

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

Nurse Practitioner Fee Schedule
Provider Specialty 061
Effective Date: 1/1/2016

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

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

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	FACILITY RATE	NON-FACILITY RATE
01967		NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR	209.63	209.63
01996		DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR	38.93	38.93
10021		FINE NEEDLE ASPIRATION; WITHOUT IMAGING	52.36	100.48
10022		FINE NEEDLE ASPIRATION; WITH IMAGING GUI	51.97	103.17
10030		GUIDE CATHET FLUID DRAINAGE	126.07	615.23
10035		PERQ DEV SOFT TISS 1ST IMAG	74.46	437.80
10036		PERQ DEV SOFT TISS ADD IMAG	37.49	379.35
10040		ACNE SURGERY	63.53	72.20
10060		DRAINAGE OF ABSCESS	67.39	77.74
10061		DRAINAGE OF ABSCESS	120.14	133.85
10080		DRAINAGE OF PILONIDAL CYST	68.87	114.75
10081		DRAINAGE OF PILONIDAL CYST	120.71	181.14
10120		FOREIGN BODY REMOVAL, SKIN	66.08	94.90
10121		FOREIGN BODY REMOVAL, SKIN	135.29	185.09
10140		DRAINAGE OF BLOOD EFFUSION	86.33	109.27
10160		PUNCTURE DRAINAGE OF LESION	69.52	88.81
10180		INCISION AND DRAINAGE, COMPLEX	127.40	164.05

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

11000		SURGICAL CLEANSING OF SKIN	24.52	38.51
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR I	12.36	16.28
11004		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	439.08	439.08
11005		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	573.02	573.02
11006		DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE	542.16	542.16
11008		REMOVAL OF PROSTHETIC MATERIAL OR MESH,	206.56	206.56
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN	209.04	331.01
11011		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN	225.43	369.21
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	35.08	53.26
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND	170.54	194.32
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUS	234.65	265.44
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUD	14.21	24.55
11100		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	36.26	72.91
11101		BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/	18.66	23.98
11200		REMOVAL OF SKIN TAGS	48.99	57.68
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTA	12.50	13.63
11300		SHAVING OF EPIDERMAL LESION TRUNK ARMS L	22.15	47.62
11301		SHAVING OF EPIDERMAL OR DERMAL LESION, S	37.67	65.64
11302		SHAVING EPIDERMAL LESION TRUNK/ARM/LEG	46.71	78.60
11303		SHAVING EPIDERMAL LESION TRUNK/ARM/LEG O	54.79	92.28
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0	28.04	49.30
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6	42.48	68.21
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.	50.08	80.58
11308		SHAVING OF LESION SCALP/NECK/HAND/ETC OV	60.25	90.74
11310		SHAVING OF LESION FACE/EARS/ETC. OF 0.5	32.08	59.49
11311		SHAVING OF LESION FACE/EARS/ETC. 0.6-1.0	46.99	75.80
11312		SHAVING OF LESION FACE/EARS/ETC. 1.1-2.0	53.95	87.52
11313		SHAVING OF LESION FACE/EARS/ETC. OVER 2.	72.18	109.67
11400		EXCISION, BENIGN LESION INCLUDING MARGIN	53.49	80.90
11401		EXCISION, BENIGN LESION INCLUDING MARGIN	71.33	99.87

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

11402		EXCISION, BENIGN LESION INCLUDING MARGIN	79.01	111.46
11403		EXCISION, BENIGN LESION INCLUDING MARGIN	100.52	128.51
11404		EXCISION, BENIGN LESION INCLUDING MARGIN	111.98	146.38
11406		EXCISION, BENIGN LESION INCLUDING MARGIN	167.88	207.32
11420		EXCISION, BENIGN LESION INCLUDING MARGIN	57.99	82.04
11421		EXCISION, BENIGN LESION INCLUDING MARGIN	78.49	106.76
11422		EXCISION, BENIGN LESION INCLUDING MARGIN	94.65	119.27
11423		EXCISION, BENIGN LESION INCLUDING MARGIN	110.55	139.09
11424		EXCISION, BENIGN LESION INCLUDING MARGIN	127.56	160.58
11426		EXCISION, BENIGN LESION INCLUDING MARGIN	195.24	231.05
11440		EXCISION, OTHER BENIGN LESION INCLUDING	69.31	89.73
11441		EXCISION, OTHER BENIGN LESION INCLUDING	91.22	114.16
11442		EXCISION, OTHER BENIGN LESION INCLUDING	101.85	128.71
11443		EXCISION, OTHER BENIGN LESION INCLUDING	126.12	154.93
11444		EXCISION, OTHER BENIGN LESION INCLUDING	162.03	195.88
11446		EXCISION, OTHER BENIGN LESION INCLUDING	229.68	267.45
11450		EXC SKIN FOR HIDRADENITIS PRIMARY SUTURE	166.95	243.88
11462		EXC SKIN FOR HIDRADENITIS W PRIM SUTURE/	160.48	240.48
11463		EXC SKIN FOR HIDRADENITIS W OTH CLOSURE/	225.28	328.24
11470		EXC SKIN FOR HIDRADENITIS W PRIMARY CLOS	190.27	268.03
11471		EXC SKIN FOR HIDRADENITIS WITH OTHER CLO	239.69	337.33
11600		EXCISION, MALIGNANT LESION INCLUDING MAR	80.76	124.96
11601		EXCISION, MALIGNANT LESION INCLUDING MAR	104.52	154.60
11602		EXCISION, MALIGNANT LESION INCLUDING MAR	115.04	169.88
11603		EXCISION, MALIGNANT LESION INCLUDING MAR	136.93	193.44
11604		EXCISION, MALIGNANT LESION INCLUDING MAR	150.51	213.74
11606		EXCISION, MALIGNANT LESION INCLUDING MAR	223.52	301.84
11620		EXCISION, MALIGNANT LESION INCLUDING MAR	81.98	127.58
11621		EXCISION, MALIGNANT LESION INCLUDING MAR	105.66	156.01
11622		EXCISION, MALIGNANT LESION INCLUDING MAR	121.90	176.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

11623		EXCISION, MALIGNANT LESION INCLUDING MAR	150.38	206.89
11624		EXCISION, MALIGNANT LESION INCLUDING MAR	171.06	232.89
11626		EXCISION, MALIGNANT LESION INCLUDING MAR	214.24	283.90
11640		EXCISION, MALIGNANT LESION INCLUDING MAR	86.36	133.36
11641		EXCISION, MALIGNANT LESION INCLUDING MAR	112.78	164.26
11642		EXCISION, MALIGNANT LESION INCLUDING MAR	133.13	189.64
11643		EXCISION, MALIGNANT LESION INCLUDING MAR	166.49	223.57
11644		EXCISION, MALIGNANT LESION INCLUDING MAR	207.62	276.16
11646		EXCISION, MALIGNANT LESION INCLUDING MAR	292.40	364.86
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUM	6.92	15.04
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	12.96	22.19
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S);	22.15	31.94
11730		REMOVAL OF NAIL	44.90	70.36
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPL	23.34	32.84
11740		EVACUATION OF SUBUNGUAL HEMATOMA	23.14	31.83
11750		REMOVAL OF NAIL BED	127.72	152.34
11752		REMOVE NAIL BED/TIP	190.86	216.87
11760		RECONSTRUCTION OF NAIL BED	94.94	141.38
11762		RECONSTRUCTION OF NAIL BED	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		REMOVAL OF PILONIDAL LESION	298.00	375.22
11772		REMOVAL OF PILONIDAL LESION	388.20	455.34
11900		INJECTION INTO SKIN LESIONS	23.11	39.89
11901		INJECTION INTO SKIN LESIONS	35.96	50.79
11921		CORRECT SKN COLOR 6.1-20.0CM	99.75	146.74
11960		INSERTION OF TISSUE EXPENDER	656.33	656.33
11970		REPLACEMENT OF TISSUE EXPANDER	431.86	431.86
11971		TISSUE EXPANDER REMOVAL	212.89	318.35
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	73.24	107.93

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

11980		SUBCUTANEOUS HORMONE PELLETT (IMPLANTATIO	61.53	76.91
11981		INSERTION, NON-BIODEGRADABLE DRUG DELIVE	64.68	98.81
11982		REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY	78.91	113.89
11983		REMOVAL WITH REINSERTION, NON-BIODEGRADA	144.50	177.24
12001		REPAIR OF RECENT WOUND	75.60	104.41
12002		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	83.90	111.32
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	98.68	131.41
12005		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	123.05	163.90
12006		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	155.50	203.61
12007		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT	177.74	230.62
12011		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	78.16	110.89
12013		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	89.14	122.43
12014		SIMP REP SUPERF WDS OF FACE EA EYEL NO L	107.39	144.61
12015		SIMPLE REP SUPERF WDS OF FACE EARS EYE N	134.81	181.82
12016		SIMPLE REPAIR SUPERFICIAL WOUND 12.5 TO	164.59	217.46
12017		SIMPLE REPAIR SUPERFICIAL WOUND 20.0 TO	195.97	195.97
12018		SIMPLE REPAIR SUPERIFCIAL WOUND OVER 30.	242.21	242.21
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENC	135.96	188.55
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACK	98.62	112.34
12031		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		INTERMEDIATE REPAIR OVER 30 CM SCALP AXI	231.13	320.09
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	122.08	174.69
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	142.69	203.67
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	153.91	235.04
12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	178.68	260.65
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	210.53	308.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

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		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	202.50	299.01
12056		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	247.03	353.06
12057		LAYER CLOSURE OF WOUNDS OVER 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	55.66	76.65
13120		REPAIR OF WOUND OR LESION	178.14	231.85
13121		REPAIR COMPLEX SCALP ARMS AND/OR LEGS 2.	234.85	311.79
13122		REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEG	63.78	85.87
13131		REPAIR OF WOUND OR LESION	201.04	256.16
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	338.92	410.81
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN,	99.07	121.73
13151		REPAIR OF WOUND OR LESION	232.88	291.06
13152		REPAIR COMPLEX EYE NOSE EAR AND LIPS 2.5	313.84	401.41
13153		REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND	107.35	133.66
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHI	588.77	588.77
14000		ADJACENT TISSUE TRANSFER OR REARRANGEMEN	359.11	434.36
14001		ADJACENT TISSUE TRANSFER OR REARRAN TRUN	477.20	565.61
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND	410.90	489.24
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP AR	531.73	620.98
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 1	468.02	544.67
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM	578.32	677.92
14060		SKIN TISSUE REARRANGEMENT DEFECT UP TO 1	494.37	554.80
14061		ADJACENT TISSUE TRANSF/REARRANGE EYE NOS	616.67	726.06
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMEN	532.36	628.31

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

14350		FILLETED FINGER OR TOE FLAP INCLUDING PR	546.81	546.81
15002		SURGICAL PREPARATION OR CREATION OF RECI	168.19	236.72
15003		SURGICAL PREPARATION OR CREATION OF RECI	34.13	51.48
15004		SURGICAL PREPARATION OR CREATION OF RECI	210.28	287.49
15005		SURGICAL PREPARATION OR CREATION OF RECI	67.72	87.02
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE S	314.62	380.37
15100		SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS,	516.91	613.15
15110		EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS;	533.50	607.64
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELID	552.41	615.35
15120		SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP,	567.18	666.78
15130		DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIR	403.85	476.59
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS,	556.09	616.80
15150		TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRU	462.87	501.48
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FAC	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
15260		SKIN GRAFT PROCEDURE	619.29	705.73
15570		PEDICLE FLAP GRAFT; TRUNK	517.25	626.08
15572		PEDICLE FLAP GRAFT; SCALP, ARMS, OR LEGS	523.39	607.87
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,	552.96	641.36
15576		PEDICLE FLAP; EYELIDS,NOSE,EARS,LIPS,INT	485.53	569.75
15600		SKIN GRAFT PROCEDURE	143.05	227.25
15610		SKIN GRAFT PROCEDURE	169.52	229.39
15620		SKIN GRAFT PROCEDURE	225.30	305.04
15630		SKIN GRAFT PROCEDURE	246.28	322.65
15650		SKIN GRAFT PROCEDURE	277.91	360.44
15731		FOREHEAD FLAP WITH PRESERVATION OF VASCU	736.11	809.40
15732		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	960.36	1073.38
15734		MUSCLE FLAP TRUNK	984.09	1102.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

15736		MUSCLE FLAP UPPER EXTREMITY	849.86	975.74
15738		MUSCLE FLAP LOWER EXTREMITY	926.77	1042.87
15740		CREATION OF SKIN AND TISSUE GRAFT	623.86	721.78
15750		SKIN GRAFT PROCEDURE	662.06	662.06
15756		FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MI	1750.05	1750.05
15757		FREE SKIN FLAP WITH MICROVASCULAR ANASTO	1733.36	1733.36
15758		FREE FASCIAL FLAP WITH MICROVASCULAR ANA	1734.27	1734.27
15760		SKIN GRAFT PROCEDURE	511.62	599.45
15770		SKIN GRAFT PROCEDURE	473.56	473.56
15780		ABRASION TREATMENT OF SKIN	467.15	588.30
15781		DERMABRASION; SEGMENTAL, FACE	306.36	376.30
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL N	293.65	396.60
15783		SUPERFICIAL DERMABRASION	265.58	342.24
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	100.48	167.63
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS O	14.10	34.25
15788		CHEMICAL PEEL, FACIAL;	167.71	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		CERVICOPLASTY	533.56	533.56
15820		REMOVAL OF SKIN FURROWS	343.77	378.46
15821		REMOVAL OF SKIN FURROWS	364.76	402.81
15822		BLEPHAROPLASTY, UPPER EYELID	262.96	295.97
15823		BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIV	433.38	469.46
15830		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOU	850.70	850.70
15832		REMOVAL OF SKIN FURROWS	645.79	645.79
15833		REMOVAL OF SKIN FURROWS	608.75	608.75
15834		REMOVAL OF SKIN FURROWS	606.63	606.63
15835		REMOVAL OF SKIN FURROWS	641.59	641.59
15836		REMOVAL OF SKIN FURROWS	534.41	534.41

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

15837		REMOVAL OF SKIN FURROWS	483.66	550.52
15838		EXCISION ON EXCESS SKIN SUBMENTAL FAT PA	416.62	416.62
15839		EXCISION EXCESSIVE SKIN AND SUBQ TISSUE	524.07	608.84
15840		SKIN REPAIR FOR NERVE PALSY	735.53	735.53
15841		FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	1232.37	1232.37
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FREE M	1946.96	1946.96
15847		EXCISION, EXCESSIVE SKIN AND SUBCUTANEOU	275.89	275.89
15920		REMOVAL OF TAIL BONE	423.38	423.38
15922		REMOVAL OF TAIL BONE	537.78	537.78
15931		EXCISION SACRAL DECUBITIS ULCER PRIMARY	483.27	483.27
15933		EXC SACRAL DECUBITUS ULCER WITH OSTECTOM	594.00	594.00
15934		EXCISION SACRAL DECUBITUS ULCER W SKIN F	663.16	663.16
15935		EXC SACRAL PRESURE ULCER LOCAL SKIN FLAP	788.44	788.44
15936		EXCISION, SACRAL PRESSURE ULCER, IN PREP	642.90	642.90
15937		EXC SACRAL PRESSURE ULCER WITH OSTECTOMY	751.29	751.29
15940		REMOVAL OF PRESSURE SORE	496.79	496.79
15941		EXCISION SACRAL DECUBITUS ULCER WITH OST	644.01	644.01
15944		EXC ISCHIAL PRESSURE ULCER LOCAL SKIN FL	634.65	634.65
15945		EXC ISCHIAL PRESSURE ULCER WITH OSTECTOM	704.94	704.94
15946		EXCISION, ISCHIAL PRESSURE ULCER, WITH O	1180.65	1180.65
15950		REMOVAL OF PRESSURE SORE	410.80	410.80
15951		EXCISION TROCHANTERIC DECUBITUS ULCER W	586.00	586.00
15952		REMOVAL OF PRESSURE SORE	616.34	616.34
15953		REMOVAL OF PRESSURE SORE	686.23	686.23
15956		EXCISION, TROCHANTERIC PRESSURE ULCER, I	826.88	826.88
15958		EXC TROCHANTERIC ULCER MYOCUTAN FLAP W O	843.22	843.22
16000		TREATMENT OF BURNS	35.16	49.43
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	41.40	57.62
16030		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	96.60	125.69
16035		ESCHAROTOMY; INITIAL INCISION	159.98	159.98

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

17000		DESTRUCTION ANY METHOD PREMALIGNANT LESI	38.91	55.42
17003		DESTRUCTION BY ANY METHOD, INCLUDING LAS	3.42	5.38
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROS	98.28	124.86
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LE	202.89	245.42
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESIO	268.32	325.11
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 S	350.17	415.91
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROS	48.35	76.62
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS,	60.44	91.22
17250		CHEMICAL CAUTERIZATION OF WOUND	26.63	52.08
17260		DESTRUCTION, MALIGNANT LESION (EG, LASER	48.76	67.22
17261		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	65.77	99.89
17262		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	84.23	122.00
17263		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	93.29	134.70
17264		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	99.70	144.18
17266		DESTRUCT.MALIG. LESION-TRUNK,ARMS,LEGS;	116.18	164.03
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER	71.14	103.88
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-	80.11	114.80
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK	92.96	131.57
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK	104.99	146.96
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-	128.97	174.30
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK	155.29	202.28
17280		DESTRUCTION, MALIGNANT LESION (EG, LASER	64.65	97.38
17281		DESTRUCTION MALIGNANT LESION FACE 0.6-1.	90.34	124.74
17282		DESTRUCTION MALIGNANT LESION FACE 1.1-2.	104.96	144.69
17283		DESTRUCTION MALIGNANT LESION FACE 2.1-3.	131.51	175.16
17284		DESTRUCTION MALIGNANT LESION FACE 3.1-4.	156.98	203.97
17286		DESTRUCTION MALIGNANT LESION FACE OVER 4	211.18	258.74
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	283.32	490.05
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	150.70	292.81
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	254.35	447.09

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

17314		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	139.89	271.38
17315		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	39.76	58.78
17340		CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR A	34.29	35.41
17360		ACNE THERAPY	72.95	93.93
19001		PUNCTURE ASPIRATION OF CYST OF BREAST; E	17.66	20.75
19020		INCISION OF BREAST LESION	204.54	303.87
19081		BX BREAST 1ST LESION STRTCTC	145.42	528.81
19082		BX BREAST ADD LESION STRTCTC	69.99	427.83
19083		BX BREAST 1ST LESION US IMAG	136.41	525.35
19084		BX BREAST ADD LESION US IMAG	65.80	421.98
19085		BX BREAST 1ST LESION MR IMAG	159.38	795.13
19086		BX BREAST ADD LESION MR IMAG	72.94	635.39
19100		BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE C	51.84	99.40
19101		BIOPSY OF BREAST; OPEN, INCISIONAL	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	284.35	329.66
19125		EXCISION OF BREAST LESION IDENTIFIED BY	315.65	365.17
19126		EXCISION OF BREAST LESION IDENTIFIED BY	119.69	119.69
19260		REMOVAL OF CHEST WALL LESION	869.31	869.31
19271		REMOVAL OF CHEST WALL LESION	1177.09	1177.09
19272		REMOVAL OF CHEST WALL LESION	1305.32	1305.32
19281		PERQ DEVICE BREAST 1ST IMAG	82.97	192.08
19282		PERQ DEVICE BREAST EA IMAG	40.06	133.35
19283		PERQ DEV BREAST 1ST STRTCTC	83.81	217.89
19284		PERQ DEV BREAST ADD STRTCTC	40.34	159.72
19285		PERQ DEV BREAST 1ST US IMAG	71.07	367.29
19286		PERQ DEV BREAST ADD US IMAG	34.58	307.76
19287		PERQ DEV BREAST 1ST MR GUIDE	113.54	678.20
19288		PERQ DEV BREAST ADD MR GUIDE	51.77	541.21

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

19296		PLACEMENT OF RADIOTHERAPY AFTERLOADING B	153.62	2760.14
19298		PLACEMENT OF RADIOTHERAPY AFTERLOADING B	253.22	947.86
19300		MASTECTOMY FOR GYNECOMASTIA	275.41	349.82
19301		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYL	441.52	441.52
19302		MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYL	631.96	631.96
19303		MASTECTOMY, SIMPLE, COMPLETE	683.16	683.16
19304		MASTECTOMY, SUBCUTANEOUS	394.07	394.07
19305		MASTECTOMY, RADICAL, INCLUDING PECTORAL	787.80	787.80
19306		MASTECTOMY, RADICAL, INCLUDING PECTORAL	825.37	825.37
19307		MASTECTOMY, MODIFIED RADICAL, INCLUDING	830.19	830.19
19316		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		REVISION OF RECONSTRUCTED BREAST	552.66	552.66
20005		INCISION OF ABSCESS	174.93	217.46
20100		EXPLORATION OF PENETRATING WOUND (SEPARA	438.58	438.58
20101		EXPLORATION OF PENETRATING WOUND (SEPARA	149.47	277.88
20102		EXPLORATION OF PENETRATING WOUND (SEPARA	182.29	325.53
20103		EXPLORATION OF PENETRATING WOUND (SEPARA	259.18	397.66
20150		EXCISION OF EPIPHYSEAL BAR, WITH OR WITH	707.85	707.85
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	48.34	185.71
20240		BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILI	167.99	167.99
20245		BONE 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 DIAGNOSTIC SINO	31.86	93.97

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

20520		REMOVAL OF FOREIGN BODY	103.39	135.00
20525		REMOVAL OF FOREIGN BODY	181.68	327.71
20526		INJECTION, THERAPEUTIC (EG, LOCAL ANESTH	43.50	54.98
20550		INJECTION(S); SINGLE TENDON SHEATH, OR L	31.96	42.59
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSER	32.61	42.13
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER	27.64	38.27
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER	30.73	42.75
20600		DRAIN/INJ JOINT/BURSA W/O US	30.45	39.96
20604		DRAIN/INJ JOINT/BURSA W/US	38.51	59.41
20605		DRAIN/INJ JOINT/BURSA W/O US	31.61	42.81
20606		DRAIN/INJ JOINT/BURSA W/US	43.61	65.38
20610		DRAIN/INJ JOINT/BURSA W/O US	37.75	55.10
20611		DRAIN/INJ JOINT/BURSA W/US	51.08	74.84
20612		ASPIRATION AND/OR INJECTION OF GANGLION	32.60	42.67
20615		ASPIRATION & INJ FOR TREATMENT OF BONE C	117.04	155.36
20650		INSERTION & REMOVAL BONE PIN	115.39	141.70
20661		FIXATION PROCEDURE	335.38	335.38
20662		APPLICATION OF HALO PELVIC	348.62	348.62
20663		FIXATION PROCEDURE	322.56	322.56
20664		APPLICATION OF HALO, INCLUDING REMOVAL,	551.93	551.93
20665		REMOVAL OF CRANIAL TONGS OR HALO (STABIL	74.09	87.79
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED	108.40	275.13
20680		REMOVAL OF BURIED SUPPORT	302.20	420.53
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	398.83	398.83
20692		APPLICATION OF MULTIPLANE UNILATERAL EXT	745.75	745.75
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION	334.48	334.48
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATI	244.16	302.34
20802		REPLANTATION OF ARM	1833.48	1833.48
20805		REPLANTATION FOREARM, COMPLETE AMPUTATIO	2245.65	2245.65
20808		REIMPLANTATION OF HAND	3032.45	3032.45

