.29	\$705.29
59136		tx ectopic pregnancy w/ partial resection uterus	\$659.38	\$659.38
59140 59150		treatment atypical pregnancy lap tx ectopic pregnancy w/o removal tubes/ovaries	\$294.85 \$577.72	\$294.85 \$577.72
59150		lap tx ectopic pregnancy w/o removal tubes/ovaries	\$564.60	\$564.60
59160		currettage, postpartum	\$135.68	\$160.30
59350		hysterorrhaphy of ruptured uterus	\$212.68	\$212.68
59400		obstetrical care	\$1,327.53	\$1,327.53
59409		vaginal delivery only (with or without episiotomy and/or forceps);	\$589.45	\$589.45
59410 59412		vaginal delivery only (with or without episiotomy and/or forceps); including external cephalic version, w/ or w/o tocolysis	\$683.52 \$78.97	\$683.52 \$78.97
59414		delivery of placenta (infant born outside of hosp)	\$70.25	\$70.25
59425		antepartum care only; 4-6 visits	\$260.89	\$329.99
59426		antepartum care only; 7 or more visits	\$461.66	\$590.36
59430		postpartum care only, separate procedure	\$96.11	\$105.89
59510 59514		total ob care w/ cesarean delivery cesarean delivery only;	\$1,503.26 \$697.93	\$1,503.26 \$697.93
59514		cesarean delivery only; including postpartum care	\$822.81	\$822.81
59525		subtotal or total hysterectomy after cesarean delivery (list separately in	\$371.47	\$371.47
59812		surgical tx spontaneous abortion, any trimester	\$219.53	\$234.91
59820		missed abortion completed med or surg any trimeste	\$258.23	\$276.98
59821 59830		surgical tx missed abortion, second trimester	\$262.40 \$326.62	\$282.26 \$326.62
59830 59840		septic abortion d and c therapeutic abortion includes suction	\$326.62	\$326.62
59841		legal therapeutic abortion by d&c	\$268.33	\$283.72
59850		therapeutic abortion by saline injection	\$292.51	\$292.51
59851		legal abortion therapeutic with dilation and curre	\$300.11	\$300.11
59852		legal abortion therapeutic with hysterotomy	\$421.26	\$421.26
59855 59856		induced abortion, by one or more vaginal suppositories induced abortion, by one or more vaginal suppositories	\$312.24 \$369.12	\$312.24 \$369.12
59857		induced abortion, by one or more vaginal suppositories	\$441.70	\$441.70
59870		uterine evac and curettage for hydatiform mole	\$350.32	\$350.32
60000		incision and drainage of thyroglossal duct cyst, infected	\$106.51	\$116.29
60200		drainage thyroid duct lesion	\$479.95	\$479.95
60210 60212		partial thyroid lobectomy, unilateral; partial thyroid lobectomy, unilateral;	\$514.39 \$739.39	\$514.39 \$739.39
60212		total thyroid lobectomy, unilateral; with or without isthmusectomy	\$564.03	\$564.03

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		ays bin then usual and customary charges. Please use the monthly NC medicald Bulletins for a 1 to this schedule.	additions,	
enangee an				
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60225		total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy,	\$677.67	\$677.67
60240		removal of thyroid	\$718.89	\$718.89
60252		removal of thyroid	\$970.78	\$970.78
60254 60260		extensive thyroid surgery thyroidectomy, removal of all remaining thyroid tissue following previous	\$1,251.15 \$810.56	\$1,251.15 \$810.56
60260		thyroidectomy, including substernal thyroid; sternal split or transthoracic	\$1,021.61	\$1,021.61
60271		thyroidectomy, including substernal thyroid gland;	\$783.09	\$783.09
60280		removal thyroid duct lesion	\$321.75	\$321.75
60281		excision of thyroglossal duct,cyst,sinus;recurrent	\$430.73	\$430.73
60300		aspiration and/or injection, thyroid cyst explore parathyroid glands	\$39.91 \$745.31	\$81.03 \$745.31
60500 60502		explore parathyroid glands re-exploration of parathyroids	\$745.31 \$935.63	\$745.31 \$935.63
60502		explore parathyroid glands	\$1,027.39	\$1,027.39
60520		thymectomy, partial or total; transcervical approach (separate procedure)	\$767.71	\$767.71
60521		thymectomy, partial or total;	\$880.75	\$880.75
60522		thymectomy, partial or total;	\$1,062.70	\$1,062.70
60540 60545		exploration adrenal gland exploration adrenal gland	\$809.39 \$921.64	\$809.39 \$921.64
60600		removal carotid body lesion	\$1,072.15	\$1,072.15
60605		removal carotid body lesion	\$1,349.19	\$1,349.19
60650		laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration	\$902.85	\$902.85
61070		manipulate brain canal shunt	\$60.39	\$60.39
61105 61108		twist drill hole for subdural or ventricular puncture; twist drill hole for evac of subdural hematoma	\$313.12 \$623.38	\$313.12 \$623.38
61120		burr hole(s) for ventricular puncture (including injection of gas, contrast	\$511.15	\$511.15
61140		incise skull brain biopsy	\$887.97	\$887.97
61150		incise skull for drainage	\$951.05	\$951.05
61151		incise skull for drainage	\$688.22	\$688.22
61154 61156		incise skull for drainage incise skull for drainage	\$889.29 \$887.34	\$889.29 \$887.34
61215		insertion of subcutaneous reservoir to ventr cath	\$340.23	\$340.23
61250		burr holes trephine, supratentorial, exploratory	\$598.79	\$598.79
61253		burr hole or trephine infratentorial unilateral/bi	\$660.88	\$660.88
61304		incise skull for exploration	\$1,171.89	\$1,171.89
61305 61312		incise skull for exploration craniectomy for evac of hematoma, supratentorial	\$1,413.50 \$1,467.26	\$1,413.50 \$1,467.26
61312		craniectomy for evac of hematoma, supratentinal	\$1,401.20	\$1,407.20
61314		craniectomy for evac of hematoma, infratentorial	\$1,296.79	\$1,296.79
61315		craniectomy for evac of hematoma, intracerebellar	\$1,476.60	\$1,476.60
61320		incise skull for drainage	\$1,365.58	\$1,365.58
61321		craniectomy drainage of intracranial abscess infra craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,497.51	\$1,497.51
61322 61323		craniectomy or craniotomy, decompressive, with or without duraplasty, for craniectomy or craniotomy, decompressive, with or without duraplasty, for	\$1,662.97 \$1,692.43	\$1,662.97 \$1,692.43
61330		incise skull for exploration	\$1,161.58	\$1,161.58
61332		exploration or decompression of orbit transccrania	\$1,345.40	\$1,345.40
61333		explor decompress orbit transcran approach remove	\$1,359.69	\$1,359.69
61340		subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	\$1,016.36	\$1,016.36
61343 61345		craniectomy w/ cervical laminectomy other cranial decompression posterior fossa	\$1,571.94 \$1,454.32	\$1,571.94 \$1,454.32
61450		craniectomy for section comp or decomp or sensory	\$1,349.43	\$1,349.43
61458	<u> </u>	craniectomy exploration/decompress cranial nerves	\$1,437.86	\$1,437.86
61460	-	craniectomy suboccipital for section of 1 or more	\$1,458.98	\$1,458.98
61480		incise skull for surgery	\$1,317.64	\$1,317.64
61500		removal of skull lesion	\$961.58 \$823.05	\$961.58 \$923.05
61501 61510		craniectomy for osteomyelitis removal of brain lesion	\$823.95 \$1,550.18	\$823.95 \$1,550.18
61512		remove brain lining lesion	\$1,831.65	\$1,831.65
61514		removal of brain abscess	\$1,358.79	\$1,358.79
61516		removal of brain lesion	\$1,325.69	\$1,325.69
61518		removal of brain lesion	\$1,970.69	\$1,970.69
61519		remove brain lining lesion	\$2,123.23	\$2,123.2

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
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61520		craniectomy cerebellopontine angle tumor craniectomy excision brain tumor.midline tumor sku	\$2,716.35 \$2,282.12	\$2,716.35 \$2,282.12
61521 61522		removal of brain abscess	\$1,564.12	\$2,282.12
61524		removal of brain lesion	\$1,476.86	\$1,476.86
61526		removal skull cavity lesion	\$2,469.60	\$2,469.60
61530		removal skull cavity lesion	\$2,097.04	\$2,097.04
61531 61533		subdural implant of strip electrodes.lng term moni craniectomy for insertion epidural electrode array	\$854.04 \$1,079.90	\$854.04 \$1,079.90
61534		removal of brain lesion	\$1,163.06	\$1,163.06
61535		craniectomy removal epidural electro array wo tiss	\$694.87	\$694.87
61536		removal of brain lesion	\$1,856.49	\$1,856.49
61537		craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without	\$1,712.52	\$1,712.52
61538 61539		removal of brain tissue craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,836.55 \$1,680.84	\$1,836.55 \$1,680.84
61539		craniotomy with elevation of bone flap; for lobectomy, other than temporal	\$1,575.62	\$1,660.64
61541		craniectomy for transection of corpus callosum	\$1,513.55	\$1,513.55
61543		craniectomy for part or subtotal hemispherectomy	\$1,534.19	\$1,534.19
61544		remove/treat brain lesion	\$1,268.77	\$1,268.77
61545 61546		bone flap craniectomy to excise craniopharyngioma removal of pituitary gland	\$2,260.58 \$1,637.93	\$2,260.58 \$1.637.93
61548		removal of pituitary gland	\$1,037.93	\$1,037.93
61550		release skull closure	\$728.87	\$728.87
61552		craniectomy for craniostenosis multiple sutures on	\$957.34	\$957.34
61556		craniotomy for craniosynostosis, frontal/parietal	\$1,168.36	\$1,168.36
61557 61558		craniotomy for craniosynostosis, bifrontal bone ext. craniectomy for mult cranial sut. craniosynos	\$1,199.70 \$1,238.74	\$1,199.70 \$1,238.74
61559		ext. craniectomy for craniosynostosis w recontouri	\$1,717.86	\$1,717.86
61563		exc. tumor of cranial bone w/o optic nerve decompr	\$1,382.64	\$1,382.64
61564		exc. tumor of cranial bone w optic nerve decompres	\$1,730.38	\$1,730.38
61566		craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	\$1,597.35	\$1,597.35
61567 61570		craniotomy with elevation of bone flap; for multiple subpial transections, with craniectomy or craniotomy for excision foreign bod	\$1,797.44 \$1,306.74	\$1,797.44 \$1,306.74
61570		craniectomy or craniotomy penetrating wound brain	\$1,306.74	\$1,306.74
61575		transoral approach to skull base, brain stem	\$1,694.89	\$1,694.89
61576		transoral approach to skull base w/ split tongue	\$2,702.84	\$2,702.84
61580		craniofacial approach to anterior cranial fossa;	\$1,772.68	\$1,772.68
61581 61582		craniofacial approach to anterior cranial fossa;	\$1,990.74 \$2,033.12	\$1,990.74 \$2,033.12
61583		craniofacial approach to anterior cranial fossa; craniofacial approach to anterior cranial fossa;	\$2,033.12	\$2,033.12
61584		orbitocranial approach to anterior cranial fossa, extradural,	\$2,009.40	\$2,009.40
61585		orbitocranial approach to anterior cranial fossa, extradural,	\$2,134.32	\$2,134.32
61586		bicoronal, transzygomatic and/or lefort i osteotomy approach to anterior	\$1,530.76	\$1,530.76
61590 61591		infratemporal pre-auricular approach to middle cranial fossa infratemporal post-auricular approach to middle cranial fossa	\$2,263.24 \$2,278.63	\$2,263.24 \$2,278.63
61591		orbitocranial zygomatic approach to middle cranial fossa (cavernous	\$2,278.63	\$2,278.63
61595		transtemporal approach to posterior cranial fossa, jugular	\$1,708.48	\$1,708.48
61596		transcochlear approach to posterior cranial fossa, jugular	\$1,882.71	\$1,882.71
61597		transcondylar (far lateral) approach to posterior cranial fossa,	\$2,055.71	\$2,055.71
61598 61600		transpetrosal approach to posterior cranial fossa, clivus or resection or excision of neoplastic, vascular or infectious	\$1,823.44 \$1,537.76	\$1,823.44 \$1,537.76
61600		resection or excision of neoplastic, vascular or infectious	\$1,677.18	
61605		resection or excision of neoplastic, vascular or infectious	\$1,612.17	\$1,612.17
61606		resection or excision of neoplastic, vascular or infectious	\$2,155.79	\$2,155.79
61607		resection or excision of neoplastic, vascular or infectious	\$2,002.77	\$2,002.77
61608		resection or excision of neoplastic, vascular or infectious	\$2,326.01 \$2,262.01	\$2,326.01
61613 61615		obliteration of carotid aneurysm, arteriovenous malformation, resection or excision of neoplastic, vascular or infectious	\$2,262.01 \$1,788.81	\$2,262.01 \$1,788.81
61616		resection or excision of neoplastic, vascular or infectious	\$2,348.57	\$2,348.57
61618		secondary repair of dura for cerebrospinal fluid leak, anterior, middle or	\$928.42	\$928.42
61619		secondary repair of dura for csf leak, anterior, middle or	\$1,071.54	\$1,071.54
61623		endovascular temporary balloon arterial occlusion, head or neck	\$432.97	\$432.97

	Nurse Practitioner Fee Schedule		
	Provider Specialty 061		
	Effective Date: 1/1/2015		1
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1110 100 5			
61624	transcatheter permanent occlusion or embolization (eg, for tumor destructi		
61626	transcath.occulsion/embolization,percu; non-cns	\$702.92	
61680	surg of malformation, supratentorial, simple	\$1,619.94	· · · · · · · · · · · · · · · · · · ·
61682 61684	surg of malformation, supratentorial, complex surg of malformation, infratentorial, simple	\$3,049.4 \$2,028.5	
61686	surg of malformation, infratentorial, complex	\$3,263.7	
61690	surg of malformation, dural, simple	\$1,541.89	
61692	surg of malformation, dural, complex	\$2,636.12	2 \$2,636.12
61697	surgery of complex intracranial aneurysm, intracranial approach; carotid	\$2,983.73	
61698	surgery of complex intracranial aneurysm, intracranial approach;	\$3,213.4	
61700 61702	surgery of simple intracranial aneurysm, intracranial approach; carotid	\$2,489.90 \$2,795.33	
61702	incise skull/vessel surgery surgery intracranial aneurysm cervical approach	\$2,795.3	
61705	revise circulation to head	\$1,834.8	
61708	revise circulation to head	\$1,594.80	
61710	revise circulation to head	\$1,445.72	
61711	anastomosis arterial extracranial intracranial art	\$1,868.6	
61720 61735	incise skull/brain surgery	\$834.8	
61735	incise skull/brain surgery stereotactic biopsy aspiration or excision	\$1,026.52 \$998.3	
61751	stereotactic biopsy aspiration or excision, including burr hole(s), for	\$971.79	
61760	stereotactic implant depth electrode; long term mon	\$1,099.69	
61770	stereotactic localization, including burr hole(s), with insertion of	\$1,087.29	
61790	stereotactic lesion of gas ganglion percutaneous b	\$603.5	
61791	stereotactic lesion trigeminal medullary tract	\$782.20	
61796 61797	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator) stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator)		
61798	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator)		
61799	stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator)		
61800	application of stereotactic headframe for stereotactic radiosurgery (list sep		
61850	burr twist drill hole implant neurostim elec corti	\$693.8	
61860 61863	craniectomy or craniotomy implant neurostim cortic twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,107.5	
61863	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,073.12 \$293.00	
61867	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$1,586.10	
61868	twist drill, burr hole, craniotomy, or craniectomy with stereotactic	\$436.79	
61870	craniectomy implant neurostim cerebellar/cortical	\$840.94	
61880	revision removal intracran neuro stim electrodestr	\$386.20	
61885	incision and subcutaneous placement of cranial neurostimulator pulse gen		
61886 61888	incision and subcutaneous placement of cranial neurostimulator pulse gen revison/removal cranial neurostimulator pulse gen./receiver	erator \$562.85 \$282.65	
62000	repair of skull fracture	\$627.73	
62005	repair of skull fracture	\$881.63	
62010	elevation of depressed skull fracture with debride	\$1,076.80	
62100	craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for		
62115 62117	reduce craniomegalic skull w/o graft/cranioplasty reduce craniomegalic skull w craniotomy/reconstruc	\$1,024.70	
62117	reduce craniomegalic skull w craniotomy/reconstruc	\$1,365.12 \$1,293.43	
62120	craniotomy w repair encephalocele, skull base	\$1,182.4	
62140	repair of skull	\$744.72	2 \$744.72
62141	repair of skull	\$818.0	
62142	removal bone flap or prosthetic plate of skull	\$622.5	
62143 62145	replace bone flap or prosthetic plate of skull repair of skull & brain	\$729.86	
62145 62146	cranioplasty w autograft up to 5 cm diameter	\$1,001.68	
62140	cranioplasty w autograft larger than 5cm diameter	\$839.3	
62161	neuroendoscopy, intracranial; with dissection of adhesions, fenestration of	\$1,076.74	\$1,076.74
62162	neuroendoscopy, intracranial; with feneration or excision of colloid cyst,	\$1,339.58	
62163	neuroendoscopy, intracranial; with retrieval of foreign body	\$865.80	
62164	neuroendoscopy, intracranial; with excision of brain tumor, including place neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal o		

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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The inclusio		te an this table data and an annual to the te annual place and a the Medicaid Dillion	Quide	
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1110 100 0	Somedule			
62180		establish brain cavity shunt	\$1,128.64	\$1,128.64
62190		creation shunt subdural arial jugular auricular	\$640.87	\$640.87
62192		establish brain cavity shunt	\$683.85	\$683.85
62194 62200		replacement or irrigation subdural catheter establish brain cavity shunt	\$279.51 \$975.89	\$279.51 \$975.89
62200		ventriculocisternostomy, stereotactic method	\$836.50	\$836.50
62220		establish brain cavity shunt	\$718.74	\$718.74
62223		establish brain cavity shunt	\$736.86	\$736.86
62225		replacement or irrigation ventricular catheter	\$350.48	\$350.48
62230		replacement or revision of cerebrospinal fluid shunt, obstructed valve, or	\$593.59	\$593.59
62252	TC	reprogramming of programmable cerebrospinal shunt	\$37.87	\$37.87
62252 62252	26	reprogramming of programmable cerebrospinal shunt reprogramming of programmable cerebrospinal shunt	\$72.57 \$34.70	\$72.57 \$34.70
62252	20	removal of complete cerebrospinal fluid shunt system; without replacement	\$34.70	\$34.70
62258		replace brain cavity shunt	\$798.80	\$798.80
62263		percutaneous lysis of epidural adhesions using solution injection (eg,	\$284.54	\$474.21
62264		percutaneous lysis of epidural adhesions using solution injection (eg,	\$174.94	\$291.33
62270		spinal puncture, lumbar, diagnostic	\$59.47	\$113.74
62273		injection lumbar epidural of blood or clot patch	\$85.15 \$116.07	\$122.36
62280 62281		injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline injection of neurolytic substance (eg, alcohol, phenol, iced	\$116.07 \$112.06	\$223.50 \$207.47
62282		injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline	\$103.10	\$214.17
62284		injection of dye for x-ray imaging and/or ct of lower spinal canal	\$69.77	\$162.93
62287		aspiration or decompression procedure, percutaneous, of nucleus pulposus of	\$411.18	\$411.18
62290		injection for disc x-ray	\$130.11	\$239.22
62292		inj proc chemonucleolysis lumbar 1 or more levels	\$372.45	\$372.45
62294		intrathecal injection into spine	\$594.36	\$594.36
62302 62303		x-ray of upper spinal canal with radiological supervision and interpretation x-ray of middle spinal canal with radiological supervision and interpretation	\$101.17 \$102.55	\$193.75 \$201.21
62304		x-ray of initial espinal canal with radiological supervision and interpretation	\$99.43	\$190.90
62305		x-ray of lower spinal canal with radiological supervision and interpretation	\$103.78	\$208.24
62310		injection, single (not via indwelling catheter), not including neurolytic	\$77.13	\$157.70
62311		injection, single (not via indwelling catheter), not including neurolytic	\$63.97	\$138.94
62318		injection, including catheter placement, continuous infusion or intermittent	\$77.71	\$168.63
62319 62350		injection, including catheter placement, continuous infusion or intermittent implantation, revision or repositioning of tunneled intrathecal or epidural	\$72.65 \$287.47	\$152.66 \$287.47
62350		implantation, revision or repositioning of intrathecal or epidural catheter,	\$603.66	\$603.66
62355		removal of previously implanted intrathecal or epidural catheter	\$215.28	
62360		implantation or replacement of device for intrathecal or epidural drug	\$207.30	\$207.30
62361		implantation or replacement of device for intrathecal or epidural drug	\$285.42	\$285.42
62362		implantation or replacement of device for intrathecal or epidural drug	\$301.56	\$301.56
62365		removal of subcutaneous reservoir or pump, previously implanted for intrathecal	\$237.86	\$237.86
62368 62368	26	electronic analysis of programmable, implanted pump for intrathecal or epidural electronic analysis of programmable, implanted pump for intrathecal or epidural	\$28.88 \$7.22	\$40.90 \$10.22
62368	TC	electronic analysis of programmable, implanted pump for initialitecal of epidulal	\$21.65	\$30.67
62369		electronic analysis of programmable, implanted pump for intrathecal or epidural	\$20.07	\$70.24
62370		electronic analysis of programmable, implanted pump for intrathecal or epidural	\$26.86	\$73.60
63001		decompression of spinal cord	\$879.39	\$879.39
63003		lamin f/decomp spin cord a/o cauda eq one/two segm	\$884.80	\$884.80
63005 63011		revision of spinal column laminectomy sacral decompression spinal cord	\$839.17 \$793.85	\$839.17 \$793.85
63012		laminectomy sacrai decompression spinal cold	\$793.83	\$854.04
63015		laminectomy more than two segs cervical	\$1,055.84	\$1,055.84
63016		laminotomy thoracic	\$1,086.91	\$1,086.91
63017		laminotomy lumbar	\$885.11	\$885.11
63020		laminotomy, cervical, one interspace	\$837.07	\$837.07
63030		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$694.91	\$694.91
63035 63040		laminotomy (hemilaminectomy), with decompression of nerve root(s), including	\$148.46 \$1,018.15	\$148.46 \$1,018.15
63040 63042		laminotomy (hemilaminectomy), with decompression of nerve root(s), including revision of spinal column	\$1,018.15	\$1,018.15
63042		laminectomy, single segment, cervical	\$910.04	\$910.04