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

20816		REIMPLANTATION OF DIGIT	1673.19	1673.19
20822		REPLANTATION DIGIT EXCL THUMB, COMPLETE	1418.49	1418.49
20824		REPLANTATION THUMB, COMPLETE AMPUTATION	1666.81	1666.81
20827		REPLANTATION THUMB, COMPLETE AMPUTATION	1473.89	1473.89
20838		REPLANTATION FOOT COMPLETE	1850.85	1850.85
20900		REMOVAL OF BONE FOR GRAFT	193.81	299.27
20902		REMOVAL OF BONE FOR GRAFT	268.36	268.36
20910		REMOVE CARTILAGE FOR GRAFT	314.04	314.04
20912		CARTILAGE GRAFT COSTOCHONDRAL NASAL SEPT	352.88	352.88
20920		REMOVAL OF TISSUE FOR GRAFT	297.43	297.43
20922		REMOVAL OF TISSUE FOR GRAFT	364.65	437.95
20924		REMOVAL OF TENDON FOR GRAFT	368.09	368.09
20926		REMOVAL OF TISSUE FOR GRAFT	317.76	317.76
20950		MONITOR INTERSTITIAL PRESSURE	67.12	172.86
20955		FIBULA GRAFT W/MICROVASCULAR ANASTOMOSIS	1898.82	1898.82
20956		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	1981.45	1981.45
20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	1896.16	1896.16
20962		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	1939.92	1939.92
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	2104.01	2104.01
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	2113.75	2113.75
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTO	1934.52	1934.52
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB S	2030.99	2030.99
20983		ABLATE BONE TUMOR(S) PERQ	337.76	5634.44
21010		ARTHROTOMY, TEMPOROMANDIBULAR JOINT	533.63	533.63
21011		EXCISION, TUMOR, SOFT TISSUE OF FACE OR	146.58	187.10
21012		EXC FACE LES SBQ 2 CM/>	200.50	200.50
21013		EXCISION, TUMOR, SOFT TISSUE OF FACE AND	236.36	290.91
21014		EXCISION, TUMOR, SOFT TISSUE OF FACE AND	309.85	309.85
21015		RADICAL RESECTION OF TUMOR SOFT FACE OR	310.06	310.06
21016		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	621.14	621.14

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21025		EXCISION OF BONE, MANDIBLE	544.28	634.63
21026		EXCISION OF BONE, FACIAL BONES	348.32	417.97
21029		REMOVAL BY CONTOURING BENIGN TUMOR FACIA	455.84	534.73
21030		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	289.81	349.96
21031		EXCISION OF TORUS MANDIBULARIS	207.39	268.66
21032		EXCISION OF MAXILLARY TORUS PALATINUS	204.45	272.15
21034		EXCISION OF MALIGNANT TUMOR OF MAXILLA O	860.00	961.01
21040		EXCISION OF BENIGN TUMOR OR CYST OF MAND	288.13	352.75
21044		EXCISION MALIGNANT TUMOR MANDIBLE	642.89	642.89
21045		EXC MALIGNANCY MANDIBLE RADICAL	897.24	897.24
21046		EXCISION OF BENIGN TUMOR OR CYST OF MAND	790.53	790.53
21047		EXCISION OF BENIGN TUMOR OR CYST OF MAND	960.07	960.07
21048		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	801.41	801.41
21049		EXCISION OF BENIGN TUMOR OR CYST OF MAXI	928.15	928.15
21050		ARTHRECTOMY TEMPOROMANDIBULAR JOINT UNIL	630.10	630.10
21060		MENISECTOMY TEMPOROMANDIBULAR JOINT UNIL	576.04	576.04
21070		CORONOIDECTOMY	467.75	467.75
21073		MANIPULATION OF TEMPOROMANDIBULAR JOINT(	174.13	260.03
21100		MAXILLOFACIAL FIXATION	286.83	498.88
21110		APPLICA INTERDENTAL FIXATION DEVICE COND	450.52	526.89
21120		GENIOPLASTY; AUGMENTATION	354.34	437.98
21121		GENIOPLASTY; AUGMENTATION SLIDING OSTEOT	471.42	548.92
21122		GENIOPLASTY; AUGMENTATION 2 OR MORE OSTE	519.78	519.78
21123		GENIOPLASTY; AUGMENTATION SLIDING INTERP	623.56	623.56
21125		AUGMENTATION MANDIBULAR BODY OR ANGLE PR	546.02	2118.54
21127		AUGMENTATION MANDIBULAR BODY ANGLE W/ BO	637.97	2521.31
21137		REDUCTION FOREHEAD; CONTOURING ONLY	526.10	526.10
21138		REDUCTION FOREHEAD CONTOURING & APPLICAT	657.19	657.19
21139		REDUCTION FOREHEAD CONTOURING, SETBACK S	737.92	737.92
21141		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	989.23	989.23

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	978.55	978.55
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE	1015.25	1015.25
21145		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	1138.34	1138.34
21146		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	1214.84	1214.84
21147		RECONSTRUCTION MIDFACE, LEFORT I; THREE	1251.02	1251.02
21150		RECONSTRUCTION MIDFACE ANTERIOR INTRUSIO	1241.99	1241.99
21151		RECONSTRUCT MIDFACE ANY DIRECTION REQ BO	1499.56	1499.56
21154		RECONSTRUCT MIDFACE ANY TYPE REQUIRING B	1516.42	1516.42
21155		RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W	1720.83	1720.83
21159		RECONSTRUCT MIDFACE, LEFORT III, W BONE	2081.93	2081.93
21160		RECONSTRUCT MIDFACE, LEFORT III W/ LEFOR	2143.92	2143.92
21172		RECONSTRUCT ORBITAL RIM/FOREHEAD W/VO GR	1317.83	1317.83
21175		RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREH	1591.21	1591.21
21179		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH G	1089.74	1089.74
21180		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH A	1242.31	1242.31
21181		REMOVAL BY CONTOURING OF BENIGN TUMOR CR	518.68	518.68
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	1512.02	1512.02
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	1691.00	1691.00
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	1808.68	1808.68
21188		RECONSTR. MIDFACE, OSTEOTOMIES, W BONE G	1195.62	1195.62
21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	914.46	914.46
21194		RECONSTR. MANDIBULAR RAMUS, OSTEOTOMY W	1044.28	1044.28
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR	979.85	979.85
21196		RECONSTR. MANDIBULAR RAMUS W INTER. RIGI	1067.89	1067.89
21198		OSTEOTOMY, MANDIBLE, SEGMENTAL	839.06	839.06
21199		OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GEN	762.35	762.35
21206		OSTEOTOMY, MAXILLA, SEGMENTAL	826.60	826.60
21208		AUGMENTATION OSTEOPLASTY OF FACIAL BONES	601.52	1212.23
21209		REDUCTION OSTEOPLASTY OF FACIAL BONES	461.09	578.87
21210		BONE GRAFT	601.35	1447.63

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21215		BONE GRAFT	627.13	2451.71
21230		CARTILAGE GRAFT	561.50	561.50
21235		CARTILAGE GRAFT	410.15	514.78
21240		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT W/	811.88	811.88
21242		ARTHROPLASTY TEMPOROMANDIBULAR JOINT W A	743.54	743.54
21243		ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	1221.51	1221.51
21244		RECONSTRUCTION OF MANDIBLE	758.40	758.40
21247		RECONST. MANDIBULAR CONDYLE W BONE/CARTI	1188.88	1188.88
21255		RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W	1048.50	1048.50
21256		RECONST. ORBIT W OSTEOTOMIES AND BONE GR	858.60	858.60
21260		ORBITAL HYPERTELORISM CORRECTION OSTEOTO	965.54	965.54
21261		ORBITAL HYPERTELORISM COMB WITH INTRA AN	1655.90	1655.90
21263		ORBITAL HYPERTELORISM WITH FOREHEAD ADVA	1490.38	1490.38
21267		ORBITAL REPOSITIONING	1126.87	1126.87
21268		ORBITAL REPOSITIONING INTRA AND EXTERNAL	1401.87	1401.87
21270		MALAR AUGMENTATION, BONE OR ALLOPLASTIC	512.41	651.74
21275		SECONDARY REV ORBITOCRANIOFACIAL RECONOS	590.26	590.26
21280		MEDIAL CANTHOPLASTY	379.89	379.89
21282		LATERAL CANTHOPEXY	250.42	250.42
21295		REDUCTION MASSETER MUSCLE EXTRAORAL APPR	124.97	124.97
21296		REDUCTION MASSETER MUSCLE INTRAORAL APPR	304.14	304.14
21310		TREATMENT OF CLOSED OR OPEN NASAL FRACTU	21.85	74.46
21315		TREATMENT OF NOSE FRACTURE	106.59	182.69
21320		MANIPULATION INSTRUMENTAL COMPLICATED NA	99.99	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 STABILIZAT	457.66	457.66
21337		TREATMENT CLOSED NASAL SEPTAL FRACTURE	204.12	274.62
21338		OPEN TREATMENT NASOETHMOID FRACTURE WITH	523.15	523.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21339		OPEN TREATMENT NASOETHMOID FRACTURE WITH	584.37	584.37
21340		TR CLOSED/OPEN NASOETH COM FR W SPLINT W	587.68	587.68
21343		OPEN TREATMENT OF DEPRESSED FRONTAL SINU	831.48	831.48
21344		OPEN TX OF FRONTAL SINUS FX	1097.05	1097.05
21345		TR NASOMAX COMP FR WITH INTERDENTAL WIRE	476.42	573.21
21346		OP TR NASOMAX COM FR W WIRING A/O LOCAL	688.07	688.07
21347		OP TR NASOMAC COM FR W WIR A/O LO FI W M	798.20	798.20
21348		OPEN TX NASOMAXILLARY FX WITH BONE GRAFT	851.98	851.98
21355		REPAIR CHEEK BONE FRACTURE	234.81	309.78
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH FX	269.30	346.80
21360		OPEN TREATMENT OF CLOSED OR OPEN DEPRESS	383.75	383.75
21365		REPAIR CHEEK BONE FRACTURE	807.23	807.23
21366		OPEN TX MALAR AREA FX INC ZYGOMATIC ARCH	897.43	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		TREAT EYE SOCKET FRACTURE	102.66	124.21
21401		CLOSED TX ORBIT W/MANIPULJ	211.78	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/B	639.37	639.37
21421		TR PAL/ALV RI FR CL MAN W INTERD WI FI O	438.95	511.42
21422		TR PA/AL RI FR CL MAN W INTD WI FI O FI	485.04	485.04
21423		OPEN TX OF PALATAL OR MAXILLARY FX, MULT	577.11	577.11
21431		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 COMPLICAT	1249.16	1249.16
21435		REPAIR UPPER JAW FRACTURE	984.11	984.11

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21436		OPEN TX CRANIOFACIAL SEPARATION W/BONE G	1449.09	1449.09
21440		REPAIR DENTAL RIDGE FRACTURE	308.75	370.02
21445		REPAIR DENTAL RIDGE FRACTURE	438.78	528.03
21450		TREAT LOWER JAW FRACTURE	323.80	385.61
21451		TREATMENT CLOSED OR OPEN MANDIBULAR FRAC	436.83	510.69
21452		TREATMENT OF OPEN MANDIBULAR FRACTURE WI	233.34	415.74
21453		RX OPEN MANDIBULAR FRACTURE WITH MANIPUL	526.68	591.30
21454		OPEN RX CLOSED OR OPEN MANDIBULAR FX WIT	399.59	399.59
21461		OP TR O CLOS O OP MAND FR WITHO INTERDEN	652.88	1329.34
21462		OP TR CLOS O OP MANDFRACT W INTERDENTAL	724.68	1438.63
21465		OPEN TREATMENT MANDIBULAR CONDYLAR FRACT	664.22	664.22
21470		REPAIR LOWER JAW FRACTURE	867.48	867.48
21480		RESET DISLOCATED JAW	24.64	63.52
21485		COMPLICATED MANIPULATIVE TREATMENT OF TE	391.12	456.03
21490		RESET DISLOCATED JAW	672.85	672.85
21495		REPAIR HYOID BONE FRACTURE	484.72	484.72
21497		INTERDENTAL WIRING F CONDITION O THAN FR	395.11	460.30
21501		INCISION / DRAINAGE DEEP ABSCESS OR HEMA	226.56	307.13
21502		DRAINAGE OF RIB ABSCESS	380.40	380.40
21510		INC DEEP OPENING OF BONE CORTEX OSTEOMYE	335.43	335.43
21550		EXCISIONAL BIOPSY SOFT TISSUES	115.49	180.12
21552		EXCISION, TUMOR, SOFT TISSUE OF NECK OR	266.90	266.90
21554		EXCISION, TUMOR, SOFT TISSUE OF NECK OR	438.87	438.87
21555		EXCISION BENIGN TUMOR SUBCUTANEOUS	239.49	304.11
21556		EXCISION DEEP SUBFACIAL INTRAMUSCULAR	299.68	299.68
21557		RADICAL RESECTION OF SOFT TISSUE TUMOR	425.87	425.87
21558		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	823.78	823.78
21600		EXCISION OF RIB PARTIAL	400.54	400.54
21610		PARTIAL REMOVAL OF RIB	782.73	782.73
21615		EXCISION FIRST AND/OR CERVICAL RIB;	494.88	494.88

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

21616		EXC FIRST A/O CERV RIB F OUTLET COMP SYN	630.81	630.81
21620		PARTIAL REMOVAL OF STERNUM	381.37	381.37
21627		STERNAL DEBRIDEMENT	400.10	400.10
21630		RADICAL RESECTION OF STERNUM;	935.42	935.42
21632		RADICAL RESECTION OF STERNUM W MEDIASTIN	926.43	926.43
21685		HYOID MYOTOMY AND SUSPENSION	729.72	729.72
21700		REVISION OF NECK MUSCLE	309.82	309.82
21705		REVISION OF NECK MUSCLE	476.91	476.91
21720		DIVISION STERNOCLEIDOMASTOID FOR TORTICO	298.71	298.71
21725		REVISION OF NECK MUSCLE	387.33	387.33
21740		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	807.42	807.42
21742		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	807.42	807.42
21743		RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATU	936.34	936.34
21750		CLOSURE OF MEDIAN STERNOTOMY SEPARATION	535.11	535.11
21812		TREATMENT OF RIB FRACTURE	562.82	547.36
21813		TREATMENT OF RIB FRACTURE	760.88	748.85
21820		TREATMENT, STERNUM FRACTURE	93.04	91.93
21825		TREATMENT OF STERNUM FRACTURE OPEN	413.51	413.51
21920		BIOPSY, SOFT TISSUE, BACK, SUPERFICIAL	115.39	179.73
21925		DEEP BIOPSY, SOFT TISSUE, BACK, DEEP	243.37	297.93
21930		EXCISION TUMOR, SOFT TISSUE OF BACK	269.76	332.43
21931		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	279.13	279.13
21932		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	400.82	400.82
21933		EXCISION, TUMOR, SOFT TISSUE OF BACK OR	442.02	442.02
21935		RADICAL RECTION OF TUMOR, SOFT TISSUE OF	855.78	855.78
21936		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	856.48	856.48
22010		INCISION AND DRAINAGE, OPEN, OF DEEP ABS	656.65	656.65
22015		INCISION AND DRAINAGE, OPEN, OF DEEP ABS	652.94	652.94
22100		PARTIAL EXCISION OF POSTERIOR VERTEBRAL	592.32	592.32
22101		REMOVAL PART OF VERTEBRA	590.89	590.89

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

22102		REMOVAL PART OF VERTEBRA	588.63	588.63
22110		PARTIAL EXCISION OF VERTEBRAL BODY, FOR	736.53	736.53
22112		REMOVAL PART OF VERTEBRA	713.91	713.91
22114		REMOVAL PART OF VERTEBRA	731.96	731.96
22216		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	281.53	281.53
22206		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	1759.97	1759.97
22207		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	1737.02	1737.02
22208		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	443.47	443.47
22210		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	1289.96	1289.96
22212		POSTERIOR APPROACH OSTEOTOMY SPINE, THOR	1066.77	1066.77
22214		POSTERIOR APPROACH OSTEOTOMY SPINE, LUMB	1073.18	1073.18
22220		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY	1161.60	1161.60
22222		ANTERIOR APPROACH OSTEOTOMY SPINE, THORA	1062.88	1062.88
22224		ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBA	1150.20	1150.20
22305		TREATMENT, SPINAL STRUCTURE	122.14	131.94
22310		CLOSED TREATMENT OF VERTEBRAL BODY FRACT	191.69	204.83
22315		CLOSED TREATMENT OF VERTEBRAL FRACTURE(S	544.37	609.27
22318		OPEN TREATMENT AND/OR REDUCTION OF ODONT	1160.17	1160.17
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONT	1275.59	1275.59
22325		OPEN TREATMENT AND/OR REDUCTION OF VERTE	1015.81	1015.81
22326		OPEN TREATMENT AND/OR REDUCTION OF VERTE	1059.16	1059.16
22327		OPEN TREATMENT AND/OR REDUCTION OF VERTE	1051.01	1051.01
22328		OPEN TREATMENT AND/OR REDUCTION OF VERTE	212.27	212.27
22505		MANIPULATION OF SPINE	90.32	90.32
22532		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	1267.15	1267.15
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	1194.33	1194.33
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	277.87	277.87
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRA	1348.24	1348.24
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	1356.32	1356.32
22552		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	316.77	316.77

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	931.01	931.01
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	1208.50	1208.50
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	1111.97	1111.97
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	256.66	256.66
22586		FUSION OF SPINE BONES WITH REMOVAL OF DI	1204.28	1204.28
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIO	1118.79	1118.79
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-	1062.24	1062.24
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	910.09	910.09
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	898.43	898.43
22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	1165.46	1165.46
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	299.55	299.55
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	1119.79	1119.79
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	243.34	243.34
22633		ARTHRODESIS, COMBINED POSTERIOR OR POSTE	1034.76	1034.76
22634		ARTHRODESIS, COMBINED POSTERIOR OR POSTE	278.43	278.43
22800		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	989.28	989.28
22802		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	1575.22	1575.22
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	1820.46	1820.46
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	1340.42	1340.42
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	1496.37	1496.37
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	1637.14	1637.14
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	1650.18	1650.18
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	1900.79	1900.79
22830		EXPLORATION OF SPINAL FUSION	589.14	589.14
22840		POSTERIOR NON-SEGMENTAL INSTRUMENTATION	584.62	584.62
22842		POSTERIOR SEGMENTAL INSTRUMENTATION (EG,	585.91	585.91
22843		POSTERIOR SEGMENTAL INSTRUMENTATION (EG,	623.87	623.87
22845		ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBR	559.20	559.20
22846		ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBR	580.62	580.62
22848		PELVIC FIXATION (ATTACHMENT OF CAUDAL EN	278.47	278.47

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

22849		REINSERTION OF SPINAL FIXATION DEVICE	957.34	957.34
22850		HARRINGTON ROD REMOVAL	521.05	521.05
22851		APPLICATION OF PROSTHETIC DEVICE (EG, ME	311.78	311.78
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	498.12	498.12
22855		DWYER INSTRUMENT REMOVAL	809.94	809.94
22864		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	1361.50	1361.50
22865		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	1563.25	1563.25
22900		EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	298.75	298.75
22901		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	394.72	394.72
22902		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	200.09	249.82
22903		EXCISION, TUMOR, SOFT TISSUE OF ABDOMINA	261.43	261.43
22904		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	617.81	617.81
22905		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	800.86	800.86
23000		REMOVAL OF SUBDELTOID CALCAREOUS DEPOSIT	257.74	372.44
23020		CAPSULAR CONTRACTURE RELEASE (EG, SEVER	502.01	502.01
23030		INCISION AND DRAINAGE DEEP ABSCESS OR HE	186.59	297.09
23031		INCISION AND DRAINAGE INFECTED BURSA	154.40	270.50
23035		INCISION, BONE CORTEX (EG, OSTEOMYELITIS	497.71	497.71
23040		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDIN	522.80	522.80
23044		ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLA	414.23	414.23
23065		BIOPSY SOFT TISSUES SUPERFICIAL	120.91	151.68
23066		BIOPSY SOFT TISSUES DEEP	243.76	354.26
23071		EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	247.97	247.97
23073		EXCISION, TUMOR, SOFT TISSUE OF SHOULDER	411.16	411.16
23075		EXCISION, SOFT TISSUE TUMOR, SHOULDER AR	128.64	182.08
23076		EXCISION DEEP SUBFASCIAL OR INTRAMUSCULA	408.57	408.57
23077		RADICAL RESECTION SOFT TISSUE TUMOR, SHO	870.60	870.60
23078		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	833.33	833.33
23100		ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDIN	351.85	351.85
23101		ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR S	323.52	323.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

23105		ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYN	461.91	461.91
23106		ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH	343.45	343.45
23107		ARTHROTOMY, GLENOHUMERAL JOINT, W/ JOINT	480.08	480.08
23120		PARTIAL REMOVAL, COLLARBONE	414.59	414.59
23125		REMOVAL OF COLLARBONE	511.18	511.18
23130		ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL	436.13	436.13
23140		REMOVAL BONE LESION	372.32	372.32
23145		EXCISION OF BONE CYST CLAVICLE SCAPULA	501.71	501.71
23146		REMOVAL BONE LESION	435.61	435.61
23150		REMOVAL BONE LESION	474.68	474.68
23155		REMOVAL BONE LESION	575.46	575.46
23156		REMOVAL BONE LESION	488.66	488.66
23170		SEQUESTRECTOMY FOR OSTEOMYELITIS BONE AB	383.93	383.93
23172		SEQUESTRECTOMY FOR OSTEOMYELITIS OF BONE	393.51	393.51
23174		SEQUESTREC FOR OSTEOMYELITIS OR BONE ABC	546.19	546.19
23180		PARTIAL EXCISION (CRATERIZATION, SAUCERI	496.72	496.72
23182		PARTIAL EXCISION (CRATERIZATION, SAUCERI	479.11	479.11
23184		PARTIAL EXCISION (CRATERIZATION, SAUCERI	541.30	541.30
23190		PARTIAL REMOVAL OF SHOULDER	403.09	403.09
23195		REMOVAL OF HEAD OF HUMERUS	547.56	547.56
23200		REMOVAL OF COLLARBONE	647.33	647.33
23210		REMOVAL OF SHOULDERBLADE	676.97	676.97
23220		RADICAL RESECTION OF BONE TUMOR, PROXIMA	784.50	784.50
23330		REMOVAL OF FOREIGN BODY SUBCUTANEOUS	107.04	156.84
23333		REMOVE SHOULDER FB DEEP	362.84	362.84
23334		SHOULDER PROSTHESIS REMOVAL	856.79	856.79
23335		SHOULDER PROSTHESIS REMOVAL	1021.85	1021.85
23350		INJECTION PROCEDURE FOR SHOULDER ARTHROG	41.74	112.81
23395		MUSCLE TRANSFER, ANY TYPE, SHOULDER OR U	943.85	943.85
23397		MUSCLE TRANSFERS	845.87	845.87

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

23400		FIXATION OF SCAPULA	716.18	716.18
23405		TENOTOMY, SHOULDER AREA; SINGLE TENDON	459.57	459.57
23406		TENOTOMY, SHOULDER AREA; MULTIPLE TENDON	575.25	575.25
23410		REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF	609.81	609.81
23412		REPAIR OF TENDON(S)	637.42	637.42
23415		RELEASE OF SHOULDER LIGAMENT	507.15	507.15
23420		RECONSTRUCTION OF COMPLETE SHOULDER (ROT	714.58	714.58
23430		TENODESIS OF LONG TENDON OF BICEPS	540.71	540.71
23440		RESECTION OR TRANSPLANTATION OF LONG TEN	558.07	558.07
23450		CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PR	701.02	701.02
23455		CAPSULORRHAPHY, ANTERIOR; WITH LABRAL RE	747.89	747.89
23460		CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH	809.39	809.39
23462		CAPSULORRHAPHY F RECUR DISLOC POSTER W/W	794.43	794.43
23465		CAPSULORRHAPHY, GLENOHUMERAL JOINT, POST	828.61	828.61
23466		CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY	815.88	815.88
23470		ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIAR	901.91	901.91
23472		ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL	1117.84	1117.84
23473		REPAIR OF SHOULDER	1289.65	1289.65
23474		REPAIR OF SHOULDER	1393.15	1393.15
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	749.21	749.21
23500		TREATMENT CLAVICLE FRACTURE	144.59	145.42
23505		TREATMENT CLAVICLE FRACTURE	228.32	240.35
23515		REPAIR CLAVICLE FRACTURE	510.28	510.28
23520		TREAT CLAVICLE DISLOCATION	151.69	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 DIS	449.32	449.32

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

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		TREAT SCAPULA FRACTURE	157.56	155.60
23575		REPAIR SCAPULA FRACTURE	251.73	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/VO TUBEROSITY	634.58	634.58
23616		OPEN TX PROXIMAL HUMERAL FX PROSTHETIC R	948.96	948.96
23620		CLOSED TREATMENT OF GREATER HUMERAL TUBE	169.07	178.87
23625		REPAIR HUMERUS FRACTURE	245.98	261.09
23630		OPEN TREATMENT OF GREATER HUMERAL TUBERO	544.77	544.77
23650		REPAIR SHOULDER DISLOCATION	187.01	203.52
23655		REPAIR SHOULDER DISLOCATION	271.06	271.06
23660		REPAIR SHOULDER DISLOCATION	420.10	420.10
23665		CLOSED TREATMENT OF SHOULDER DISLOCATION	274.57	290.81
23670		OPEN TREATMENT OF SHOULDER DISLOCATION,	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 AU	916.50	916.50
23900		AMPUTATION OF ARM	980.95	980.95
23920		AMPUTATION OF ARM	793.20	793.20
23921		DISARTICULATION OF SHOULDER; SECONDARY C	286.73	286.73
23930		INCISION AND DRAINAGE DEEP ABSCESS OR HE	156.79	246.88
23931		INCISION AND DRAINAGE, UPPER ARM OR ELBO	112.43	191.59
23935		INCISION DEEP W/OPENING OF CORTEX FOR OS	357.76	357.76

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

24000		ARTHROTOMY, ELBOW, INCLUDING EXPLORATION	340.20	340.20
24006		ARTHROTOMY ELBOW W/CAPSULAR RELEASE	516.38	516.38
24065		BIOPSY SOFT TISSUES SUPERFICIAL	119.92	176.16
24066		BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBO	286.89	409.98
24071		EXCISION, TUMOR, SOFT TISSUE OF UPPER AR	240.78	240.78
24073		EXCISION, TUMOR SOFT TISSUE OF UPPER ARM	413.34	413.34
24075		EXCISION, TUMOR, SOFT TISSUE OF UPPER AR	223.94	331.65
24076		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR	342.62	342.62
24077		RADICAL RESECTION SOFT TISSUE TUMOR, ARM	595.18	595.18
24079		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	768.40	768.40
24100		ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY	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
24110		REMOVAL OF BONE LESION	420.26	420.26
24115		REMOVAL OF BONE LESION/GRAFT	532.16	532.16
24116		REMOVAL OF BONE LESION/GRAFT	632.64	632.64
24120		REMOVAL OF BONE LESION	376.22	376.22
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	547.29	547.29
24136		SEQUES FOR OSTEO/BONE ABSCESS RADIAL HEA	433.29	433.29
24138		SEQUES FOR OSTEO/BONE ABSCESS OLECRANON	477.10	477.10
24140		PARTIAL EXCISION (CRATERIZATION, SAUCERI	520.90	520.90
24145		PARTIAL EXCISION (CRATERIZATION, SAUCERI	436.18	436.18
24147		PARTIAL EXCISION (CRATERIZATION, SAUCERI	452.50	452.50
24149		RADICAL RESECTION OF CAPSULE, SOFT TISSU	841.27	841.27
24150		REMOVAL OF HUMERUS LESION	713.60	713.60
24152		REMOVAL OF RADIUS LESION	536.15	536.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

24155		REMOVAL OF ELBOW JOINT	621.16	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 EL	261.22	384.03
24220		INJECTION PROCEDURE FOR ELBOW ARTHROGRAP	55.14	124.24
24300		MANIPULATION, ELBOW, UNDER ANESTHESIA	276.93	276.93
24301		MUSCLE OR TENDON TRANSFER ANY TYPE SINGL	548.60	548.60
24305		TENDON LENGTHENING, UPPER ARM OR ELBOW,	417.88	417.88
24310		TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH	341.78	341.78
24320		REPAIR OF ARM TENDON	565.49	565.49
24330		REVISION OF ARM MUSCLES	521.21	521.21
24331		REVISION OF ARM MUSCLES	576.81	576.81
24332		TENOLYSIS, TRICEPS	435.95	435.95
24340		TENODESIS OF BICEPS TENDON AT ELBOW (SEP	443.63	443.63
24341		REPAIR, TENDON OR MUSCLE, UPPER ARM OR E	521.79	521.79
24342		REINSERTION OF RUPTURED BICEPS OR TRICEP	573.39	573.39
24343		REPAIR LATERAL COLLATERAL LIGAMENT, ELBO	507.17	507.17
24344		RECONSTRUCTION LATERAL COLLATERAL LIGAME	793.62	793.62
24345		REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW	504.01	504.01
24346		RECONSTRUCTION MEDIAL COLLATERAL LIGAMEN	795.28	795.28
24357		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	316.90	316.90
24358		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	374.70	374.70
24359		TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,	473.20	473.20
24360		ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG,	659.62	659.62
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETI	740.19	740.19
24362		REPAIR OF ELBOW JOINT	783.31	783.31
24363		ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS	1100.90	1100.90
24365		REPAIR OF HEAD OF RADIUS	464.58	464.58
24366		REPAIR OF HEAD OF RADIUS	498.02	498.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

24370		REVISION OF TOTAL ELBOW REPAIR	1220.22	1220.22
24371		REVISION OF TOTAL ELBOW REPAIR	1406.19	1406.19
24400		REVISION OF HUMERUS	601.49	601.49
24410		REVISION OF HUMERUS	770.22	770.22
24420		REPAIR OF HUMERUS	722.20	722.20
24430		REPAIR OF HUMERUS	768.32	768.32
24435		REPAIR/GRAFT OF HUMERUS	778.50	778.50
24470		HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS	458.76	458.76
24495		DECOMPRESSION OF FOREARM	475.64	475.64
24498		PROPHYLACTIC TREATMENT (NAILING, PINNING	639.67	639.67
24500		TREATMENT HUMERUS FRACTURE	215.13	236.38
24505		TREATMENT HUMERUS FRACTURE	316.84	344.83
24515		REPAIR HUMERUS FRACTURE	640.69	640.69
24516		TREATMENT OF HUMERAL SHAFT FRACTURE, WIT	634.22	634.22
24530		TREATMENT HUMERUS FX W/O INTERCONDYLAR	231.65	254.59
24535		REPAIR HUMERUS FRACTURE	404.33	432.59
24538		FIXATION HUMERAL FX W/O INTERCONDYLAR	539.23	539.23
24545		REPAIR HUMERUS FX W/O INTERCONDYLAR EXTE	667.44	667.44
24546		OPEN TX HUMERAL SUPRA/TRANSCONDYLAR FX;	775.55	775.55
24560		TREAT HUMERUS FRACTURE	189.24	212.18
24565		REPAIR HUMERUS FRACTURE	330.25	355.43
24566		PERCUTANEOUS SKELETAL FIXATION OF HUMERA	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		REPAIR HUMERUS FRACTURE	609.16	609.16
24582		PERCUTANEOUS SKELETAL FIXATION OF HUMERA	562.77	562.77
24586		REPAIR ELBOW FRACTURE	806.94	806.94
24587		REPAIR ELBOW FRACTURE	803.55	803.55
24600		TREAT ELBOW DISLOCATION	229.95	251.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

24605		TREAT ELBOW DISLOCATION	325.80	325.80
24615		REPAIR ELBOW DISLOCATION	521.61	521.61
24620		TREAT ELBOW FRACTURE	394.64	394.64
24635		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		REPAIR RADIUS FRACTURE	532.67	532.67
24670		TREAT ULNA FRACTURE	174.63	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 AUTOGENOU	734.67	734.67
24900		AMPUTATION OF ARM	523.50	523.50
24920		AMPUTATION OF ARM	520.24	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		AMPUTATION OF ARM	863.98	863.98
25000		INCISION, EXTENSOR TENDON SHEATH, WRIST	247.19	247.19
25001		INCISION, FLEXOR TENDON SHEATH, WRIST (E	234.87	234.87
25020		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	410.16	410.16
25023		DECOMP FASCIOTOMY FLEX/EXTEN COMP W DEBR	794.19	794.19
25024		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	557.37	557.37
25025		DECOMPRESSION FASCIOTOMY, FOREARM AND/OR	862.36	862.36
25028		INCISION AND DRAINAGE DEEP ABSCESS OR HE	365.22	365.22
25031		INCISION AND DRAINAGE, FOREARM AND/OR WR	269.16	269.16
25035		INCISION, DEEP, BONE CORTEX, FOREARM AND	466.40	466.40

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

25040		ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOI	414.02	414.02
25065		BIOPSY SOFT TISSUES SUPERFICIAL	118.22	174.73
25066		BIOPSY, SOFT TISSUE OF FOREARM AND/OR WR	269.62	269.62
25071		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	252.35	252.35
25073		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	314.36	314.36
25075		EXCISION, TUMOR, SOFT TISSUE OF FOREARM	236.21	236.21
25076		REMOVAL OF FOREARM LESION	318.93	318.93
25077		RADICAL RESECTION SOFT TISSUE TUMOR, FOR	543.74	543.74
25078		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	670.91	670.91
25085		CAPSULOTOMY, WRIST (EG, CONTRACTURE)	332.71	332.71
25100		ARTHROTOMY, WRIST JOINT; WITH BIOPSY	246.57	246.57
25101		ARTHROTOMY WITH JOINT EXPLORATION	290.90	290.90
25105		ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOM	353.89	353.89
25107		ARTHROTOMY, DISTAL RADIOULNAR JOINT INCL	440.24	440.24
25109		EXCISION OF TENDON, FOREARM AND/OR WRIST	376.85	376.85
25110		EXCISION LESION OF TENDON SHEATH	258.11	258.11
25111		EXICSION OF GANGLION WRIST DORSAL OR VOL	223.87	223.87
25112		EXCISION GANGLION WRIST RECURRENT	274.47	274.47
25115		REMOVAL WRIST/FOREARM LESION	580.49	580.49
25116		REMOVAL WRIST/FOREARM LESION	468.29	468.29
25118		EXPLORE WRIST TENDON SHEATH	274.85	274.85
25119		SYNOVECTOMY WRIST W RESECTION ULNA	364.60	364.60
25120		REMOVAL OF FOREARM LESION	399.35	399.35
25125		REMOVAL OF FOREARM LESION	465.48	465.48
25126		REMOVAL OF FOREARM LESION	470.24	470.24
25130		REMOVAL OF WRIST LESION	322.83	322.83
25135		REMOVAL OF WRIST LESION	403.79	403.79
25136		REMOVAL OF WRIST LESION	356.83	356.83
25145		SEQUESTRECTOMY FOR OSTEOMYELITIS OR BONE	410.22	410.22
25150		PARTIAL EXC BONE FOR OSTEOMYELITIS ULNA	418.83	418.83

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

25151		PARTIAL REMOVAL RADIUS/ULNA	462.52	462.52
25170		REMOVAL RADIUS/ULNA LESION	645.39	645.39
25210		REMOVAL OF WRIST BONE	354.20	354.20
25215		REMOVAL OF WRIST BONES	457.01	457.01
25230		PARTIAL REMOVAL OF RADIUS	313.60	313.60
25240		EXCISION DISTAL ULNA PARTIAL OR COMPLETE	317.76	317.76
25246		INJECTION PROCEDURE FOR WRIST ARTHROGRAP	60.68	126.43
25248		EXPLORATION WITH REMOVAL OF DEEP FOREIGN	316.27	316.27
25250		REMOVAL OF WRIST PROSTHESIS SEPARATE PRO	377.17	377.17
25251		REMOVAL WRIST PROSTHESIS COMPLICATED TOT	516.44	516.44
25259		MANIPULATION, WRIST, UNDER ANESTHESIA	277.74	277.74
25260		REPAIR TENDON OR MUSCLE FLEXOR PRIMARY S	490.29	490.29
25263		REPAIR ADDITIONAL TENDON	489.56	489.56
25265		REPAIR TENDON OR MUSCLE SECONDARY WITH F	582.33	582.33
25270		REPAIR TENDON OR MUSCLE EXTENSOR PRIMARY	393.13	393.13
25272		REPAIR ADDITIONAL TENDON	443.04	443.04
25274		REPAIR, TENDON OR MUSCLE, EXTENSOR, FORE	525.87	525.87
25275		REPAIR, TENDON SHEATH, EXTENSOR, FOREARM	485.75	485.75
25280		LENGTHENING OR SHORTENING OF FLEXOR OR E	449.03	449.03
25290		TENOTOMY OPEN SINGLE FLEXOR OR EXTENSOR	378.93	378.93
25295		TENOLYSIS SING FLEXOR OR EXTENSOR TENDON	417.72	417.72
25300		FUSION OF WRIST TENDONS	494.72	494.72
25301		FUSION OF WRIST TENDONS	471.14	471.14
25310		TRANSPLANT WRIST TENDON	486.31	486.31
25312		TRANSPLANT WRIST TENDON	564.07	564.07
25315		FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PA	605.10	605.10
25316		REVISE PALSY HAND	700.91	700.91
25320		CAPSULORRHAPHY OR RECONSTRUCTION, WRIST,	696.25	696.25
25332		ARTHROPLASTY, WRIST, WITH OR WITHOUT INT	616.36	616.36
25335		REALIGNMENT OF HAND	699.87	699.87

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

25337		RECONSTRUCTION FOR STABILIZATION OF UNST	640.96	640.96
25350		REVISION OF RADIUS	535.96	535.96
25355		REVISION OF RADIUS	603.34	603.34
25360		REVISION OF ULNA	519.95	519.95
25365		REVISION RADIUS & ULNA	709.91	709.91
25370		REVISION RADIUS OR ULNA	773.79	773.79
25375		REVISION RADIUS & ULNA	746.76	746.76
25390		REVISE RADIUS OR ULNA	607.05	607.05
25391		REVISE RADIUS OR ULNA	772.92	772.92
25392		REVISE RADIUS & ULNA	784.64	784.64
25393		REVISE/GRAFT RADIUS/ULNA	882.36	882.36
25394		OSTEOPLASTY, CARPAL BONE, SHORTENING	566.18	566.18
25400		REPAIR RADIUS OR ULNA	636.99	636.99
25405		REPAIR OF NONUNION OR MALUNION, RADIUS O	811.09	811.09
25415		REPAIR RADIUS & ULNA	761.55	761.55
25420		REPAIR OF NONUNION OR MALUNION, RADIUS A	907.69	907.69
25425		REPAIR/GRAFT RADIUS OR ULNA	782.87	782.87
25426		REPAIR/GRAFT RADIUS & ULNA	823.62	823.62
25430		INSERTION OF VASCULAR PEDICLE INTO CARPA	515.78	515.78
25431		REPAIR OF NONUNION OF CARPAL BONE (EXCLU	571.84	571.84
25440		REPAIR OF NONUNION, SCAPHOID CARPAL (NAV	568.01	568.01
25441		ARTHROPLASTY PROSTHETIC REPL DISTAL RADI	689.10	689.10
25442		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	586.63	586.63
25443		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	562.65	562.65
25444		ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	600.46	600.46
25445		ARTHROPLASTY WITH PROTHETIC REPLACEMENT	525.49	525.49
25446		ARTHROPLASTY W PROST REPLA DISTAL RADIUS	867.56	867.56
25447		ARTHROPLASTY, INTERPOSITION, INTERCARPAL	592.84	592.84
25449		ARTHROPLASTY WITH REMOVAL OF IMPLANT	759.59	759.59
25450		REVISION OF WRIST JOINT	439.94	439.94

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

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		PROPHYLACTIC TREATMENT RADIUS AND ULNA	703.28	703.28
25500		TREAT FRACTURE OF RADIUS	161.80	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 FRACTUR	366.35	383.41
25525		OPEN TX RADIAL SHAFT FX & CLOSED TX RADI	585.00	585.00
25526		OPEN TREATMENT OF RADIAL SHAFT FRACTURE,	718.38	718.38
25530		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		REPAIR FRACTURE RADIUS/ULNA	334.04	363.14
25574		OPEN TX RSADIAL/ULNAR SHAFT FXS.	476.14	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 FIXATION OF DISTAL	475.60	475.60
25607		OPEN TREATMENT OF DISTAL RADIAL EXTRA-AR	515.05	515.05
25608		OPEN TREATMENT OF DISTAL RADIAL INTRA-AR	588.10	588.10
25609		OPEN TREATMENT OF DISTAL RADIAL INTRA-AR	751.32	751.32
25622		RX CLOSED CARPAL SCAPHOID FX WITHOUT MAN	180.68	199.98
25624		RX CLOSED CARPAL SCAPHOID FX WITH MANIPU	291.11	317.40
25628		OPEN RX CLOSEF OR OPEN CARPAL SCAPHOID F	517.55	517.55
25630		TREAT WRIST FRACTURE(S)	186.23	205.25
25635		REPAIR WRIST FRACTURE(S)	269.67	300.46
25645		OPEN TREATMENT OF CARPAL BONE FRACTURE (	408.04	408.04
25650		TREATMENT OF CLOSED ULNAR STYLOID FRACTU	197.83	214.06

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	336.83	336.83
25652		OPEN TREATMENT OF ULNAR STYLOID FRACTURE	444.58	444.58
25660		REPAIR WRIST DISLOCATION	281.44	281.44
25670		OPEN RX OF CLOSED OR OPEN RADIOCARPAL OR	440.46	440.46
25671		PERCUTANEOUS SKELETAL FIXATION OF DISTAL	370.90	370.90
25675		REPAIR WRIST DISLOCATION	274.45	296.54
25676		REPAIR WRIST DISLOCATION	456.03	456.03
25680		REPAIR WRIST FRACTURE	326.13	326.13
25685		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 BO	541.70	541.70
25805		FUSION/GRAFT OF WRIST	624.71	624.71
25810		FUSION/GRAFT OF WRIST	630.69	630.69
25820		ARTHRODESIS, WRIST; LIMITED, WITHOUT BON	441.62	441.62
25825		INTERCARPAL FUSION W/ AUTOGENOUS BONE GR	544.68	544.68
25830		ARTHRODESIS, DISTAL RADIOULNAR JOINT WIT	678.39	678.39
25900		AMPUTATION FOREARM THROUGH RADIUS AND UL	542.68	542.68
25905		AMPUTATION OF FOREARM	536.81	536.81
25907		AMPUTATION FOREARM, W SECONDARY CLOSURE	468.06	468.06
25909		AMPUTATION FOLLOW-UP SURGERY	527.71	527.71
25915		AMPUTATION OF FOREARM	926.12	926.12
25920		DISARTICULATION THROUGH WRIST	496.52	496.52
25922		AMPUTATION SECONDARY CLOSURE OR SCAR REV	419.61	419.61
25924		REAMPUTATION	484.83	484.83
25927		TRANSMETACARPAL AMPUTATION	561.44	561.44
25929		TRANSMETACARP AMPUT SEC CLOSURE OR SCAR	406.67	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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26020		DRAINAGE OF TENDON SHEATH, DIGIT AND/OR	302.80	302.80
26025		DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	296.14	296.14
26030		DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	350.54	350.54
26034		INCISION, BONE CORTEX, HAND OR FINGER (E	379.59	379.59
26035		DECOMPRESSION FINGER/HAND	593.40	593.40
26037		DECOMPRESSIVE FASCIOTOMY HAND	409.87	409.87
26040		FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONT	216.74	216.74
26045		RELEASE PALM CONTRACTURE	331.60	331.60
26055		TENDON SHEATH INCISION (EG, FOR TRIGGER	207.24	386.57
26060		TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIG	185.46	185.46
26070		ARTHROTOMY, WITH EXPLORATION, DRAINAGE,	212.10	212.10
26075		ARTHROTOMY, WITH EXPLORATION, DRAINAGE,	224.47	224.47
26080		EXPLORATION OF FINGER JOINT	270.42	270.42
26100		ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL	227.19	227.19
26105		ARTHROTOMY WITH BIOPSY; METACARPOPHALANG	232.43	232.43
26110		ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPH	223.04	223.04
26111		EXCISION, TUMOR OR VASCULAR MALFORMATION	244.88	244.88
26113		EXCISION, TUMOR, SOFT TISSUE, OR VASCULA	322.29	322.29
26115		EXCISION, TUMOR OR VASCULAR MALFORMATION	252.69	425.58
26116		EXCISION, TUMOR OR VASCULAR MALFORMATION	340.77	340.77
26117		RADICAL RESECTION SOFT TISSUE TUMOR, HAN	467.27	467.27
26118		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	631.45	631.45
26121		FASCIECTOMY, PALM ONLY, WITH OR WITHOUT	428.85	428.85
26123		FASCIECTOMY, PARTIAL PALMAR WITH RELEASE	587.27	587.27
26130		EXPLORATION HAND JOINT	324.19	324.19
26135		EXPLORATION FINGER JOINT	395.37	395.37
26140		EXPLORATION FINGER JOINT	359.09	359.09
26145		SYNOVECTOMY, TENDON SHEATH, RADICAL (TEN	365.15	365.15
26160		EXCISION OF LESION OF TENDON SHEATH OR J	226.22	387.93
26170		REMOVAL OF PALM TENDON	286.58	286.58

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26180		EXCISION OF TENDON, FINGER, FLEXOR (SEPA	313.31	313.31
26185		SESAMOIDECTOMY, THUMB OR FINGER (SEPARAT	374.53	374.53
26200		REMOVAL OF JOINT LESION	322.12	322.12
26205		REMOVAL/GRAFT JOINT LESION	433.53	433.53
26210		REMOVAL OF FINGER LESION	311.76	311.76
26215		REMOVAL/GRAFT FINGER LESION	397.32	397.32
26230		PARTIAL EXCISION (CRATERIZATION, SAUCERI	360.88	360.88
26235		PARTIAL REMOVAL FINGER BONE	354.38	354.38
26236		PARTIAL REMOVAL FINGER BONE	313.62	313.62
26250		RADICAL RESECTION, METACARPAL; (EG, TUMO	419.09	419.09
26260		RADICAL RESECTION, PROXIMAL OR MIDDLE PH	392.42	392.42
26262		RADICAL RESECTION, DISTAL PHALANX OF FIN	327.24	327.24
26320		REMOVAL OF IMPLANT FROM HAND	243.67	243.67
26340		MANIPULATION, FINGER JOINT, UNDER ANESTH	216.80	216.80
26350		REPAIR OR ADVANCEMENT, FLEXOR TENDON, NO	502.43	502.43
26352		REPAIR/GRAFT TENDON	573.03	573.03
26356		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN	748.86	748.86
26357		REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN	616.11	616.11
26358		REPAIR/GRAFT TENDON	651.66	651.66
26370		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	545.23	545.23
26372		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	633.38	633.38
26373		REPAIR OR ADVANCEMENT OF PROFUNDUS TENDO	601.63	601.63
26390		EXCISION FLEXOR TENDON, WITH IMPLANTATIO	592.93	592.93
26392		REMOVAL OF SYNTHETIC ROD AND INSERTION O	692.34	692.34
26410		REPAIR, EXTENSOR TENDON, HAND, PRIMARY O	399.21	399.21
26412		REPAIR/GRAFT TENDON	486.26	486.26
26415		EXCISION OF EXTENSOR TENDON, WITH IMPLAN	514.84	514.84
26416		REMOVAL OF SYNTHETIC ROD AND INSERTION O	552.15	552.15
26418		REPAIR, EXTENSOR TENDON, FINGER, PRIMARY	400.07	400.07
26420		REPAIR/GRAFT TENDON	505.73	505.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26426		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP,	408.57	408.57
26428		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP,	531.74	531.74
26432		CLOSED TREATMENT OF DISTAL EXTENSOR TEND	349.10	349.10
26433		REPAIR OF EXTENSOR TENDON, DISTAL INSERT	375.08	375.08
26434		REPAIR/GRAFT TENDON	451.42	451.42
26437		REALIGNMENT OF EXTENSOR TENDON, HAND, EA	439.69	439.69
26440		TENOLYSIS, FLEXOR TENDON; PALM OR FINGER	439.92	439.92
26442		RELEASE TENDON PALM & FINGER	670.11	670.11
26445		TENOLYSIS, EXTENSOR TENDON, HAND OR FING	407.57	407.57
26449		TENOLYSIS, COMPLEX, EXTENSOR TENDON, FIN	539.46	539.46
26450		TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDO	283.54	283.54
26455		TENOTOMY, FLEXOR, FINGER, OPEN, EACH TEN	281.60	281.60
26460		TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN	273.63	273.63
26471		TENODESIS; OF PROXIMAL INTERPHALANGEAL J	433.14	433.14
26474		TENODESIS; OF DISTAL JOINT, EACH JOINT	415.08	415.08
26476		LENGTHENIG OF TENDON, EXTENSOR, HAND OR	404.15	404.15
26477		SHORTENING OF TENDON, EXTENSOR, HAND OR	407.55	407.55
26478		LENGTHENING OF TENDON, FLEXOR, HAND OR F	442.91	442.91
26479		SHORTENING OF TENDON, FLEXOR, HAND OR FI	438.13	438.13
26480		TRANSFER OR TRANSPLANT OF TENDON, CARPOM	532.31	532.31
26483		TENDON TRANSPLANT	602.64	602.64
26485		TRANSFER OR TRANSPLANT OF TENDON, PALMAR	576.82	576.82
26489		TENDON TRANSPLANT & GRAFT	626.47	626.47
26490		OPPONENSPLASTY; SUPERFICIALIS TENDON TRA	559.43	559.43
26492		OPPONENSPLASTY; TENDON TRANSFER WITH GRA	624.03	624.03
26494		TENDON/MUSCLE TRANSFER	566.23	566.23
26496		REPAIR THUMB TENDON	615.11	615.11
26497		TRANSFER OF TENDON TO RESTORE INTRINSIC	615.42	615.42
26498		SUBLIMIS TRANSFER TO CORRECT CLAW FINGER	824.93	824.93
26499		CORRECT CLAW FINGER FIRST STG	587.74	587.74