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63046		laminectomy, single segment, thoracic	\$870.00	\$870.00
63047		laminectomy, single segment, lumbar	\$793.25	
63048		laminectomy, facetectomy and foraminotomy (unilateral or bilateral with	\$159.88	+
63055		decompression spinal cord, single segment, thoracic	\$1,172.04	
63056 63064		transpedicular approach with decompression of spinal cord, equina and/or nerve hemilaminectomy thoracic costovertebral approach	\$1,082.51 \$1,282.67	\$1,082.51 \$1,282.67
63075		diskectomy cervical ante appr w/o arthrodesis	\$999.64	
63077		diskectomy, single space, thoracic	\$1,098.60	\$1,098.60
63081		vertebral corpectomy, single segment, cervical	\$1,285.68	
63082		vertebral corpectomy (vertebral body resection), partial or complete, anterior	\$204.02	\$204.02 \$1.277.16
63085 63087		vertebral corpectomy, single segment, thoracic vertebral corpectomy, single segment, lumbar	\$1,377.16 \$1,758.40	
63090		vertebral corpectomy, single segment, lumbar	\$1,439.31	\$1,439.31
63101		vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,645.93	\$1,645.93
63102		vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$1,639.22	\$1,639.22
63103		vertebral corpectomy (vertebral body resection), partial or complete, lateral	\$217.76	
63170 63172		laminectomy for myelotomy thoracic or thoracolumba laminectomy w/ drainage to subarachnoid space	\$1,101.65 \$991.51	\$1,101.65 \$991.51
63172		laminectomy w/ drainage to subaractifiotic space	\$1,222.20	
63180		laminectomy cervical one or two segements	\$997.30	
63182		lamin and section of dentate ligaments more than t	\$1,069.98	\$1,069.98
63185		revise spinal column/nerves	\$811.17	\$811.17
63190 63191		laminectomy for rhizotomy more than two segments laminectomy w section of spinal accessory nerve	\$932.39 \$891.67	\$932.39 \$891.67
63191		lamiwectomy cordotomy unilateral cervical	\$1,060.92	\$1,060.92
63195		revise spinal column/cord	\$1,072.92	\$1,072.92
63196		revise spinal column/cord	\$1,262.00	\$1,262.00
63197		laminectomy corotomy bilateral cervical	\$1,202.95	\$1,202.95
63198 63199		revise spinal column/cord	\$1,339.85 \$1,418.63	\$1,339.85 \$1,418.63
63200		laminectomy cordotomy bilateral thoracic laminectomy for tethered spinal cord, lumbar	\$1,418.63	
63250		revise spinal cord vessels	\$2,090.97	\$2,090.97
63251		laminectomy arteriovenovs malfunction thoracic	\$2,168.77	\$2,168.77
63252		laminectomy for malformation, thoracolumbar	\$2,170.37	\$2,170.37
63265 63266		laminectomy for intraspinal lesion, cervical	\$1,191.39 \$1,225.11	\$1,191.39 \$1,225.11
63267		laminectomy for intraspinal lesion, thoracic excise intraspinal lesion lumbar	\$986.11	\$986.11
63268		excise intraspinal lesion, sacral	\$990.59	
63270		excise intraspinal lesion, cervical	\$1,467.16	\$1,467.16
63271		excise intraspinal lesion, thoracic	\$1,475.96	
63272 63273		excise intraspinal lesion, lumbar excise intraspinal lesion, sacral	\$1,359.60 \$1,284.76	
63273		biopsy/excise spinal teston, sacral	\$1,284.76	
63276		biopsy/excise spinal tumor, thoracic	\$1,275.20	
63277		biopsy/ excise spinal tumor, lumbar	\$1,119.11	\$1,119.11
63278		biopsy/ excise spinal tumor, sacral	\$1,095.77	\$1,095.77
63280 63281		biopsy/ excise spinal tumor, cervical	\$1,513.23 \$1,496.08	
63281 63282		biopsy/ excise spinal tumor, thoracic biopsy/ excise spinal tumor, lumbar	\$1,496.08	
63283		biopsy/ excise spinal tumor, sacral	\$1,337.58	
63285		biopsy/ excise spinal tumor, cervical	\$1,858.88	\$1,858.88
63286		biopsy, excise spinal tumor	\$1,852.04	\$1,852.04
63287		biopsy, excise spinal tumor	\$1,954.51	\$1,954.5 ⁴
63290 63295		biopsy, excise spinal tumor osteoplastic reconstruction of dorsal spinal elements, following primary	\$1,977.91 \$236.17	\$1,977.9 ⁷ \$236.17
63300		removal vertebral body	\$1,320.13	
63301		removal of vertebral body	\$1,482.60	\$1,482.60
63302		removal of vertebral body	\$1,473.14	
63303		removal of vertebral body	\$1,541.31	\$1,541.3
63304 63305	1	removal of vertebral body removal of vertebral body	\$1,633.78 \$1,669.98	

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63306		removal of vertebral body	\$1,749.71	\$1,749.71
63307		removal of vertebral body	\$1,623.90	\$1,623.90
63600		examine spinal cord lesion	\$616.86	\$616.86
63615 63620		stereotactic biopsy aspiration/exc lesion stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); 1 spinal lesion	\$824.71 \$568.59	\$824.71 \$568.59
63621		stereotactic radiosurgery (particle beam, gamma ray or linear accelerator); each additional spinal lesio	\$179.97	\$179.97
63650		percutaneous implantation of neurostimulator electrode array, epidural	\$305.58	\$305.58
63655		laminectomy for implantation of neurostimulator electrodes, plate/paddle,	\$604.53	\$604.53
63662		Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, in	\$421.76	\$421.76
63663 63664		Revision including replacement, when performed, of spinal neurostimulator eletrode percutaneous arra	\$283.65	\$484.31
63664		Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) p insertion or replacement of spinal neurostimulator pulse generator or receiver,	\$439.08 \$291.68	\$439.08 \$291.68
63688		revision removal spinal neurostimulator receiver	\$261.17	\$261.17
63700		repair of spinal herniation	\$879.39	\$879.39
63702		repair of spinal herniation	\$988.74	\$988.74
63704		repair of spinal herniation	\$1,102.85	\$1,102.85
63706 63707		repair of spinal herniation repair of dural/cerebrospinal fluid leak, not requiring laminectomy	\$1,283.89 \$649.11	\$1,283.89 \$649.11
63707		repair of dural/cerebrospinal fluid leak, not requiring familiectomy	\$789.29	\$789.29
63710		dural graft spinal	\$788.23	\$788.23
63740		creation of shunt, including laminectomy	\$668.03	\$668.03
63741		creation shunt, lumbar, percutaneo w/o laminectomy	\$435.56	\$435.56
63744 63746		replacement irrigation or revision of lumbar subar removal shunt system without replacement	\$456.31 \$397.45	\$456.31 \$397.45
64400		injection, anesthetic agent;	\$47.51	\$78.00
64402		injection, anesthetic agent;	\$54.08	\$80.09
64405		injection, anesthetic agent;	\$55.45	\$75.86
64408		injection, anesthetic agent;	\$66.66	\$87.36
64410 64412		injection, anesthetic agent;	\$59.52	\$101.21
64412		injection, anesthetic agent; injection, anesthetic agent;	\$52.89 \$57.86	\$100.17 \$84.17
64415		injection, anesthetic agent;	\$56.28	\$95.45
64416		injection, anesthetic agent; brachial plexus, continuous infusion by catheter	\$70.76	\$70.76
64417		injection, anesthetic agent;	\$55.74	\$96.29
64418 64420		injection, anesthetic agent;	\$55.25 \$49.81	\$97.78
64420		injection, anesthetic agent; injection, anesthetic agent;	\$68.31	\$115.56 \$170.41
64425		injection, anesthetic agent;	\$70.81	\$94.59
64430		injection, anesthetic agent;	\$66.77	\$114.05
64435		injection, anesthetic agent;	\$63.99	\$105.95
64445		injection, anesthetic agent;	\$60.95 \$70.61	\$99.00 \$70.61
64446 64447		injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, injection, anesthetic agent; femoral nerve, single	\$70.61 \$53.81	\$70.61 \$53.81
64448		injection, anesthetic agent; femoral nerve, continuous infusion by catheter	\$62.54	\$62.54
64449		injection, anesthetic agent; lumbar plexus, posterior approach, continuous	\$69.93	\$69.93
64450		injection for nerve block	\$54.61	\$75.87
64455		injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s)	\$31.13	\$38.96
64490 64505		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves inner injection anesthetic agent sphenopalatine ganglion	\$66.34 \$63.20	\$100.30 \$74.94
64508		injection anesthetic agent carotid sinus	\$52.28	\$102.92
64510		injection, anesthetic agent;	\$51.11	\$102.59
64520		injection, anesthetic agent;	\$57.74	\$133.84
64530		injection celiac plexus	\$68.17	\$138.66
64555 64561		percutaneous implantation of neurostimulator electrodes; peripheral nerve percutaneous implantation of neurostimulator electrodes; sacral nerve	\$115.70 \$325.44	\$157.11 \$840.19
64568		Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse g	\$513.70	\$513.70
64569		Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including of	\$493.41	\$493.41
64570		Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	\$429.66	\$429.66
64575		incision for implantation of neurostimulator electrodes; peripheral nerve	\$210.44	\$210.44
64581		incision for implantation of neurostimulator electrodes; sacral nerve revision or removal peripheral stimulator electode	\$632.46 \$119.34	\$632.46 \$242.99

		Nurse Practitioner Fee Schedule		
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64590		incision for placement stimulator receiver	\$133.63	\$229.03
64595 64600		revision removal peripheral neu/stim receiver injection treatment of nerve	\$105.25 \$159.00	\$235.05 \$291.33
64605		injection treatment of nerve	\$253.38	\$411.73
64610		injection treatment of nerve	\$354.86	\$501.72
64611		Chemodenervation of parotid and submandibular salivary glands, bilateral	\$71.38	\$79.00
64612		chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for	\$100.04	\$113.19
64615		chemodenervation of muscle(s);muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	\$100.12	\$111.17
64616		injection of chemical for destruction of nerve muscles on one side of neck excluding voice box accesses	\$84.80	\$96.19
64617		injection of chemical for destruction of nerve muscles on one side of voice box accessed through the s	\$91.76	\$151.17
64620		injection treatment of nerve	\$124.46	\$197.20
64630		destruction by neurolytic agent; pudendal nerve	\$144.23	\$171.93
64632 64633		destruction by neurolytic agent; plantar common digital nerve destruction by neurolytic agent, paravertebral facet joint nerve(s), with	\$54.87 \$133.92	\$63.83 \$255.45
64635		destruction by neurolytic agent, paravertebral facet joint nerve(s), with	\$131.25	\$255.45
64640		injection treatment of nerve	\$132.16	\$168.81
64642		injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	\$85.39	\$110.10
64643		injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	\$57.30	\$72.57
64644 64645		injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles	\$93.28 \$65.62	\$125.76 \$88.66
64646		injection of chemical for destruction of nerve muscles on runk, 5 or more muscles	\$92.42	\$118.51
64647		injection of chemical for destruction of nerve muscles on trunk, 6 or more muscles	\$106.71	\$137.26
64650		chemodenervation of eccrine glands; both axillae	\$29.88	\$48.89
64680		destruction by neurolytic agent, with or without radiologic monitoring; celiac	\$120.50	\$222.06
64681 64702		destruction by neurolytic agent, with or without radiologic monitoring; revision of nerve,finger/toe	\$162.49 \$333.54	\$287.55 \$333.54
64704		revision of nerve, hand/foot	\$245.68	\$245.68
64708		revision of nerve, arm/leg	\$346.41	\$346.41
64712		revision of sciatic nerve	\$399.72	\$399.72
64713 64714		revision of arm nerves	\$559.51 \$479.29	\$559.51 \$479.29
64714		revision of low back nerves neurozysis a/o transposition cranial nerve	\$378.74	\$378.74
64718		revise ulnar nerve at elbow	\$407.95	\$407.95
64719		revise ulnar nerve at wrist	\$282.96	\$282.96
64721		neurolysis and/or transposition median nerve at ca	\$296.90	\$298.01
64722		revise forearm nerve	\$243.20	\$243.20
64726 64732		revise foot/toe nerve incision of brow nerve	\$214.34 \$277.01	\$214.34 \$277.01
64734		incision of cheek nerve	\$299.68	\$299.68
64736		incision of chin nerve	\$282.91	\$282.91
64738		transection or avulsion of inferior alveolar nerve	\$334.81	\$334.81
64740		transection or avulsion of lingual nerve	\$333.73 \$342.35	\$333.73
64742 64744		incision of facial nerve incise nerve, back of head	\$342.35	\$342.35 \$300.25
64746		incise diaphragm nerve	\$324.40	\$300.23
64755		transection or avulsion of; vagus nerves limited to proximal stomach (selective	\$656.73	\$656.73
64760		incision of vagus nerve	\$347.81	\$347.81
64763 64766		incise hip/thigh nerve incise hip/thigh nerve	\$396.67 \$458.35	\$396.67 \$458.35
64766		transection/avulsion cranial nerve extradural	\$428.96	\$428.96
64772		incise spinal nerve	\$412.56	\$412.56
64774		remove lesion, skin nerve	\$297.93	\$297.93
64776		remove nerve lesion, digit	\$286.43	\$286.43
64782		remove nerve lesion	\$337.88	\$337.88
64784 64786		remove nerve lesion remove sciatic nerve lesion	\$525.85 \$790.20	\$525.85 \$790.20
64788		removal of nerve lesion	\$279.40	\$279.40
64790		removal of nerve lesion	\$601.67	\$601.67
64792		removal of nerve lesion	\$780.54	\$780.54
64795		biopsy of nerve	\$142.97	\$142.97

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64802 64804		remove sympathetic nerves remove sympathetic nerves	\$445.22 \$678.78	\$445.22 \$678.78
64809		remove sympathetic nerves	\$636.81	\$636.81
64818		remove sympathetic nerves	\$494.14	\$494.14
64820		sympathectomy; digital arteries, each digit	\$550.12	\$550.12
64821 64822		sympathectomy; radial artery sympathectomy; ulnar artery	\$495.59 \$489.75	\$495.59 \$489.75
64823		sympathectomy; superficial palmar arch	\$557.04	\$557.04
64831		repair of nerve, digital	\$491.15	\$491.15
64834 64835		repair of nerve, hand repair of nerve, hand	\$544.52 \$590.38	\$544.52 \$590.38
64835 64836	ļ	repair of nerve, hand	\$590.38	\$590.38
64840		repair of nerve, foot	\$672.37	\$672.37
64856		repair/transpose nerve	\$743.08	\$743.08
64857 64858		suture major periph nerve arm/leg exc sciatic w/o repair sciatic nerve	\$777.00 \$895.60	\$777.00 \$895.60
64861		repair of arm nerves	\$1,011.75	\$1,011.75
64862		repair of low back nerves	\$992.27	\$992.27
64864		repair of facial nerve	\$644.36	\$644.36
64865 64866		suture facial nerve intratemporal w/wo grafting fusion of facial/other nerve	\$849.41 \$883.46	\$849.41 \$883.46
64868		fusion of facial/other nerve	\$772.98	\$772.98
64876		suture of nerve shortening of bone extremity	\$147.02	\$147.02
64885		nerve graft,head/neck; up to 4cm.	\$839.45	\$839.45
64886 64890		nerve graft, head/neck; more than 4 cm. nerve graft, hand or foot	\$996.02 \$800.46	\$996.02 \$800.46
64891		nerve graft single strand hand or foot more than 4	\$826.78	\$826.78
64892		nerve graft, arm or leg	\$778.73	\$778.73
64893		nerve graft single strand arm or leg more than 4 c	\$820.34	\$820.34
64895 64896		nerve graft, hand or foot nerve graft multiple strands hand or foot more tha	\$962.97 \$1,061.72	\$962.97 \$1,061.72
64897		nerve graft, arm or leg	\$931.56	\$931.56
64898		nerve graft single strand more than 4 cm	\$1,015.63	\$1,015.63
64905 64907		nerve pedicle transfer first stage nerve pedicle transfer second stage	\$744.50 \$979.06	\$744.50 \$979.06
65091		revise eyeball	\$979.06	\$424.88
65101		removal of eyeball	\$489.48	\$489.48
65110		removal of eyeball	\$825.72	\$825.72
65112 65114		remove eye, revise socket remove eye, revise socket	\$972.59 \$1,011.77	\$972.59 \$1,011.77
65205		remove foreign body from eye	\$31.00	\$38.56
65210		remove foreign body from eye	\$37.36	\$47.15
65220		remove foreign body from eye	\$30.55	\$39.50
65235 65260		removal of foreign body, intraocular; from anterior chamber of eye or lens remove foreign body from eye	\$467.36 \$641.40	\$467.36 \$641.40
65265	-	remove foreign body from eye	\$722.49	\$722.49
65270		repair wound of eye	\$95.60	\$176.73
65272		repair wound of eye	\$232.04	\$328.00
65273 65275		rep laceration conjuctiva by mobilazation rearr w repair wound of eve	\$255.10 \$303.71	\$255.10 \$370.01
65280		repair wound of eye	\$447.61	\$447.61
65285		repair wound of eye	\$699.36	\$699.36
65286		repair of laceration by application of tissue glue	\$328.94	\$464.35
65290 65400		repair wound of eye socket removal of eye lesion	\$328.36 \$395.72	\$328.36 \$444.12
65420		removal of eye lesion	\$248.92	\$339.84
65426		remove/repair eye lesion	\$318.14	\$429.77
65430		corneal smear	\$71.55	\$78.53
65436 65450		curette/treat cornea destruction of lesion of cornea by cryotherapy, photocoagulation	\$247.50 \$209.30	\$257.28 \$211.81
65600		multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	\$209.30	\$256.72

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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		ays bin then double and customary charges. Thease use the monthly No meticald bulletins for a	idanions,	
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*** The fee s	scneaule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	cnedule
65710		corneal transplant	\$738.30	\$738.30
65730		corneal transplant	\$821.83	\$821.83
65750		corneal transplant	\$834.05	\$834.05
65755 65756		keratoplasty, penetrating Keratoplasty (corneal transplant); endothelial	\$829.13 \$646.99	\$829.13 \$646.99
65770		keratoprosthesis	\$954.26	\$954.26
65772		corneal relaxing incision	\$268.19	\$297.28
65775		corneal wedge resection	\$366.42	\$366.42
65810		drainage of eyeball	\$310.65	\$310.65
65815 65820		drainage of eyeball relieve inner eye pressure	\$315.17 \$499.40	\$420.63 \$499.40
65850		incision of eyeball	\$570.37	\$570.37
65855		trabeculoplasty by laser one or more sessions	\$201.04	\$227.35
65860		severing ashesions of anter. segmt. laser techniq.	\$174.63	\$209.88
65865		relieve inner eye adhesions	\$317.83	\$317.83
65870 65875		relieve inner eye adhesions relieve inner eye adhesions	\$392.98 \$417.29	\$392.98 \$417.29
65880		relieve inner eye adhesions	\$440.11	\$440.11
65900		removal of epithelial downgrowth, anterior chamber of eye	\$646.36	\$646.36
65920		removal of implanted material, anterior segment of eye	\$522.61	\$522.61
65930		removal of blood clot, anterior segment of eye	\$430.60	\$430.60
66020 66030		injection, anterior chamber of eye (separate procedure); air or liquid injection, anterior chamber (separate procedure);	\$88.00 \$73.41	\$123.53 \$108.94
66130		remove eyeball lesion	\$388.24	\$471.06
66150		incision of eyeball	\$573.80	\$573.80
66155		incision of eyeball	\$571.98	\$571.98
66160 66170		incision of eyeball featulization of edera for alguarme: trabegulactomy of externa in absence of	\$651.81 \$789.28	\$651.81 \$789.28
66170		fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of fistulization of sclera for glaucoma;	\$789.28	\$991.69
66179		creation of shunt to improve eye fluid flow	\$868.87	\$727.93
66180		aqueous shunt to extraocular reservoir	\$787.96	\$787.96
66185		revision of aqueous shunt to extraocular reservoir	\$496.08	\$496.08
66220 66225		repair eyeball lesion repair/graft eyeball lesion	\$484.33 \$624.72	\$484.33 \$624.72
66250		follow-up surgery of eyeball	\$368.07	\$494.24
66500		incision of iris	\$234.08	\$234.08
66505		incision of iris	\$256.31	\$256.31
66600		removal of iris lesion	\$544.87	\$544.87
66605 66625		removal of iris removal of iris	\$710.37 \$286.44	\$710.37 \$286.44
66630		removal of iris	\$200.44	\$377.35
66635		removal of iris	\$381.18	\$381.18
66680		repair of iris	\$340.77	\$340.77
66682 66700		suture of iris ciliary body w/retrieval of suture ciliary body destruction; diathermy.	\$413.55	\$413.55
66700 66710		ciliary body destruction; diatnermy. ciliary body distruction; cyclophotcoagulation.	\$263.95 \$263.19	\$298.08 \$293.12
66711		ciliary body distruction; cyclophotocoagulation, endoscopic	\$421.04	\$421.04
66720		ciliary body destruction; crytherapy.	\$277.58	\$306.68
66740		ciliary body destruction; cyclodialysis.	\$264.32	\$291.16
66761 66762		revision of iris revision of iris	\$272.26 \$281.81	\$298.28 \$312.86
66770		removal of inner eye lesion	\$281.81	\$347.83
66820		incision of lens lesion	\$262.39	\$262.39
66821		discission secondary cataract; laser	\$201.56	\$213.30
66825		repositioning intraocular lens pros; incisional	\$506.34	\$506.34
66830		removal of lens lesion	\$475.82	\$475.82
66840 66850		removal lens material aspiration technique one or removal of lens	\$463.71 \$529.46	\$463.71 \$529.46
66852		removal of lens material, pars plana w/wo vitrecto	\$566.86	\$566.86
66920		extraction of lens	\$505.72	\$505.72
66930		extraction of lens	\$574.87	\$574.87