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26500		RECONSTRUCTION OF TENDON PULLEY, EACH TE	442.44	442.44
26502		TENDON RECONSTRUCTION/GRAFT	500.44	500.44
26508		RELEASE OF THENAR MUSCLE(S) (EG, THUMB C	444.93	444.93
26510		CROSS INTRINSIC TRANSFER, EACH TENDON	421.22	421.22
26516		CAPSULODESIS, METACARPOPHALANGEAL JOINT;	499.06	499.06
26517		FUSION OF KNUCKLE JOINTS	588.70	588.70
26518		FUSION OF KNUCKLE JOINTS	594.41	594.41
26520		CAPSULECTOMY OR CAPSULOTOMY; METACARPOPH	460.00	460.00
26525		CAPSULECTOMY OR CAPSULOTOMY; INTERPHALAN	461.94	461.94
26530		ARTHROPLASTY, METACARPOPHALANGEAL JOINT;	383.30	383.30
26531		ARTHROPLASTY, METACARPOPHALANGEAL JOINT;	446.49	446.49
26535		ARTHROPLASTY, INTERPHALANGEAL JOINT; EAC	287.77	287.77
26536		ARTHROPLASTY, INTERPHALANGEAL JOINT; WIT	474.75	474.75
26540		REPAIR OF COLLATERAL LIGAMENT, METACARPO	467.89	467.89
26541		RECONSTRUCTION, COLLATERAL LIGAMENT, MET	573.56	573.56
26542		PRIM REPAIR COLLATERAL LIGAMENT W/ LOCAL	484.09	484.09
26545		RECONSTRUCT FINGER JOINT	492.84	492.84
26546		REPAIR NON-UNION, METACARPAL OR PHALANX,	693.55	693.55
26548		REPAIR/RECONSTRUCT FINGER VOLAR PLATE	543.55	543.55
26550		CONSTRUCT THUMB REPLACEMENT	1082.18	1082.18
26551		TRANSFER, TOE-TO-HAND WITH MICROVASCULAR	2361.46	2361.46
26553		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	2074.81	2074.81
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	2705.27	2705.27
26555		TRANSFER, FINGER TO ANOTHER POSITION WIT	988.67	988.67
26556		TRANSFER, FREE TOE JOINT, WITH MICROVASC	2143.41	2143.41
26560		REPAIR OF WEB FINGER	402.66	402.66
26561		REPAIR OF WEB FINGER	650.56	650.56
26562		REPAIR OF WEB FINGER	947.97	947.97
26565		OSTEOTOMY; METACARPAL, EACH	479.69	479.69
26567		OSTEOTOMY; PHALANX OF FINGER, EACH	484.55	484.55

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26568		OSTEOPLASTY, LENGTHENING, METACARPAL OR	638.22	638.22
26580		REPAIR HAND DEFORMITY	1011.34	1011.34
26587		RECONSTRUCTION OF POLYDACTYLOUS DIGIT, S	694.44	694.44
26590		REPAIR MACRODACTYLIA, EACH DIGIT	922.54	922.54
26591		REPAIR, INTRINSIC MUSCLES OF HAND, EACH	306.25	306.25
26593		RELEASE, INTRINSIC MUSCLES OF HAND, EACH	419.94	419.94
26596		EXCISION OF CONSTRICTING RING W/ Z-PLAST	525.99	525.99
26600		TREAT METACARPAL FRACTURE	172.51	186.22
26605		REPAIR METACARPAL FRACTURE	197.03	215.21
26607		CLOSED TREATMENT OF METACARPAL FRACTURE,	311.49	311.49
26608		PERCUTANEOUS FIX, METACARPAL FX, EACH BO	336.37	336.37
26615		REPAIR METACARPAL FRACTURE	391.38	391.38
26641		TREATMENT CARPOMETACARP DISLOC THUMB W/M	228.08	248.49
26645		REPAIR THUMB DISLOCATION	262.74	283.73
26650		REPAIR THUMB DISLOCATION	336.13	336.13
26665		REPAIR THUMB DISLOCATION	434.68	434.68
26670		CLOSED TREATMENT OF CARPOMETACARPAL DISL	203.68	224.66
26675		REPAIR HAND DISLOCATION	280.86	302.69
26676		PERCUTANEOUS SKELETAL FIXATION OF CARPOM	352.44	352.44
26685		OPEN TREATMENT OF CARPOMETACARPAL DISLOC	401.39	401.39
26686		OPEN TREAT CLO/OPEN CARPOMETACA DISLO CM	445.75	445.75
26700		REPAIR FINGER DISLOCATION	200.67	214.66
26705		REPAIR FINGER DISLOCATION	255.92	277.46
26706		TREATMENT OF CLOSED METACARPOPHALANGEAL	306.23	306.23
26715		REPAIR FINGER DISLOCATION	391.97	391.97
26720		TREAT FINGER FRACTURES	118.41	129.03
26725		RX CLOSED PHALANGEAL SHAFT FX PROX OR MI	208.93	231.59
26727		REPAIR FINGER FRACTURES	330.55	330.55
26735		REPAIR FINGER FRACTURES	408.45	408.45
26740		CLOSED TREATMENT OF ARTICULAR FRACTURE,	141.38	150.34

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

26742		TREAT CLSD ART FX W/MANIPULATION	232.02	254.13
26746		OPEN TREATMENT OF ARTICULAR FRACTURE, IN	501.36	501.36
26750		TREAT FINGER FRACTURE	117.84	120.91
26755		REPAIR FINGER FRACTURE	186.40	212.71
26756		TREATMENT OF CLOSED DISTAL PHALANGEAL FX	290.90	290.90
26765		OPEN RX CLOSED OR OPEN DISTAL PHALANGEAL	331.64	331.64
26770		REPAIR FINGER DISLOCATION	167.13	181.95
26775		REPAIR FINGER DISLOCATION	233.23	258.40
26776		TREATMENT OF CLOSED INTERPHALANGEAL JOIN	309.77	309.77
26785		OPEN RX CLOSED OR OPEN INTERPHALANGEAL J	362.25	362.25
26820		THUMB FUSION WITH GRAFT	560.26	560.26
26841		THUMB FUSION	517.65	517.65
26842		THUMB FUSION WITH GRAFT	563.53	563.53
26843		ARTHRODESIS, CARPOMETACARPAL JOINT, DIGI	521.47	521.47
26844		FUSION/GRAFT OF HAND JOINT	582.46	582.46
26850		FUSION OF KNUCKLE	493.67	493.67
26852		FUSION OF KNUCKLE WITH GRAFT	567.14	567.14
26860		FINGER JOINT FUSION	394.07	394.07
26862		FUSION/GRAFT OF FINGER JOINT	514.95	514.95
26910		AMPUTATION METACARPAL BONE	507.68	507.68
26951		AMPUTATION OF FINGER	437.00	437.00
26952		AMPUTATION OF FINGER	458.74	458.74
26990		INCISION/DRAINAGE ABSCESS OR HEMATOMA	444.59	444.59
26991		INCISION/DRAINAGE INFECTED BURSA	376.17	493.10
26992		INCISION, BONE CORTEX, PELVIS AND/OR HIP	703.08	703.08
27000		TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS	322.85	322.85
27001		TENOTOMY, ADDUCTOR OF HIP, OPEN	391.99	391.99
27003		INCISION OF HIP TENDON	421.10	421.10
27005		TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE	532.47	532.47
27006		TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) O	537.85	537.85

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27025		INCISION OF HIP FASCIA	652.53	652.53
27030		ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFE	696.42	696.42
27033		ARTHROTOMY, HIP, INCLUDING EXPLORATION O	720.98	720.98
27035		DENERVATION, HIP JOINT, INTRAPELVIC OR E	809.83	809.83
27036		CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH O	736.76	736.76
27040		BIOPSY SOFT TISSUE SUPERFICIAL	147.97	239.45
27041		BIOPSY, SOFT TISSUE OF PELVIS AND HIP AR	504.17	504.17
27043		EXCISION, TUMOR, SOFT TISSUE OF PELVIS A	278.69	278.69
27045		EXCISION, TUMOR, SOFT TISSUE OF PELVIS A	443.22	443.22
27047		EXCISION, TUMOR, PELVIS AND HIP AREA; SU	376.14	444.11
27048		EXCISION BENIGN TUMOR DEEP	344.74	344.74
27049		RADICAL RESECTION OF TUMOR, SOFT TISSUE	734.41	734.41
27050		ARTHROTOMY, WITH BIOPSY; SACROILIAC JOIN	252.02	252.02
27052		BIOPSY OF HIP JOINT	402.01	402.01
27054		ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT	494.18	494.18
27059		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	1087.64	1087.64
27060		REMOVAL OF ISCHIAL BURSA	311.01	311.01
27062		REMOVAL OF FEMUR LESION	324.14	324.14
27065		REMOVAL OF HIP BONE LESION	361.86	361.86
27066		EXCISION OF BONE CYST OR TUMOR DEEP WITH	589.75	589.75
27067		EXCISION BENIGN TUMOR W/BONE GRAFT REQ S	749.17	749.17
27070		PARTIAL EXCISION (CRATERIZATION, SAUCERI	617.35	617.35
27071		PARTIAL EXCISION (CRATERIZATION, SAUCERI	662.65	662.65
27075		RADICAL RESECTION OF TUMOR OR INFECTION;	1718.86	1718.86
27076		PARTIAL REMOVAL OF HIP BONE	1183.36	1183.36
27077		REMOVAL OF HIP BONE	1986.50	1986.50
27078		PARTIAL REMOVAL OF HIP BONES	746.04	746.04
27080		COCCYGECTOMY PRIMARY	357.77	357.77
27086		REMOVAL FOREIGN BODY SUBCUTANEOUS TISSUE	107.00	171.34
27087		REMOVAL OF FOREIGN BODY, PELVIS OR HIP;	460.55	460.55

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27090		REMOVAL OF HIP PROSTHESIS	610.00	610.00
27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED,	1185.81	1185.81
27095		INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	63.71	167.51
27096		INJECTION PROCEDURE FOR SACROILIAC JOINT	53.67	127.81
27097		RELEASE OR RECESSION, HAMSTRING, PROXIMA	486.19	486.19
27098		TRANSFER, ADDUCTOR TO ISCHIUM	454.81	454.81
27100		TRANSFER OF ABDOMINAL MUSCLE	599.35	599.35
27105		TRANSFER OF SPINAL MUSCLE	627.79	627.79
27110		TRANSFER ILIOPSOAS; TO GREATER TROCHANTE	702.09	702.09
27111		TRANSFER ILIOPSOAS TO FEMORAL NECK	626.85	626.85
27120		RECONSTRUCTION OF HIP	953.60	953.60
27122		ACETABULOPLASTY; RESECTION, FEMORAL HEAD	815.75	815.75
27125		HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMO	830.95	830.95
27130		ARTHROPLASTY, ACETABULAR AND PROXIMAL FE	1072.82	1072.82
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TO	1254.24	1254.24
27134		REVISION OF TOTAL HIP, BOTH COMPONENTS	1456.59	1456.59
27137		REVISION OF TOTAL HIP, ACETABULAR COMPON	1108.98	1108.98
27138		REVISION OF TOTAL HIP, FEMORAL COMPONENT	1154.52	1154.52
27140		OSTEOTOMY AND TRANSFER OF GREATER TROCHA	661.34	661.34
27146		INCISION OF HIP BONE	934.77	934.77
27147		OSTEOTOMY WITH OPEN REDUCTION OF HIP	1089.58	1089.58
27151		INCISION OF HIP BONES	1137.67	1137.67
27156		REVISION OF HIP BONES	1272.43	1272.43
27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONGEN	1022.42	1022.42
27161		INCISION OF NECK OF FEMUR	903.35	903.35
27165		OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL	1009.60	1009.60
27170		REPAIR/GRAFT FEMUR	874.77	874.77
27175		TREATMENT SLIPPED EPIPHYSIS	485.21	485.21
27176		TREATMENT SLIPPED EPIPHYSIS	670.71	670.71
27177		REPAIR SLIPPED EPIPHYSIS	819.09	819.09

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27178		OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MAN	663.84	663.84
27179		REVISION OF NECK OF FEMUR	715.36	715.36
27181		FIXATION SLIPPED EPIPHYSIS	797.36	797.36
27185		EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR S	505.78	505.78
27187		PROPHYLACTIC TX FEMORAL NECK AND PROXIMA	733.36	733.36
27193		CLOSED TX PELVIC RING FX; WO MANIPULATIO	337.19	334.40
27194		CLOSED TX PELVIC RING FX; W MANIPULATION	523.10	523.10
27200		REPAIR TAIL BONE FRACTURE	123.19	120.68
27202		REPAIR TAIL BONE FRACTURE	461.45	461.45
27215		OPEN TX OF ILIAC SPINE S/INTERNAL FIXATI	541.74	541.74
27216		PERCUTANEOUS SKELETAL FX POST PELVIC RIN	792.98	792.98
27217		OPEN TX ANT. RING FX/DISLOCATION W/INTER	749.94	749.94
27218		OPEN TX POST RING FX/DISLOCATION W/INTER	1026.70	1026.70
27220		TREATMENT HIP SOCKET FRACTURE	374.26	376.79
27222		REPAIR HIP SOCKET FRACTURE	718.99	718.99
27226		OPEN TX POST/ANT. ACETABULAR WALL FX, IN	766.52	766.52
27227		OPEN TREATMENT ACETABULAR FX. W/INTERNAL	1242.32	1242.32
27228		OPEN TX ACETABULAR FX W/INTERNAL FIXATIO	1423.49	1423.49
27230		TREATMENT FRACTURE OF FEMUR	330.47	334.66
27232		REPAIR FRACTURE OF FEMUR	572.40	572.40
27235		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	670.51	670.51
27236		OPEN TREATMENT OF FEMORAL FRACTURE, PROX	878.66	878.66
27238		TREATMENT OF FEMUR FRACTURE	323.89	323.89
27240		RX CLOSED INTERTROCHANTERIC OR PERTRO FE	701.78	701.78
27244		TREATMENT OF INTERTROCHANTERIC, PERTROCH	904.03	904.03
27245		OPEN TX FEMORAL FX; W/INTRAMEDULLARY IMP	936.04	936.04
27246		TREATMENT OF FEMUR FRACTURE	274.73	274.18
27248		REPAIR OF FEMUR FRACTURE	553.93	553.93
27250		REPAIR OF HIP DISLOCATION	175.54	175.54
27252		REPAIR OF HIP DISLOCATION	554.58	554.58

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27253		REPAIR OF HIP DISLOCATION	696.98	696.98
27254		REPAIR OF HIP DISLOCATION	943.74	943.74
27256		TREATMENT OF HIP DISLOCATION	181.56	212.89
27257		REPAIR OF HIP DISLOCATION	248.33	248.33
27258		REPAIR OF HIP DISLOCATION	817.92	817.92
27259		OPEN RX CLOSED/OPEN ACETAB FX W/FEMORAL	1148.63	1148.63
27265		TX ATRAUMATIC HIP DISLOCATION W/O ANESTH	281.07	281.07
27266		TX ATRAUMATIC HIP DISLOCATION W/ GEN ANE	420.09	420.09
27267		CLOSED TREATMENT OF FEMORAL FRACTURE, PR	299.52	299.52
27268		CLOSED TREATMENT OF FEMORAL FRACTURE, PR	371.87	371.87
27269		OPEN TREATMENT OF FEMORAL FRACTURE, PROX	899.95	899.95
27275		MANIPULATION OF HIP JOINT	130.17	130.17
27279		ARTHRODESIS SACROILIAC JOINT	472.97	472.97
27280		FUSION OF SACROILIAC JOINT	756.07	756.07
27282		FUSION OF PUBIC BONES	593.13	593.13
27284		ARTHRODESIS, HIP JOINT (INCLUDING OBTAIN	1156.90	1156.90
27286		FUSION OF HIP JOINT	1218.91	1218.91
27290		AMPUTATION OF LEG AT HIP	1165.32	1165.32
27295		AMPUTATION OF LEG AT HIP	940.91	940.91
27301		INCISION AND DRAINAGE, DEEP ABSCESS, BUR	358.19	465.63
27303		INCISION, DEEP, WITH OPENING OF BONE COR	463.86	463.86
27305		INCISION OF TENDON & FASCIA	337.83	337.83
27306		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMS	272.78	272.78
27307		TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMS	336.45	336.45
27310		ARTHROTOMY, KNEE, WITH EXPLORATION, DRAI	529.44	529.44
27323		BIOPSY SOFT TISSUES SUPERFICIAL	128.72	186.35
27324		BIOPSY, SOFT TISSUE OF THIGH OR KNEE ARE	275.16	275.16
27325		NEURECTOMY, HAMSTRING MUSCLE	381.93	381.93
27326		NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	352.00	352.00
27327		EXCISION BENIGN TUMOR SUBCUTANEOUS	251.37	317.39

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27328		EXC BENGIN TUMOR DEEP	303.86	303.86
27329		RACICAL RESECTION SOFT TISSUE TUMOR THIG	762.76	762.76
27330		ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY O	288.05	288.05
27331		ARTHROTOMY, KNEE; INCLUDING JOINT EXPLOR	340.47	340.47
27332		ARTHROTOMY, WITH EXCISION OF SEMILUNAR C	462.89	462.89
27333		ARTHROTOMY KNEE EXC SEMILUNAR CARTILAGE	418.96	418.96
27334		ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTER	493.23	493.23
27335		ARTHROTOMY KNEE ANTERIOR AND POSTERIOR I	558.55	558.55
27337		EXCISION, TUMOR, SOFT TISSUE OF THIGH OR	248.63	248.63
27339		EXCISION, TUMOR, SOFT TISSUE OF THIGH OR	447.83	447.83
27340		REMOVAL OF KNEECAP BURSA	259.80	259.80
27345		EXCISION OF SYNOVIAL CYST OF POPLITEAL S	344.67	344.67
27347		EXCISION OF LESION OF MENISCUS OR CAPSUL	369.99	369.99
27350		REMOVAL OF KNEECAP	471.08	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, SAUCERI	618.56	618.56
27364		RADICAL RESECTION OF TUMOR (EG. MALIGNAN	935.72	935.72
27365		RADICAL RESECTION OF TUMOR, BONE, FEMUR	905.11	905.11
27370		INJECTION FOR KNEE X-RAY	40.64	118.42
27372		REMOVAL FOREIGN BODY DEEP	290.69	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;	316.17	316.17
27391		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP;	412.96	412.96
27392		TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP;	510.20	510.20
27393		LENGTHENING OF HAMSTRING TENDON; SINGLE	365.95	365.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27394		LENGTHENING OF HAMSTRING TENDON; MULTIPL	473.95	473.95
27395		LENGTHENING OF HAMSTRING TENDON; MULTIPL	643.05	643.05
27396		TRANSPLANT, HAMSTRING TENDON TO PATELLA;	445.11	445.11
27397		TRANSPLANT, HAMSTRING TENDON TO PATELLA;	657.28	657.28
27400		TRANSFER, TENDON OR MUSCLE, HAMSTRINGS T	496.42	496.42
27403		ARTHROTOMY WITH MENISCUS REPAIR, KNEE	466.28	466.28
27405		REPAIR OF KNEE LIGAMENT	491.31	491.31
27407		REPAIR OF KNEE LIGAMENT	562.46	562.46
27409		REPAIR OF KNEE LIGAMENTS	707.86	707.86
27415		OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1027.64	1027.64
27416		OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (	710.46	710.46
27418		ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQU	610.00	610.00
27420		RECONSTRUCTION OF DISLOCATING PATELLA; (	545.85	545.85
27422		RECONSTRUCTION OF DISLOCATING PATELLA; W	543.58	543.58
27424		REVISION/REMOVAL OF KNEECAP	545.04	545.04
27425		LATERAL RETINACULAR RELEASE OPEN	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-ARTI	904.05	904.05
27430		QUADRICEPSPLASTY (EG, BENNETT OR THOMPSO	540.19	540.19
27435		CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE,	579.13	579.13
27437		ARTHROPLASTY PATELLA W/O PROSTHESIS	479.97	479.97
27438		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	638.76	638.76
27443		REPAIR OF KNEE JOINT	597.69	597.69
27445		ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG	934.10	934.10
27446		TOTAL KNEE REPLACEMENT	827.92	827.92
27447		ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU;	1148.49	1148.49

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27448		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W	602.24	602.24
27450		OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR W	751.12	751.12
27454		OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON	949.60	949.60
27455		OSTEOTOMY PROXIMAL TIBIA UNILATERAL BEFO	693.68	693.68
27457		OSTEOTOMY PROXIMAL TIBIA AFTER EPIPHYSEA	715.33	715.33
27465		REVISION OF FEMUR	902.92	902.92
27466		REVISION OF FEMUR	874.37	874.37
27468		REVISION OF FEMURS	991.62	991.62
27470		REPAIR OF FEMUR	871.59	871.59
27472		REPAIR/GRAFT OF FEMUR	942.98	942.98
27475		ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIP	477.47	477.47
27477		REPAIR LOWER LEG EPIPHYSES	535.91	535.91
27479		REPAIR OF LEG EPIPHYSES	691.00	691.00
27485		ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR	488.74	488.74
27486		REVISION OF TOTAL KNEE ARTHROPLASTY, ONE	1047.31	1047.31
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WIT	1322.92	1322.92
27488		REMOVAL OF PROSTHESIS, INCLUDING TOTAL K	885.04	885.04
27495		PROPHYLACTIC TREATMENT FEMUR	838.27	838.27
27496		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, 1	363.92	363.92
27497		DECOMPRESSION FASCIOTOMY, THIGH/KNEE W/D	396.49	396.49
27498		DECOMPRESSION FASCIOTOMY, THIGH/KNEE, MU	432.57	432.57
27499		DECOMPRESSION FASCIOTOMY; THIGH/KNEE W/D	479.57	479.57
27500		TREATMENT OF FEMUR FRACTURE	341.37	365.44
27501		CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; W/	355.01	359.77
27502		TREATMENT OF CLOSED FEMORAL SHAFT FRACTU	577.37	577.37
27503		CLOSED TX SUPRA/TRANSCONDYLAR FEM FX; W/	586.95	586.95
27506		REPAIR FEMUR FX W/INSERTION INTRAMEDULLA	983.87	983.87
27507		OPEN TX FEM SHAFT FX WITH PLATE/SCREWS	729.12	729.12
27508		TREATMENT OF FEMUR FRACTURE	348.52	368.11
27509		PERCUTANEOUS SKELETAL FIXATION OF FEMORA	464.64	464.64

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27510		REPAIR OF FEMUR FRACTURE	509.54	509.54
27511		OPEN TX FEMORAL FX WO INTERCONDYLAR EXTE	755.21	755.21
27513		OPEN TX FEMORAL FX WITH INTERCONDYLAR E	950.76	950.76
27514		REPAIR OF FEMUR FRACTURE	762.22	762.22
27516		TREATMENT OF FEMUR EPIPHYSIS	325.28	343.74
27517		REPAIR OF FEMUR EPIPHYSIS	488.02	488.02
27519		REPAIR OF FEMUR EPIPHYSIS	689.25	689.25
27520		TREATMENT KNEECAP FRACTURE	195.82	215.41
27524		REPAIR OF KNEECAP FRACTURE	551.43	551.43
27530		TREATMENT OF KNEE FRACTURE	253.38	271.30
27532		REPAIR OF KNEE FRACTURE	415.05	437.16
27535		OPEN TX TIBIAL FX, PROXIMAL; UNICONDYLAR	673.76	673.76
27536		TX TIBIAL FX BICONDYLAR	876.54	876.54
27538		TREATMENT OF KNEE FRACTURE	305.98	325.28
27540		REPAIR KNEE FRACTURE	609.53	609.53
27550		REPAIR KNEE DISLOCATION	322.96	345.35
27552		REPAIR KNEE DISLOCATION	448.85	448.85
27556		OPEN RX CLOSED OR OPEN KNEE DISLOC W/O P	677.67	677.67
27557		OSTEOTOMY PROXIMAL TIBIA BILATERAL WITH	811.87	811.87
27558		OPEN TX KNEE DISLOCATION; WITH LIG REPAI	912.23	912.23
27560		REPAIR KNEECAP DISLOCATION	229.37	251.74
27562		REPAIR KNEECAP DISLOCATION	330.94	330.94
27566		REPAIR KNEECAP DISLOCATION	657.74	657.74
27570		FIXATION OF KNEE JOINT	105.98	105.98
27580		ARTHRODESIS, KNEE, ANY TECHNIQUE	1067.60	1067.60
27590		AMPUTATION OF LEG	614.12	614.12
27591		AMPUTATION THIGH THRU FEM IMMED FIT TECH	678.19	678.19
27592		AMPUTATION OF LEG	519.92	519.92
27594		AMPUTATION FOLLOW-UP SURGERY	374.32	374.32
27596		AMPUTATION FOLLOW-UP SURGERY	544.13	544.13

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27598		AMPUTATION OF LOWER LEG	552.51	552.51
27600		DECOMPRESSION OF LEG	310.85	310.85
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRES	321.72	321.72
27602		DECOMPRESSION OF LEG	382.13	382.13
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HE	280.94	368.51
27604		INCISION AND DRAINAGE INFECTED BURSA	247.54	323.36
27605		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON	148.70	256.13
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GE	218.47	218.47
27607		INCISION (EG, OSTEOMYELITIS OR BONE ABSC	449.80	449.80
27610		ARTHROTOMY, ANKLE, INCLUDING EXPLORATION	480.07	480.07
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE,	419.20	419.20
27613		BIOPSY SOFT TISSUES SUPERFICIAL	120.98	174.98
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	300.67	396.35
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/	648.19	648.19
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	763.95	763.95
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBC	278.37	346.35
27619		EXCISION BENIGN TUMOR DEEP SUBFASCIAL OR	432.88	553.18
27620		BIOPSY OF ANKLE JOINT	336.96	336.96
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	437.43	437.43
27626		EXPLORATION OF ANKLE JOINT	472.30	472.30
27630		REMOVAL OF TENDON LESION	271.10	377.41
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR A	245.98	245.98
27634		EXCISION, TUMOR, SOFT TISSUE OF LEG OR A	401.59	401.59
27635		REMOVAL OF BONE LESION	433.88	433.88
27637		REMOVAL/GRAFT OF BONE LESION	550.63	550.63
27638		REMOVAL/GRAFT OF BONE LESION	574.61	574.61
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERI	636.63	636.63
27641		PARTIAL REMOVAL OF FIBULA	510.27	510.27
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	772.61	772.61
27646		REMOVAL OF FIBULA	683.54	683.54

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27647		RADICAL RESECTION OF TUMOR, BONE; TALUS	607.31	607.31
27648		INJECTION PROCEDURE FOR ANKLE ARTHOGRAPH	40.36	114.21
27650		REPAIR ACHILLES TENDON	495.73	495.73
27652		REPAIR/GRAFT ACHILLES TENDON	547.53	547.53
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH	534.33	534.33
27656		REPAIR FASCIAL DEFECT OF LEG	256.19	379.01
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WIT	280.85	280.85
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, W	369.95	369.95
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, W	267.37	267.37
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY,	306.69	306.69
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WI	377.34	377.34
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBU	457.61	457.61
27680		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LE	318.56	318.56
27681		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LE	379.66	379.66
27685		LENGTHENING OR SHORTENING OF TENDON, LEG	351.87	449.78
27686		LENGTHENING OR SHORTENING OF TENDON, LEG	414.59	414.59
27687		GASTROCNEMIUS RECESSION	341.20	341.20
27690		REVISION OF LEG TENDON	470.50	470.50
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON	551.62	551.62
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANK	362.94	362.94
27696		REPAIR OF ANKLE LIGAMENTS	434.83	434.83
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, AN	488.38	488.38
27700		REPAIR OF ANKLE	463.13	463.13
27702		ARTHROPLASTY ANKLE WITH IMPLANT	737.99	737.99
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANK	854.67	854.67
27704		REMOVAL ANKLE IMPLANT	416.95	416.95
27705		INCISION OF TIBIA	565.71	565.71
27707		INCISION OF FIBULA	285.34	285.34
27709		INCISION OF TIBIA & FIBULA	829.12	829.12
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON	807.40	807.40

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENI	788.61	788.61
27720		REPAIR OF LOWER LEG	647.25	647.25
27722		REPAIR/GRAFT OF LOWER LEG	645.97	645.97
27724		REPAIR/GRAFT OF LOWER LEG	953.92	953.92
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH	885.58	885.58
27726		REPAIR OF FIBULA NONUNION AND/OR MALUNIO	677.06	677.06
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	720.76	720.76
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPE	429.74	429.74
27732		REPAIR OF FIBULA EPIPHYSIS	292.15	292.15
27734		REPAIR LOWER LEG EPIPHYSES	439.85	439.85
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY	487.89	487.89
27742		REPAIR OF LEG EPIPHYSES	514.88	514.88
27745		PROPHYLACTIC TREATMENT TIBIA	554.97	554.97
27750		TREATMENT OF TIBIA FRACTURE	214.61	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 C	652.50	652.50
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH	740.20	740.20
27760		TREATMENT OF ANKLE FRACTURE	204.50	224.35
27762		REPAIR OF ANKLE FRACTURE	313.47	337.80
27766		REPAIR OF ANKLE FRACTURE	442.97	442.97
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS	179.00	178.16
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS	289.75	289.75
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FR	507.61	507.61
27780		TREATMENT OF FIBULA FRACTURE	182.45	200.63
27781		REPAIR OF FIBULA FRACTURE	273.39	292.14
27784		REPAIR OF FIBULA FRACTURE	503.96	503.96
27786		TREATMENT OF ANKLE FRACTURE	192.22	212.65
27788		REPAIR OF ANKLE FRACTURE	272.87	294.69
27792		REPAIR OF ANKLE FRACTURE	509.41	509.41

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27808		TREATMENT OF ANKLE FRACTURE	200.34	222.17
27810		REPAIR OF ANKLE FRACTURE	305.60	330.50
27814		REPAIR OF ANKLE FRACTURE	568.56	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 ANKL	621.63	621.63
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKL	709.23	709.23
27824		CLOSED TX FX WT BEARING PORTION DISTAL T	204.73	212.28
27825		CLOSED TX FX WT BEARING PORTION TIBIA; W	359.61	389.26
27826		OPEN TX FX DISTAL TIBIA WITH FIXATION OF	596.81	596.81
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA O	796.27	796.27
27828		OPEN TX FX TIBIA WITH INT & EXT FIX OF B	953.94	953.94
27829		OPEN TX TIBIOFIBULAR JOINT	476.47	476.47
27830		REPAIR LOWER LEG DISLOCATION	232.27	247.10
27831		REPAIR LOWER LEG DISLOCATION	270.94	270.94
27832		REPAIR LOWER LEG DISLOCATION	514.41	514.41
27840		REPAIR ANKLE DISLOCATION	250.44	250.44
27842		REPAIR ANKLE DISLOCATION	350.52	350.52
27846		REPAIR ANKLE DISLOCATION	542.90	542.90
27848		REPAIR ANKLE DISLOCATION	614.74	614.74
27860		FIXATION OF ANKLE	130.88	130.88
27870		ARTHRODESIS, ANKLE, OPEN	776.54	776.54
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL	508.70	508.70
27880		AMPUTATION OF LOWER LEG	689.94	689.94
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHN	662.58	662.58
27882		AMPUTATION OF LOWER LEG	467.42	467.42
27884		AMPUTATION FOLLOW-UP SURGERY	433.81	433.81
27886		AMPUTATION FOLLOW-UP SURGERY	494.91	494.91
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF T	522.99	522.99
27889		ANKLE DISARTICULATION	512.24	512.24

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

27892		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR	401.11	401.11
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR	405.79	405.79
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR	624.09	624.09
28001		INCISION AND DRAINAGE, BURSA, FOOT	136.50	191.89
28002		INCISION AND DRAINAGE BELOW FASCIA, WITH	287.78	359.11
28003		DRAINAGE OF FOOT	425.04	497.22
28005		INCISION, BONE CORTEX (EG, OSTEOMYELITIS	462.14	462.14
28008		INCISION OF FOOT LIGAMENTS	230.68	303.41
28010		TENOTOMY, PERCUTANEOUS, TOE; SINGLE TEND	159.22	169.57
28011		TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TE	224.76	240.43
28020		ARTHROTOMY, INCLUDING EXPLORATION, DRAIN	270.35	359.60
28022		EXPLORATION OF A FOOT JOINT	250.32	332.01
28024		EXPLORATION OF A TOE JOINT	237.15	315.47
28035		RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL	272.95	361.92
28039		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR	204.82	284.77
28043		EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISS	195.71	241.59
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL IN	249.22	338.19
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	511.33	619.88
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	570.61	570.61
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR T	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 FOO	300.46	300.46
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SE	274.40	357.22
28062		REMOVAL OF FOOT FASCIA	322.63	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,	261.55	341.56
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	270.60	373.27
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	225.04	316.25

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

28090		EXCISION OF LESION, TENDON, TENDON SHEAT	236.28	320.49
28092		EXCISION OF LESION, TENDON, TENDON SHEAT	206.89	288.58
28100		REMOVAL OF HEEL LESION	306.78	413.37
28102		REMOVAL/GRAFT HEEL LESION	418.63	418.63
28103		REMOVAL/GRAFT HEEL LESION	338.67	338.67
28104		EXCISION OR CURETTAGE OF BONE CYST OR BE	268.82	355.27
28106		REMOVAL/GRAFT FOOT LESION	358.41	358.41
28107		REMOVAL/GRAFT FOOT LESION	293.27	393.98
28108		REMOVAL OF TOE LESIONS	221.70	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	404.22
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATA	611.40	737.02
28116		REVISION OF FOOT	435.33	528.20
28118		PARTIAL REMOVAL OF HEEL	314.28	407.44
28119		REMOVAL OF HEEL SPUR	278.13	363.18
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERI	298.92	402.16
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERI	384.24	469.84
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERI	256.18	332.26
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGE	192.39	267.65
28130		REMOVAL OF BONE OF ANKLE	477.49	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 PHA	199.83	278.17
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOI	208.23	285.44
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL	469.45	469.45
28173		RADICAL RESECTION OF TUMOR, BONE; METATA	428.35	528.22
28175		RADICAL RESECTION OF TUMOR, BONE; PHALAN	301.60	386.37
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	102.15	169.85

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

28192		REMOVAL FOREIGN BODY DEEP	244.75	328.39
28193		REMOVAL FOREIGN BODY COMPLICATED	291.50	377.67
28200		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR	244.09	328.31
28202		REPAIR/GRAFT OF FOOT TENDON	341.81	438.33
28208		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY	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 TENDON	282.35	362.08
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	195.98	270.95
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TEND	244.48	325.88
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SIN	225.04	300.01
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SING	190.79	265.21
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, E	199.46	274.71
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR	383.92	481.28
28240		RELEASE OF BIG TOE	230.93	308.70
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (E	306.78	393.51
28260		RELEASE OF MIDFOOT JOINT	396.88	482.77
28261		CAPULOTOMY WITH TENDON LEGTHENING	605.48	702.56
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDI	846.59	980.31
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE	531.80	626.37
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT,	255.58	333.91
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH	199.37	272.68
28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR K	277.94	366.35
28285		CORRECTION, HAMMERTOES (EG, INTERPHALANGE	245.39	323.44
28286		CORRECTION, COCK-UP FIFTH TOE, WITH PLAS	235.96	316.25
28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDY	319.11	405.00
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTO	416.20	513.83
28290		CORRECTION, HALLUX VALGUS (BUNION), WITH	303.99	399.38
28292		REMOVAL OF BIG TOE JOINT	447.92	546.11
28293		REMOVAL OF BIG TOE JOINT	543.14	727.50

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

28294		CORRECTION, HALLUX VALGUS (BUNION), WITH	414.80	528.38
28296		INCISION OF METATARSAL	411.73	517.76
28297		HALLUX VALGUS CORRECTION,LAPIDUS TYPE PR	462.71	584.97
28298		INCISION OF TOE	394.16	504.94
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH	534.41	651.07
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMB	498.67	498.67
28302		INCISION OF ANKLE BONE	494.15	494.15
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALC	455.00	561.85
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALC	522.94	522.94
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	307.32	418.65
28307		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	345.92	492.24
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	281.56	379.20
28309		OSTEOTOMY, WITH OR WITHOUT LENGTHENING,	674.97	674.97
28310		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATI	275.12	373.88
28312		INCISION OF BIG TOES	244.64	341.44
28313		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE	279.78	359.23
28315		SESAMOIDECTOMY FIRST TOE	250.38	330.39
28320		REPAIR, NONUNION OR MALUNION; TARSAL BON	471.95	471.95
28322		REPAIR OF METATARSALS	435.37	544.76
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE	340.37	434.65
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESE	403.40	501.88
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	237.49	331.21
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAF	311.18	401.54
28360		RECONSTRUCTION, CLEFT FOOT	727.34	727.34
28400		TREATMENT OF HEEL FRACTURE	155.54	168.69
28405		REPAIR OF HEEL FRACTURE	261.45	277.96
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULAT	381.96	381.96
28415		REPAIR OF HEEL FRACTURE	844.14	844.14
28420		REPAIR/GRAFT HEEL FRACTURE	889.86	889.86
28430		TREATMENT OF ANKLE FRACTURE	141.45	157.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

28435		REPAIR OF ANKLE FRACTURE	208.61	224.27
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND	305.29	305.29
28445		REPAIR OF ANKLE FRACTURE	797.16	797.16
28450		TREATMENT MIDFOOT FRACTURE	131.48	146.03
28455		REPAIR MIDFOOT FRACTURE	190.99	203.86
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MA	195.13	195.13
28465		REPAIR MIDFOOT FRACTURE(S)	452.78	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/ MAN	241.72	241.72
28485		REPAIR METATARSAL FRACTURES	390.24	390.24
28490		TREAT BIG TOE FRACTURE	82.43	93.62
28495		REPAIR BIG TOE FRACTURE	105.98	118.85
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND	162.27	285.08
28505		REPAIR OF BIG TOE FRACTURE	359.60	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	141.18	252.80
28540		REPAIR FOOT DISLOCATION	131.44	140.12
28545		REPAIR FOOT DISLOCATION	159.38	172.25
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOU	214.92	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	256.15	256.15
28585		REPAIR OF FOOT DISLOCATION	543.63	647.43
28600		REPAIR FOOT DISLOCATION	131.55	145.54
28605		REPAIR FOOT DISLOCATION	177.08	188.83

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT	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		PERCU. SKELETAL FIX MET AT ARSOPHALANGEA	151.05	204.49
28645		REPAIR OF TOE DISLOCATION	351.40	438.69
28660		REPAIR OF TOE DISLOCATION	62.40	76.11
28665		REPAIR OF TOE DISLOCATION	101.43	111.49
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL	144.65	144.65
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPH	292.11	396.73
28705		ARTHRODESIS; PANTALAR	985.02	985.02
28715		ARTHRODESIS; TRIPLE	728.07	728.07
28725		ARTHRODESIS; SUBTALAR	599.59	599.59
28730		FUSION OF FOOT BONES	626.44	626.44
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSA	599.91	599.91
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND	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		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONG	441.30	552.65
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART	429.70	429.70
28805		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		APPLICATION OF LONG ARM CAST	49.33	65.27
29075		APPLICATION OF FOREARM CAST	44.52	60.47
29085		APPLICATION HAND/WRIST CAST	48.02	64.52
29105		APPLICATION LONG ARM SPLINT	43.44	59.95
29125		APPLICATION FOREARM SPLINT	30.94	46.33

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

29130		APPLICATION FINGER SPLINT STATIC	21.59	28.59
29200		STRAPPING OF CHEST	29.94	37.77
29240		STRAPPING OF SHOULDER	33.25	42.21
29260		STRAPPING OF ELBOW OR WRIST	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		ADDING WALKER TO PREVIOUSLY APPLIED CAST	26.04	36.96
29505		APPLICATION LONG LEG SPLINT	34.99	52.62
29515		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 S	8.85	39.38
29583		APPLICATION OF MULTI-LAYER COMPRESSION S	6.47	24.41
29584		APPLICATION OF MULTI-LAYER COMPRESSION S	8.85	39.38
29700		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 SYNOVI	376.12	376.12
29804		ARTHROSCOPY, TM JOINT, SURGICAL	467.81	467.81
29805		ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH	340.21	340.21
29806		ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULO	782.36	782.36
29807		ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR	761.86	761.86

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

29819		ARTHROSCOPY SHOULDER SURGICAL WITH REMOV	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		ARTHROSCOPY DEBRIDEMENT EXTENSIVE	457.53	457.53
29824		ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL	487.58	487.58
29825		ARTHROSCOPY WITH LYSIS OF ADHESIONS	426.57	426.57
29826		ARTHROSCOPY SHOULDER W/ DECOMPR SUBACROM	490.03	490.03
29827		ARTHROSCOPY, SHOULDER, SURGICAL; WITH RO	802.40	802.40
29828		ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS	671.46	671.46
29830		ARTHROSCOPY ELBOW DIAGNOSTIC	328.41	328.41
29834		ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL	357.91	357.91
29835		ARTHROSCOPY ELBOW SYNOVECTOMY PARTIAL	367.44	367.44
29836		ARTHROSCOPY ELBOW SYNOVECTOMY COMPLETE	422.53	422.53
29837		ARTHROSCOPY ELBOW DEBRIDEMENT LIMITED	385.41	385.41
29838		ARTHROSCOPY ELBOW DEBRIDEMENT EXTENSIVE	430.85	430.85
29840		DIAGNOSTIC ARTHROSCOPY, WRIST W/VO BIOPS	321.69	321.69
29843		SURGICAL ARTHROSCOPY FOR INFECTION	345.83	345.83
29844		SURGICAL ARTHROSCOPY FOR PARTIAL SYNOVEC	359.59	359.59
29845		SURGICAL ARTHROSCOPY FOR COMPLETE SYNOVE	411.06	411.06
29846		SURGICAL ARTHROSCOPY FOR EXCISION FIBROC	378.37	378.37
29847		SURGICAL ARTHROSCOPY FOR FIXATION OF FRA	393.01	393.01
29848		ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE	357.41	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 WIT	473.90	473.90
29861		ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL	526.14	526.14
29862		ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDE	587.21	587.21

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

29863		ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVEC	581.14	581.14
29866		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDR	766.51	766.51
29867		ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDR	930.38	930.38
29870		ARTHROSCOPY KNEE DIAGNOSTIC	295.06	295.06
29871		ARTHROSCOPY KNEE SURGICAL	371.42	371.42
29873		ARTHROSCOPY, KNEE, SURGICAL; WITH LATERA	369.74	369.74
29874		ARTHROSCOPY KNEE WITH REMOVAL OF FOREIGN	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 ABRASION ARTHROPLASTY	478.94	478.94
29880		ARTHROSCOPY W/MENISCECTOMY, KNEE	500.25	500.25
29881		ARTHROSCOPY KNEE WITH MENISCECTOMY	465.87	465.87
29882		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, KN	541.51	541.51
29886		ARTHROSCOPY KNEE DRILLING	456.21	456.21
29887		ARTHROSCOPY KNEE DRILLING WITH INTERNAL	538.40	538.40
29888		LIGAMENT REPAIR BY ARTHROSCOPY, ANTERIOR	732.27	732.27
29889		LIGAMENT REPAIR BY ARTHROSCOPY, POSTERIO	894.19	894.19
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION O	507.79	507.79
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE O	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	778.15	778.15
29900		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	330.67	330.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

29901		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	362.84	362.84
29902		ARTHROSCOPY, METACARPOPHALANGEAL JOINT,	388.22	388.22
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	451.14	451.14
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	485.23	485.23
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	511.13	511.13
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; W	627.37	627.37
29914		ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROP	817.21	817.21
29915		ARTHROSCOPY, HIP, SURGICAL; WITH ACETABU	832.75	832.75
29916		ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL	832.75	832.75
30000		DRAINAGE OF NOSE LESION	84.77	159.18
30020		DRAINAGE OF NOSE LESION	85.32	154.14
30110		REMOVAL OF NOSE POLYP(S)	94.56	156.38
30115		REMOVAL OF NOSE POLYP(S)	306.23	306.23
30117		EXCISION OR DESTRUCTION (EG, LASER), INT	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 INFERIOR TURBINATE, PARTIAL OR	266.30	266.30
30140		SUBMUCOUS RESECTION INFERIOR TURBINATE,	303.31	303.31
30150		PARTIAL REMOVAL OF NOSE	569.39	569.39
30160		REMOVAL OF NOSE	573.07	573.07
30210		DISPLACE THERAPY	71.08	102.14
30220		INSERTION NASAL SEPTAL PROSTHESIS (BUTTO	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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

30430		REVISION OF NOSE	644.65	644.65
30435		RHINOPLASTY SECONDARY INTERMEDIATE REVIS	855.38	855.38
30450		RHINOPLASTY SECONDARY MAJOR REVISION	1142.58	1142.58
30460		RHINOPLASTY FOR NASAL DEFORMITY; TIP ONL	554.94	554.94
30462		RHINOPLASTY FOR NASAL DEFORMITY; TIP,SEP	1115.47	1115.47
30465		REPAIR OF NASAL VESTIBULAR STENOSIS (EG,	708.51	708.51
30520		REPAIR OF NASAL SEPTUM	431.97	431.97
30540		REPAIR NASAL LESION	482.65	482.65
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		REPAIR NASAL SEPTAL PERFORATIONS	447.90	447.90
30801		CAUTERY AND/OR ABLATION, MUCOSA OF INFER	93.49	154.20
30802		CAUTERY/ABLATION MUCOSA OF TURBINATES; I	134.45	200.75
30901		CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPL	47.66	74.79
30903		CONTROL NASAL HEMORRHAGE, ANTERIOR, COMP	61.93	135.51
30905		CONTROL NASAL HEMORRHAGE, POSTERIOR, WIT	79.63	168.87
30906		CONTROL HEMORRHAGE POSTERIOR SUBSEQUENT	103.67	194.59
30915		LIGATION NASAL SINUS ARTERY	417.52	417.52
30920		LIGATION UPPER JAW ARTERY	602.12	602.12
30930		FRACTURE NASAL INFERIOR TURBINATE(S), TH	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 REMOV	375.26	490.80
31032		SINUSOTOMY, MAXILLARY; RADICAL W REMOVAL	410.14	410.14
31040		EXPLORATION BEHIND UPPER JAW	542.43	542.43
31050		EXPLORATION OF SINUS	353.24	353.24

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

31051		SINUSOTOMY W/MUCOSAL STRIPPING OR POLYP	462.04	462.04
31070		EXPLORATION OF SINUS	309.43	309.43
31075		EXPLORATION OF SINUS	565.57	565.57
31080		SINUSOTOMY FRONTALOBLITERATIVE WO OSTEOP	731.56	731.56
31081		SINUSOTOMY FRONTAL OBLITERATIVE W/O OSTE	891.52	891.52
31084		REMOVAL OF SINUS	854.42	854.42
31085		REMOVAL OF SINUS	903.56	903.56
31086		NONOBLITERATIVE W OSTEOPLASTIC FLAP BROW	809.11	809.11
31087		NONOBLITERATIVE W OSTEOPLASTIC FLAP CORO	802.73	802.73
31090		SINUSOTOMY, UNILATERAL, THREE OR MORE PA	716.65	716.65
31200		REMOVAL OF SINUS	379.81	379.81
31201		REMOVAL OF SINUS	526.53	526.53
31205		REMOVAL OF SINUS	618.50	618.50
31225		REMOVAL OF UPPER JAW	1341.27	1341.27
31230		REMOVAL OF UPPER JAW	1505.60	1505.60
31239		NASAL/SINUS ENDOSCOPY, SURGICAL;	486.87	486.87
31290		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	869.48	869.48
31291		NASAL/SINUS ENDOSCOPY, SURGICAL, WITH RE	916.36	916.36
31292		NASAL/SINUS ENDOSCOPY, SURGICAL;	751.98	751.98
31293		NASAL/SINUS ENDOSCOPY, SURGICAL;	819.55	819.55
31294		NASAL/SINUS ENDOSCOPY, SURGICAL;	941.58	941.58
31300		REMOVAL OF LARYNX LESION	914.14	914.14
31320		INCISION OF LARYNX	460.23	460.23
31360		REMOVAL OF LARYNX	1469.11	1469.11
31365		REMOVAL OF LARYNX	1842.11	1842.11
31367		PARTIAL REMOVAL OF LARYNX	1584.21	1584.21
31368		PARTIAL REMOVAL OF LARYNX	1770.30	1770.30
31370		PARTIAL REMOVAL OF LARYNX	1487.69	1487.69
31375		PARTIAL REMOVAL OF LARYNX	1407.00	1407.00
31380		PARTIAL REMOVAL OF LARYNX	1386.42	1386.42