		Nurse Practitioner Fee Schedule		
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The lee	scheuule	include the new codes for 2015 and the pending 1781 are reduction enective 1/1/2015 is not inclu		chedule
66940		extraction of lens	\$521.67	\$521.67
66982		extracapsular cataract removal with insertion of intraocular lens prosthesis	\$719.65	\$719.65
66983		intracapsular extraction with insertion of prosthe	\$496.10	\$496.10
66984 66985		extracapsular cataract removal with lens prosthesi insert lens prosthesis	\$515.53 \$509.05	\$515.53 \$509.05
66986		exchange of intraocular lens.	\$623.73	\$623.73
67005		partial removal of eye fluid	\$313.60	\$313.60
67010		partial removal of eye fluid	\$363.57	\$363.57
67015		release of eye fluid	\$387.20	\$387.20
67025 67027		replace eye fluid implantation of intravitreal drug delivery system (eg, ganciclovir implant),	\$418.36 \$574.26	\$479.91 \$574.26
67027		incise inner eye strands	\$345.33	\$345.33
67031		severing of vitreous strands, laser surgery	\$234.87	\$255.28
67036		vitrectomy, pars plana approach	\$649.02	\$649.02
67039		vitrectomy, mech., w focal endolaser photocoagulat	\$830.48	\$830.48
67040 67041		laser treatment of retina	\$958.79 \$898.59	\$958.79 \$898.59
67041		vitrectomy, mechanical, pars plana approach; with reomval of preretinal cellular membrane (eg, macul vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg,	\$1,030.06	\$1,030.06
67043		vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neo	\$1,080.23	\$1,080.23
67101		repair of retinal detachment, one or more sessions	\$447.92	\$514.23
67105		repair of retinal detachment, one or more sessions; photocoagulation, with or	\$429.73	\$476.73
67107 67108		repair of retinal detachment; scleral buckling (such as lamellar scleral repair of retinal detachment; with vitrectomy, any method, with or without air	\$815.95	\$815.95
67108		repair of retinal detachment; with vitrectomy, any method, with of without an repair of retinal detachment; by injection of air or other gas (eg, pneumatic	\$1,087.78 \$515.99	\$1,087.78 \$576.69
67112		repair of retinal detachment; by scleral buckling or vitrectomy, on patient	\$897.33	\$897.33
67113		repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or greater, diabetic t	\$1,182.59	\$1,182.59
67115		release of encircling material	\$327.10	\$327.10
67120 67121		revision of inner eye removal of implanted material, intraocular	\$369.00 \$607.81	\$433.07 \$607.81
67141		prophylaxis of retinal detachment	\$321.85	\$344.51
67145		prophylaxis of retinal detachment;photocoagulation	\$329.15	\$347.61
67208		destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$385.90	\$399.33
67210		destruction of localized lesion of retina (eg, macular edema, tumors), one or	\$452.92	\$467.75
67218 67220		treatment inner eye lesion destruction of localized lesion of choroid (eg, choroidal neovascularization),	\$951.46 \$685.86	\$951.46 \$717.75
67220		destruction of retinopathy, one or more sessions	\$381.16	\$406.06
67228		destruction of retinopathy, photocoagulation	\$708.07	\$798.99
67229		treatment of extensive or pregressive retinopathy, one or more sessions; preterm infant (less than 37 v	\$777.28	\$777.28
67250		reinforce eyeball wall	\$526.21	\$526.21
67255		reinforce/graft eyeball wall	\$562.32	\$562.32
67311 67312		strabismus surgery, recession or resection procedure; one horizontal muscle strabismus surgery, two horizontal muscles	\$399.47 \$478.48	\$399.47 \$478.48
67312		strabismus surgery, two holizontal muscles	\$447.99	\$447.99
67316		strabismus surgery, 2 or more vertical muscles	\$537.30	\$537.30
67318		strabismus surgery, any procedure, superior oblique muscle	\$468.71	\$468.71
67320		transposition procedure (eg, for paretic extraocular muscle), any extraocular	\$225.73	\$225.73
67331 67332		strabismus surgery on patient with previous eye surgery or injury that did not strabismus surgery on patient with scarring of extraocular muscles (eg, prior	\$213.74 \$232.43	\$213.74 \$232.43
67334		strabismus surgery by posterior fixation suture technique, with or without	\$232.43	\$232.43
67340		strabismus surgery involving exploration and/or repair of detached extraocular	\$251.16	\$251.16
67343		release extensive scar tissue w/o detaching muscle	\$435.19	\$435.19
67345		chemodenervation of extraocular muscle	\$144.86	\$158.57
67400 67405		orbitotomy without bone flap (frontal or transconjunctival approach); for	\$625.36 \$531.58	\$625.36 \$531.59
67405		explore/treat eye socket explore/treat eye socket	\$531.58 \$578.92	\$531.58 \$578.92
67413		explore/treat eye socket	\$579.12	\$579.12
67414		orbitotomy wo flap;w bone removal for decompress.	\$891.24	\$891.24
67420		explore/treat eye socket	\$1,110.12	\$1,110.12
67430		explore/treat eye socket	\$841.09	\$841.09
67440		explore/treat eye socket orbitotomy w flap/window; w bone removal.	\$811.04 \$956.33	\$811.04 \$956.33

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67450		explore/treat eye socket	\$841.55	\$841.55
67570 67700		optic nerve decompression. blepharotomy, drainage of abscess, evelid	\$780.75 \$76.91	\$780.75 \$175.39
67710		incision of eyelid	\$64.02	\$147.67
67715		incision of eyelid	\$72.51	\$155.88
67800		remove eyelid lesion	\$70.52	\$84.79
67801 67805		remove eyelid lesions	\$91.62	\$108.96
67805		remove eyelid lesions remove eyelid lesion(s)	\$112.37 \$243.19	\$134.76 \$243.19
67825		correction of trichiasis; epilation by other than forceps (eg, by	\$80.89	\$85.93
67830		revise eyelashes	\$92.72	\$176.38
67835		revise eyelashes	\$296.17	\$296.17
67840 67850		excision eyelid lesion without closure or with sim destruction of lesion of lid margin up to 1 cm	\$107.58 \$96.15	\$185.08 \$149.02
67850		revision of evelid(s)	\$96.15	\$149.02
67882		construction intermarginal adhesions with transpos	\$313.53	\$372.56
67901		repair eyelid defect	\$389.31	\$465.68
67902		repair eyelid defect	\$482.76	\$482.76
67903 67904		repair eyelid defect repair blepharoptosis levator resection external a	\$336.35 \$399.11	\$411.88 \$487.50
67904		repair eyelid defect	\$348.86	\$348.86
67908		repair blepharoptosis conjuctivo-tarso-levator res	\$289.62	\$328.23
67909		revise eyelid defect	\$296.69	\$359.91
67911		revise eyelid defect	\$373.23	\$373.23
67912 67914		correction of lagophthalmos, with implantation of upper eyelid lid load (eg, repair eyelid defect	\$335.08 \$195.56	\$602.24 \$261.31
67914		repair eyelid defect	\$193.30	\$233.88
67916		repair eyelid defect	\$291.44	\$360.26
67917		repair eyelid defect	\$322.55	\$394.17
67921		repair eyelid defect	\$182.79	\$248.53
67922 67923		repair eyelid defect repair eyelid defect	\$166.28 \$314.66	\$226.42 \$380.40
67924		repair eyelid defect	\$304.36	\$393.04
67930		repair eyelid wound	\$168.52	\$246.86
67935		repair eyelid wound	\$307.33	\$401.61
67938		remove foreign body, eyelid	\$77.23	\$160.31
67950 67961		revision of eyelids revision of eyelids	\$316.51 \$309.20	\$387.56 \$386.69
67966		revision of eyelids	\$439.21	\$511.95
67971		reconstruction of eyelid	\$495.83	\$495.83
67973		reconstruction of eyelid	\$642.75	\$642.75
67974 67975		reconstruction of eyelid reconstruction of eyelid	\$640.16 \$468.03	\$640.16 \$468.03
68020		incise/drain eyelid	\$468.03	\$468.03
68110		remove eyelid lining lesion	\$99.50	\$149.58
68115		remove eyelid lining lesion	\$124.35	\$207.44
68130		remove eyelid lining lesion	\$275.54	\$358.62
68135 68320		remove eyelid lining lesion revise/graft eyelid lining	\$101.63 \$354.10	\$104.98 \$474.40
68325		revise/graft eyelid lining	\$441.32	\$441.32
68326		revise eyelid lining	\$429.61	\$429.61
68328		revise/graft eyelid lining	\$480.07	\$480.07
68330		revise eyelid lining	\$304.68	\$398.96
68335 68340		revise/graft eyelid lining separate eyelid adhesions	\$431.01 \$263.15	\$431.01 \$358.82
68360		revise eyelid lining	\$203.15	\$350.52
68362		revise eyelid lining	\$436.95	\$436.95
68400		incise/drain tear gland	\$92.14	\$185.86
68420		incise/drain tear sac	\$118.43	\$212.71
68440 68500		incise tear duct opening removal of tear gland	\$64.13 \$651.00	\$71.12 \$651.00

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				-
68505		partial removal tear gland	\$654.72	\$654.72
68520		removal of tear sac clearance of tear duct	\$460.46 \$179.07	\$460.46
68530 68540		remove tear gland lesion	\$179.07 \$622.57	\$290.70 \$622.57
68550		remove tear gland lesion	\$765.79	\$765.79
68700		repair tear ducts	\$401.77	\$401.77
68705		revise tear duct opening	\$111.83	\$158.55
68720		incise tear ducts	\$510.13	\$510.13
68745		incise tear ducts	\$512.03	\$512.03
68750		establish tear duct channel	\$526.09	\$526.09
68760		close tear duct opening	\$97.74	\$134.38
68761		closure of lacrimal punctum; by plug, each	\$79.26	\$98.00
68770		close tear system fistula	\$398.25	\$398.25
68801		dilation of lacrimal punctum, with or without irrigation	\$70.28	\$80.91
68810		probing of nasolacrimal duct, with or without irrigation;	\$126.67	\$157.17
68811		probing of nasolacrimal duct, with or without irrigation; requiring general	\$137.72	\$137.72
68815		probing of nasolacrimal duct, with or without irrigation; with insertion of	\$173.99	\$294.57
68816		probing of nasolacrimal duct, with or without irrigation; with transluminal	\$166.54	\$447.98
68840 69000		exploration of tear ducts drain external ear lesion	\$74.81 \$84.53	\$82.93 \$127.05
69005		drain external ear lesion	\$115.24	\$127.03
69020		drain outer ear canal lesion	\$102.50	\$161.25
69100		biopsy of external ear	36.54	75.43
69110		partial removal external ear	\$236.31	\$321.92
69120		removal of external ear	\$287.07	\$287.07
69140		remove ear canal lesion(s)	\$625.45	\$625.45
69145		remove ear canal lesion(s)	\$178.17	\$270.21
69150		extensive outer ear surgery	\$771.30	\$771.30
69155		extensive ear/neck surgery	\$1,240.80	\$1,240.80
69200		clear outer ear canal	\$41.23	\$85.71
69205		clear outer ear canal	\$73.74	\$73.74
69222		debridement, mastoidectomy cavity, complex	\$99.52	\$154.36
69310		reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due	\$782.55	\$782.55
69320 69420		rebuild outer ear canal	\$1,118.75 \$86.85	\$1,118.75
69420 69421		incision of eardrum incision of eardrum	\$80.85	\$133.86 \$110.08
69433		tympanostomy, local or topical anesthesia	\$94.11	\$139.71
69436		tympanostomy, general anesthesia	\$119.76	\$119.76
69440		exploration of middle ear	\$495.06	\$495.06
69450		tympanolysis transcanal	\$387.84	\$387.84
69501		removal of mastoid bone	\$533.49	\$533.49
69502		mastoidectomy complete	\$710.43	\$710.43
69505		removal mastoid structures	\$873.34	\$873.34
69511		removal mastoid structures	\$898.25	\$898.25
69530		remove part of temporal bone	\$1,213.78	\$1,213.78
69535		remove part of temporal bone	\$1,982.10	\$1,982.10
69540		remove ear lesion	\$91.41	\$145.40 \$754.27
69550 69552		remove ear lesion remove ear lesion	\$754.37 \$1,156.70	\$754.37 \$1,156.70
69552 69554		remove ear lesion	\$1,156.70	\$1,156.70
69601		revise mastoid surgery	\$765.77	\$765.77
69602		revise masteld surgery	\$796.20	\$796.20
69603		revise masteid surgery	\$924.13	\$924.13
69604		revise masteid surgery	\$821.45	\$821.45
69605		revise mastoid surgery	\$1,144.55	\$1,144.55
69610		repair of eardrum	\$220.35	\$283.87
69620		repair of eardrum	\$356.44	\$494.07
69631		repair eardrum structures	\$637.11	\$637.11
69632		rebuild eardrum structures	\$783.76	\$783.76
69633		tympanoplasty w/o mastoidectomy with ossicular cha	\$754.75	\$754.75
69635		repair eardrum structures	\$886.16	\$886.16

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69636		rebuild eardrum structures	\$1,004.42	\$1,004.42
69637 69641		tympan antro/mastoid w ossicular chain recon and s revise middle ear & mastoid	\$999.77 \$759.86	\$999.77 \$759.86
69642		revise middle ear & mastoid	\$980.92	\$980.92
69643		revise middle ear & mastoid	\$895.86	\$895.86
69644		revise middle ear & mastoid	\$1,082.24	\$1,082.24
69645		revise middle ear & mastoid	\$1,059.87	\$1,059.87
69646		revise middle ear & mastoid	\$1,127.95	\$1,127.95
69650 69660		release middle ear bone revise middle ear bone	\$578.60 \$681.67	\$578.60 \$681.67
69661		stapedectomy with foot plate drill out	\$891.92	\$891.92
69662		revision stapedectomy or stapedotomy	\$855.58	\$855.58
69666		repair middle ear structures	\$587.10	\$587.10
69667		repair middle ear structures	\$589.09	\$589.09
69670 69676		remove mastoid air cells tympanic neurectomy	\$687.36 \$604.61	\$687.36 \$604.61
69700		close mastoid fistula	\$504.70	\$504.70
69714		implantation, osseointegrated implant, temporal bone, with percutaneous	\$881.80	\$881.80
69715		implantation, osseointegrated implant, temporal bone, with percutaneous	\$1,088.50	\$1,088.50
69717		replacement (including removal of existing device), osseointegrated implant,	\$924.37	\$924.37
69718 69720		replacement (including removal of existing device), osseointegrated implant, release facial nerve	\$1,099.69 \$858.21	\$1,099.69 \$858.21
69720		release facial nerve	\$1,406.47	\$050.21
69740		repair facial nerve	\$867.33	\$867.33
69745		repair facial nerve	\$920.48	\$920.48
69801		labyrinthotomy, with or without cryosurgery including other nonexcisional	\$542.76	\$542.76
69805 69806		explore inner ear	\$776.82	\$776.82
69806		explore inner ear establish inner ear window	\$696.62 \$630.02	\$696.62 \$630.02
69840		revise inner ear window	\$660.74	\$660.74
69905		remove inner ear	\$671.44	\$671.44
69910		remove inner ear & mastoid	\$753.74	\$753.74
69915		incise inner ear nerve	\$1,145.39	\$1,145.39
69930 69950		cochlear device implantation with or w/o mastoidectomy incise inner ear nerve	\$919.26 \$1,357.80	\$919.26 \$1,357.80
69955		release facial nerve	\$1,483.45	\$1,483.45
69960		release inner ear canal	\$1,439.73	\$1,439.73
69970		remove inner ear lesion	\$1,606.95	\$1,606.95
69990		microsurgical techniques, requiring use of operating microscope (list	\$162.56	\$162.56
70030 70030	26	x-ray exam eye foreign body x-ray eye for foreign body	\$21.66 \$7.01	\$21.66 \$7.01
70030	20	x-ray eye for foreign body x-ray exam of jaw	\$7.01	\$7.01
70100	26	mandible limited or unilateral	\$7.31	\$7.31
70110		x-ray exam of jaw	\$30.34	\$30.34
70110	26	mandible limited or unilateral complete minimum of	\$10.27	\$10.27
70120	20	x-ray exam of mastoids mastoids limited or unilateral	\$25.43	\$25.43
70120 70130	26	mastoids limited or unilateral x-ray exam mastoids	\$7.31 \$42.13	\$7.31 \$42.13
70130	26	x-ray exam in hastoids	\$14.03	\$14.03
70134		x-ray exam of middle ear	\$36.24	\$36.24
70134		internal auditory meat uses	\$14.03	\$14.03
70140		x-ray exam of facial bones	\$22.93	\$22.93
70140 70150	26	facial bones limited x-ray exam facial bones minium of three views	\$7.61 \$32.80	\$7.61 \$32.80
70150	26	x-ray exam facial bones minium of three views x-ray exam of facial bones	\$32.80	\$32.80
70150	TC	radiologic exam facial bones, complete	\$22.21	\$10.57
70160	-	x-ray exam of nasal bones	\$24.46	\$24.46
70160	26	nasal bones	\$7.01	\$7.01
70170		x-ray exam of tear duct	\$41.40	\$41.40
70170	26	x-ray exam of tear duct	\$12.34 \$27.17	\$12.34 \$27.17
70190		x-ray exam of eye sockets	\$27.17	\$27.

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70190 70200	-	optic foramina x-ray exam orbits minimum of four views	\$8.50 \$33.96	
70200		x-ray exam of eye sockets	\$11.46	
70210		x-ray exam of sinuses	\$22.89	
70210 70210		paranasal sinuses limited x-ray exam of sinuses	\$7.01 \$15.87	\$7.01 \$15.87
70220	-	x-ray exam of sinuses	\$29.97	\$29.97
70220	26	paranasal sinuses complete	\$9.99	\$9.99
70240 70240	26	x ray exam sella turcica x-ray exam pituitary saddle	\$22.54 \$7.90	\$22.54 \$7.90
70240		radiologic examination, skull; less than four views	\$27.80	
70250	26	skull limited	\$9.69	\$9.69
70260 70260	26	radiologic examination, skull; complete, minimum of four views skull complete	\$37.00 \$13.74	
70300		x ray exam of teeth single view	\$10.87	\$10.87
70300	26	x-ray exam of teeth	\$4.34	\$4.34
70310 70310	26	x-ray teeth partial exam less than full mouth x-ray exam of teeth	\$25.84 \$6.71	\$25.84 \$6.71
70320		full mouth x-ray of teeth	\$36.34	\$36.34
70320		teeth full mouth	\$9.08	\$9.08
70328 70328	26	x-ray exam of jaw joint temporomandibular joint unilateral	\$22.80 \$7.31	\$22.80 \$7.31
70330		x-ray exam of jaw joints bilateral	\$36.10	
70330		x-ray exam of jaw joints	\$9.96	\$9.96
70350 70350		x ray exam of head for orthodontia x-ray head for orthodontia	\$15.79 \$7.01	\$15.79 \$7.01
70355		panoramic x-ray of jaws	\$17.63	\$17.63
70355		orthopantogram	\$8.20	\$8.20
70360 70360		x-ray exam of neck neck for soft tissues	\$20.83 \$7.01	\$20.83 \$7.01
70370		x-ray and fluoroscopy of throat	\$56.81	\$56.81
70370		throat x-ray & fluoroscopy	\$12.95	\$12.95
70380 70380		x-ray exam salivary gland for calculus x-ray exam,salivary gland	\$28.20 \$7.01	\$28.20 \$7.01
70450		computed tomography, head or brain; without contrast material	\$133.48	
71010		x-ray exam of chest	\$18.60	
71010 71015		chest single view x-rav exam of chest	\$7.31 \$22.87	\$7.31 \$22.87
71015	26	chest examination stereo	\$8.50	\$8.50
71020		chest radiological exam two views	\$24.68	
71020 71020		chest radiological exam two views radilogical exam chest two views frontal/lateral	\$9.08 \$15.60	
71021		x-ray exam of chest	\$29.74	\$29.74
71021		xray exam of chest	\$10.87	
71022 71022		x-ray exam of chest xray exam of chest	\$35.71 \$12.65	\$35.71 \$12.65
71023		radiologic exam, with fluoroscopy	\$51.54	\$51.54
71023		radiolocic exam, with fluoroscopy	\$15.88	
71030 71030		x-ray exam of chest chest complete 4 views minimum	\$35.99 \$12.65	
71034		chest x-ray & fluoroscopy	\$70.66	\$70.66
71034	26	chest complete including fluoroscopy	\$20.17	
71035 71035		x-ray exam of chest x ray exam of chest	\$26.44 \$7.60	
71100		ribs unilateral two views	\$25.24	\$25.24
71100		ribs unilateral two views	\$9.08	
71101 71101		x-ray ribs with posteroanterior chest minimum 3 vi x-ray ribs with posteroanterior chest minimum 3 vi	\$30.38 \$10.87	\$30.38 \$10.87
71101		radiologic exam ribs /posteroanterior chest	\$19.51	\$10.87
71110		ribs bilateral three views	\$31.42	\$31.42
71110	26	ribs bilateral three views	\$10.87	\$10.87

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71111		x-ray ribs with posteroanterior chest minimum 4 vi	\$40.12	\$40.12
71111	26	x/ray ribs with posteroanterior chest minimum 4 vi	\$12.95	\$12.95
71120		x-ray exam of breastbone	\$25.19	\$25.19
71120	26	sternum	\$8.20	
71130 71130	26	x-ray exam of breastbone sternoclavicular joints	\$28.88 \$9.08	\$28.88 \$9.08
72010	20	x-ray exam of spine	\$53.19	\$53.19
72010	26	spine entire survey study	\$17.91	\$17.91
72020		radiologic exam spine single view specify level	\$18.27	\$18.27
72020	26	rad exam spine single view specify level	\$6.41	\$6.41
72040	00	radiologic examination, spine, cervical; two or three views	\$28.31	\$28.31
72040 72040	26 TC	radiologic examination, spine, cervical; two or three views	\$9.08 \$19.24	\$9.08 \$19.24
72040	10	radiologic examination, spine, cervical; two or three views x-ray exam of neck spine	\$19.24 \$40.09	\$19.24
72050	26	spine complete	\$40.09	\$12.65
72050	TC	radiologic exam spine. 4 views	\$27.45	\$27.45
72052		x-ray exam of neck spine	\$50.19	\$50.19
72052	26	spine cervical a&p lateral complete	\$14.91	\$14.91
72069	TO	radiologic exam, spine, thoracolumbar, standing	\$26.82	\$26.82
72069 72069	TC 26	radiologic exam, spine, thoracolumbar, standing	\$17.72 \$9.08	\$17.72 \$0.08
72069	20	radiologic exam, spine, thoracolumbar, standing radiologic examination, spine; thoracic, two views	\$9.08	\$9.08 \$26.07
72070	26	radiologic examination, spine; thoracic, two views	\$9.08	\$9.08
72070	TC	radiologic examination, spine; thoracic, two views	\$16.99	\$16.99
72072		radiologic examination, spine; thoracic, three views	\$29.62	\$29.62
72072	26	radiologic examination, spine; thoracic, three views	\$9.08	\$9.08
72072	TC	radiologic examination, spine; thoracic, three views	\$20.54	\$20.54
72074 72074	26	radiologic examination, spine; thoracic, minimum of four views radiologic examination, spine; thoracic, minimum of four views	\$34.57 \$9.08	\$34.57 \$9.08
72080	20	radiologic examination, spine; thoracolumbar, two views	\$9.00	\$27.20
72080	26	radiologic examination, spine; thoracolumbar, two views	\$9.08	\$9.08
72090		x-ray exam of spine scoliosis study	\$35.73	\$35.73
72090	26	x-ray exam of spine	\$11.74	\$11.74
72100		radiologic examination, spine, lumbosacral; two or three views	\$29.71	\$29.71
72100 72100	26 TC	radiologic examination, spine, lumbosacral; two or three views	\$9.08 \$20.63	\$9.08 \$20.63
72100	10	radiologic examination, spine, lumbosacral; two or three views radiologic examination, spine, lumbosacral; minimum of four views	\$20.63	\$41.50
72110	26	radiologic examination, spine, lumbosacral; minimum of four views	\$12.65	
72110	TC	radiologic examination, spine, lumbosacral; minimum of four views	\$28.85	\$28.85
72114		x-ray exam lumbosacral spine	\$54.11	\$54.11
72114	26	x-ray exam of lower spine	\$14.91	\$14.91
72120		x-ray exam of lower spine	\$37.09	\$37.09
72120 72120	26 TC	xray exam of lower spine x-ray exam of lower spine	\$9.08 \$28.00	\$9.08 \$28.00
72120	.0	radiologic examination, pelvis; one or two views	\$28.00	\$19.98
72170	26	radiologic examination, pelvis; one or two views	\$7.01	\$7.01
72190		x-ray exam of pelvis	\$30.25	\$30.25
72190	26	pelvis complete	\$8.78	\$8.78
72200 72200	26	x-ray exam sacroiliac joints	\$22.22 \$7.01	\$22.22 \$7.01
72200	20	xray exam sacroiliac joints x-ray exam sacroiliac joints	\$7.01 \$26.85	\$7.01 \$26.85
72202	26	x-ray exam sacrolliac joints	\$7.90	\$7.90
72202		x-ray exam sacroiliac joints	\$18.95	\$18.95
72220		x-ray exam of tailbone	\$22.61	\$22.61
72220	26	sacrum and coccyx	\$7.01	\$7.01
72220	TC	sacrum and coccyx	\$15.60	\$15.60
73000	06	x-ray exam of collarbone	\$21.08	\$21.08
73000 73000	26 TC	clavicle x-ray exam of collarbone	\$6.71 \$14.37	\$6.71 \$14.37
73000	10	x-ray exam of shoulder blade	\$21.66	\$21.66
73010	26	scapula	\$7.01	\$7.01

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73020			\$17.98	¢17.00
73020	26	x-ray exam of shoulder shoulder limited	\$6.13	\$17.98 \$6.13
73030	20	x-ray exam of shoulder	\$22.90	\$22.90
73030	26	shoulder complete	\$7.60	\$7.60
73030	TC	radiologic exam shoulder complete	\$15.32	\$15.32
73050		x-ray exam of shoulder	\$27.43	\$27.43
73050	26	x-ray exam of shoulder	\$8.49	\$8.49
73060	00	x-ray exam of humerus	\$22.32	\$22.32
73060 73060	26 TC	humerus including one joint radiologic exam humerus	\$7.01 \$15.32	\$7.01 \$15.22
73060	10	radiologic exam numerus radiologic examination, elbow; two views	\$15.32 \$20.50	\$15.32 \$20.50
73070	26	radiologic examination, elbow; two views	\$20.30	\$6.13
73070	TC	radiologic examination, elbow, two views	\$14.37	\$14.37
73080		x-ray exam of elbow	\$26.24	\$26.24
73080		elbow complete	\$7.01	\$7.01
73080		x-ray exam of elbow	\$19.24	\$19.24
73090		radiologic examination; forearm, two views	\$20.81	\$20.81
73090	26	radiologic examination; forearm, two views	\$6.42	\$6.42
73090 73092	TC	radiologic examination; forearm, two views x-ray exam of arm infant minimum of two views	\$14.37 \$21.36	\$14.37 \$21.36
73092		x-ray exam of arm	\$6.42	\$6.42
73100	20	radiologic examination, wrist; two views	\$21.64	\$21.64
73100	26	radiologic examination, wrist; two views	\$6.71	\$6.71
73110		x-ray exam of wrist	\$25.86	\$25.86
73110		wrist complete	\$7.01	\$7.01
73110	TC	radiologic exam wrist, complete	\$18.85	\$18.85
73120		x-ray exam of hand	\$20.53	\$20.53
73120	26	hand limited	\$6.42	\$6.42
73130 73130		x-ray exam of hand hand complete	\$23.62 \$7.01	\$23.62 \$7.01
73130		radiologic exam hand min/3 views	\$16.62	\$16.62
73140		x-ray exam of finger(s)	\$21.85	\$21.85
73140		x-ray exam finger	\$5.53	\$5.53
73140	TC	radiologic exam finger(s)	\$16.33	\$16.33
73500		x-ray exam of hip	\$19.43	\$19.43
73500		hip unilateral limited	\$7.01	\$7.01
73510		x-ray exam of hip	\$28.00	\$28.00
73510 73510		hip unilateral complete radiologic exam, hip	\$8.78 \$19.24	\$8.78 \$19.24
73510		radiologic exam, nip x-ray exam of hips	\$19.24	\$19.24
73520		x-ray exam of hips	\$30.30	\$10.57
73540		x-ray exam of pelvis & hips	\$27.99	\$27.99
73540		x-ray exam of pelvis and hips	\$8.20	\$8.20
73550		radiologic examination, femur, two views	\$21.77	\$21.77
73550	26	radiologic examination, femur, two views	\$7.01	\$7.01
73550	TC	radiologic examination, femur, two views	\$14.76	\$14.76
73560	TC	radiologic examination, knee; one or two views	\$14.66	\$14.66
73560 73560	26	radiologic examination, knee; one or two views radiologic examination, knee; one or two views	\$7.01 \$21.66	\$7.01 \$21.66
73562	тс	radiologic examination, knee; three views	\$18.39	\$18.39
73562	26	radiologic examination, knee; three views	\$7.60	
73562		radiologic examination, knee; three views	\$25.99	\$25.99
73565		radiologic exam, both knees, standing, ap	\$23.07	\$23.07
73590		radiologic examination; tibia and fibula, two views	\$20.83	\$20.83
73590	26	radiologic examination; tibia and fibula, two views	\$7.01	\$7.01
73590		radiologic examination; tibia and fibula, two views	\$13.81	\$13.81
73592		x-ray exam of leg infant	\$21.36	\$21.36
73592	26	x-ray exam of leg	\$6.42	\$6.42
73600	26	radiologic examination, ankle; two views radiologic examination, ankle; two views	\$20.53 \$6.42	\$20.53 \$6.42
73600		L'ADDODOUT EXACTIVITATION ADDOE 1000 VIEWS	30 42	36 42

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73610	26	ankle complete	\$7.01	\$7.01
73610		radiologic exam complete	\$16.62	\$16.62
73620		radiologic examination, foot; two views	\$19.96	\$19.96
73620		radiologic examination, foot; two views	\$6.42	\$6.42
73630		x-ray exam of foot	\$23.34	\$23.34
73630 73630		foot complete radiologic exam foot complete	\$7.01 \$16.33	\$7.01 \$16.33
73650		x-ray exam of heel	\$20.24	\$20.24
73650		os calcis	\$6.42	\$6.42
73660		x-ray exam of toe(s)	\$20.74	\$20.74
73660	26	toes	\$5.25	\$5.25
73660		radiologic exam calcaneus toe or toes	\$15.49	\$15.49
74000		x-ray exam of abdomen	\$19.73	\$19.73
74000 74000		abdomen single view radiologic exam abdomen	\$7.31 \$12.41	\$7.31 \$12.41
74000	-	x-ray exam of abdomen	\$12.41	\$28.90
74010		abdomen with additional oblique or cone	\$9.39	\$9.39
74020		x-ray exam of abdomen	\$30.94	\$30.94
74020		x-ray exam of abdomen	\$11.16	\$11.16
74020	TC	radiologic exam abdomen, complete	\$19.79	\$19.79
74022	00	radiologic examination, abdomen; complete acute abdomen series, including	\$37.41	\$37.41
74022 74022		complete acute abd series rad exam abdomen. complete abdomen series	\$13.22 \$24.17	\$13.22 \$24.17
74022		computed tomography, abdomen and pelvis; without contrast material	\$105.49	\$105.49
74210		contrast xray exam of throat	\$58.86	\$58.86
74210		pharynx and/or cervical eso phagus	\$15.19	\$15.19
74220		contrast xray exam,esophagus	\$66.93	\$66.93
74220		esophagus	\$19.05	\$19.05
74230		swallowing function, with cineradiography/videoradiography	\$68.95	\$68.95
74230 74240		swallowing function, with cineradiography/videoradiography x-ray exam stomach/intestine	\$22.01 \$83.12	\$22.01 \$83.12
74240		upper gi tract without kub	\$28.71	\$28.71
74241		x-ray exam of gi tract with kub	\$88.43	\$88.43
74241	26	x-ray exam stomach/intestine	\$28.44	\$28.44
74245		radiologic examination, gastrointestinal tract, upper; with small intestine,	\$132.34	\$132.34
74245		radiologic examination, gastrointestinal tract, upper; with small intestine,	\$37.80	\$37.80
74246		x-ray upper gi air w or w/o glucagon w or w/o dela	\$94.98	\$94.98
74246 74247		x-ray upper gi air w or w/o glucagon w or w/o dela x-ray upper gi air w or w/o glucagon w or w/o dela	\$28.71 \$104.12	\$28.71 \$104.12
74247		x-ray upper gi air w or w/o glucagon w or w/o dela x-ray upper gi air w or w/o glucagon w or w/o dela	\$28.71	\$28.71
74249		radiological examination, gastrointestinal tract, upper, air contrast, with	\$141.77	\$141.77
74249	26	radiological examination, gastrointestinal tract, upper, air contrast, with	\$37.80	\$37.80
74250		radiologic examination, small intestine, includes multiple serial films;	\$77.76	\$77.76
74250		radiologic examination, small intestine, includes multiple serial films;	\$19.36	\$19.36
74251 74251		radiologic examination, small bowel, includes multiple serial films; radiologic examination, small bowel, includes multiple serial films;	\$241.56 \$28.71	\$241.56 \$28.71
74251 74260		radiologic examination, small bowel, includes multiple serial films; x-ray exam small bowel duodenography hypotonic	\$28.71 \$201.12	\$28.71
74260		x-ray exam of small bowel	\$20.54	\$20.54
74270		radiologic examination, colon; barium enema, with or without kub	\$111.68	\$111.68
74270	26	radiologic examination, colon; barium enema, with or without kub	\$28.71	\$28.71
74280		air contrast with barium with or without glucagon	\$154.62	\$154.62
74280		air contrast with barium with or without glucagon	\$41.06	\$41.06
74283 74283		therapeutic enema, contrast or air, for reduction of intussusception or other therapeutic enema, contrast or air, for reduction of intussusception or other	\$162.02 \$83.52	\$162.02 \$83.52
74283		x-ray measurement of pelvis	\$83.52 \$33.92	\$83.52
74710		x-ray measurement of pelvis	\$14.30	\$14.30
74775		perineogram	\$70.03	\$70.03
74775	26	perineogram	\$25.75	\$25.75
75561	26	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed	\$111.52	\$111.52
75561	TC	cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed	\$424.90	\$424.90

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75820	TC	vein x-ray, arm/leg	\$62.98	\$62.98
75902 75902	26	mechanical removal of intraluminal (intracatheter) obstructive material from mechanical removal of intraluminal (intracatheter) obstructive material from	\$72.29 \$16.09	\$72.29 \$16.09
75902	TC	mechanical removal of intraluminal (intracatheter) obstructive material from	\$56.20	\$56.20
75978	TC	translum angioplasty venous interrup/super, only	\$188.98	\$188.98
75984	TC	change of percutaneous tube or drainage catheter with contrast monitoring (eg,	\$58.62	\$58.62
76000 76001	26	fluoroscopy (separate procedure), up to one hour physician time, other than	\$7.01	\$7.01 \$106.52
76080		fluoroscope exam, extensive radiologic examination, abscess, fistula or sinus tract study, radiological	\$106.52 \$49.76	\$49.76
76080	26	radiologic examination, abscess, fistula or sinus tract study, radiological	\$22.59	\$22.59
76100		x-ray exam of body section	\$103.66	\$103.66
76100	26	body section tomography	\$23.99	\$23.99
76101 76101	26	rad exam complex motion body sect not kidney unil rad exam complex motion body sect not kidney unil	\$143.03 \$23.71	\$143.03 \$23.71
76101	20	rad exam complex motion body sect not kidney bilat	\$23.71	\$23.71
76102	26	rad exam complex motion body sect not kidney bilat	\$23.44	\$23.44
76140		consult on x-ray exam made elsewhere,written repor	\$31.06	\$31.06
76506		echoencephalography b-mode including a-mode	\$89.72	\$89.72
76506 76511	26	echoencephalography b-mode including a-mode ophthalmic ultrasound, diagnostic; quantitative a-scan only	\$26.64 \$75.95	\$26.64 \$75.95
76511	26	echo exam of eve	\$39.36	\$39.36
76512		ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed	\$71.30	\$71.30
76512		echo exam of eye	\$39.45	\$39.45
76516 76516		echo exam of eye echo exam of eye	\$52.27 \$22.41	\$52.27 \$22.41
76529	20	echo exam of eye	\$53.01	\$53.01
76529	26	ophthalmic ultrasound foreign body	\$23.78	\$23.78
76604		ultrasound, chest, real time with image documentation	\$67.04	\$67.04
76604	26	ultrasound, chest, real time with image documentation	\$22.61	\$22.61
76641 76641	TC	ultrasound of one breast ultrasound of one breast	\$84.83 \$55.22	\$84.83 \$55.22
76641	26	ultrasound of one breast	\$29.61	\$29.61
76642		ultrasound of one breast	\$69.80	\$69.80
76642		ultrasound of one breast	\$42.23	\$42.23
76642 76700	26	ultrasound of one breast	\$27.57	\$27.57
76700	26	ultrasound, abdominal, b-scan and/or real time with image documentation; ultrasound, abdominal, b-scan and/or real time with image documentation;	\$105.98 \$33.38	\$105.98 \$33.38
76700		ultrasound, abdominal, b-scan and/or real time with image documentation;	\$72.61	
76705		echo exam of abdomen	\$80.37	\$80.37
76705	26	echo exam of abdomen	\$24.57	\$24.57
76770 76770	26	ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time ultrasound, retroperitoneal (eg, renal, aorta, nodes), b-scan and/or real time	\$101.44 \$30.51	\$101.44 \$30.51
76775		echography retroperitoneal b-scan limited	\$86.23	\$86.51
76775	26	echography retroperitioneal b scan limited	\$24.28	\$24.55
76800		ultrasound, spinal canal and contents	\$96.26	\$96.26
76800 76801	26	ultrasound, spinal canal and contents	\$44.09 \$102.11	\$44.09
76801	26	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, real time with image documentation, fetal and	\$102.11 \$40.50	\$102.11 \$40.50
76802		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$58.11	\$58.11
76802	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$33.70	\$33.70
76805	20	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$113.58	\$113.58
76805 76805	26 TC	ultrasound, pregnant uterus, b-scan and/or real time with image documentation; ultrasound, pregnant uterus, b-scan and/or real time with image documentation;	\$40.23 \$73.36	\$40.23 \$73.36
76805	10	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$78.82	\$78.82
76810	26	echography; complete with multiple gestation	\$39.64	\$39.64
76811		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$160.60	\$160.60
76811	26 TC	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$76.25	\$76.25
76811 76812	TC	ultrasound, pregnant uterus, real time with image documentation, fetal and ultrasound, pregnant uterus, real time with image documentation, fetal and	\$84.34 \$157.23	\$84.34 \$157.23
76812	26	ultrasound, pregnant uterus, real time with image documentation, fetal and	\$71.31	\$71.31
76812		ultrasound, pregnant uterus, real time with image documentation, fetal and	\$85.91	\$85.91

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
		e on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Health Choice Clinical Policies on the DMA Web Site.	Guide	
and the wet	dicald and	Health Choice Clinical Policies on the DMA web Site.		
Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions.	
		to this schedule.		
*** The fee s	schedule i	nclude the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
76813		ultrasound, pregnant uterus, real time with image documentation, first	\$100.04	\$100.04
76813		ultrasound, pregnant uterus, real time with image documentation, first	\$46.72	\$46.72
76813		ultrasound, pregnant uterus, real time with image documentation, first	\$53.32	\$53.32
76814		ultrasound, pregnant uterus, real time with image documentation, first	\$65.48	\$65.48
76814		ultrasound, pregnant uterus, real time with image documentation, first	\$39.29	\$39.29
76814		ultrasound, pregnant uterus, real time with image documentation, first	\$26.18	\$26.18
76815		ultrasound, pregnant uterus, real time with image documentation, limited (eg,	\$70.72	\$70.72
76815		echography, pregnant uterus, b-scan and/or real time with image documentation;	\$26.39	\$26.39
76816 76816		ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, echography pregnant uterus, follow-up or repeat	\$86.94 \$34.31	\$86.94 \$34.31
76816		echography pregnant uterus, rollow-up or repeat echograph pregnant uterus follow up	\$34.31	\$34.31
76817	10	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$78.97	\$78.97
76817	26	ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$30.25	\$30.25
76817		ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$48.70	\$48.70
76818		fetal biophysical profile; with non-stress testing	\$94.50	\$94.50
76818		fetal biophysical profile; with non-stress testing	\$42.22	\$42.22
76818		fetal biophysical profile; with non-stress testing	\$52.27	\$52.27
76830		ultrasound, transvaginal	\$93.02	\$93.02
76830 76830		ultrasound, transvaginal ultrasound, transvaginal	\$28.16 \$64.86	\$28.16 \$64.86
76856	10	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$93.59	\$93.59
76856	26	ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$28.44	\$28.44
76856		ultrasound, pelvic (nonobstetric), b-scan and/or real time with image	\$65.15	\$65.15
76857	26	echography, pelvic; limited or follow-up	\$16.07	\$16.07
76870		ultrasound, scrotum and contents	\$92.64	\$92.64
76870		ultrasound, scrotum and contents	\$26.65	\$26.65
76872		ultrasound, transrectal	\$110.28	\$110.28
76872 76873		echography, transrectal	\$29.47 \$140.08	\$29.47 \$140.08
76873		echography, transrectal; prostate volume study for brachytherapy treatment echography, transrectal; prostate volume study for brachytherapy treatment	\$64.27	\$64.27
76873		echography, transrectal, prostate volume study for brachytherapy treatment	\$75.81	\$75.81
76882		ultrasound, extremity, nonvascular, real-time with image documentation;	\$24.34	\$24.34
76882	26	ultrasound, extremity, nonvascular, real-time with image documentation;	\$16.27	\$16.27
76882	TC	ultrasound, extremity, nonvascular, real-time with image documentation;	\$8.07	\$8.07
76930		ultrasonic guidance for pericardiocentesis, imaging supervision and	\$76.55	\$76.55
76930		ultrasonic guidance for pericardiocentesis, imaging supervision and	\$29.59	\$29.59
76932		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$77.04	\$77.04
76932 76937		ultrasonic guidance for endomyocardial biopsy, imaging supervision and	\$29.59 \$28.07	\$29.59 \$28.07
76937		ultrasound guidance for vascular access requiring ultrasound evaluation of ultrasound guidance for vascular access requiring ultrasound evaluation of	\$28.07 \$12.73	\$28.07 \$12.73
76937		ultrasound guidance for vascular access requiring ultrasound evaluation of	\$15.35	\$15.35
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$143.05	\$143.05
76942		ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection,	\$27.83	\$27.83
76946		ultrasonic guidance for amniocentesis, imaging supervision and interpretation	\$34.77	\$34.77
76965		ultrasonic guidance for interstitial radioelement application	\$56.33	\$56.33
76965		ultrasonic guidance for interstitial radioelement application	\$59.00	\$59.00
76970		ultrasound study	\$15.84	\$15.84
76975 76975		gastrointestinal endoscopic ultrasound, supervision and interpretation gastrointestinal endoscopic ultrasound, supervision and interpretation	\$79.33 \$33.94	\$79.33 \$33.04
76975		fluoroscopic guidance for central venous access device placement, replacement	\$33.94	\$33.94 \$80.47
77001		fluoroscopic guidance for central venous access device placement, replacement	\$15.60	\$15.60
77001		fluoroscopic guidance for central venous access device placement, replacement	\$64.86	\$64.86
77002		fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$55.27	\$55.27
77002	26	fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection,	\$21.75	\$21.75
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or t	\$46.36	\$46.36
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or t	\$22.92	\$22.91
77003		fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or t	\$23.44	\$23.44
77012		computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$154.04	\$154.04
77012		computed tomography guidance for needle placement (eg, biopsy, aspiration, computed tomography guidance for needle placement (eg, biopsy, aspiration,	\$48.35 \$105.68	\$48.35 \$105.68
77012	TC			