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

31382		PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTI	1519.67	1519.67
31390		REMOVAL OF LARYNX & PHARYNX	2051.05	2051.05
31395		RECONSTRUCT LARYNX & PHARYNX	2173.46	2173.46
31400		REVISION OF LARYNX	724.56	724.56
31420		REMOVAL OF EPIGLOTTIS	611.47	611.47
31500		INSERTION OF WINDPIPE AIRWAY	86.60	86.60
31505		VISUALIZATION OF LARYNX	36.19	59.13
31511		LARYNGOSCOPY INDIRECT WITH REMOVAL FOREI	98.91	152.62
31515		VISUALIZATION OF LARYNX	83.98	149.72
31580		REVISION OF LARYNX	871.39	871.39
31582		REVISION OF LARYNX	1385.39	1385.39
31584		REPAIR OF LARYNX	1113.13	1113.13
31587		LARYNGOPLASTY, CRICOID SPLIT	731.03	731.03
31588		LARYNGOPLASTY NOS	824.22	824.22
31590		LARYNGEAL REINNERVATION BY NEUROMUSCLAR	636.57	636.57
31595		SECTION RECURRENT LARYNGEAL NERVE THERAP	554.92	554.92
31600		INCISION OF WINDPIPE	305.48	305.48
31601		TRACHEOSTOMY UNDER TWO YEARS	201.27	201.27
31605		CRICOTHYROIDOSTOMY	142.50	142.50
31610		INCISION OF WINDPIPE	518.24	518.24
31611		CONST TRACH FISTULA W/ INSERT SPEECH PRO	386.22	386.22
31612		TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRA	37.17	59.00
31613		TRACHEOSTOMY REVISION SIMPLE WITHOUT FLA	319.01	319.01
31614		TRACHEOSTOMA REVISION COMPLEX WITH FLAP	530.82	530.82
31632		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	41.87	57.82
31633		BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR	52.51	69.85
31717		CATH WITH BRONCHIAL BRUSH BIOPSY	87.50	223.47
31720		CATHETER ASPIRATION (SEPARATE PROCEDURE)	41.52	41.52
31725		CATHETER ASPIRATION TRACHEOBRONCHIAL WIT	74.84	74.84
31730		TRANSTRACHEAL INTRO DILATOR/STENT/TUBE F	114.29	629.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

31750		REPAIR OF WINDPIPE	970.81	970.81
31755		REPAIR OF WINDPIPE	1226.12	1226.12
31760		REPAIR OF WINDPIPE	1064.10	1064.10
31766		CARINAL RECONSTRUCTION	1391.68	1391.68
31770		REPAIR/GRAFT OF BRONCHUS	1030.93	1030.93
31775		REPAIR OF BRONCHUS	1066.36	1066.36
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOS	899.10	899.10
31781		EXCISION TRACHEAL STENOSIS AND ANASTAMOS	1091.92	1091.92
31785		EXCIS TRACHEAL TUMOR OR CAR CINOMA CERVI	823.69	823.69
31786		EXCIS TRACHEAL TUMOR OR CARCINOMA THORAC	1146.36	1146.36
31800		SUTURE OF TRACHEAL WOUND OR INJURY; CERV	508.83	508.83
31805		REPAIR OF WINDPIPE INJURY	630.46	630.46
31820		CLOSURE OF WINDPIPE LESION	241.21	308.62
31825		REPAIR OF WINDPIPE DEFECT	356.11	433.05
31830		REVISION TRACH SCAR	249.54	310.81
32035		THORACOSTOMY W/RIB RESECTION	536.34	536.34
32036		THORACOSTOMY W/OPEN FLAP DRAINING FOR EM	581.90	581.90
32096		THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES)	459.73	459.73
32097		THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES)	459.73	459.73
32098		THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	432.11	432.11
32100		EXPLORATION/BIOPSY OF CHEST	739.37	739.37
32110		THORACOTOMY MAJOR W CONT OF TRAM HEM AND	1115.86	1115.86
32120		EXPLORATION OF CHEST	662.31	662.31
32124		EXPLORE CHEST,FREE ADHESIONS	704.58	704.58
32140		THORACOTOMY MAJOR W CYST REMOVAL W OR WO	753.98	753.98
32141		THORACOT MAJOR W/EXC-PLICA BULLAE W/WO P	1142.40	1142.40
32150		REMOVAL OF LUNG LESION(S)	759.87	759.87
32151		THORACOT MAJOR W/REMOVAL INTRAPULMONARY	776.67	776.67
32160		OPEN CHEST HEART MASSAGE	583.68	583.68
32200		DRAINAGE OF LUNG LESION	852.29	852.29

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOT	610.90	610.90
32220		RELEASE OF LUNG	1222.22	1222.22
32225		PARTIAL RELEASE OF LUNG	760.59	760.59
32310		PLEURECTOMY, PARIETAL (SEPARATE PROCEDUR	701.36	701.36
32320		DECORTICATION/PARIETAL PLEURECTOMY	1225.77	1225.77
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	1225.96	1225.96
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	2287.57	2287.57
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EX	2598.31	2598.31
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1157.18	1157.18
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1233.95	1233.95
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1116.95	1116.95
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1785.78	1785.78
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1808.48	1808.48
32491		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	1147.96	1147.96
32503		RESECTION OF APICAL LUNG TUMOR (EG, PANC	1412.93	1412.93
32504		RESECTION OF APICAL LUNG TUMOR (EG, PANC	1623.19	1623.19
32505		THORACOTOMY; WITH THERAPEUTIC WEDGE RESE	530.84	530.84
32540		REMOVAL OF LUNG LESION	1285.94	1285.94
32550		INSERTION OF INDWELLING TUNNELED PLEURAL	180.05	585.71
32551		REMOVAL OF FLUID FROM BETWEEN LUNG AND C	139.36	139.36
32552		REMOVAL OF INDWELLING TUNNELED PLEURAL C	97.18	109.67
32555		REMOVAL OF FLUID FROM CHEST CAVITY WITH	90.02	508.34
32557		REMOVAL OF FLUID FROM CHEST CAVITY WITH	130.31	751.50
32560		CHEMICAL PLEURODESIS (EG, FOR RECURRENT	88.82	220.60
32650		THORACOSCOPY, SURGICAL; WITH PLEURODESIS	518.57	518.57
32651		THORACOSCOPY, SURGICAL;	821.59	821.59
32652		THORACOSCOPY, SURGICAL;	1248.63	1248.63
32653		THORACOSCOPY, SURGICAL;	796.25	796.25
32654		THORACOSCOPY, SURGICAL;	880.53	880.53
32655		THORACOSCOPY, SURGICAL;	726.17	726.17

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

32656		THORACOSCOPY, SURGICAL;	621.37	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		THORACOSCOPY, SURGICAL;	1081.35	1081.35
32664		THORACOSCOPY, SURGICAL;	665.83	665.83
32665		THORACOSCOPY, SURGICAL;	936.34	936.34
32666		THORACOSCOPY, SURGICAL; WITH THERAPEUTIC	496.22	496.22
32669		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	764.00	764.00
32670		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	911.89	911.89
32671		THORACOSCOPY, SURGICAL; WITH REMOVAL OF	1011.69	1011.69
32672		THORACOSCOPY, SURGICAL; WITH RESECTION-P	865.39	865.39
32673		THORACOSCOPY, SURGICAL; WITH RESECTION O	684.23	684.23
32800		REPAIR LUNG HERNIA THRU CHEST WALL	716.12	716.12
32810		CLOSE CHEST WALL FOLL OPEN FLAP DRAIN FO	692.46	692.46
32815		OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	2058.89	2058.89
32820		MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	1031.89	1031.89
32851		LUNG TRANSPLANT, SINGLE;	1992.00	1992.00
32852		LUNG TRANSPLANT, SINGLE;	2203.85	2203.85
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	2382.67	2382.67
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	2593.30	2593.30
32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	1054.58	1054.58
32905		THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURA	1039.99	1039.99
32906		THORACOPLASTY WITH CLOSURE BRONCHOPLEURA	1292.32	1292.32
32940		REVISION OF LUNG	952.90	952.90
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33031		PERICARDIECTOMY W/O CARDIOPULMONARY BYPA	1113.82	1113.82
33050		REMOVAL OF HEART SAC LESION	769.89	769.89
33120		REMOVAL OF HEART LESION	1217.57	1217.57
33130		REMOVAL OF HEART LESION	1072.13	1072.13
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION,	1224.55	1224.55
33202		INSERTION OF EPICARDIAL ELECTRODE(S); OP	607.04	607.04
33203		INSERTION OF EPICARDIAL ELECTRODE(S); EN	639.85	639.85
33206		INSERTION OR REPLACEMENT OF PERMANENT PA	370.09	370.09
33207		INSERTION PERMANENT PACEMAKER VENTRICULA	396.50	396.50
33208		INSERTION OR REPLACEMENT OF PERMANENT PA	427.49	427.49
33212		INSERTION OR REPLACEMENT OF PACEMAKER PU	276.73	276.73
33213		INSERTION OR REPLACEMENT OF PACEMAKER PU	315.96	315.96
33214		UPGRADE OF IMPLANTED PACEMAKER SYSTEM, C	391.62	391.62
33215		REPOSITION PACING-DEFIB LEAD	250.10	250.10
33216		INSERTION OF A TRANSVENOUS ELECTRODE; SI	307.67	307.67
33217		INSERTION, REPLACEMENT OR REPOSITIONING	305.10	305.10
33218		REPAIR LEAD PACE-DEFIB ONE	318.01	318.01
33220		REPAIR LEAD PACE-DEFIB DUAL	321.00	321.00
33221		INSERTION OF PACEMAKER PULSE GENERATOR O	199.80	199.80
33222		REVISION OR RELOCATION OF SKIN POCKET FO	279.59	279.59
33223		RELOCATE POCKET FOR DEFIB	339.20	339.20
33224		INSERTION OF PACING ELECTRODE, CARDIAC V	416.09	416.09
33226		REPOSITIONING OF PREVIOUSLY IMPLANTED CA	401.97	401.97
33227		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	190.65	190.65
33228		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	198.82	198.82
33229		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	206.98	206.98
33230		INSERTION OF PACING CARDIOVERTER-DEFIBRI	214.96	214.96
33231		INSERTION OF PACING CARDIOVERTER-DEFIBRI	223.12	223.12
33233		REMOVAL OF PERMANENT PACEMAKER PULSE GEN	195.30	195.30
33234		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRO	397.55	397.55

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33235		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRO	513.51	513.51
33236		REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	608.01	608.01
33237		REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	671.28	671.28
33238		REMOVAL OF PERMANENT TRANSVENOUS ELECTRO	725.14	725.14
33240		INSERTION OR REPLACEMENT OF IMPLANTABLE	380.13	380.13
33241		REMOVE PULSE GENERATOR	184.85	184.85
33243		REMOVE ELTRD/THORACOTOMY	1068.08	1068.08
33244		REMOVE ELCTRD TRANSVENOUSLY	698.57	698.57
33249		INSJ/RPLCMT DEFIB W/LEAD(S)	739.85	739.85
33250		OPERATIVE ABLATION OF SUPRAVENTRICULAR A	1145.52	1145.52
33251		ABLAT SUPRAVENT ARRHYTH FOCUS WITH CARD-	1269.89	1269.89
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUC	1067.79	1067.79
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUC	1306.33	1306.33
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUC	1558.60	1558.60
33261		OPERATIVE ABLATION OF VENTRICULAR ARRHYT	1263.86	1263.86
33262		RMVL& REPLC PULSE GEN 1 LEAD	207.19	207.19
33263		RMVL & RPLCMT DFB GEN 2 LEAD	215.35	215.35
33264		RMVL & RPLCMT DFB GEN MLT LD	223.51	223.51
33265		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE AB	1065.55	1065.55
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE AB	1463.37	1463.37
33300		REPAIR OF HEART WOUND	1816.84	1816.84
33305		REPAIR OF HEART WOUND	3034.73	3034.73
33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVA	912.98	912.98
33315		CARDIOTOMY EXPLOR WITH BYPASS	1161.58	1161.58
33320		SUTURE REPAIR OF AORTA OR GREAT VESSELS;	827.88	827.88
33321		SUTURE REPAIR OF AORTA OR GREAT VESSELS;	933.65	933.65
33322		REPAIR MAJOR BLOOD VESSELS	1084.36	1084.36
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSE	1095.64	1095.64
33335		INSERTION OF HEART GRAFT	1478.07	1478.07
33400		REPAIR OF AORTIC VALVE	1781.54	1781.54

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33401		VALVULOPLASTY, AORTIC VALVE;	1172.64	1172.64
33403		VALVULOPLASTY, AORTIC VALVE;	1180.07	1180.07
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	1400.52	1400.52
33405		REPLACEMENT, AORTIC VALVE, WITH CARDIOPU	1816.56	1816.56
33406		REPLACEMENT, AORTIC VALVE, WITH CARDIOPU	2244.41	2244.41
33410		REPLACEMENT AORTIC VALVE, WITH CARDIOPUL	1980.33	1980.33
33411		REPLACEMENT AORTIC VALVE W/ ANNULUS ENLA	2588.56	2588.56
33412		REPLACEMENT AORTIC VALVE, KONNO PROCEDUR	1959.67	1959.67
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCAT	2549.71	2549.71
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT	1703.12	1703.12
33415		REVISION OF AORTIC VALVE	1579.89	1579.89
33416		VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC	1585.57	1585.57
33417		REVISION OF AORTIC VALVE	1320.05	1320.05
33420		VALVOTOMY, MITRAL VALVE; CLOSED HEART	1074.25	1074.25
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART, WIT	1325.82	1325.82
33425		REVISION OF MITRAL VALVE	2072.45	2072.45
33426		VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ P	1877.36	1877.36
33427		VALVULOPLASTY MV W/ CPB RADICAL RECONSTR	1958.83	1958.83
33430		REPLACEMENT OF MITRAL VALVE	2172.90	2172.90
33460		VALVECTOMY, TRICUSPID VALVE, WITH CARDIO	1844.52	1844.52
33463		VALVULOPLASTY, TRICUSPID VALVE;	2331.52	2331.52
33464		VALVULOPLASTY, TRICUSPID VALVE;	1876.12	1876.12
33465		REPLACEMENT, TRICUSPID VALVE, WITH CARDI	2101.29	2101.29
33468		REVISION OF TRICUSPID VALVE	1476.87	1476.87
33470		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	933.13	933.13
33471		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	1040.00	1040.00
33474		REVISION OF TRICUSPID VALVE	1618.15	1618.15
33475		REPLACEMENT, PULMONARY VALVE	1819.45	1819.45
33476		REVISION OF HEART CHAMBER	1150.65	1150.65
33478		REVISION OF HEART CHAMBER	1236.15	1236.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALV	1322.97	1322.97
33500		REPAIR CORONARY FISTULA W/CARDIO-PULMONA	1241.24	1241.24
33501		REPAIR OF CORONARY FISTULA; WO CP BYPASS	861.22	861.22
33502		REPAIR OF ANOMALOUS CORONARY ARTERY FROM	994.12	994.12
33503		ANOMALOUS CORONARY ARTERY GRAFT WITHOUT	1063.01	1063.01
33504		ANOMALOUS CORONARY ARTERY GRAFT WITH BYP	1135.95	1135.95
33505		REPAIR OF ANOMALOUS CORONARY ARTERY;	1567.51	1567.51
33506		REPAIR OF ANOMALOUS CORONARY ARTERY;	1622.57	1622.57
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL) AOR	1371.51	1371.51
33510		CORONARY ARTERY BYPASS SINGLE VENOUS GRA	1544.55	1544.55
33511		CORONARY ARTERY BYPASS 2 CORONARY VENOUS	1686.22	1686.22
33512		CORONARY ARTERY BYPASS 3 CORONARY VENOUS	1900.07	1900.07
33513		CORONARY ARTERY BYPASS 4 CORONARY VENOUS	1941.66	1941.66
33514		CORONARY ARTERY BYPASS 5 CORONARY VENOUS	2057.60	2057.60
33516		CORONARY ARTERY BYPASS 6 OR MORE VENOUS	2139.09	2139.09
33517		CORONARY ARTERY BYPASS; SINGLE VEIN GRAF	147.44	147.44
33518		CORONARY ARTERY BYPASS; 2 VENOUS GRAFTS	319.29	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		CORONARY ARTERY BYPASS; 5 VENOUS GRAFTS	586.00	586.00
33523		CORONARY ARTERY BYPASS; 6 OR MORE VENOUS	668.73	668.73
33533		CORONARY ARTERY BYPASS; SINGLE ARTERIAL	1503.79	1503.79
33534		CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFT	1749.22	1749.22
33535		CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFT	1942.85	1942.85
33536		CORONARY ARTERY BYPASS; 4 OR MORE ARTERI	2082.43	2082.43
33542		REMOVAL OF HEART LESION	2008.69	2008.69
33545		REPAIR OF HEART DEFECT	2370.31	2370.31
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (MITRA	1346.31	1346.31
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC OR PU	1283.10	1283.10
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	1397.29	1397.29

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33608		REPAIR OF COMPLEX CARDIAC ANOMALY OTHER	1434.07	1434.07
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	1399.59	1399.59
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	1539.88	1539.88
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	1590.19	1590.19
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	1583.73	1583.73
33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	1700.32	1700.32
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC O	2084.43	2084.43
33641		REPAIR OF HEART DEFECT	1266.07	1266.07
33645		REVISION OF HEART VEINS	1245.66	1245.66
33647		REPAIR OF ASD AND VSD, DIRECT OR PATCH C	1324.29	1324.29
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIOVEN	1389.05	1389.05
33665		REPAIR OF INTERMEDIATE OR TRANSITIONAL A	1503.45	1503.45
33670		REPAIR OF HEART CHAMBERS	1564.22	1564.22
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	1560.25	1560.25
33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	1623.39	1623.39
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	1687.34	1687.34
33681		REPAIR OF HEART DEFECT	1441.53	1441.53
33684		REPAIR OF HEART DEFECT	1473.04	1473.04
33688		REPAIR OF HEART DEFECT	1480.02	1480.02
33690		BANDING OF PULMONARY ARTERY	907.76	907.76
33692		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	1391.62	1391.62
33694		REPAIR OF HEART DEFECTS	1567.68	1567.68
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	1687.03	1687.03
33702		REPAIR OF HEART DEFECTS	1206.89	1206.89
33710		REPAIR OF HEART DEFECTS	1457.58	1457.58
33720		REPAIR OF HEART DEFECT	1222.59	1222.59
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNN	1218.81	1218.81
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PUL	1240.88	1240.88
33726		REPAIR OF PULMONARY VENOUS STENOSIS	1622.35	1622.35
33730		COMPLETE REPAIR ANOMALOUS VENOUS RETURN	1546.99	1546.99

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33732		REPAIR OF COR TRIATRIATUM OR SUPRAVALVUL	1289.62	1289.62
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED	982.04	982.04
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1094.89	1094.89
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HE	1021.09	1021.09
33750		SHUNT SUBCLAVIAN TO PULMONARY ARTERY	1027.10	1027.10
33755		SHUNT ASCENDING AORTA TO PULMONARY ARTER	1015.35	1015.35
33762		SHUNT DESCENDING AORTA TO PULMONARY ARTE	1013.61	1013.61
33764		SHUNT, CENTRAL W/ PROSTHETIC GRAFT	999.09	999.09
33766		SHUNT; SUPERIOR VENA CAVA TO PULMONARY A	1098.73	1098.73
33767		SHUNT;	1113.07	1113.07
33770		REPAIR OF TRANSPOSITION OF THE GREAT ART	1693.33	1693.33
33771		REPAIR OF TRANSPOSITION OF THE GREAT ART	1736.28	1736.28
33774		REP TRANSPOSITION GRT ARTERIES W CARDIOP	1426.05	1426.05
33775		REP TRANSPOSITION GRT ART W CPB W REM PU	1483.62	1483.62
33776		REP TRANSPO GRT ART W CPB W CL VENT SEPT	1561.01	1561.01
33777		REP TRANSPO GRT ART W CPB W REP SUBPULM	1529.32	1529.32
33778		REPAIR TRANSPO GRT ARTERIES W CARDIOPULM	1879.85	1879.85
33779		REP TRANSPO GRT ARTERIES W CPB W REMOVAL	1805.29	1805.29
33780		REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL D	1875.72	1875.72
33781		REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRU	1844.78	1844.78
33782		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	1988.37	1988.37
33783		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	2149.31	2149.31
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	1813.07	1813.07
33788		REVISION OF PULMONARY ARTERY	1222.89	1222.89
33800		AORTIC SUSPENSION FOR TRACHEAL DECOMPRES	767.19	767.19
33802		DIVISION ABERRANT VESSEL	824.59	824.59
33803		DIVISION OF ABERRANT VESSEL W/ REANASTOM	897.74	897.74
33813		OBLITERATION SEPTAL DEFECT W/O BYPASS	1016.00	1016.00
33814		OBLITERATION SEPTAL DEFECT WITH BYPASS	1199.05	1199.05
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY L	767.31	767.31

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33822		PATENT DUCTUS ARTERIOSUS DIVISION UNDER	814.84	814.84
33824		PATENE DUCTUS ARTERIOSUS DIVISION 18 YRS	921.54	921.54
33840		EXC OF COARCTATION OF AORTA W/WO ASSOC P	932.44	932.44
33845		EXC COARCTATION OF AORTA W/WO ASSOC PAT	1074.09	1074.09
33851		EXCISION COARCTATION OF AORTA WALDHUSEN	988.70	988.70
33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	1074.26	1074.26
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	1480.86	1480.86
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	2479.46	2479.46
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	2476.90	2476.90
33870		TRANSVERSE ARCH GRAFT W/BYPASS	2013.47	2013.47
33875		DESCEND THORACIC AORTA GRAFT W/O BYPASS	1562.58	1562.58
33877		REPAIR THORACOOAA W/ GRFT, W/WO CP BYPAS	2785.95	2785.95
33880		ENDOVASCULAR REPAIR OF DESCENDING THORAC	1647.74	1647.74
33881		ENDOVASCULAR REPAIR OF DESCENDING THORAC	1414.91	1414.91
33883		PLACEMENT OF PROXIMAL EXTENSION PROSTHES	1041.30	1041.30
33886		PLACEMENT OF DISTAL EXTENSION PROSTHESIS	898.74	898.74
33910		PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	1307.18	1307.18
33915		PULMONARY ARTERY EMBOLECTOMY WITHOUT BYP	1046.31	1046.31
33916		PULMONARY ENDARTERECTOMY W/ BYPASS	1307.04	1307.04
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY R	1182.38	1182.38
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRIC	1431.07	1431.07
33922		TRANSECTION OF PULMONARY ARTERY WITH CAR	1081.49	1081.49
33925		REPAIR OF PULMONARY ARTERY ARBORIZATION	1392.17	1392.17
33926		REPAIR OF PULMONARY ARTERY ARBORIZATION	1857.21	1857.21
33935		HEART LUNG TRANSPLANT WITH RECIPIENT CAR	2739.71	2739.71
33945		HEART TRANSPLANT WITH OR WITHOUT RECIP C	3652.63	3652.63
33967		INSERT I-AORT PERCUT DEVICE	217.72	217.72
33968		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	27.97	27.97
33971		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	560.71	560.71
33974		REMOVAL OF INTRA-AORTIC BALLOON ASSIST D	714.04	714.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