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
The inclusi	on of a rat	te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	Guide	
		Health Choice Clinical Policies on the DMA Web Site.		
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a n to this schedule.	laanions,	
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*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
77014	26	computed tomography guidance for placement of radiation therapy fields	\$34.58	\$34.58
77014	TC	computed tomography guidance for placement of radiation therapy fields	\$109.10	\$109.10
77051		computer-aided detection (computer algorithm analysis of digital image data for	\$9.47	\$9.47
77051 77052	26	computer-aided detection (computer algorithm analysis of digital image data for	\$2.57 \$9.47	\$2.57 \$9.47
77052	26	computer-aided detection (computer algorithm analysis of digital image data for computer-aided detection (computer algorithm analysis of digital image data for	\$9.47	\$9.47
77053	20	mammary ductogram or galactogram, single duct, radiological supervision and	\$59.00	\$59.00
77053	26	mammary ductogram or galactogram, single duct, radiological supervision and	\$14.91	\$14.91
77053	TC	mammary ductogram or galactogram, single duct, radiological supervision and	\$44.09	\$44.09
77054 77054	26	mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$79.46 \$18.75	\$79.46 \$18.75
77054	26 TC	mammary ductogram or galactogram, multiple ducts, radiological supervision and mammary ductogram or galactogram, multiple ducts, radiological supervision and	\$18.75 \$60.71	\$18.75 \$60.71
77055		mammography; unilateral	\$66.54	\$66.54
77055	26	mammography; unilateral	\$29.02	\$29.02
77055	TC	mammography; unilateral	\$37.52	\$37.52
77056	00	mammography; bilateral	\$84.38	\$84.38
77056 77057	26	mammography; bilateral screening mammography, bilateral (2-view film study of each breast)	\$36.04 \$63.93	\$36.04 \$63.93
77057	26	screening mammography, bilateral (2-view film study of each breast)	\$29.02	\$29.02
77057	TC	screening mammography, bilateral (2-view film study of each breast)	\$34.91	\$34.91
77072		bone age studies	\$18.35	\$18.35
77072	26	bone age studies	\$7.90	\$7.90
77072 77073	TC	bone age studies bone length studies (orthoroentgenogram, scanogram)	\$10.45 \$29.18	\$10.45 \$29.18
77073	26	bone length studies (orthoroentgenogram, scanogram)	\$11.16	\$23.10
77073	TC	bone length studies (orthoroentgenogram, scanogram)	\$18.02	\$18.02
77074		radiologic examination, osseous survey; limited (eg, for metastases)	\$53.48	\$53.48
77074	26	radiologic examination, osseous survey; limited (eg, for metastases)	\$18.75	\$18.75
77074 77075	TC	radiologic examination, osseous survey; limited (eg, for metastases)	\$34.73 \$77.28	\$34.73 \$77.28
77075	26	radiologic examination, osseous survey; complete (axial and appendicular radiologic examination, osseous survey; complete (axial and appendicular	\$22.31	\$22.31
77075	TC	radiologic examination, osseous survey; complete (axial and appendicular	\$54.97	\$54.97
77076		radiologic examination, osseous survey, infant	\$72.51	\$72.51
77076	26	radiologic examination, osseous survey, infant	\$27.91	\$27.91
77076	TC	radiologic examination, osseous survey, infant	\$44.60 \$54.54	\$44.60
77080 77080	26	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites;	\$54.54 \$8.20	\$54.54 \$8.20
77080	TC	dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites	\$46.35	\$46.35
77085	-	bone density measurement using dedicated x-ray machine	\$44.19	\$44.19
77085	TC	bone density measurement using dedicated x-ray machine	\$31.73	\$31.73
77085	26	bone density measurement using dedicated x-ray machine	\$12.46	\$12.46
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$27.89	\$27.89
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$20.68	\$20.68
	тс		¢20.00	φ20.00
77086		fracture assessment of spine bones using dedicated x-ray machine for bone density measurement	\$7.21	\$7.21
77001	26		*	*
77261 77262		therapeutic rad treatmt planning simple therapeutic rad treatmt planning intermediate	\$57.65 \$86.63	\$57.65 \$86.63
77262		therapeutic rad treatmt planning intermediate	\$86.63	\$86.63 \$128.53
77280		radiation ther simulator aided field setting simpl	\$142.61	\$142.61
77280	26	therapeutic radiology (simple)	\$28.65	\$28.65
77280	TC	radiation therapeutic simulator aided field setting simple	\$113.96	\$113.96
77285	06	radiation ther simulator aided field setting inter	\$245.49 \$42.70	\$245.49
77285 77285	26 TC	therapeutic radiology (intermediate) radiation therapeutic simulator aided field setting intermediate	\$42.79 \$202.70	\$42.79 \$202.70
77290	10	radiation therapy simulator aided field setting co	\$381.06	\$381.06
77290	26	therapeutic radiology (complete)	\$63.54	\$63.54
77290	TC	radiation therapy simulator aided field setting complex	\$317.53	\$317.53
77293	26 TC	respiratory motion management simulation	\$82.67 \$254.52	\$82.67 \$254.52
77293	TC	respiratory motion management simulation	\$254.52	\$254.52

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
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		I Health Choice Clinical Policies on the DMA Web Site.		
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for	additions,	
changes an	nd deletion	n to this schedule.		
*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not incl	uded on this fee so	chedule
The lee	Schedule			medule
77293		respiratory motion management simulation	\$337.18	\$337.18
77295		therapeutic radiology simulation-aided field setting; three-dimensional	\$531.59	\$531.59
77295		therapeutic radiology simulation-aided field setting; three-dimensional	\$185.69	\$185.69
77295	TC	therapeutic radiology simulation-aided field setting; three-dimensional	\$345.90	\$345.90
77300	26	basic radiation dosimetry calculation, central axis depth dose calculation,	\$55.92 \$25.20	\$55.92
77300 77300	26 TC	basic radiation dosimetry calculation, central axis depth dose calculation, basic radiation dosimetry calculation, central axis depth dose calculation,	\$25.20	\$25.20 \$30.72
77301	10	intensity modulated radiotherapy plan, including dose-volume histograms for	\$1,674.53	\$1,674.53
77301	26	intensity modulated radiotherapy plan, including dose-volume histograms	\$325.42	\$325.42
77301	TC	intensity modulated radiotherapy plan, including dose-volume histograms	\$1,349.11	\$1,349.11
77306		radiation therapy plan	\$114.14	\$114.14
77306	TC	radiation therapy plan	\$56.60	\$56.60
77306	26	radiation therapy plan	\$57.53	\$57.53
77307	TO	radiation therapy plan	\$222.95	\$222.95
77307 77307	TC 26	radiation therapy plan	\$103.58 \$119.37	\$103.58
77316	20	radiation therapy plan radiation therapy plan	\$119.37	<u>\$119.37</u> \$145.59
77316	TC	radiation therapy plan	\$87.83	\$87.83
77316	26	radiation therapy plan	\$57.76	\$57.76
77317		radiation therapy plan	\$190.61	\$190.61
77317	TC	radiation therapy plan	\$114.64	\$114.64
77317	26	radiation therapy plan	\$75.97	\$75.97
77318		radiation therapy plan	\$275.36	\$275.36
77318		radiation therapy plan	\$155.54	\$155.54
77318 77321	26	radiation therapy plan special teletherapy port plan part/hemi/total body	\$119.83 \$95.55	<u>\$119.83</u> \$95.55
77321	26	special teletherapy port plan	\$38.64	\$38.64
77321	TC	special teletherapy port part/hemi/ total body	\$56.90	\$56.90
77331		special dosimetry eg tld, microdosimetry specify	\$49.85	\$49.85
77331	26	special dosimetry	\$35.47	\$35.47
77331		special dosimetry eg tld. microdosimetry	\$14.37	\$14.37
77332		treatment devices design & construction simple	\$60.77	\$60.77
77332	26	treatment devices (simple)	\$21.94	\$21.94
77332	TC	treatment devices design & construction (simple)	\$38.83	\$38.83
77333 77333	26	treatment devices design & construction intermed treatment devices (intermediate)	\$54.58 \$34.28	\$54.58 \$34.28
77333	TC	treatment devices (intermediate)	\$20.29	\$20.29
77334	-	treatment device design & construction complex	\$123.88	\$123.88
77334		treatment devices (complex)	\$50.40	\$50.40
77334		treatment devices (complex)	\$73.48	\$73.48
77336		continuing medical physics consultation, including assessment of treatment	\$47.27	\$47.27
77370		special medical radiation physics consultation	\$89.89	\$89.89
77371		radiation treatment delivery, stereotactic radiosurgery (srs), complete course	\$648.45	\$648.45
77372 77373		radiation treatment delivery, stereotactic radiosurgery (srs), complete course stereotactic body radiation therapy, treatment delivery, per fraction to 1 or	\$648.45 \$1,203.95	\$648.45 \$1,203.95
77385		radiation therapy delivery	\$1,203.95	\$1,203.95
77386		radiation therapy delivery	\$399.75	\$399.75
77387		guidance for localization of target delivery of radiation treatment delivery	\$87.67	\$87.67
77401		radiation treatment delivery, superficial	\$24.21	\$24.21
77402		radiation treatment delivery, simple - upto 5 mev	\$104.22	\$104.22
77407		radiation treatment delivery, inter., up to 5 mev	\$163.45	\$163.45
77412		radiation treatment delivery, three or more separate treatment areas, custom	\$158.32	\$158.32
77417		therapeutic radiology port films	\$12.23	\$12.23
77427 77431		radiation treatment management, five treatments	\$152.93 \$78.02	\$152.93 \$78.02
77431		radiation therapy mgmt, complete course, 1-2 fract stereotactic radiation treatment management of cerebral lesion(s)	\$78.02	\$78.02 \$325.17
77435		stereotactic radiation treatment management of cerebrar lesion(s) stereotactic body radiation therapy, treatment management, per treatment	\$539.18	\$539.18
77470		special treatment procedure (eg, total body irradiation, hemibody radiation,	\$200.01	\$200.01
77470	26	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$85.19	\$85.19
77470	TC	special treatment procedure (eg, total body irradiation, hemibody radiation,	\$114.82	\$114.82
77600		hyperthermia, ext; superficial.	\$287.33	\$287.33

Effective Date: 11/12015 The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide drift de Medicaid and Healt Chickes Chinel Policies on the DMA Web Site. Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, charges and deletion to this schedule. *** The less chedule include the new codes for 2015 and the ponting 1% rate reduction effective 1/12015 is not included on this for schedule. \$83.54 \$83 77000 20 hyperthemmia, externably gunerated \$83.54 \$83 77000 10 hyperthemmia, externably gunerated \$83.56 \$83 77000 20 hyperthemmia, externably gunerated \$83.56 \$83 77000 10 hyperthemmia, externably gunerated \$83.56 \$83 77000 10 hyperthemmia, externable applicators \$93.14 \$83.56 77000 10 hyperthemmia sequence to the instraited applicators \$93.14 \$93 77000 10 hyperthemmia sequence to the instraited applicators \$93.14 \$93 77000 10 hyperthemmia sequence to the instraited applicators <td< th=""><th></th><th></th><th>Nurse Practitioner Fee Schedule</th><th></th><th></th></td<>			Nurse Practitioner Fee Schedule		
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Provider should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, charges and deletion to this schedule. **** The fee schedule include the new codes for 2015 and the pending 1% rate reduction effective 1/12015 is not included on this fee schedule \$32.54 **** The fee schedule include the new codes for 2015 and the pending 1% rate reduction effective 1/12015 is not included on this fee schedule \$32.54 ************************************	The inclusi	ion of a rat	e on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	Guide	
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77790 supervision, handling, loading of radiation source \$69.47 \$6 77770 26 supervision, handling, loading of radiation source \$42.79 \$4 77790 TC supervision, handling, loading of radiation source \$26.68 \$22 77200 radiopharmaceutical therapy, by intracavitary administration \$138.45 \$13 79200 radiopharmaceutical therapy, by interactive colloid administration \$175.42 \$17 79300 radiopharmaceutical therapy, by interactive colloid administration \$175.42 \$17 79300 26 nuclear therapy \$67.11 \$6 79440 radiopharmaceutical therapy, by intra-articular administration \$128.19 \$12 79440 radiopharmaceutical therapy \$82.70 \$8 80047 basic metabolic panel (calcium, ionized) \$26.73 \$2 80048 basic metabolic panel \$11.16 \$1 80050 general health screen panel \$10.42 \$1 80055 obstetric panel \$27.81 \$2 80069 renal function panel					\$46.54
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79300 radiopharmaceutical therapy, by interstitial radioactive colloid administration \$175.42 \$17 79300 26 nuclear therapy \$67.11 \$6 79440 radiopharmaceutical therapy, by intra-articular administration \$128.19 \$12 79440 26 intra-articular radiopharmaceutical therapy \$82.70 \$8 80047 basic metabolic panel (calcium, ionized) \$26.73 \$22 80048 basic metabolic panel \$9.88 \$ 80050 general health screen panel \$11.16 \$11 80053 comprehensive metabolic panel \$10.42 \$11 80055 obstetric panel \$27.81 \$22 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$16.69 \$1 80163 digoxin level \$16.37 \$1 <t< td=""><td></td><td></td><td></td><td></td><td>\$138.45</td></t<>					\$138.45
79300 26 nuclear therapy \$67.11 \$6 7940 radiopharmaceutical therapy, by intra-articular administration \$128.19 \$12 79440 26 intra-articular radiopharmaceutical therapy \$82.70 \$8 80047 basic metabolic panel (calcium, ionized) \$26.73 \$22 80048 basic metabolic panel (calcium, ionized) \$9.88 \$ 80050 general health screen panel \$11.16 \$1 80053 comprehensive metabolic panel \$10.42 \$11. 80055 obstetric panel \$27.81 \$22 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$16.63 \$1 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1		26			\$82.90
79440 radiopharmaceutical therapy, by intra-articular administration \$128.19 \$12 79440 26 intra-articular radiopharmaceutical therapy \$82.70 \$8 80047 basic metabolic panel (calcium, ionized) \$26.73 \$22 80048 basic metabolic panel (calcium, ionized) \$26.73 \$22 80048 basic metabolic panel \$9.88 \$ 80050 general health screen panel \$11.16 \$1 80053 comprehensive metabolic panel \$10.42 \$11 80055 obstetric panel \$27.81 \$22 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1		26			\$175.42 \$67.11
79440 26 intra-articular radiopharmaceutical therapy \$82.70 \$8 80047 basic metabolic panel (calcium, ionized) \$26.73 \$22 80048 basic metabolic panel \$9.88 \$ 80050 general health screen panel \$11.16 \$1 80053 comprehensive metabolic panel \$10.42 \$11 80055 obstetric panel \$27.81 \$22 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$128.19
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80050 general health screen panel \$11.16 \$1 80053 comprehensive metabolic panel \$10.42 \$1 80055 obstetric panel \$27.81 \$2 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$26.73
80053 comprehensive metabolic panel \$10.42 \$11 80053 obstetric panel \$27.81 \$22 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$9.88 \$11.38
80055 obstetric panel \$27.81 \$2 80069 renal function panel \$9.88 \$ 80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$9.83 \$ 80159 clozapine level \$16.69 \$1 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1				· -	\$10.42
80074 acute hepatitis panel \$57.47 \$5 80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1	80055		obstetric panel	\$27.81	\$27.81
80076 hepatic function panel \$9.88 \$ 80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$9.88
80155 caffeine level \$16.69 \$1 80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$57.47
80159 clozapine level \$21.83 \$2 80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$9.88 \$16.69
80163 digoxin level \$16.37 \$1 80165 valproic acid level \$16.53 \$1					\$21.83
					\$16.37
1. 80160 L Javarolimus Javal 0.0 01					\$16.53
	80169		everolimus level	\$16.20	\$16.20 \$15.65

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015		
The inclusio	on of a rat	te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	, Guida	
		I Health Choice Clinical Policies on the DMA Web Site.	Guide	
		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes an	d deletion	n to this schedule.		
*** The fee	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
80175		lamotrigine level	\$15.65	\$15.65
80177		levetiracetam level	\$15.65	\$15.65
80180 80183		mycophenolate (mycophenolic acid) level oxcarbazepine level	\$21.31 \$15.65	\$21.31 \$15.65
80195		sirolimus	\$16.92	\$16.92
80199		tiagabine level	\$21.31	\$21.31
80203		zonisamide level	\$15.65	\$15.65
80299		quantitation of therapeutic drug	\$16.89	\$16.89
80300 80301		drug screen drug screen	\$17.94 \$17.94	\$17.94 \$17.94
80302		drug screen	\$22.27	\$22.27
80303		drug screen	\$22.80	\$22.80
80304		drug screen	\$22.27	\$22.27
80320		alcohols levels	\$13.33	\$13.33
80321 80322		alcohols levels alcohols levels	\$13.33 \$13.33	\$13.33 \$13.33
80322		alkaloids levels	\$37.02	\$37.02
80324		amphetamines levels	\$19.18	\$19.18
80325		amphetamines levels	\$19.18	\$19.18
80326		amphetamines levels	\$19.18	\$19.18
80327 80328		anabolic steroids levels anabolic steroids levels	\$31.84 \$31.84	\$31.84 \$31.84
80328		analgesics levels	\$31.04	\$24.96
80330		analgesics levels	\$24.96	\$24.96
80331		analgesics levels	\$24.96	\$24.96
80332		antidepressants levels	\$22.27	\$22.27
80333 80334		antidepressants levels antidepressants levels	\$22.27 \$22.27	\$22.27 \$22.27
80335		antidepressants levels	\$22.27	\$20.09
80336		antidepressants levels	\$20.09	\$20.09
80337		antidepressants levels	\$20.09	\$20.09
80338		antidepressants levels	\$22.27	\$22.27
80339 80340		antiepileptics levels antiepileptics levels	\$17.95 \$17.95	\$17.95 \$17.95
80340		antieplieptics levels	\$17.95	\$17.95
80342		antipsychotics levels	\$21.83	\$21.83
80343		antipsychotics levels	\$21.83	\$21.83
80344		antipsychotics levels	\$21.83	
80345		barbiturates levels	\$14.13	\$14.13 \$22.80
80346 80347		benzodiazepines levels benzodiazepines levels	\$22.80 \$22.80	\$22.80
80348		burrenorphine level	\$22.00	
80349		cannabinoids levels	\$22.27	\$22.27
80350		cannabinoids levels	\$22.27	\$22.27
80351		cannabinoids levels	\$22.27	\$22.27
80352 80353		cannabinoids levels cocaine level	\$22.27 \$18.68	\$22.27 \$18.68
80354		fentanyl level	\$10.00	
80355		gabapentin level non-blood	\$15.65	\$15.65
80356		heroin metabolite level	\$24.00	
80357		ketamine and norketamine levels	\$22.27	\$22.27
80358 80359		methadone level methylenedioxyamphetamines levels	\$20.14 \$19.18	\$20.14 \$19.18
80360		methylphenidate level	\$22.27	\$22.27
80361		opiates levels	\$24.00	
80362		opioids levels	\$24.00	\$24.00
80363		opioids levels	\$24.00	
80364 80365		opioids levels oxycodone levels	\$24.00 \$24.00	\$24.00 \$24.00
80366		pregabalin level	\$24.00	\$22.27
80367		propoxyphene level	\$24.00	

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
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Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
		to this schedule.	,	
*** The fee s	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
80368		cadativa hypotics (non honzadiazoninos) lovals	\$22.27	\$22.27
80369		sedative hypnotics (non-benzodiazepines) levels skeletal muscle relaxants levels	\$22.27	\$22.27
80370		skeletal muscle relaxants levels	\$22.27	\$22.2
80371		synthetic stimulants levels	\$22.27	\$22.2
80372		tapentadol level	\$24.00	\$24.00
80373		tramadol level	\$24.00	\$24.00
80374		stereoisomer (enantiomer) drug analysis	\$22.27	\$22.2
80375 80376		drugs or substances measurement	\$22.27 \$22.27	\$22.27
80376		drugs or substances measurement drugs or substances measurement	\$22.27 \$24.00	\$22.27 \$24.00
81000		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.9
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin,	\$3.91	\$3.9
81002		urinalysis routine without microscopy	\$3.15	\$3.15
81003		ua, by dip stick or tablet; automated, wo micro	\$2.77	\$2.77
81005		urine tests	\$2.68	\$2.68
81007		urinalysis; bacteriuria screen, except by culture or dipstick	\$3.17	\$3.17
81015 81020		microscopic urine exam urinalysis routine 2 or 3 glass test	\$3.74 \$4.55	\$3.74 \$4.55
81025		ua preg. test - color comparison method	\$7.80	\$7.80
81050		volume measurement for timed collection, each	\$3.70	\$3.70
82043		albumin; urine, micr, quantitative	\$7.14	\$7.14
82044		albumin; urine, micro, semiquantitative	\$3.53	\$3.53
82045		albumin; ischemia modified	\$41.87	\$41.87
82075		alcohol breath	\$14.86	\$14.80
82107 82120		alpha-fetoprotein (afp); afp-I3 fraction isoform and total afp (including ratio) amines, vaginal fluid, qualitative	\$79.43 \$4.64	\$79.43 \$4.64
82120		amines, vaginai nuu, quainaiive amylase	\$7.99	\$7.99
82270		blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces,	\$4.01	\$4.01
82271		blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$4.01	\$4.0
82272		blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, single	\$4.01	\$4.0
82306		calcifediol (25-oh vitamin d-3)	\$36.51	\$36.5
82310		calcium; total	\$6.35	\$6.3
82340		calcium urine quantitative timed specimen	\$6.42	\$6.42
82365 82374		calculus quantitative infrared spectroscopy carbon dioxide	\$15.90 \$6.03	\$15.90 \$6.00
82390		ceruloplasmin	\$13.25	\$13.2
82465		cholesterol, serum or whole blood, total	\$5.36	\$5.30
82486		chromatography, qualitative; column (eg, gas liquid or hplc), analyte not	\$22.27	\$22.2
82525		copper	\$15.31	\$15.3 ⁴
82533		cortisol; total	\$20.11	\$20.11
82550		creatine kinase (ck), (cpk); total	\$8.03	\$8.0
82552 82565		cpk isoenzyme (qualitative) creatinine; blood	\$16.52 \$6.32	\$16.52 \$6.32
82505		creatinine; blobd	\$6.38	\$6.3
82607		cyanocobalamin (vitamin b-12)	\$18.59	\$18.5
82610		cystatin c	\$16.77	\$16.7
82656		elastase, pancreatic (el-1), fecal, qualitative or semi-quantitative	\$14.13	\$14.1
82664		electrophoretic tech	\$42.37	\$42.3
82670		estradiol	\$29.37	\$29.3
82679 82705		estrone fecal fat screen	\$30.79 \$6.28	\$30.7 \$6.2
82705		very long chain fatty acids	\$22.27	\$22.2
82728		ferritin specify method	\$16.80	\$16.8
82731		fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$79.43	\$79.4
82746		folic acid	\$18.13	\$18.1
82784		gamma globulin	\$11.47	\$11.4
82785		gammaglobulin; ige	\$20.31	\$20.3
82947		glucose; quantitative, blood (except reagent strip)	\$4.84	\$4.8
82948	-	glucose blood stick test	\$3.91	\$3.9
82951 82952		glucose tolerance glucose tolerance test each assit beyond 3 spec	\$15.88 \$4.84	\$15.8 \$4.8

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		
		Effective Date: 1/1/2015		
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		to this schedule.		
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		,		
82962		blood glucose by monitoring device	\$2.89	\$2.89
82977 83001		g g t gonadotropin; follicle stimulating hormone (fsh)	\$8.88 \$22.92	\$8.88 \$22.92
83002		luteinizing hormone (lh)	\$22.84	\$22.84
83009		helicobacter pylori, blood test analysis for urease activity, non-radioactive	\$83.07	\$83.07
83014 83020	26	helicobacter pylori; drug administration hemoglobin fractionation and quantitation; electrophoresis (eg, a2, s, c,	\$9.69 \$15.02	\$9.69 \$15.02
83036		hemoglobin; glycosylated (a1c)	\$11.97	\$13.02
83050		methemoglobin quantitative	\$9.03	\$9.03
83525		insulin; total	\$14.10	\$14.10
83540 83550		iron ibc	\$7.99 \$10.78	\$7.99 \$10.78
83630		lactoferrin, fecal; qualitative	\$10.78	\$25.30
83655		lead	\$14.93	\$14.93
83690		lipase	\$8.49	\$8.49
83695 83700		lipoprotein (a) lipoprotein, blood; electrophoretic separation and quantitation	\$15.97 \$13.88	\$15.97 \$13.88
83701		lipoprotein, blood; cieculophoteito separation and quantitation of	\$30.61	\$30.61
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND	\$33.64	\$33.64
83718		lipoprotein, direct measurement; (hdl cholesterol)	\$10.10	\$10.10
83721 83735		lipoprotein, direct measurement; Idl cholesterol magnesium	\$11.77 \$8.26	\$11.77 \$8.26
83789		mass spectrometry and tandem mass spectrometry (ms, ms/ ms), analyte not	\$22.27	\$22.27
83876		myeloperoxidase (mpo)	\$16.69	\$16.69
83880 83951		natriuretic peptide oncoprotein; des-gamma-carboxy-prothrombin (dcp)	\$41.87 \$83.01	\$41.87 \$83.01
83951		parathormone	\$50.91	\$50.91
83986		ph body fluid except blood	\$4.41	\$4.41
83992		phencyclidine	\$18.13	\$18.13
83993 84075		calprotectin, fecal	\$24.20	\$24.20
84075		phosphatase alkaline phosphorus inorganic (phosphate)	\$6.38 \$5.85	\$6.38 \$5.85
84132		potassium serum	\$5.66	\$5.66
84144		progesterone	\$25.73	\$25.73
84145 84146		procalcitonin (pct) prolactin	\$24.50 \$23.90	\$24.50 \$23.90
84153		protactin prostate specific antigen (psa); total	\$22.69	\$23.90
84155		protein, total, except by refractometry; serum, plasma or whole blood	\$4.52	\$4.52
84156		protein, total, except by refractometry; urine	\$4.52	\$4.52
84163 84165		pregnancy-associated plasma protein-a (papp-a) protein; electrophoretic fractionation and quantitation, serum	\$10.79 \$13.19	\$10.79 \$13.19
84165	26	protein electrophoresis	\$13.19	\$13.19
84166		protein; electrophoretic fractionation and quantitation, other fluids with	\$22.00	\$22.00
84166		protein; electrophoretic fractionation and quantitation, other fluids with	\$14.74	\$14.74
84181 84182	26 26	protein; western blot, with report and interpretation protein; immuno probe for band id, each	\$14.74 \$15.21	\$14.74 \$15.21
84295		sodium blood	\$5.94	\$5.94
84300		sodium urine	\$5.99	\$5.99
84302		sodium; other source	\$5.99	\$5.99
84403 84436		testosterone; total thyroxine; total	\$31.85 \$7.11	\$31.85 \$7.11
84439		thyroxine; free	\$11.13	\$11.13
84443		tsh	\$20.10	\$20.10
84450		transferase; aspartate amino (ast) (sgot)	\$6.37	\$6.37
84460 84478		transferase; alanine amino (alt) (sgpt) triglycerides	\$6.53 \$7.10	\$6.53 \$7.10
84479		thyroid hormone (t3 or t4) uptake or thyroid hormone binding ratio (thbr)	\$7.10	\$7.10
84481		tridothyronine (t-3); free	\$20.89	\$20.89
84520		urea nitrogen; quantitative	\$4.86	\$4.86
84550 84560		uric acid; blood uric acid; other source	\$5.57 \$5.86	\$5.57 \$5.86

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		ays bin their usual and customary charges. Thease use the monthly No meticald bulletins for a		
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84630 84702		zinc gonadotropin chorionic quantitative	\$14.05 \$10.79	\$14.05 \$10.79
84702		gonadotropin, chorionic (hcg); free beta chain	\$10.79	\$10.79
85004		blood count; automated differential wbc count	\$7.98	\$7.98
85007		blood count; blood smear, microscopic examination with manual differential wbc	\$4.25	\$4.25
85013		blood count; spun microhematocrit	\$2.92	\$2.92
85014		blood count; hematocrit (hct)	\$2.92	\$2.92
85018		blood count; hemoglobin (hgb)	\$2.92	\$2.92
85025 85027		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count)	\$9.58 \$7.98	\$9.58 \$7.08
85027 85032		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$7.98	\$7.98 \$5.31
85044		blood count; reticulocyte, manual	\$5.31	\$5.31
85048		blood count; leukocyte (wbc), automated	\$3.13	\$3.13
85049		blood count; platelet, automated	\$5.52	\$5.52
85055		reticulated platelet assay	\$33.02	\$33.02
85060		blood smear,peripheral,interp by physician	\$13.09	\$13.09
85097 85300	26	bone marrow, smear interpretation clotting inhibitors or anticoagulants antithrombin	\$29.48 \$14.61	\$59.20 \$14.61
85380		fibrin degradation products, d-dimer; ultrasensitive (eg, for evaluation for	\$11.36	\$14.01
85390	26	fibrinolysins or coagulopathy screen, interpretation and report	\$15.02	\$15.02
85397	-	coagulation and fibrinolysis, functional activity, not otherwise specified (eg,	\$29.58	\$29.58
85576		platelet; aggregation (in vitro), each agent	\$26.49	\$26.49
85610		prothrombin time	\$4.85	\$4.85
85651		sedimentation rate, erythrocyte, non-automated	\$4.37	\$4.37
85652 85730		sedimentation rate, erythrocyte; automated ptt	\$3.33 \$7.40	\$3.33 \$7.40
86000		agglutins febrile ea	\$8.60	\$8.60
86003		allergen specific ige; quantitative or semiquantitative, each allergen	6.44	6.44
86038		antinuclear antibodies (ana);	\$14.91	\$14.91
86063		antistreptolysin screen	\$7.12	\$7.12
86140		crp	\$6.38	\$6.38
86141 86162		c-reactive protein; high sensitivity (hscrp) complement total	\$15.97 \$25.06	\$15.97
86171		complement fixation test, each	\$23.06	\$25.06 \$12.36
86200		cyclic citrullinated peptide (ccp), antibody	\$15.97	\$15.97
86225		deoxyribonucleic acid (dna) antibody; native or double stranded	\$16.95	\$16.95
86235		extractable nuclear antigen antibody	\$22.12	\$22.12
86255		fluorescent noninfectious agent antibody; screen, each antibody	\$14.86	
86255	26	fluorescent noninfectious agent antibody; screen, each antibody	\$15.02	\$15.02
86256 86256	26	flourescent antibody titer fluorescent antibody titer	\$14.86 \$15.02	\$14.86 \$15.02
86280	20	hemagglutination inhibiton	\$15.02	\$15.02
86308		heterophile antibodies; screening	\$6.38	\$6.38
86309		heterophile antibodies; titer	\$7.98	\$7.98
86310		heterophile absorption	\$9.09	\$9.09
86316		immunoassay for tumor antigen; other antigen, quantitative (eg, ca 50, 72-4,	\$25.66	\$25.66
86317		immunoassay for infectious agent antibody, quantitative, not otherwise specified	\$17.90	\$17.90 \$15.07
86318 86320		immunoassay for infectious agent antibody, qualitative or semiquantitative, immunoelectrophoresis; serum	\$15.97 \$27.65	\$15.97 \$27.65
86320	26	immunoelectrophoresis; serum	\$15.02	\$15.02
86325		immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with	\$14.74	\$14.74
86327	26	immunoelectrophoresis, serum each specimen plate	\$17.29	\$17.29
86329		immunodiffusion, not elsewhere specified	\$17.31	\$17.31
86334	26	immunofixation electrophoresis	\$15.02	\$15.02
86335	00	immunofixation electrophoresis; other fluids with concentration (eg, urine, csf)	\$36.19	\$36.19
86335 86355	26	immunofixation electrophoresis; other fluids with concentration (eg, urine, csf) b cells, total count	\$14.74 \$46.52	\$14.74 \$46.52
86355		no cells, total count mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise	\$46.52	\$46.52
86357		natural killer (nk) cells, total count	\$46.52	\$46.52
86367		stem cells (ie, cd34), total count	\$46.52	\$46.52
86376		microsomal antibodies (eg, thryoid or liver-kidney), each	\$17.09	\$17.09

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86403		particle agglutination; screen, each antibody rheumatoid factor; gualitative	\$12.57 \$7.00	\$12.5
86430 86480		tuberculosis test, cell mediated immunity measurement of gamma interferon	\$76.44	\$7.00 \$76.44
86486		skin test; unlisted antigen, each	\$3.74	\$3.7
86580		sensitivity test tuberculosis	\$5.42	\$5.4
86592		syphilis, precipitation or flocculation tests	\$5.26	\$5.2
86701		antibody; hiv-1	\$10.95	\$10.9
86703		antibody; hiv-1 & hiv-2, single assay	\$14.50	\$14.5
86706		hepatitis b surface antibody (hbsab)	\$13.25	\$13.2
86711		antibody; jc (john cunningham) virus	\$17.43	\$17.4
86756 86780		antibody; respiratory syncytial virus treponema pallidum	\$16.39 \$16.74	\$16.3 \$16.7
86788		antibody; west nile virus, igm	\$16.74	\$10.7
86789		antibody; west mile virus, igm antibody; west nile virus	\$17.72	\$17.7
86800		thyroglobulin antibody	\$19.61	\$19.6
86803		hepatitis c antibody;	\$17.61	\$17.6
86828		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,		
		flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to hla class i or		
		class ii hla antigens	\$48.02	\$48.0
86829		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$36.02	\$36.0
		flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to hla class i or class ii hla antigens		
86830		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$97.25	\$97.2
00000		flow cytometry); antibody identification by qualitative panel using complete hla phenotypes, hla class i	\$ 07.20	φ01. <u>2</u>
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86831		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$83.36	\$83.3
		flow cytometry); antibody identification by qualitative panel using complete hla phenotypes, hla class ii		
			A 150.00	A (= 0, 0)
86832		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$152.83	\$152.8
		flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), hla class i		
86833		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$138.93	\$138.9
00000		flow cytometry); high definition qualitative panel for identification of antibody specificities (eg,	¢.00.00	¢10010
		individual antigen per bead methodology), hla class ii		
86834		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$430.71	\$430.7
		flow cytometry); semi-quantitative panel (eg, titer), hla class i		
86835		antibody to human leukocyte antigens (hla), solid phase assays (eg, microspheres or beads, elisa,	\$389.03	\$389.0
07045		flow cytometry); semi-quantitative panel (eg, titer), hla class ii	¢14.co	¢11.0
87045 87070		culture, bacterial; stool, aerobic, with isolation and preliminary examination culture, bacterial; any other source except urine, blood or stool, aerobic,	\$11.63 \$10.62	\$11.6 \$10.6
87081		culture, presumptive, pathogenic organisms, screening only;	\$7.11	\$7.1
87086		culture, bacterial; quantitative colony count, urine	\$9.95	\$9.9
87101		culture, fungi (mold or yeast) isolation, with presumptive identification of	\$9.51	\$9.5
87110		culture, chlamydia, any source	\$24.16	\$24.1
87140		culture, typing; immunofluorescent method, each antiserum	\$6.88	\$6.8
87164	26	darkfield examination	\$14.74	\$14.7
87177		ova and parasites	\$10.97	\$10.9
87184 87205		susceptibility studies, antimicrobial agent; disk method, per plate (12 or smear, primary source with interpretation; gram or giemsa stain for bacteria,	\$8.50 \$5.26	\$8.5 \$5.2
87205		smear, primary source with interpretation; fluorescent and/or acid fast stain	\$6.63	\$6.6
87209		smear, primary source with interpretation; nuclease and of actional stain	\$22.16	\$22.1
87210		smear, primary source with interpretation; wet mount for infectious agents (eg,	\$4.70	\$4.7
87220		tissue examination by koh slide of samples from skin, hair, or nails for fungi	\$5.26	\$5.2
87255		virus isolation; including identification by non-immunologic method, other than	\$30.14	\$30.1
87267		infectious agent antigen detection by immunofluorescent technique; enterovirus,	\$14.13	\$14.1
87275		infectious agent antigen detection by immunofluorescent technique; influenza b	\$14.13	\$14.1
87276		infectious agent antigen detection by direct fluorescent antibody technique;	\$14.13	\$14.1
87305		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.13 \$29.61	\$14.1
87389 87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$29.61 \$14.13	\$29.6 \$14.1
87400		infectious agent antigen detection by enzyme immunoassay technique, qualitative	\$14.13	\$14.1

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87449		infectious agent antigen detection by enzyme immunoassay technique qualitative	\$14.13	\$14.13
87480		infectious agent detection by nucleic acid (dna or rna); candida species,	\$24.74	\$24.74
87490 87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis,	\$24.74 \$30.24	\$24.74 \$30.24
87491		infectious agent detection by nucleic acid (dna or rna); chlamydia trachomatis, infectious agent detection by nucleic acid (dna or rna); enterovirus, amplified	\$30.24	\$30.24
87500		infectious agent detection by nucleic acid (dna or rna); vancomycin resistance	\$30.24	\$30.24
87505		detection test for digestive tract pathogen	\$86.87	\$86.87
87506		detection test for digestive tract pathogen	\$131.61	\$131.61
87507		detection test for digestive tract pathogen	\$243.45	\$243.45
87510		infectious agent detection by nucleic acid (dna or rna); gardnerella vaginalis,	\$24.74	\$24.74
87590 87591		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae,	\$24.74 \$30.24	\$24.74 \$30.24
87623		infectious agent detection by nucleic acid (dna or rna); neisseria gonorrhoeae, detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87624		detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87625		detection test for human papillomavirus (hpv)	\$30.24	\$30.24
87631		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza	\$86.87	\$86.87
		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)		
		multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets		
87632		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza	\$131.61	\$131.61
0/032		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)	\$131.01	φ131.0
		multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets		
		······································		
87633		infectious agent detection by nucleic acid (dna or rna); respiratory virus (eg, adenovirus, influenza	\$243.45	\$243.45
		virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus)		
		multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25		
87640		targets infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$30.24	\$30.24
87641		infectious agent detection by nucleic acid (dna or rna); staphylococcus aureus,	\$30.24	\$30.24
87653		infectious agent detection by nucleic acid (dna or rna); streptococcus, group	\$30.24	\$30.24
87660		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis,	\$24.74	\$24.74
87661		infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe techniqu		\$28.94
87800		infectious agent detection by nucleic acid (dna or rna), multiple organisms;	\$49.46	\$49.46
87802 87804		infectious agent antigen detection by immunoassay with direct optical	\$14.13 \$14.13	\$14.13 \$14.13
87806		infectious agent antigen detection by immunoassay with direct optical detection test for hiv-1	\$29.61	\$29.6
87807		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87808		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87809		infectious agent antigen detection by immunoassay with direct optical	\$14.13	\$14.13
87880		infectious agent detection by immunoassay with direct optical observation;	\$14.13	\$14.13
87900		infectious agent drug susceptibility phenotype prediction using regularly	\$100.45	\$100.45
87905 87910		infectious agent enzymatic activity other than virus (eg, sialidase activity in infectious agent genotype analysis by nucleic acid (dna or rna); cytomegalovirus	\$16.42 \$94.69	\$16.42 \$94.69
87910		infectious agent genotype analysis by nucleic acid (dna or ma); cytornegalovirus	\$94.69	\$94.69
88164		cytopathology, slides, cervical or vaginal (the bethesda system); manual	\$13.03	\$13.03
88174		cytopathology, cervical or vaginal (any reporting system), collected in	\$26.35	\$26.35
88175		cytopathology, cervical or vaginal (any reporting system), collected in	\$32.05	\$32.05
88184		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical	\$60.54	\$60.54
88185		flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical flow cytometry, interpretation; 2 to 8 markers	\$35.92	\$35.92
88187 88188		flow cytometry, interpretation; 2 to 8 markers	\$52.80 \$65.01	\$52.80 \$65.0
88189		flow cytometry, interpretation; 16 or more markers	\$83.02	\$83.02
88341		special stained specimen slides to examine tissue	\$52.73	\$52.73
88341	TC	special stained specimen slides to examine tissue	\$35.05	\$35.0
88341	26	special stained specimen slides to examine tissue	\$17.68	\$17.68
88344	TO	special stained specimen slides to examine tissue	\$91.87	\$91.8
88344	TC 26	special stained specimen slides to examine tissue	\$59.37 \$32.50	\$59.37
88344 88355	26 26	special stained specimen slides to examine tissue morphometric analysis skeletal muscle	\$32.50 \$70.72	\$32.50 \$70.72
88360	20	morphometric analysis skeleta muscle morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$93.83	\$93.83
	26	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$43.65	\$43.65

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88360	TC	morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen	\$50.18	\$50.18
88364 88364	тс	cell examination cell examination	\$76.17 \$54.12	\$76.1 \$54.1
88364	26	cell examination	\$22.06	\$22.00
88366		cell examination	\$117.72	\$117.72
88366	TC	cell examination	\$66.55	\$66.5
88366	26	cell examination	\$51.17	\$51.1
88367	26	morphometric analysis, in situ hybridization, (quantitative or	\$185.98	\$185.98
88367 88367	26 TC	morphometric analysis, in situ hybridization, (quantitative or morphometric analysis, in situ hybridization, (quantitative or	\$50.27 \$135.71	\$50.25 \$135.7
88368		morphometric analysis, in situ hybridization, (quantitative or	\$164.10	\$164.1
88368	26	morphometric analysis, in situ hybridization, (quantitative or	\$53.01	\$53.0
88368	TC	morphometric analysis, in situ hybridization, (quantitative or	\$111.09	\$111.0
88369	TO	microscopic genetic examination manual	\$57.93	\$57.9
88369	TC 26	microscopic genetic examination manual	\$37.54	\$37.5
88369 88373	20	microscopic genetic examination manual microscopic genetic examination using computer-assisted technology	\$20.40 \$47.22	\$20.4 \$47.2
88373	TC	microscopic genetic examination using computer-assisted technology	\$30.07	\$30.0
88373	26	microscopic genetic examination using computer-assisted technology	\$17.15	\$17.1
88374		microscopic genetic examination using computer-assisted technology	\$160.19	\$160.1
88374	TC	microscopic genetic examination using computer-assisted technology	\$123.48	\$123.4
88374	26	microscopic genetic examination using computer-assisted technology	\$36.71	\$36.7
88377 88377	тс	microscopic genetic examination manual microscopic genetic examination manual	\$168.35 \$114.91	\$168.3 \$114.9
88377	26	microscopic genetic examination manual	\$53.44	\$53.4
88720		bilirubin, total, transcutaneous	\$6.23	\$6.23
88738		hemoglobin (hgb), quantitative, transcutaneous	\$6.34	\$6.34
88740		hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	\$6.47	\$6.4
88741 89050		hemoglobin, quantitative, transcutaneous, per day; methemoglobin	\$6.47 \$5.84	\$6.4 \$5.84
89050		cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), synovial fluid diff	\$5.84 \$6.42	\$5.84 \$6.42
89055		leukocyte assessment, fecal, qualitative or semiquantitative	\$5.26	\$5.20
89060		crystal id, synovial fluid	\$8.82	\$8.8
89125		fat stain, feces, urine, or respiratory secretions	\$5.33	\$5.3
89160		meat fibers feces	\$4.55	\$4.5
89190 89310		nasal smear for eosinophils semen analysis; motility and count (not including huhner test)	\$5.74 \$10.34	\$5.74 \$10.34
89320		semen analysis, motility and count (not including numeritest)	\$10.34	\$10.34
89325		sperm agglutination with antibody titer	\$13.16	\$13.10
90460	EP	immunization administration through 18 years of age via any route of	\$20.45	\$20.4
90471		immunization administration (includes percutaneous, intradermal, subcutaneous,	\$13.30	\$13.3
90471	EP	immunization administration (includes percutaneous, intradermal, subcutaneous,	\$20.45	\$20.4
90472 90472	EP	immunization administration, each additional vaccine immunization administration, each additional vaccine	\$13.30 \$20.45	\$13.30 \$20.4
90472	LF	immunization administration, each additional vaccine immunization administration by intranasal or oral route; one vaccine (single or	\$13.30	\$13.3
90473	EP	immunization administration by intranasal or oral route: one vaccine (single or	\$20.45	\$20.4
90474		immunization administration by intranasal or oral route; each additional	\$13.30	\$13.30
90474	EP	immunization administration by intranasal or oral route: each additional	\$20.45	\$20.4
90785		interactive complexity (list separately in addition to the code for primary procedure)	\$3.84	\$3.8
90791		psychiatric diagnostic evaluation	\$95.58 \$98.81	\$121.6
90792 90832		psychiatric diagnostic evaluation with medical services psychotherapy, 30 minutes with patient and/or family member	\$98.81 \$40.15	\$101.4 \$50.6
90833		psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$33.60	\$33.8
90834 90836		psychotherapy, 45 minutes with patient and/or family member psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$60.29 \$55.02	\$65.8 \$55.0
90837		psychotherapy, 60 minutes with patient and/or family member	\$90.91	\$96.4