33975		INSERTION OF VENTRICULAR ASSIST DEVICE;	884.45	884.45
33976		INSERTION OF VENTRICULAR ASSIST DEVICE;	982.14	982.14
33977		REMOVAL OF VENTRICULAR ASSIST DEVICE; EX	946.52	946.52
33978		REMOVAL OF VENTRICULAR ASSIST DEVICE; EX	1043.05	1043.05
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	1939.61	1939.61
33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	2845.33	2845.33
34001		REMOVAL BLOOD CLOT ARTERY	764.56	764.56
34051		REMOVAL OF BLOOD CLOT,ARTERY	765.30	765.30
34101		REMOVAL OF BLOOD CLOT,ARTERY	486.12	486.12
34111		EMBOLECTOMY/THROMBECTOMY, RADIAL OR ULNA	485.93	485.93
34151		REMOVAL OF BLOOD CLOT,ARTERY	1127.75	1127.75
34201		REMOVAL BLOOD CLOT ARTERY	795.50	795.50
34203		EMBOLECTOMY/THROMBECTOMY,POPLITEAL-TIBIO	778.15	778.15
34401		REMOVAL OF BLOOD CLOT, VEIN	1161.18	1161.18
34421		REMOVAL OF BLOOD CLOT, VEIN	589.18	589.18
34451		REMOVAL OF BLOOD CLOT, VEIN	1217.67	1217.67
34471		REMOVAL OF BLOOD CLOT, VEIN	853.86	853.86
34490		REMOVAL OF BLOOD CLOT, VEIN	488.58	488.58
34501		VALVULOPLASTY FEMORAL VEIN	757.53	757.53
34502		RECONSTRUCTION OF VENA CAVA, ANY METHOD	1227.50	1227.50
34510		VENOUS VALVE TRANSPOSITION ANY VEIN DONO	861.45	861.45
34520		CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	827.36	827.36
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	777.27	777.27
34800		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	925.89	925.89
34802		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	1011.31	1011.31
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	1035.48	1035.48
34804		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	1010.74	1010.74
34805		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	949.76	949.76
34806		TRANSCATHETER PLACEMENT OF WIRELESS PHYS	85.96	85.96
34825		PLACEMENT OF PROXIMAL OR DISTAL EXTENSIO	565.36	565.36

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

34830		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	1480.89	1480.89
34831		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	1570.30	1570.30
34832		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	1591.36	1591.36
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	499.83	499.83
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	226.43	226.43
34900		ENDOVASCULAR GRAFT REPLACEMENT FOR REPAI	734.66	734.66
35001		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	916.06	916.06
35002		REPAIR RUPTURE ANEURYSM ARTERY NECK INCI	967.68	967.68
35005		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	841.47	841.47
35011		DIRECT REPAIR OF ANEURYSM, FALSE ANEURYS	804.53	804.53
35013		REPAIR RUPTURED ANEURYSM ARTERY ARM INCI	998.39	998.39
35021		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	978.27	978.27
35022		RUPTURED ANEURYSM INNOMINATE ARTERY THOR	1107.01	1107.01
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	782.31	782.31
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1403.95	1403.95
35082		REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	1763.56	1763.56
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1485.78	1485.78
35092		REPAIR RUPT ANEURYSM ABD AORTA VISCERAL	2107.61	2107.61
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1523.56	1523.56
35103		REPAIR RUPT ANEURYSM ABD AORTA ILIAC VES	1822.75	1822.75
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1121.84	1121.84
35112		REPAIR RUPT ANEURYSM SPLENIC ARTERY	1375.20	1375.20
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1332.61	1332.61
35122		REPAIR RUPT ANEURYSM HEPATIC CELIAC RENA	1595.39	1595.39
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1135.71	1135.71
35132		RUPTURE ANEURYSM ILIAC ARTERY	1373.55	1373.55
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	900.73	900.73
35142		REPAIR DEFECT OF ARTERY	1077.70	1077.70
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	1015.94	1015.94
35152		RUPTURE ANEURYSM POPLITEAL ARTERY	1179.93	1179.93

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

35180		REPAIR CONGENITAL A-V FISTULA, HEAD AND	673.73	673.73
35182		REPAIR CONGENITAL A-V FISTULA, THORAX AN	1385.90	1385.90
35184		REPAIR CONGENITAL A-V FISTULA, EXTREMITI	816.67	816.67
35188		REPAIR ACQ OR TRAUMATIC A-V FISTULA, HEA	683.75	683.75
35189		REPAIR ACQ OR TRAUMATIC A-V FISTULA, THO	1279.87	1279.87
35190		REPAIR ACQ OR TRAUMATIC A-V FISTULA, EXT	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	1088.53	1088.53
35216		REPAIR BLOOD VESSEL LESION	1518.35	1518.35
35221		REPAIR BLOOD VESSEL LESION	1123.28	1123.28
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	1136.86	1136.86
35246		REPAIR BLOOD VESSEL LESION	1236.76	1236.76
35251		REPAIR BLOOD VESSEL LESION	1336.17	1336.17
35256		REPAIR BLOOD VESSEL LESION	825.05	825.05
35261		REPAIR BLOOD VESSEL LESION	833.39	833.39
35266		REPAIR BLOOD VESSEL LESION	690.91	690.91
35271		REPAIR BLOOD VESSEL LESION	1086.93	1086.93
35276		REPAIR BLOOD VESSEL LESION	1141.07	1141.07
35281		REPAIR BLOOD VESSEL LESION	1275.92	1275.92
35286		REPAIR BLOOD VESSEL LESION	756.30	756.30
35301		RECHANNELING OF ARTERY	849.08	849.08
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH G	904.10	904.10
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH G	995.14	995.14
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH G	1034.97	1034.97
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH G	994.03	994.03

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

35306		THROMBOENDARTERECTOMY, INCLUDING PATCH G	372.88	372.88
35311		RECHANNELING OF ARTERY	1217.98	1217.98
35321		RECHANNELING OF ARTERY	721.81	721.81
35331		RECHANNELING OF ARTERY	1192.44	1192.44
35341		RECHANNELING OF ARTERY	1122.59	1122.59
35351		RECHANNELING OF ARTERY	1043.92	1043.92
35355		THROMBOENDARTERECTOMY W/ OR W/O PATCH, I	847.50	847.50
35361		RECHANNELING OF ARTERY	1284.81	1284.81
35363		THROMBOENDARTERECTOMY W/ OR W/O PATCH AO	1397.96	1397.96
35371		RECHANNELING OF ARTERY	667.27	667.27
35372		THROMBOENDARTERECTOMY, W/WO PATCH GRFT, DE	801.31	801.31
35501		ARTERY BYPASS GRAFT	1264.81	1264.81
35506		ARTERY BYPASS GRAFT	1076.86	1076.86
35508		BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	1112.40	1112.40
35509		ARTERY BYPASS GRAFT	1216.01	1216.01
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	1021.20	1021.20
35511		ARTERY BYPASS GRAFT	959.80	959.80
35512		BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRAC	995.72	995.72
35515		BYPASS GRAFT W/ VEIN, SUBCLAVIAN-VERTEBR	1075.47	1075.47
35516		ARTERY BYPASS GRAFT	985.28	985.28
35518		BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	977.10	977.10
35521		ARTERY BYPASS GRAFT	1028.43	1028.43
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	972.49	972.49
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR	1029.03	1029.03
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	912.67	912.67
35526		ARTERY BYPASS GRAFT	1346.47	1346.47
35531		ARTERY BYPASS GRAFT	1643.34	1643.34
35533		BYPASS GRAFT W/ VEIN, AXILLARY-FEMORAL-F	1271.63	1271.63
35536		ARTERY BYPASS GRAFT	1417.01	1417.01
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	1757.60	1757.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	1972.75	1972.75
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	1830.24	1830.24
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	2050.15	2050.15
35556		ARTERY BYPASS GRAFT	1122.76	1122.76
35558		ARTERY BYPASS GRAFT	993.45	993.45
35560		BYPASS GRAFT W/ VEIN, AORTORENAL	1446.20	1446.20
35563		ARTERY BYPASS GRAFT	1108.41	1108.41
35565		ARTERY BYPASS GRAFT	1073.41	1073.41
35566		ARTERY BYPASS GRAFT	1347.82	1347.82
35571		ARTERY BYPASS GRAFT	1089.10	1089.10
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1159.66	1159.66
35585		IN-SITU VEIN BYPASS; FEMORAL-ANT TIB,POS	1357.89	1357.89
35587		IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	1122.87	1122.87
35601		ARTERY BYPASS GRAFT	1169.34	1169.34
35606		ARTERY BYPASS GRAFT	952.39	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;	1104.29	1104.29
35626		ARTERY BYPASS GRAFT	1267.11	1267.11
35631		ARTERY BYPASS GRAFT	1512.11	1512.11
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLE	1341.84	1341.84
35637		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	1388.52	1388.52
35638		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	1418.43	1418.43
35642		BYPASS GRAFT W/ OTHER THAN VEIN, CAROTID	838.75	838.75
35645		BYPASS GRAFT W/ OTHER THAN VEIN, SUBCLAV	795.93	795.93
35646		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	1400.36	1400.36
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	1267.49	1267.49
35650		BYPASS GRAFT W/ OTHER THAN VEIN, AXILLAR	866.48	866.48
35654		BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FE	1118.80	1118.80

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

35656		ARTERY BYPASS GRAFT	881.30	881.30
35661		ARTERY BYPASS GRAFT	881.90	881.90
35663		ARTERY BYPASS GRAFT	1023.12	1023.12
35665		ARTERY BYPASS GRAFT	958.30	958.30
35666		ARTERY BYPASS GRAFT	1032.70	1032.70
35671		ARTERY BYPASS GRAFT	909.74	909.74
35685		PLACEMENT OF VEIN PATCH OR CUFF AT DISTA	164.64	164.64
35686		CREATION OF DISTAL ARTERIOVENOUS FISTULA	137.73	137.73
35691		TRANSPOSITION AND/OR REIMPLANTATION;	802.08	802.08
35693		TRANSPOSITION AND/OR REIMPLANTATION;	710.30	710.30
35694		TRANSPOSITION AND/OR REIMPLANTATION;	829.67	829.67
35695		TRANSPOSITION AND/OR REIMPLANTATION;	864.11	864.11
35697		REIMPLANTATION, VISCERAL ARTERY TO INFRA	122.65	122.65
35701		EXPLORATION,CAROTID ARTERY	428.49	428.49
35721		EXPLORATION,FEMORAL ARTERY	363.89	363.89
35741		EXPLORATION POPLITEAL ARTERY	398.83	398.83
35761		EXPLORATION OF ARTERY/VEIN	293.69	293.69
35800		EXPLORATION OF NECK	378.48	378.48
35820		EXPLORATION OF CHEST	1491.99	1491.99
35840		EXPLORATION OF ABDOMEN	495.45	495.45
35860		EXPLORATION OF LIMB	319.75	319.75
35870		REPAIR OF GRAFT-ENTERIC FISTULA	1039.60	1039.60
35875		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	478.08	478.08
35876		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	766.92	766.92
35879		REVISION, LOWER EXTREMITY ARTERIAL BYPAS	750.42	750.42
35881		REVISION, LOWER EXTREMITY ARTERIAL BYPAS	834.33	834.33
35883		REVISION, FEMORAL ANASTOMOSIS OF SYNTHET	974.04	974.04
35884		REVISION, FEMORAL ANASTOMOSIS OF SYNTHET	1027.81	1027.81
35901		EXCISION OF INFECTED GRAFT;	400.00	400.00
35903		EXCISION OF INFECTED GRAFT;	452.55	452.55

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

35905		EXCISION OF INFECTED GRAFT;	1414.75	1414.75
35907		EXCISION OF INFECTED GRAFT;	1559.20	1559.20
36000		INSERTION VEIN ACCESS DEVICE	7.60	19.07
36005		INJECTION PROCEDURE FOR EXTREMITY VENOGR	40.04	255.18
36010		INTRODUCTION OF CATHETER INTO THE UPPER	100.83	442.42
36147		INTRODUCTION OF NEEDLE AND/OR CATHETER,	117.32	467.83
36148		INTRODUCTION OF NEEDLE AND/OR CATHETER,	31.31	147.20
36260		INSERTION IMPLANTABLE INFUSION PUMP	455.45	455.45
36261		REVISION OF IMPLANTED INFUSION PUMP	276.67	276.67
36262		REMOVAL OF IMPLANTED INFUSION PUMP	210.33	210.33
36400		INSERTION OF NEEDLE INTO UPPER LEG OR NE	14.31	19.90
36405		INSERTION OF NEEDLE INTO SCALP VEIN	12.47	18.06
36406		INSERTION OF NEEDLE INTO VEIN	7.31	12.90
36410		INSERTION OF NEEDLE INTO VEIN FOR DIAGNO	7.03	14.31
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	2.70	2.70
36420		ESTABLISH ACCESS TO VEIN	38.89	38.89
36425		ESTABLISH ACCESS TO VEIN	30.56	30.56
36430		BLOOD TRANSFUSION SERVICE	27.45	27.45
36470		INJECTION THERAPY OF VEIN	54.01	103.25
36471		INJECTION THERAPY OF VEINS	76.10	127.85
36556		INSERTION OF NON-TUNNELED CENTRALLY INSE	96.60	178.57
36557		INSERTION OF TUNNELED CENTRALLY INSERTED	237.10	634.63
36558		INSERTION OF TUNNELED CENTRALLY INSERTED	226.62	613.82
36560		INSERTION OF TUNNELED CENTRALLY INSERTED	280.83	869.72
36561		INSERTION OF TUNNELED CENTRALLY INSERTED	271.59	860.20
36563		INSERTION OF TUNNELED CENTRALLY INSERTED	281.98	870.03
36565		INSERTION OF TUNNELED CENTRALLY INSERTED	267.67	729.56
36566		INSERTION OF TUNNELED CENTRALLY INSERTED	286.71	2688.16
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	78.09	234.75
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	77.99	204.45

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

36570		INSERTION OF PERIPHERALLY INSERTED CENTR	250.46	882.16
36571		INSERTION OF PERIPHERALLY INSERTED CENTR	243.70	914.56
36576		REPAIR OF CENTRAL VENOUS ACCESS DEVICE,	147.73	272.78
36578		REPLACEMENT, CATHETER ONLY, OF CENTRAL	168.84	379.49
36580		REPLACEMENT, COMPLETE, OF A NON-TUNNELED	56.13	175.03
36581		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	160.02	569.03
36582		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	235.07	794.59
36583		REPLACEMENT, COMPLETE, OF A TUNNELED CEN	235.47	794.98
36584		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	57.56	172.26
36585		REPLACEMENT, COMPLETE, OF A PERIPHERALLY	220.73	814.95
36589		REMOVAL OF TUNNELED CENTRAL VENOUS CATHE	109.90	128.92
36590		REMOVAL OF TUNNELED CENTRAL VENOUS ACCES	155.85	209.01
36593		DECLOTTING BY THROMBOLYTIC AGENT OF IMPL	26.96	26.96
36600		WITHDRAWAL OF ARTERIAL BLOOD	12.30	23.49
36620		ESTABLISH ACCESS TO ARTERY	40.88	40.88
36625		ESTABLISH ACCESS TO ARTERY	84.47	84.47
36660		INSERTION CATHETER, ARTERY	53.70	53.70
36680		PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INF	47.36	47.36
36818		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPE	534.62	534.62
36819		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPE	630.30	630.30
36820		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FORE	632.35	632.35
36821		ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY S	525.27	525.27
36823		INSERTION OF ARTERIAL AND VENOUS CANNULA	1006.05	1006.05
36825		CREATION OF ARTERIOVENOUS FISTULA BY OTH	455.90	455.90
36830		CREATION OF ARTERIOVENOUS FISTULA BY OTH	522.33	522.33
36831		THROMBECTOMY, OPEN, ARTERIOVENOUS FISTUL	360.23	360.23
36832		REVISION, OPEN, ARTERIOVENOUS FISTULA; W	460.43	460.43
36833		REVISION, ARTERIOVENOUS FISTULA; WITH TH	520.36	520.36
36835		INSERTION OF THOMAS SHUNT (SEPARATE PROC	359.60	359.60
36838		DISTAL REVASCULARIZATION AND INTERVAL LI	930.22	930.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

36861		CANNULA DECLOTTING WITH BALLOON CATHETER	118.60	118.60
36870		THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOU	244.17	1382.23
37140		VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	1063.68	1063.68
37145		VENOUS ANASTOMOSIS; RENOPORTAL	1146.82	1146.82
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	997.85	997.85
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMA	1118.33	1118.33
37181		SPLENORENAL DISTAL (SELECTIVE DECOMPRESS	1208.79	1208.79
37182		INSERTION OF TRANSVENOUS INTRAHEPATIC PO	722.93	722.93
37183		REVISION OF TRANSVENOUS INTRAHEPATIC POR	343.54	343.54
37191		INSERTION OF INTRAVASCULAR VENA CAVA FIL	135.85	1498.81
37200		TRANSCATHETER BIOPSY	192.02	192.02
37211		INSERTION OF CATHETER INTO ARTERY FOR DR	321.83	321.83
37212		INSERTION OF CATHETER INTO VEIN FOR DRUG	284.10	284.10
37213		INSERTION OF CATHETER INTO ARTERY OR VEI	198.54	198.54
37214		REMOVAL OF CATHETER INTO ARTERY OR VEIN	116.44	116.44
37215		TRANSCATH STENT CCA W/EPS	889.21	889.21
37216		TRANSCATH STENT CCA W/O EPS	817.22	817.22
37217		STENT PLACEMT RETRO CAROTID	905.83	905.83
37218		STENT PLACEMT ANTE CAROTID	728.74	680.05
37500		VASCULAR ENDOSCOPY, SURGICAL, WITH LIGAT	542.49	542.49
37565		LIGATION, INTERNAL JUGULAR VEIN	539.72	539.72
37600		LIGATION OF NECK ARTERY	552.15	552.15
37605		LIGATION OF NECK ARTERY	632.13	632.13
37606		LIGATION OF NECK ARTERY	411.25	411.25
37607		LIGATION OR BANDING OF ANGIOACCESS ARTER	293.60	293.60
37609		LIGATION OR BIOPSY TEMPORAL ARTERY	151.12	217.70
37615		LIGATION MAJOR ARTERY NECK	363.74	363.74
37616		LIGATION MAJOR ARTERY CHEST	847.92	847.92
37617		LIGATE MAJOR ARTERY ABDOMEN	1011.47	1011.47
37618		LIGATION MAJOR ARTERY EXTREMITY	290.44	290.44

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

37619		LIGATION OF INFERIOR VENA CAVA	924.91	924.91
37650		LIGATION OF FEMORAL VEIN	397.09	397.09
37660		LIGATION OF COMMON ILIAC VEIN	946.89	946.89
37700		REVISE LEG VEIN	194.38	194.38
37718		LIGATION, DIVISION, AND STRIPPING, SHORT	321.10	321.10
37722		LIGATION, DIVISION, AND STRIPPING, LONG	371.66	371.66
37735		REMOVAL OF LEG VEINS/LESION	494.64	494.64
37760		LIGATION OF PERFORATOR VEINS, SUBFASCIAL	487.16	487.16
37761		LIGATION OF PERFORATOR VEIN(S), SUBFASCI	348.98	348.98
37765		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE	349.91	349.91
37766		STAB PHLEBECTOMY OF VARICOSE VEINS, ONE	425.96	425.96
37780		REVISION OF LEG VEIN	200.51	200.51
37785		REVISION OF LEG VEIN	200.97	266.16
38100		REMOVAL OF SPLEEN	819.54	819.54
38101		SPLENECTOMY PARTIAL	823.71	823.71
38115		REPAIR RUPTURED SPLEEN W/WO PARTIAL SPLE	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	129.21
38230		BONE MARROW HARVESTING FOR TRANSPLANTATI	242.50	242.50
38232		BONE MARROW HARVESTING FOR TRANSPLANTATI	103.43	103.43
38243		TRANSPLANTATION OF DONOR BONE MARROW OR	93.61	93.61
38300		DRAINAGE LYMPH NODE LESION	131.38	192.65
38305		DRAINAGE LYMPH NODE LESION	334.71	334.71
38308		INCISION OF LYMPH CHANNELS	321.95	321.95
38380		SUTURE AND OR LIGATION OF THORACIC DUCT	414.13	414.13
38381		SUTURE AND OR LIGATION OF THORACIC DUCT	619.05	619.05
38382		SUTURE/LIGATION THORACIC DUCT ABDOMINAL	499.68	499.68
38500		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	181.30	227.75
38505		BX OR EXCISION LYMPH NODE; SUPERFICIAL B	57.74	94.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	307.91	369.44
38520		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	336.25	336.25
38525		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	304.74	304.74
38530		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	392.15	392.15
38542		DISSECTION DEEP JUGULAR NODE	374.54	374.54
38550		EXCISION OF CYSTIC HYGROMA, AXILLARY OR	346.62	346.62
38555		EXCISION OF CYSTIC HYGROMA, AXILLARY OR	722.52	722.52
38562		LIMITED LYMPHADENECTOMY FOR STAGING PELV	518.89	518.89
38564		LIMITED LYMPHADENECTOMY FOR STAGING RETR	515.60	515.60
38570		LAPAROSCOPY, SURGICAL; WITH RETROPERITON	420.67	420.67
38571		LAPAROSCOPY, SURGICAL; WITH BILATERAL TO	661.64	661.64
38572		LAPAROSCOPY, SURGICAL; WITH BILATERAL TO	728.10	728.10
38700		REMOVAL OF LYMPH NODES, NECK	582.79	582.79
38720		REMOVAL OF LYMPH NODES, NECK	968.90	968.90
38724		CERVICAL LYMPHADENECTOMY	1051.07	1051.07
38740		REMOVAL LYMPH NODES, ARMPIT	488.23	488.23
38745		REMOVAL LYMPH NODES, ARMPITS	621.75	621.75
38760		INGUIOFEMORAL LYMPHADENECTOMY SUPERFIC I	613.31	613.31
38765		INGUINOFEMEORAL LYMPHADENECTOMY, SUPERFI	954.70	954.70
38770		PELVIC LYMPHADENECTOMY INC EXT ILIAC HYP	639.34	639.34
38780		RETROPERITONEAL LYMPHADENECTOMY EXTENS I	805.13	805.13
38794		EXTABLISH ACCESS LUMPH DUCT	237.66	237.66
39000		MEDIASTINOTOMY WITH EXPLORATION, DRAINAG	370.88	370.88
39010		MEDIASTINOTOMY WITH EXPLORATION, DRAINAG	616.01	616.01
39200		REMOVAL MEDIASTINAL LESION	683.47	683.47
39220		REMOVAL MEDIASTINAL LESION	880.26	880.26
39501		REPAIR, LACERATION OF DIAPHRAGM, ANY APP	626.56	626.56
39503		REPAIR DIAPHRAGMATIC HERNIA NEONATAL	4398.56	4398.56
39540		REPAIR OF DIAPHRAGM HERNIA	640.66	640.66
39541		REPARI DIAPHR HERNIA TRAUMATIC CHRONIC	691.11	691.11

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION	679.63	679.63
39560		RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR	587.54	587.54
39561		RESECTION, DIAPHRAGM; WITH COMPLEX REPAI	913.16	913.16
40490		BIOPSY LIP	55.20	92.96
40500		PARTIAL EXCISION OF LIP	260.82	350.91
40510		PARTIAL EXCISION OF LIP	259.07	341.03
40520		PARTIAL EXCISION OF LIP	261.81	350.21
40525		EXCISION LIP FULL THICKNESS LOCAL FLAP	407.32	407.32
40527		EXCISION LIP FULL THICKNESS CROSS LIP FL	481.49	481.49
40530		PARTIAL REMOVAL OF LIP	297.07	386.87
40650		REPAIR LIP	208.41	290.38
40652		REPAIR LIP	253.93	341.77
40654		REPAIR LIP	308.48	403.60
40700		REPAIR CLEFT LIP	683.84	683.84
40701		REPAIR CLEFT LIP	848.56	848.56
40702		REPAIR CLEFT LIP	659.82	659.82
40720		REPAIR CLEFT LIP	726.33	726.33
40761		REPAIR CLEFT LIP	786.46	786.46
40800		DRAINAGE MOUTH LESION	90.52	139.20
40801		DRAINAGE MOUTH LESION	158.36	215.16
40804		REMOVAL FOREIGN BODY, MOUTH	91.69	142.06
40805		REMOVAL EMBEDDED FOREIGN BODY COMPLICATE	164.23	225.51
40808		BIOPSY MOUTH LESION	76.04	125.00
40810		EXCISION MOUTH LESION	90.56	139.52
40812		EXCISION MOUTH LESION	141.30	197.26
40814		EXCISION MOUTH LESION	217.96	266.07
40816		EXC LESION OF MUCOSA AND SUBMUCOSA W/O R	228.11	280.44
40818		EXCISION ORAL MUCOSA, GRAFT	194.28	245.47
40820		TREATMENT MOUTH LESION	121.16	181.02
40830		REPAIR MOUTH LACERATION	113.99	167.98