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90838		psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)	\$88.31	\$88.84
90839		psychotherapy for crisis; first 60 minutes	\$113.90	\$121.52
90840		psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary	\$94.92	\$102.31
90845		service psychoanalysis	\$65.81	\$67.22
90846		family psychotherapy (without the patient present)	\$69.82	\$71.50
90847		family psychotherapy (conjoint psychotherapy) (with patient present)	\$83.74 \$24.38	\$88.78
90849 90853		multiple-family group psychotherapy group psychotherapy (other than of a multiple-family group)	\$24.38	\$26.63 \$25.31
90870		electroconvulsive therapy (includes necessary monitoring)	\$69.94	\$109.94
90951		end-stage renal disease (esrd) related services monthly, for patients younger	\$782.62	\$782.62
90952 90953		end-stage renal disease (esrd) related services monthly, for patients younger end-stage renal disease (esrd) related services monthly, for patients younger	\$363.83 \$246.46	\$363.83 \$246.46
90954		end-stage renal disease (esrd) related services monthly, for patients younger	\$642.60	\$642.60
90955		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$363.83	\$363.83
90956		end-stage renal disease (esrd) related services monthly, for patients 2-11	\$246.45	\$246.45
90957 90958		end-stage renal disease (esrd) related services monthly, for patients 12-19 end-stage renal disease (esrd) related services monthly, for patients 12-19	\$515.77 \$347.97	\$515.77 \$347.97
90959		end-stage renal disease (esrd) related services monthly, for patients 12-19	\$228.36	\$228.36
90960		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$228.75	\$228.75
90961		end-stage renal disease (esrd) related services monthly, for patients 20 years	\$184.68	\$184.68
90962 90963		end-stage renal disease (esrd) related services monthly, for patients 20 years end-stage renal disease (esrd) related services for home dialysis per full	\$133.55 \$442.10	\$133.55 \$442.10
90964		end-stage renal disease (esrd) related services for home dialysis per full	\$368.92	\$368.92
90965		end-stage renal disease (esrd) related services for home dialysis per full	\$350.91	\$350.91
90966 90967		end-stage renal disease (esrd) related services for home dialysis per full end-stage renal disease (esrd) related services for dialysis less than a full	\$182.72 \$15.81	\$182.72 \$15.81
90967		end-stage renal disease (esrd) related services for dialysis less than a full	\$13.81	\$13.61
90969		end-stage renal disease (esrd) related services for dialysis less than a full	\$12.04	\$12.04
90970		end-stage renal disease (esrd) related services for dialysis less than a full	\$6.38	\$6.38
91030 91034		isophagus acid perfusion (bernstein)test for esoph esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$105.89 \$151.66	\$105.89 \$151.66
91034	26	esophagus, gastroesophageal reflux test, with nasal catheter ph electrode(s)	\$41.95	\$41.95
91034	TC	esophagus, gastroesophageal reflux test; with nasal catheter ph electrode(s)	\$109.70	\$109.70
91035		esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph	\$409.26	\$409.26
91035 91035	TC 26	esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph esophagus, gastroesophageal reflux test; with mucosal attached telemetry ph	\$341.70 \$67.55	\$341.70 \$67.55
91037	20	esophageal function test, gastroesophageal reflux test with nasal catheter	\$122.00	\$122.00
91037	26	esophageal function test, gastroesophageal reflux test with nasal catheter	\$42.52	\$42.52
91037	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$79.49 \$108.03	\$79.49
91038 91038	26	esophageal function test, gastroesophageal reflux test with nasal catheter esophageal function test, gastroesophageal reflux test with nasal catheter	\$108.03	\$108.03 \$48.12
91038	TC	esophageal function test, gastroesophageal reflux test with nasal catheter	\$59.90	\$59.90
91040		esophageal balloon distension provocation study	\$287.33	\$287.33
91040 91040	26 TC	esophageal balloon distension provocation study esophageal balloon distension provocation study	\$43.63 \$243.70	\$43.63 \$243.70
91040	10	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$294.41	\$294.41
91120	26	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$39.63	\$39.63
91120	TC	rectal sensation, tone, and compliance test (ie, response to graded balloon	\$254.79	\$254.79
91122 91122	26	anorectal manometry anorectal manometry	\$178.14 \$73.37	\$178.14 \$73.37
91122	Z6 TC	anorectal manometry	\$104.77	\$13.37
91200		measuring the stiffness in the liver via elastography	\$28.67	\$28.67
91200	TC	measuring the stiffness in the liver via elastography	\$16.53	\$16.53
91200 92002	26	measuring the stiffness in the liver via elastography eye exam & treatment,initial	\$12.13 \$35.39	\$12.13 \$53.85
92002		eye exam & treatment, initial	\$35.39 \$73.44	\$03.85 \$101.69
92019		opthalmol exam/eval under gen anesthesia subsequen	\$51.94	\$51.94
92025	-	computerized corneal topography, unilateral or bilateral, with interpretation	\$24.68	\$24.68

		Nurse Practitioner Fee Schedule Provider Specialty 061 Effective Date: 1/1/2015		
		te on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing	Guide	
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Providers s	hould alw	lays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions.	
		n to this schedule.	,	
*** The fee	schodulo	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
1110 100	Soncaule			
92025	26	computerized corneal topography, unilateral or bilateral, with interpretation	\$14.41	\$14.41
92025	TC	computerized corneal topography, unilateral or bilateral, with interpretation	\$10.26	\$10.26
92502 92504		ear and throat examination special ear examination	\$73.77 \$7.60	\$73.77 \$21.58
92511		visualization nose & throat	\$45.56	\$113.82
92512		nasal function studies	\$22.33	\$45.56
92520		laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$31.37	\$46.75
92531		spontaneous nystagmus test	\$17.51	\$17.51
92532 92533		positional nystagmus test inner ear test	\$17.86 \$11.38	\$17.86 \$11.38
92533		optokinetic nystagmus test	\$33.63	\$33.63
92541		special eye test	\$44.76	\$44.76
92542		special eye test	\$46.37	\$46.37
92543		inner ear test	\$21.31	\$21.31
92544 92545		special eye test special eye test	\$37.25 \$34.95	\$37.25 \$34.95
92545		hearing test	\$8.02	\$34.95
92552		hearing test	\$16.15	\$16.15
92553		hearing test	\$21.57	\$21.57
92557		comprehensive audiometry threshold evaluation and speech recognition (92553 and	\$33.31	\$35.27
92559 92560		hearing test	\$0.00	\$0.00
92560		hearing test, screening special hearing test	\$16.98 \$21.02	\$16.98 \$21.02
92562		special hearing test	\$16.99	\$16.99
92563		special hearing test	\$15.32	\$15.32
92564		special hearing test	\$14.67	\$14.67
92565 92567		special hearing test	\$9.44 \$12.23	\$9.44 \$13.64
92568		tympanometry acoustic reflex testing; threshold	\$12.23	\$13.04
92571		special hearing test	\$12.23	\$12.23
92572		special hearing test	\$13.07	\$13.07
92575		special hearing test	\$26.40	\$26.40
92576		special hearing test	\$15.78	\$15.78
92577 92582		special hearing test special hearing test	\$12.80 \$30.81	\$12.80 \$30.81
92583		special hearing test	\$24.75	\$24.75
92584		electrocochleography	\$50.19	\$50.19
92587		evoked otoacoustic emissions; limited (single stimulus level, either transient	\$29.18	\$29.18
92590		hearing aid examination and selection monaural	\$34.46	\$34.46
92591 92592		hearing aid exam and selection binaural hearing aid check monaural	\$51.76 \$15.08	\$51.76 \$15.08
92592		hearing aid check binaural	\$15.08	\$13.08
92594		electroacoustic evaluation for hearing aid monaura	\$16.65	\$16.65
92595		electroacoustic evaluation for hearing aid binaura	\$24.89	\$24.89
92596		ear protector attenuation measurements	\$26.04	\$26.04
92608 92609		evaluation for prescription for speech-generating augmentative and alternative therapeutic services for the use of speech-generating device, including	\$22.21 \$61.75	\$22.21 \$61.75
92609		heart-lung resuscitation	\$143.49	\$215.67
92960		restoration heart rhythm	\$108.00	\$202.28
92961	-	cardioversion, elective, electrical conversion of arrhythmia; internal	\$211.25	\$211.25
92970		circulatory assist	\$147.56	\$147.56
92971		circulatory assist	\$83.78 \$1 117 24	\$83.78 \$1 117 24
92986 92987		percutaneous balloon valvuloplasty; aortic valve percutaneous balloon valvuloplasty; mitral valve	\$1,117.24 \$1,156.35	\$1,117.24 \$1,156.35
92990		percutaneous balloon valvuloplasty, mitrai valve	\$889.97	\$889.97
92992		atrial septectomy or septostomy; transvenous method, balloon (eg, rashkind	\$869.23	\$869.23
92993		atrial septectomy or septostomy; blade method (park septostomy) (includes	\$869.23	\$869.23
93000		electrocardiogram, complete	\$16.34	\$16.34
93005 93010		electrocardiogram, tracing electrocardiogram report	\$9.06 \$7.29	\$9.06 \$7.29
93015		cardiovascular stress test	\$78.24	\$78.24

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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and the Med	dicaid and	I Health Choice Clinical Policies on the DMA Web Site.		
Duravislana	have a labor	n ill the invested and another sector and a local sector of the manufactor NO Madianial Dullation for a	-1-1:4:	
		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a to this schedule.	daitions,	
changes an	a deletiol	i to this schedule.		
*** The fee s	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
93016		cardiovascular stress test using maximal or submaximal treadmill	\$19.87	\$19.87
93017		electrocardiogram tracing	\$45.19	
93018		treadmill ekg-interp only	\$13.18	
93025		microvolt t-wave alternans for assessment of ventricular arrhythmias	\$165.80	
93040		electrocardiogram report	\$10.53	\$10.54
93041 93042		rhythm ecg tracing	\$4.10 \$6.43	\$4.10 \$6.43
93042		rhythm strip-interp only 24 hr ecg, inc: recording,scanning,review,interp	\$91.67	\$91.67
93224		24 hr ecg, recording only	\$91.07	
93223		24 hr ecg, physician review and interpretation	\$23.11	\$27.00
93228		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	\$20.86
93229		wearable mobile cardiovascular telemetry with electrocardiographic recording,	\$20.86	\$20.86
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$52.70	\$52.70
		with analysis, review and report		
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$16.26	\$16.26
	TC	with analysis, review and report		
93260		programming device evaluation of heart monitoring system with adjustment of programmed values	\$36.44	\$36.44
	26	with analysis, review and report		
93268		patient demand single or multiple event recording with presymptom memory loop,	\$204.62	\$204.62
93270		patient demand single or multi event recording w/ presymptom memo	\$16.08	\$16.08
93271 93272		patient demand single or multiple event recording with patient demand single or multiple event recording with	\$166.28 \$22.26	\$166.28 \$22.26
93272		signal - average ecg, w/wo ecg.	\$22.20	\$22.20
93278		programming device evaluation with iterative adjustment of the implantable device to test the function	\$44.31	\$44.31
93279	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$29.27	\$29.27
93279	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$15.04	\$15.04
93280	-	programming device evaluation with iterative adjustment of the implantable device to test the function	\$52.51	\$52.51
93280	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$35.14	\$35.14
93280	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$17.36	\$17.36
93281		programming device evaluation with iterative adjustment of the implantable device to test the function	\$61.38	\$61.38
93281	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$41.03	\$41.03
93281	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$20.35	1
93282		programming device evaluation with iterative adjustment of the implantable device to test the function	\$56.71	\$56.71
93282	26 TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$38.31	\$38.31
93282 93283	IC.	programming device evaluation with iterative adjustment of the implantable device to test the function	\$18.39 \$69.09	\$18.39
93283	26	programming device evaluation with iterative adjustment of the implantable device to test the function programming device evaluation with iterative adjustment of the implantable device to test the function	\$69.09	\$69.09 \$48.19
93283		programming device evaluation with terative adjustment of the implantable device to test the function	\$20.91	
93284	.0	programming device evaluation with iterative adjustment of the implantable device to test the function	\$81.02	\$81.02
93284	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$57.32	\$57.32
93284	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$23.71	\$23.71
93285		programming device evaluation with iterative adjustment of the implantable device to test the function	\$38.14	
93285	26	programming device evaluation with iterative adjustment of the implantable device to test the function	\$23.95	
93285	TC	programming device evaluation with iterative adjustment of the implantable device to test the function	\$14.19	\$14.19
93286		peri-procedural device evaluation and programming of device system parameters before or after a sur	\$21.59	
93286	26	peri-procedural device evaluation and programming of device system parameters before or after a sur	\$12.25	\$12.25
93286	TC	peri-procedural device evaluation and programming of device system parameters before or after a sur-	\$9.34	
93287	26	peri-procedural device evaluation and programming of device system parameters before or after a sur-	\$28.56 \$17.00	
93287 93287	26 TC	peri-procedural device evaluation and programming of device system parameters before or after a sur- peri-procedural device evaluation and programming of device system parameters before or after a sur-	\$17.99 \$10.55	\$17.99 \$10.55
93287	10	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$10.55	\$10.55
93288	26	interrogation device evaluation (in person) with physician analysis, review and report, includes connect interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$19.63	\$19.63
93288	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes connect interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$14.47	\$14.47
93289	. •	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$52.81	\$52.81
93289	26	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$35.44	\$35.44
93289	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$17.36	\$17.36
93290		interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$25.35	
93290	26	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$17.30	\$17.30
93290	TC	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$8.04	
93291	26	interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$32.71	\$32.71
93291		interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$19.83	\$19.83

		Nurse Practitioner Fee Schedule		
	1 1	Provider Specialty 061		
		Effective Date: 1/1/2015		1
The inclusi	ion of a rat	a on this table does not augrantee that a service is covered. Please refer to the Medicaid Pilling	Guido	
		e on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing I Health Choice Clinical Policies on the DMA Web Site.	Guide	
		ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes ar	nd deletion	to this schedule.		
*** The fee	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	ded on this fee s	chedule
93291 93292		interrogation device evaluation (in person) with physician analysis, review and report, includes connect interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$12.89 \$29.63	\$12.89 \$29.63
93292		interrogation device evaluation (in person) with physician analysis, review and report, includes connect interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$19.63	\$19.63
93292		interrogation device evaluation (in person) with physician analysis, review and report, includes connect	\$10.00	\$10.00
93293		transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system,	\$46.03	\$46.03
93293		transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system,	\$13.70	\$13.70
93293 93294		transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemeaker sy	\$32.32 \$29.75	\$32.32 \$29.75
93294		interrogation device evaluation(s) (remote), up to 90 days, single, dual, or multiple lead pacemeaker s) interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable ca	\$53.78	\$53.78
93296		interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker sys	\$28.17	\$28.17
93297		interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system,	\$20.86	\$20.86
93298		interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including	\$23.95	\$23.95
93299 93306		interrogation device evaluation(s), (remote) up to 30 days; implantable echocardiography, transthoracic, real-time with image documentation (2d),	\$23.94 \$207.28	\$23.94 \$207.28
93306		echocardiography, transthoracic, real-time with image documentation (20),	\$58.27	\$58.27
93306		echocardiography, transthoracic, real-time with image documentation (2d),	\$149.01	\$149.01
93307		echocardiography, transthoracic, real-time with image documentation (2d) with	\$40.43	\$40.43
93355		insertion of probe in esophagus for heart ultrasound examination	\$185.69	\$185.69
93503 93505		placement of flow directed catheter endocardial biopsy	\$91.85 \$584.97	\$91.85 \$584.97
93561		special heart studies	\$36.39	\$36.39
93562		special heart studies	\$16.55	\$16.55
93600		special electrocardiogram	\$150.62	\$150.62
93602		intra atrial recording	\$124.02	\$124.02
93610 93612		intra-atrial pacing intraventricular pacing	\$169.47 \$177.61	\$169.47 \$177.61
93644		evaluation implantable defibrillator	\$243.06	\$243.06
93644	TC	evaluation implantable defibrillator	\$81.38	\$81.38
93644		evaluation implantable defibrillator	\$161.68	\$161.68
93740 93750		temperature gradient studies evaluation of lower heart chamber assist device with physician analysis	\$7.74 28.50	\$7.74 32.45
93730		venous pressure test	\$6.91	\$6.91
93975		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$75.12	\$75.12
93976		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$168.93	\$168.93
93976		duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal	\$49.87	\$49.87
93978 93978		duplex scan complete; aorta,vena cava,iliac vasc. duplex scan complete; aorta,vena cava,iliac vasc.	\$182.88 \$26.97	\$182.88 \$26.97
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$126.47	\$126.47
93979		duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts;	\$18.08	\$18.08
94002		ventilation assist and management, initiation of pressure or volume preset	\$71.70	\$71.70
94003		ventilation assist and management, initiation of pressure or volume preset	\$51.82 \$27.72	\$51.82
94004 94010		ventilation assist and management, initiation of pressure or volume preset spirometry, including graphic record, total and timed vital capacity.	\$37.72 \$25.58	\$37.72 \$25.58
94060		bronchodilation responsiveness, spirometry as in 94010, pre- and	\$44.85	\$44.85
94150		vital capacity test.	\$17.32	\$17.32
94200		lung function test	\$17.32	\$17.32
94240 94250		lung function test lung function test	\$30.27 \$18.82	\$30.27 \$18.82
94250 94375		respiratory flow volume loop	\$18.82	\$18.82
94400		breathing response to co2	\$40.95	\$40.95
94450		breathing response to hypoxia	\$39.44	\$39.44
94620		pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm	\$55.98	\$55.98
94620 94620		pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm pulmonary stress testing; simple (eg, prolonged exercise test for bronchospasm	\$24.97 \$31.01	\$24.97 \$31.01
94640	-	pressurized or nonpressurized inhalation treatment for acute airway obstruction	\$10.18	\$10.18
94642		aerosol inhalation pentamidine prophylaxis	\$8.92	\$8.92
94644		continuous inhalation treatment with aerosol medication for acute airway	\$26.12	\$26.12
94645		continuous inhalation treatment with aerosol medication for acute airway	\$10.18	\$10.18
94660 94662		cont positive airway vent iniation/management cont negative pressure vent iniation/management	\$29.35 \$29.16	\$44.74 \$29.16
94664		demonstration and/or evaluation of patient utilization of an aerosol generator,	\$11.12	\$11.13

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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and the we	dicald and	Health Choice Clinical Policies on the DMA Web Site.		
Providers s	should alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions.	
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*** The fee	schedule i	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not includ	ded on this fee s	chedule
04667		manipulation about wall	¢15 54	¢15 51
94667 94668		manipulation chest wall manipulation chest wall subsequent	\$15.51 \$14.66	\$15.51 \$14.66
94680		exhaled air analysis	\$44.46	\$44.46
94681		exhaled air analysis	\$47.99	\$47.99
94690		exhaled air analysis	\$38.61	\$38.61
94726		plethysmography for determination of lung volumes and, when performed, airway	\$30.24	\$30.24
94726		plethysmography for determination of lung volumes and, when performed, airway	\$7.06	\$7.06
94726	TC	plethysmography for determination of lung volumes and, when performed, airway	\$23.18	\$23.18
94727 94727	26	gas dilution or washout for determination of lung volumes and, when performed, gas dilution or washout for determination of lung volumes and, when performed,	\$23.80	\$23.80 \$7.06
94727	26 TC	gas dilution or washout for determination of lung volumes and, when performed,	\$7.06 \$16.74	\$7.06
94728		airway resistance by impulse oscillometry	\$23.80	\$10.74
94728	26	airway resistance by impulse oscillometry	\$7.06	\$7.06
94728	TC	airway resistance by impulse oscillometry	\$16.74	\$16.74
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$30.01	\$30.01
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$4.68	\$4.68
94729		diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition	\$25.33	\$25.33
94750 94760		pulmonary compliance study (eg, plethysmography, volume and pressure noninvasive ear or pulse oximetry for oxygen sat.	\$54.63 \$2.07	\$54.63 \$2.07
94760		exhaled carbon dioxide test	\$27.90	\$2.07
95004		injection of allergenic extracts into skin for immediate reaction analysis	\$4.41	\$4.41
95027		intracutaneous (intradermal) tests, sequential and incremental, with allergenic	\$3.58	\$3.58
95056		photosensitivity tests	\$26.49	\$26.49
95060		allergy eye tests	\$17.72	\$17.72
95065		allergy nose test	\$16.13	\$16.13
95070		allergy bronchial tests	\$32.83	\$32.83
95071 95076		inhala bronch challenge testing w/antigens specify	\$40.66	\$40.66
95076		ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	\$58.30	\$93.28
95079		ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other	\$53.57	\$66.20
		substance); each additional 60 minutes of testing (list separately in addition to code for primary	+	+
		procedure)		
95115		immunotherapy, one injection	\$7.93	\$7.93
95117		professional services for allergen immunotherapy not including provision of	\$9.61	\$9.61
95165		professional services for the supervision of preparation and provision of	\$2.57	\$9.00
95180 95782	26	rapid desensitization procedure, each hour (eg, insulin, penicillin, equine polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$85.61 \$103.39	\$111.92 \$103.39
33102	-	attended by a technologist	φ103.39	\$105.59
95782		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$708.33	\$708.33
		attended by a technologist	4.00.00	¢. 00.00
95782		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$811.73	\$811.73
		attended by a technologist		
95783	26	polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$112.66	\$112.66
		with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a		
95783		technologist polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$753.46	\$753.46
93703	10	with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a	\$755.40	\$7.55.40
		technologist		
95783		polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep,	\$866.39	\$866.39
		with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a		
		technologist		
95824		electroencephalogram	\$48.40	\$48.40
95827		electroencephalogram (eeg); all night recording	\$289.77	\$289.77
95827	26	eeg all night recording interpretation	\$43.14 \$938.46	\$43.14 \$938.46
95829 95829	26	electrocorticogram at surgery electrocorticogram at surgery interpretation only	\$938.46 \$252.95	\$938.46 \$252.95
95832	20	muscle testing hand	\$252.95 \$11.95	\$18.94
95833		muscle testing total evaluation of body excluding	\$19.08	\$28.02
95851		range of motion evaluation	\$6.42	\$12.86
95851	26	range of motion measrmts & report; @extrem, ex hnd	\$4.83	\$10.36
95852		range of motion measurements and report of hands	\$4.64	\$9.95

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
		Effective Date: 1/1/2015	1	
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		I Health Choice Clinical Policies on the DMA Web Site.	Guide	
Providers s	hould alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes an	nd deletion	to this schedule.		
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95852	26	rnage of motion measrmts & report;hand w/wo com/ns	\$1.15	\$2.49
95857 95857	26	tensilon test for myasthenia gravis tensilon test for myasthenia gravis interpretation	\$21.73 \$5.43	\$32.64 \$8.10
95863	26	needle electromyography, three extremities with or without related paraspinal	\$76.18	\$76.18
95867	26	needle electromyography, cranial nerve supplied muscles, unilateral	\$32.30	\$32.30
95868	26	needle electromyography, cranial nerve supplied muscles, bilateral	\$48.11	\$48.11
95869	26	needle electromyography; thoracic paraspinal muscles	\$15.21	\$15.21
95875	26	ischemic limb exercise test with serial specimen(s) acquisition for muscle	\$44.58	\$44.58
95925	26	short-latency somatosensory evoked potential study, stimulation of any/all	\$90.42 \$22.14	\$90.42 \$22.1/
95925 95933	26	short-latency somatosensory evoked potential study, stimulation of any/all orbisularis occuli reflex by electrodiagnostic tes	\$22.14	\$22.14 \$49.69
95933	26	orbisularis occult reflex by electrodiagnostic tes	\$24.20	\$24.20
95937		meuromuscular junction testing each nerve one meth	\$44.51	\$44.51
95937	26	meuromuscular junction testing interpretation	\$27.34	\$27.34
95955		electroencephalogram during surgery interpretation	\$106.38	\$106.38
95970	L	electronic analysis of implanted neurostimulator pulse generator system (eg,	\$17.82	\$38.80
95974 95978		electronic analysis of implanted neurostimulator pulse generator system (eg, electronic analysis of implanted neurostimulator pulse generator system (eg,	\$120.10 \$140.92	\$136.32 \$161.90
959978		refilling and maintenance by physician of implantable spinal or brain drug	\$29.47	\$68.37
96040		medical genetics and genetic counseling services, each 30 minutes face-to-face	\$31.09	\$31.09
96111		developmental testing; extended (includes assessment of motor, language,	\$103.06	\$105.30
96127		brief emotional or behavioral assessment	\$4.10	\$4.10
96150		health and behavior assessment (eg, health-focused clinical interview,	\$18.39	\$18.67
96150	EP	health and behavior assessment (eg, health-focused clinical interview)	\$18.39	\$18.67
96151 96151	EP	health and behavior assessment (eg, health-focused clinical interview, health and behavior assessment (eg, health-focused clinical interview)	\$17.79 \$17.79	\$18.07 \$18.07
96360	LF	intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$43.70	\$43.70
96361		intravenous infusion, hydration; each additional hour (list separately in	\$12.72	\$12.72
96365		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$53.30	\$53.30
96366		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$17.12	\$17.12
96367		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$26.94	\$26.94
96368		intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance	\$15.98	\$15.98
96369 96370		subcutaneous infusion for therapy or prophylaxis (specify substance or drug); subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$116.05 \$12.37	\$116.05 \$12.37
96370		subcutaneous infusion for therapy or prophylaxis (specify substance or drug);	\$56.14	\$56.14
96372		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$16.53	\$16.53
96373		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$14.19	\$14.19
96374		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$42.30	\$42.30
96375		therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	\$18.34	\$18.34
96401		chemotherapy administration, subcutaneous or intramuscular; non-hormonal	\$52.71	\$52.71
96402 96409	-	chemotherapy administration, subcutaneous or intramuscular; hormonal chemotherapy administration; intravenous, push technique, single or initial	\$28.89 \$86.75	\$28.89 \$86.75
96409 96411		chemotherapy administration; intravenous, push technique, each additional	\$49.44	\$49.44
96413		chemotherapy administration, intravenous infusion technique; up to 1 hour,	\$114.35	\$114.35
96415		chemotherapy administration, intravenous infusion technique; each additional	\$25.84	\$25.84
96416		chemotherapy administration, intravenous infusion technique; initiation of	\$124.55	\$124.55
96417		chemotherapy administration, intravenous infusion technique; each additional	\$56.94	\$56.94
96450		chemotherapy administration, into cns (eg, intrathecal), requiring and irrigation of implanted venous access device for drug delivery systems	\$70.95 \$19.58	\$164.10
96523 96900		ultraviolet light therapy	\$19.58	<u>\$19.58</u> \$14.94
96910		photochemotheraph tar/ultrauiolet b goeckerman tre	\$48.33	\$48.3
96912		photochemotherapy psoralens/ultrauiolet a puva	\$61.94	\$61.94
96920		laser treatment for inflammatory skin disease (psoriasis); total area less than	51.67	126.6
97010		application of a modality to one or more areas; hot or cold packs	\$3.68	\$3.68
97018		physical med treatment paraffin bath	\$6.21	\$6.2
97022		physical medicine treatment whirlpool	\$13.73 \$4.25	\$13.73
97024 97026	-	application of a modality to one or more areas; diathermy (eg, microwave) physical medicine treatment infrared	\$4.25 \$3.97	\$4.25 \$3.97
97028		physical medicine treatment one area ultraviolet	\$4.85	\$4.85
97032		application of a modality to one or more areas;	\$13.07	\$13.07
97035		application of a modality to one or more areas;	\$9.34	\$9.34

		Nurse Practitioner Fee Schedule		
	1	Provider Specialty 061		
		Effective Date: 1/1/2015		
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Providers s	should alw	ays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a	dditions,	
changes an	nd deletior	to this schedule.		
*** Tho foo	schodulo	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inclu	dad on this foo s	chodulo
The lee	scheuule	include the new codes for 2013 and the pending 1% rate reduction enective 1/1/2013 is not inclu		chequie
97110		therapeutic procedure, one or more areas, each 15 minutes; therapeutic	\$22.67	\$22.67
97597		removal of devitalized tissue from wound(s), selective debridement, without	\$25.77	\$46.20
97598		removal of devitalized tissue from wound(s), selective debridement, without	\$34.39	\$57.33
97750		physical performance test or measurement (eg, musculoskeletal,	\$23.22	\$23.22
97760 97761		orthotic(s) management and training (including assessment and fitting when not prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$25.65 \$22.94	\$25.65 \$22.94
99050		services provided in the office at times other than regularly scheduled office	\$26.48	\$26.48
99051		service(s) provided in the office during regularly scheduled evening, weekend	\$26.48	\$26.48
99053		service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in	\$26.48	\$26.48
99058		service(s) provided on an emergency basis in the office, which disrupts other	\$17.65	\$17.65
99060		service(s) provided on an emergency basis, out of the office, which disrupts	\$9.47	\$9.47
99070		special supplies	\$9.42	\$9.42
99082 99100		unusual travel	\$0.82 \$17.36	\$0.82 \$17.36
99100	<u> </u>	anesthesia for patient of extreme age, under one year and over seventy (list moderate sedation services (other than those services described by codes	\$17.36	\$17.36
99144		moderate sedation services (other than those services described by codes	\$15.75	\$15.75
99145		moderate sedation services (other than those services described by codes	\$7.67	\$7.67
99148		moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99149		moderate sedation services (other than those services described by codes	\$25.03	\$25.03
99150		moderate sedation services (other than those services described by codes	\$12.50	\$12.50
99170 99175		anogenital examination with colposcopic magnification in childhood for induced vomiting	\$76.28 \$19.26	<u>\$113.49</u> \$19.26
99183		physician attendance and supervision of hyperbaric oxygen therapy,	\$91.75	\$150.78
99190		monitoring services	\$89.74	\$89.74
99191		monitoring services	\$57.63	\$57.63
99192		monitoring services	\$41.73	\$41.73
99201		ov new pt minor-phys time approx. 10 minutes	\$20.82	\$32.18
99202 99203		ov new pt,moderate-phys time approx 20 minutes	\$40.14 \$60.58	\$55.81 \$80.86
99203		ov new pt, moderate-phys time approx 30 minutes ov new pt, complex-phys time approx 45 minutes	\$101.72	\$125.39
99205		ov new pt, severe-phys time approx 60 minutes	\$132.38	\$158.51
99211		ov estab pt, minimal w/wo phys, time approx 5 min	\$7.70	\$16.32
99212		ov established pt, minor-phys time approx 10 min.	\$20.51	\$32.50
99213		ov estab. pt, moderate. phys time approx 15 min.	\$40.13	\$54.26
99214		ov estab. pt, severe. phys time approx 25 min.	\$62.08	\$81.76
99215 99217		ov estab. pt, severe. phys time approx 40 min. observation care discharge day management	\$88.14 \$59.48	\$110.58 \$59.48
99217		initial observation, per day, low complexity	\$56.10	\$56.10
99219		initial observation care, per day, moderate complexity	\$92.91	\$92.91
99220		initial observation care, per day, high complexity	\$130.30	\$130.30
99221		initial hosp. care, minor. phys time approx 30 min	\$80.56	\$80.56
99222		initial hosp care,moderate-phys time approx 50 min	\$109.94	\$109.94
99223		initial hosp care, severe-phys time approx 70 min	\$161.88	\$161.88
99224 99225		subsequent observation care, typically 15 minutes per day subsequent observation care, typically 25 minutes per day	\$22.59 \$40.13	\$22.59 \$40.13
99225		subsequent observation care, typically 25 minutes per day	\$60.00	\$60.00
99231		hosp visit, stable. phys time approx 15 minutes	\$33.27	\$33.27
99232		hosp visit, moderate. phys time approx 25 minutes	\$59.96	\$59.96
99233		hosp visit, complex. phys time approx 35 minutes	\$85.87	\$85.87
99234		observation or inpatient hospital care, for the evaluation and management of a	\$113.65	\$113.65
99235 99236		observation or inpatient hospital care, for the evaluation and management of a	\$149.29 \$185.55	\$149.29 \$185.55
99236		observation or inpatient hospital care, for the evaluation and management of a hospital discharge day management; 30 minutes or less	\$185.55	\$59.28
99239		hospital discharge day management; more than 30 minutes	\$86.15	\$39.20
99241		outpt. consult, minor- phys time approx 15 min.	\$26.74	\$38.78
99242		outpt. consult, moderate- phys time approx 30 min.	\$56.43	\$72.65
99243		outpt. consult, severe- phys time approx 40 min.	\$78.66	\$99.91
99244		outpt. consult, severe- phys time approx 60 min.	\$124.91	\$148.40
99245		outpt. consult, severe- phys time approx 80 min.	\$155.81	\$182.39
99251 99252		initial inpt consult- phys time approx 20 min. initial inpt consult- phys time approx 40 min.	\$39.60 \$61.36	\$39.60 \$61.35

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061 Effective Date: 1/1/2015		<u> </u>
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		rays bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for a n to this schedule.	laanions,	
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99253		initial inpt consult- phys time approx 55 min.	\$93.15	\$93.14
99254		initial inpl consult- phys time approx 80 min.	\$134.72	\$134.72
99255		initial inpt consult- phys time approx 110 min.	\$164.15	\$164.15
99281		er visit, minor	\$16.52	\$16.52
99282 99283		er visit, low severity	\$32.14 \$49.81	\$32.14
99283 99284		er visit, moderate severity er visit, high severity	\$93.26	\$49.81 \$93.26
99285		er visit, high severity/life threatening	\$138.64	\$138.64
99288		physician direction of ems advanced life support	\$43.29	\$43.29
99291		critical care, evaluation and management of the unstable critically ill or	\$195.83	\$232.59
99292		critical care, evaluation and management of the unstable critically ill or	\$94.92 \$71.78	\$102.31 \$71.79
99304 99305		initial nursing facility initial visit, typically 25 minutes initial nursing facility visit, typically 35 minutes per day	\$71.78 \$100.36	\$71.78 \$100.36
99306		initial nursing facility visit, typically 45 minutes per day	\$128.96	\$128.96
99307		subsequent nursing facility care, per day, for the evaluation and management of	\$35.42	\$35.42
99308		subsequent nursing facility care, per day, for the evaluation and management of	\$54.16	\$54.16
99309		subsequent nursing facility care, per day, for the evaluation and management of	\$71.84	\$71.84
99310 99315		subsequent nursing facility care, per day, for the evaluation and management of nursing facility discharge day management; 30 minutes or less	\$106.22 \$51.83	\$106.22 \$51.83
99316		nursing facility discharge day management; 30 minutes of less more than 30	\$67.72	\$67.72
99318		evaluation and management of a patient involving an annual nursing facility	\$75.10	\$75.10
99324		domiciliary or rest home visit for the evaluation and management of a new	\$48.15	\$48.15
99325		domiciliary or rest home visit for the evaluation and management of a new	\$70.13	\$70.13
99326 99327		domiciliary or rest home visit for the evaluation and management of a new domiciliary or rest home visit for the evaluation and management of a new	\$115.95 \$151.24	\$115.95 \$151.24
99328		domiciliary or rest home visit for the evaluation and management of a new	\$178.04	\$178.04
99334		domiciliary or rest home visit for the evaluation and management of an	\$49.63	\$49.63
99335		domiciliary or rest home visit for the evaluation and management of an	\$76.87	\$76.87
99336		domiciliary or rest home visit for the evaluation and management of an	\$108.25	\$108.25
99337 99341		domiciliary or rest home visit for the evaluation and management of an	\$155.54	\$155.54
99341		home visit for the evaluation and management of a new patient, which requires home visit for the evaluation and management of a new patient, which requires	\$48.15 \$70.13	\$48.15 \$70.13
99343		home visit for the evaluation and management of a new patient, which requires	\$112.94	\$112.94
99344		home visit for the evaluation and management of a new patient, which requires	\$148.27	\$148.27
99345		home visit for the evaluation and management of a new patient, which requires	\$178.34	\$178.34
99347 99348		home visit for the evaluation and management of an established patient, which	\$46.99 \$70.95	\$46.99 \$70.95
99348		home visit for the evaluation and management of an established patient, which home visit for the evaluation and management of an established patient, which	\$103.31	
99350		home visit for the evaluation and management of an established patient, which	\$144.04	\$144.04
99354		prolonged physician service in the office or other outpatient setting requiring	\$77.73	\$82.03
99355		prolonged physician service in the office or other outpatient setting requiring	\$76.90	\$81.21
99356 99357		prolonged physician service in the inpatient setting, requiring direct prolonged physician service in the inpatient setting, requiring direct	\$74.91 \$75.43	\$74.91 \$75.43
99357		physician standby service, requiring prolonged physician attendance, each 30	\$48.44	\$48.44
99381		initial comprehensive preventive medicine uner 1 year old	53.20	79.65
99381	EP	initial comprehensive preventive medicine uner 1 year old	77.92	77.92
99382		initial comprehensive preventive medicine age 001-004	60.70	86.83
99382 99383	EP	initial comprehensive preventive medicine age 001-004 initial comprehensive preventive medicine age 005-011	77.92 60.70	77.92
99383	EP	initial comprehensive preventive medicine age 005-011	77.92	77.92
99384		new pt physical exam: 12 to 17 years	68.40	93.93
99384	EP	new pt physical exam: 12 to 17 years	77.92	77.92
99385		new pt physical exam: 18 to 39 years	\$68.40	\$93.93
99386		new pt physical exam: 40 to 64 years	\$83.94	\$110.08
99387 99391		new pt physical exam: 65 years and over periodic comprehensive preventive medicine reevaluation and management of an	\$92.07 45.50	\$120.67 66.41
99391	EP	periodic comprehensive preventive medicine reevaluation and management of an	45.50	77.92
99392		estab. pt physical exam: 1 to 4 years	53.20	74.12
99392	EP	estab. pt physical exam: 1 to 4 years	77.92	77.92
99393		estab. pt physical exam: 5 through 11 years	53.20	73.81
99393	EP	estab. pt physical exam: 5 through 11 years	77.92	77.9

		Nurse Practitioner Fee Schedule		
		Provider Specialty 061		
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*** The fee	schedule	include the new codes for 2015 and the pending 1% rate reduction effective 1/1/2015 is not inc	luded on this fee sche	dule
		то по така и		
99394		estab pt physical exam:12 to 17 years	60.70	81.3
99394	EP	estab pt physical exam:12 to 17 years	77.92	77.9
99395		estab. pt physical exam: 18 to 39 years	\$60.70	\$81.6
99396		estab. pt physical exam: 40 to 64 years	\$68.40	\$89.32
99397		estab. pt physical exam: 65 years and over	\$76.54	\$100.2
99406		smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.34	\$11.57
99406	EP	smoking and tobacco use cessation counseling visit; intermediate, greater than	\$10.34	\$11.57
99407		smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.44	\$22.36
99407	EP	smoking and tobacco use cessation counseling visit; intensive, greater than 10	\$21.44	\$22.36
99408		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.58	\$29.81
99408	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$28.58	\$29.81
99409		alcohol and/or substance (other than tobacco) abuse structured screening (eg,	\$57.37	\$58.60
99409	EP	alcohol and/or substance (other than tobacco) abuse structured screening (eg	\$57.37	\$58.60
99420		administration/interp. of health risk assessment.	\$7.90	\$7.90
99420	EP	administration and interpretation of health risk assessment	\$7.90	\$7.90
99460		initial hospital or birthing center care, per day, for evaluation and	\$50.39	\$50.39
99461		initial care, per day, for evaluation and management of normal newborn infant	\$56.26	\$74.40
99462		subsequent hospital care, per day, for evaluation and management of normal	\$26.87	\$26.87
99463		initial hospital or birthing center care, per day, for evaluation and	\$67.42	\$67.42
99464		attendance at delivery (when requested by the delivering physician) and initial	\$57.72	\$57.72
99465		delivery/birthing room resuscitation, provision of positive pressure	\$118.05	\$118.05
99477		initial hospital care, per day, for the evaluation and management of the	\$275.20	\$275.20
99490		chronic care management services at least 20 minutes per calendar month	\$33.96	\$33.96
A4570		viking splint	\$9.26	\$9.26
D0145		oral evaluation for a patient under three years of age and counseling with	\$34.32	\$34.32
D1206		topical fluoride varnish; therapeutic application for moderate to high caries	\$15.14	\$15.14
G0108		diabetes outpatient self-management training services, individual, per 30 min	\$17.82	\$17.82
G0109		diabetes self-management training services, group session, 2 or more per 30 min	\$9.98	\$9.98
G0127		trimming of dystrophic nails, any number	\$6.73	\$14.85
G0328		colorectal cancer screening; fecal occult blood test, immunoassay, 1-3	\$19.76	\$19.76
G0431		drug screen, qualitative; multiple drug classes by high complexity test methods	\$90.33	\$90.33
G0434	L	drug screen, other than chromatographic; any number of drug classes	\$18.07	\$18.07
G0455		preparation with instillation of fecal microbiota by any method, including assessment of donor	\$41.87	\$88.17
Decit		speciment	* • • • •	* • • • - •
P9041		albumin (human), 5%, 50 ml	\$18.76	\$18.70
P9047		albumin (human), 25%, 50 ml	\$37.53	\$37.5
Q0111		wet mounts, including preparation of vaginal, cervical or skin specimens	\$4.90	\$4.9
Q2042		hydroxyprogesterone caproate, 1mg (makena)	\$2.78	\$2.78 \$27.70
Q4101 Q4106		skin substitute, apligraf, per square centimeter	\$27.70	*
S2235		skin substitute, dermagraft, per square centimeter	\$33.94 \$796.33	\$33.94 \$796.33
32233		implantation of auditory brain stem implant	\$190.33	