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

40831		REPAIR MOUTH LACERATION	160.25	223.20
40840		RECONSTRUCTION MOUTH	465.31	577.21
40842		RECONSTRUCTION MOUTH	455.79	568.54
40843		RECONSTRUCTION MOUTH	593.81	743.49
40844		RECONSTRUCTION MOUTH	828.49	986.00
40845		RECONSTRUCTION MOUTH	929.05	1074.80
41000		DRAINAGE MOUTH LESION	80.28	111.60
41005		DRAINAGE MOUTH LESION	91.09	155.43
41006		DRAINAGE MOUTH LESION	187.88	252.22
41007		INCISION/DRAINAGE ABSCESS MOUTH SUBMENTA	182.32	252.54
41008		INCISION/DRAINAGE MOUTH SUBMANDIBULAR SP	194.81	260.27
41009		INCISION/DRAINAGE MOUTH MASTICATOR SPACE	211.40	276.59
41010		INCISION TONGUE FOLD	78.21	139.48
41015		DRAINAGE EXTRAORAL ABSCESS/CYST/HEMATOMA	242.26	297.65
41016		INCISION/DRAINAGE EXTRAORAL LESION SUBME	251.40	305.68
41017		INCISION/DRAINAGE MOUTH LESION SUBMANDIB	252.52	307.92
41018		INCISION/DRAINAGE MOUTH LESION MASTICATO	296.06	353.70
41019		PLACEMENT OF NEEDLES, CATHETERS, OR OTHE	377.43	377.43
41100		BIOPSY TONGUE	79.89	117.93
41105		POSTERIOR ONE-THIRD	81.01	118.22
41108		BIOPSY FLOOR OF MOUTH	65.06	101.14
41110		EXCISION TONGUE LESION	94.92	145.57
41112		EXCISION TONGUE LESION	180.07	230.42
41113		EXCISION TONGUE LESION	200.44	253.04
41114		EXC LESION TONGUE LOCAL TONGUE FLAP	466.22	466.22
41115		EXCISION LINGUAL FRENUM (FRENECTOMY)	107.32	169.43
41116		EXCISION LESION FLOOR OF MOUTH	157.73	225.15
41120		PARTIAL REMOVAL OF TONGUE	755.24	755.24
41130		PARTIAL REMOVAL OF TONGUE	936.21	936.21
41135		TONGUE AND NECK SURGERY	1569.29	1569.29

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

41140		REMOVAL OF TONGUE	1610.35	1610.35
41145		TONGUE REMOVAL; NECK SURGERY	2019.46	2019.46
41150		MOUTH AND JAW SURGERY	1596.58	1596.58
41153		GLOSSECTOMY COMPOSITE PROC W/RESECTION F	1733.84	1733.84
41155		MOUTH, JAW, AND NECK SURGERY	2160.80	2160.80
41250		REPAIR LACERATION TONGUE	102.95	158.91
41251		REPAIR LACERATION TO 2CM POSTERIOR ONE T	119.91	164.96
41252		REPAIR LACERATION TONGUE	155.31	216.29
41500		FIXATION TONGUE	318.05	318.05
41510		TONGUE TO LIP SURGERY	291.98	291.98
41520		RECONSTRUCTION, TONGUE FOLD	182.39	240.86
41800		DRAINAGE GUM LESION	91.77	156.39
41805		REMOVAL FOREIGN BODY, GUM	116.18	161.50
41806		REMOVAL FOREIGN BODY, JAWBONE	182.54	237.93
41822		EXCISION GUM LESION	127.65	199.83
41823		EXCISION GUM LESION	229.31	297.84
41825		EXCISION GUM LESION	90.70	142.18
41826		EXCISION GUM LESION	146.48	200.76
41827		EXCISION GUM LESION	217.69	298.27
41830		ALVEOLECTOMY INC/CURRETTAGE OF OSTEITIS	201.59	269.56
41850		DESTRUCTION OF LESION EXCEPT EXCISION	33.81	33.81
41872		GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	186.90	252.36
41874		ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	184.14	256.60
42000		DRAINAGE MOUTH ROOF LESION	74.52	110.05
42100		BIOPSY ROOF OF MOUTH	79.09	104.82
42104		EXCISION LESION ROOF MOUTH	99.43	145.60
42106		EXCISION LESION, MOUTH ROOF	130.18	184.73
42107		EXCISION LESION PALATE, UVULA LOCAL FLAP	251.36	322.42
42120		RESECTION PALATE OR EXTENSIVE RESECTION	705.13	705.13
42140		EXCISION UVULA	111.42	173.25

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

42145		PALATOPHARYNGOPLASTY	514.93	514.93
42160		TREATMENT ROOF OF MOUTH	110.90	167.97
42180		REPAIR PALATE	135.07	172.00
42182		REPAIR PALATE	197.39	236.27
42200		RECONSTRUCTION CLEFT PALATE	653.43	653.43
42205		RECONSTRUCTION CLEFT PALATE	697.26	697.26
42210		RECONSTRUCTION CLEFT PALATE	786.30	786.30
42215		RECONSTRUCTION CLEFT PALATE	514.14	514.14
42220		RECONSTRUCTION CLEFT PALATE	399.60	399.60
42225		RECONSTRUCTION CLEFT PALATE	682.12	682.12
42226		LENGTHENING PALATE AND PHARYNGEAL FLAP	678.77	678.77
42227		LENGTHENING OF PALATE WITH ISLAND FLAP	659.59	659.59
42235		REPAIR PALATE	538.41	538.41
42260		REPAIR NOSE TO LIP FISTULA	505.59	602.95
42300		DRAINAGE SALIVARY GLAND	111.28	146.81
42305		DRAINAGE SALIVARY GLAND	318.78	318.78
42310		DRAINAGE SALIVARY GLAND	90.85	114.34
42320		DRAINAGE SALIVARY GLAND	130.54	176.70
42330		TREATMENT SALIVARY STONE	121.17	164.52
42335		TREATMENT SALIVARY STONE	189.68	261.86
42340		TREATMENT SALIVARY STONE	249.94	329.96
42405		BIOPSY SALIVARY GLAND	169.27	217.39
42408		EXCISION SALIVARY CYST	242.55	323.12
42409		TREATMENT SALIVARY CYST	164.11	232.94
42410		EXCISION PAROTID GLAND	463.02	463.02
42415		EX PAROTID TUMOR PAROTID GL LAT LOB W DI	837.28	837.28
42420		EXCISION PAROTID GLAND	960.22	960.22
42425		EXCISION PAROTID GLAND	631.38	631.38
42426		EXCISION PAROTID TUMOR OR PAROTID GLAND	1027.78	1027.78
42440		EXCISION SUBMAXILLARY GLAND	348.19	348.19

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

42450		EXCISION SUBLINGUAL GLAND	263.68	323.00
42500		REPAIR SALIVARY DUCT	250.75	307.82
42505		REPAIR SALIVARY DUCT	336.33	400.68
42507		PAROTID DUCT DIVERS BILATERAL	376.43	376.43
42509		PAROTID DUCT DIVERSION BILAT W/EXC BOTH	616.37	616.37
42510		PAROTID DUCT DIVERSION BILAT LIGAT SUBMA	465.02	465.02
42550		INJECTION FOR SIALOGRAPHY	52.30	109.65
42600		CLOSURE SALIVARY FISTULA	261.82	346.03
42665		LIGATION SALIVARY DUCT	151.80	217.82
42700		DRAINAGE TONSIL ABSCESS	99.10	132.66
42720		DRAINAGE THROAT ABSCESS	296.35	334.96
42725		DRAINAGE THROAT ABSCESS	603.43	603.43
42800		BIOPSY THROAT	81.96	111.34
42804		BIOPSY UPPER NOSE/THROAT	83.94	140.74
42806		BIOPSY UPER NOSE/THROAT	98.72	159.15
42808		EXCISION LESION PHARYNX	121.93	163.06
42809		REMOVAL OF FOREIGN BODY FROM PHARYNX	95.62	121.65
42810		EXCISION THROAT CYST	207.76	273.22
42815		EXCISION THROAT CYST	408.29	408.29
42820		REMOVAL TONSILS AND ADENOIDS	216.27	216.27
42821		REMOVAL TONSILS AND ADENOIDS	225.75	225.75
42825		REMOVAL OF TONSILS	193.07	193.07
42826		REMOVAL OF TONSILS	186.62	186.62
42830		REMOVAL OF ADENOIDS	151.85	151.85
42831		REMOVAL OF ADENOIDS	163.77	163.77
42835		REMOVAL OF ADENOIDS	136.88	136.88
42836		REMOVAL OF ADENOIDS	179.00	179.00
42842		RADICAL RESECTION TONSIL WITHOUT CLOSURE	708.94	708.94
42844		RADICAL RESECTION TONSIL CLOSURE WITH LO	997.90	997.90
42845		RADICAL RESECTION TONSIL CLOSURE WITH OT	1639.03	1639.03

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

42860		EXCISION TONSIL TAGS	137.25	137.25
42870		EXCISION LINGUAL TONSIL	415.51	415.51
42890		PARTIAL REMOVAL PHARYNX	1017.03	1017.03
42892		RESECT LATERAL PHARYNGEAL WALL DIRECT CL	1335.77	1335.77
42894		RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS	1712.59	1712.59
42900		REPAIR THROAT WOUND	258.19	258.19
42950		RECONSTRUCTION OF THROAT	576.16	576.16
42953		PHARYNGOESOPHAGEAL REPAIR	707.50	707.50
42955		SURGICAL OPENING OF THROAT	543.03	543.03
42960		CONTROL BLEEDING, THROAT	125.35	125.35
42961		CONTROL BLEEDING, THROAT	310.81	310.81
42962		CONTROL BLEEDING, THROAT	385.52	385.52
42970		CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PR	288.84	288.84
42971		CONTROL BLEEDING,NOSE/THROAT	339.90	339.90
42972		CONTROL BLEEDING,NOSE/THROAT	382.31	382.31
43020		INCISION OF ESOPHAGUS	393.80	393.80
43030		CRICOPHARYNGEAL MYOTOMY	389.74	389.74
43045		ESOPHAGOTOMY, THORACIC APPROACH, WITH RE	992.44	992.44
43100		EXCISION OF LESION, ESOPHAGUS, WITH PRIM	466.12	466.12
43101		EXCISION OF LESION, ESOPHAGUS, WITH PRIM	775.43	775.43
43107		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHO	1921.01	1921.01
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHO	3248.25	3248.25
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	2053.85	2053.85
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	3241.03	3241.03
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FR	3689.18	3689.18
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	1879.03	1879.03
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	2672.20	2672.20
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	2119.81	2119.81
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	1900.12	1900.12
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	3265.18	3265.18

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT	2787.36	2787.36
43130		REMOVAL ESOPHAGUS POUCH	590.89	590.89
43135		REMOVAL ESOPHAGUS POUCH	1110.07	1110.07
43180		ESOPHAGOSCOPY RIGID TRNSO	487.84	444.04
43191		ESOPHAGOSCOPY RIGID TRNSO DX	102.57	102.57
43192		ESOPHAGOSCP RIG TRNSO INJECT	122.33	122.33
43193		ESOPHAGOSCP RIG TRNSO BIOPSY	145.77	145.77
43194		ESOPHAGOSCP RIG TRNSO REM FB	132.44	132.44
43195		ESOPHAGOSCOPY RIGID BALLOON	146.04	146.04
43196		ESOPHAGOSCP GUIDE WIRE DILAT	159.75	159.75
43197		ESOPHAGOSCOPY FLEX DX BRUSH	65.28	146.63
43198		ESOPHAGOSC FLEX TRNSN BIOPSY	77.74	163.79
43201		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH D	99.66	214.35
43202		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH B	88.02	204.67
43210		EGD ESOPHAGOGASTRC FNDOPSTY	367.86	367.86
43211		ESOPHAGOSCP MUCOSAL RESECT	198.43	198.43
43212		ESOPHAGOSCP STENT PLACEMENT	156.04	156.04
43213		ESOPHAGOSCOPY RETRO BALLOON	220.49	973.39
43214		ESOPHAGOSC DILATE BALLOON 30	159.51	159.51
43217		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH R	130.74	274.82
43226		ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	109.11	109.11
43227		ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH C	162.62	162.62
43229		ESOPHAGOSCOPY LESION ABLATE	168.26	574.13
43233		EGD BALLOON DIL ESOPH30 MM/>	189.32	189.32
43235		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	112.30	220.29
43236		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	136.55	274.18
43239		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	132.99	255.25
43241		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	120.69	120.69
43247		EGD REMOVE FOREIGN BODY	155.52	155.52
43251		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	169.20	169.20

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

43254		EGD ENDO MUCOSAL RESECTION	227.95	227.95
43255		UPPER GASTROINTESTINAL ENDOSCOPY INCLUDI	220.17	220.17
43260		ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATO	270.73	270.73
43266		EGD ENDOSCOPIC STENT PLACE	188.60	188.60
43270		EGD LESION ABLATION	198.25	573.04
43274		ERCP DUCT STENT PLACEMENT	390.75	390.75
43275		ERCP REMOVE FORGN BODY DUCT	322.17	322.17
43276		ERCP STENT EXCHANGE W/DILATE	406.57	406.57
43277		ERCP EA DUCT/AMPULLA DILATE	324.16	324.16
43278		ERCP LESION ABLATE W/DILATE	368.56	368.56
43279		LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (	941.38	941.38
43280		LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC F	785.06	785.06
43281		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESO	937.11	937.11
43282		LAPAROSCOPY, SURGICAL, REPAIR OF PARAESO	1054.04	1054.04
43300		REPAIR OF ESOPHAGUS	462.56	462.56
43305		REPAIR ESOPHAGUS AND FISTULA	830.70	830.70
43310		REPAIR OF ESOPHAGUS	1161.20	1161.20
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	1282.65	1282.65
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	2043.50	2043.50
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	2339.83	2339.83
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH	1020.21	1020.21
43325		ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC	974.24	974.24
43327		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR C	652.77	652.77
43328		ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR C	952.44	952.44
43330		ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL	955.69	955.69
43331		ESOPHAGOMYOTOMY THORACIC APPROACH	1034.67	1034.67
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	934.60	934.60
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	1014.95	1014.95
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	1025.50	1025.50
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	1105.04	1105.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

43336		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	1207.87	1207.87
43337		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	1318.80	1318.80
43340		ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD AP	992.01	992.01
43341		ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	1090.93	1090.93
43351		ESOPHAGOSTOMY THORACIC APPROACH	992.48	992.48
43352		ESOPHAGOMYOTOMY CERVICAL APPROACH	811.45	811.45
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREV	1740.71	1740.71
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREV	1945.27	1945.27
43400		LIGATION ESOPHAGEAL VEINS	1194.24	1194.24
43401		TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH	1133.24	1133.24
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL	1096.58	1096.58
43410		REPAIR WOUND,ESOPHAGUS	749.72	749.72
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TR	1278.40	1278.40
43420		REPAIR OPENING,ESOPHAGUS	750.60	750.60
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRA	1122.85	1122.85
43453		DILATION OF ESOPHAGUS, OVER GUIDE WIRE	74.36	217.87
43500		INCISION OF STOMACH	561.04	561.04
43501		GASTROTOMY; WITH SUTURE REPAIR OF BLEEDI	965.96	965.96
43502		GASTROTOMY;	1094.06	1094.06
43510		GASTROTOMY; WITH ESOPHAGEAL DILATION AND	692.44	692.44
43520		INCISION PYLORIC MUSCLE	507.23	507.23
43605		BIOPSY OF STOMACH	595.86	595.86
43610		EXCISION, LOCAL; ULCER OR BENIGN TUMOR O	704.10	704.10
43611		EXCISION, LOCAL;	876.19	876.19
43620		GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROS	1429.39	1429.39
43621		GASTRECTOMY, TOTAL;	1628.30	1628.30
43622		GASTRECTOMY, TOTAL;	1652.33	1652.33
43631		GASTRECTOMY, PARTIAL, DISTAL;	1047.59	1047.59
43632		GASTRECTOMY, PARTIAL, DISTAL;	1429.24	1429.24
43633		GASTRECTOMY, PARTIAL, DISTAL;	1359.74	1359.74

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

43634		GASTRECTOMY, PARTIAL, DISTAL;	1501.82	1501.82
43640		DIVISION VAGUS NERVE	841.92	841.92
43641		VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	849.29	849.29
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTI	1246.80	1246.80
43651		LAPAROSCOPY, SURGICAL; TRANSECTION OF VA	466.72	466.72
43652		LAPAROSCOPY, SURGICAL; TRANSECTION OF VA	546.82	546.82
43653		LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITH	397.86	397.86
43760		CHANGE OF GASTROSTOMY TUBE	39.29	243.52
43761		REPOSITIONING GASTRIC FEEDING TUBE, THRU	84.26	94.90
43800		RECONSTRUCTION OF PYLORUS	668.13	668.13
43810		FUSION STOMACH AND BOWEL	724.36	724.36
43820		GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY	939.00	939.00
43825		FUSION STOMACH AND BOWEL	932.01	932.01
43830		TEMPORARY OPENING,STOMACH	494.86	494.86
43831		TEMPORARY OPENING,STOMACH	412.79	412.79
43832		GASTROSTOMY PERMANENT W CONSTRUCTION GAS	762.80	762.80
43840		REPAIR LESION,STOMACH	952.38	952.38
43843		GASTRIC RESTRICTIVE PROCEDURE, WITHOUT G	908.53	908.53
43850		REVISION STOMACHBOWEL FUSION	1164.18	1164.18
43855		REVISION STOMACHBOWEL FUSION	1216.51	1216.51
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (G	1181.97	1181.97
43865		REVISION STOMACHBOWEL FUSION	1229.55	1229.55
43870		REPAIR OPENING,STOMACH	505.56	505.56
43880		REPAIR STOMACH-BOWEL FISTULA	1154.70	1154.70
44005		FREEING OF BOWEL ADHESION	788.76	788.76
44010		DUODENOTOMY	619.77	619.77
44015		TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR	107.77	107.77
44020		ENTEROTOMY, SMALL INTESTINE, OTHER THAN	696.98	696.98
44021		ENTEROTOMY SMALL BOWEL FOR DECOMPRESSION	704.93	704.93
44025		EXPLORATION OF LARGE BOWEL	709.59	709.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

44050		REDUCTION BOWEL OBSTRUCTION	671.61	671.61
44055		CORRECTION OF MALROTATION	1076.92	1076.92
44110		EXCISION OF ONE OR MORE LESIONS OF SMALL	607.75	607.75
44111		EXCISION BOWEL LESIONS	707.93	707.93
44120		ENTERECTOMY, RESECTION OF SMALL INTESTIN	877.43	877.43
44125		ENTERECTOMY, RESECTION OF SMALL INTESTIN	851.64	851.64
44126		ENTERECTOMY, RESECTION OF SMALL INTESTIN	1760.01	1760.01
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	2049.66	2049.66
44128		ENTERECTOMY, RESECTION OF SMALL INTESTIN	182.07	182.07
44130		ENTEROENTEROSTOMY, ANASTOMOSIS OF INTEST	919.04	919.04
44135		INTESTINAL ALLOTRANSPLANTATION; FROM CAD	919.04	919.04
44139		MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEX	90.71	90.71
44140		PARTIAL REMOVAL OF COLON	969.05	969.05
44141		COLECTOMY PARTIAL WITH CECOSTOMY COLOSTO	1276.15	1276.15
44143		COLECTOMY PARTIAL WITH END COLOSTOMY CLO	1194.04	1194.04
44144		COLECTOMY PARTIAL W/RESEC COLOS ILEOS MU	1255.06	1255.06
44145		PARTIAL REMOVAL OF COLON	1208.33	1208.33
44146		COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLO	1510.05	1510.05
44147		COLECTOMY PARTIAL ABD AND TRANSANAL APPR	1363.71	1363.71
44150		REMOVAL OF COLON	1322.85	1322.85
44151		COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	1513.16	1513.16
44155		REMOVAL OF COLON	1482.82	1482.82
44156		COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CO	1629.21	1629.21
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	1547.66	1547.66
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	1586.55	1586.55
44160		COLECTOMY, PARTIAL, WITH REMOVAL OF TERM	892.97	892.97
44180		LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREE	665.45	665.45
44186		LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG,	468.75	468.75
44187		LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJU	789.87	789.87
44188		LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN	874.02	874.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESE	1002.91	1002.91
44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	180.47	180.47
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	1120.24	1120.24
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	977.99	977.99
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	1270.78	1270.78
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	1335.93	1335.93
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	1451.52	1451.52
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	1296.87	1296.87
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	1592.32	1592.32
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	1493.29	1493.29
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	142.26	142.26
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF ENTERO	1212.95	1212.95
44300		SURGICAL OPENING OF BOWEL	602.97	602.97
44310		ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	754.56	754.56
44312		REPAIR SMALL BOWEL OPENING	428.24	428.24
44314		REPAIR SMALL BOWEL OPENING	730.06	730.06
44316		CONTINENT ILEOSTOMY	1000.52	1000.52
44320		COLOSTOMY OR SKIN LEVEL CECOSTOMY;	860.27	860.27
44322		COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH	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 PARACOLO	845.38	845.38
44360		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	122.26	122.26
44361		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	134.75	134.75
44363		SMALL BOWEL ENDOSCOPY	159.69	159.69
44364		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	171.98	171.98
44366		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	202.71	202.71
44369		SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY	207.08	207.08
44380		SMALL BOWEL ENDOSCOPY BR/WA	53.16	53.16
44381		SMALL BOWEL ENDOSCOPY BR/WA	54.80	54.80

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

44382		SMALL BOWEL ENDOSCOPY	63.93	63.93
44384		SMALL BOWEL ENDOSCOPY	54.80	54.80
44385		ENDOSCOPIC EVALUATION OF SMALL INTESTINA	81.97	181.01
44388		COLONOSCOPY THRU STOMA SPX	127.76	251.42
44401		COLONOSCOPY WITH ABLATION	131.71	259.20
44402		COLONOSCOPY W/STENT PLCMT	131.71	259.20
44403		COLONOSCOPY W/RESECTION	131.71	259.20
44404		COLONOSCOPY W/INJECTION	131.71	259.20
44405		COLONOSCOPY W/DILATION	131.71	259.20
44406		COLONOSCOPY W/ULTRASOUND	131.71	259.20
44407		COLONOSCOPY W/NDL ASPIR/BX	131.71	259.20
44408		COLONOSCOPY W/DECOMPRESSION	131.71	259.20
44500		INTRODUCTION OF LONG GASTROINTESTINAL TU	20.44	20.44
44602		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	997.36	997.36
44603		SUTURE OF SMALL INTESTINE (ENTERORRHAPHY	1142.85	1142.85
44604		SUTURE OF LARGE INTESTINE (COLORRHAPHY)	765.63	765.63
44605		REPAIR BOWEL LESION	943.65	943.65
44615		INTESTINAL STRICTUROPLASTY (ENTEROTOMY A	777.31	777.31
44620		REPAIR BOWEL OPENING	620.47	620.47
44625		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL I	735.19	735.19
44626		CLOSURE OF ENTEROSTOMY, LARGE OR SMALL I	1169.87	1169.87
44640		REPAIR BOWEL-SKIN FISTULA	1020.31	1020.31
44650		REPAIR BOWEL FISTULA	1061.08	1061.08
44660		REPAIR BOWEL-BLADDER FISTULA	1028.09	1028.09
44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH I	1153.36	1153.36
44680		SURGICAL FOLDING INTESTINE	767.68	767.68
44700		EXCLUSION OF SMALL INTESTINE FROM PELVIS	743.38	743.38
44701		INTRAOPERATIVE COLONIC LAVAGE (LIST SEPA	125.47	125.47
44800		EXCISION BOWEL POUCH	545.41	545.41
44820		EXCISION MESENTERY LESION	603.02	603.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

44850		REPAIR OF MESENTERY	532.05	532.05
44900		INCISION AND DRAINAGE OF APPENDICEAL ABS	545.27	545.27
44950		APPENDECTOMY	461.90	461.90
44960		APPENDECTOMY FOR RUPT APPEN W/ABSCESS OR	622.29	622.29
44970		LAPAROSCOPY, SURGICAL, APPENDECTOMY	424.10	424.10
45000		TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	295.68	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	204.85
45108		ANORECTAL MYOMECTIONY	249.63	249.63
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINO	1334.22	1334.22
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM	783.60	783.60
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL,	1377.84	1377.84
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSE	1411.52	1411.52
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS;	1289.87	1289.87
45116		PARTIAL REMOVAL OF RECTUM	1159.00	1159.00
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL P	1413.82	1413.82
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	1129.27	1129.27
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	1236.07	1236.07
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSI	800.98	800.98
45126		PELVIC EXENTERATION FOR COLORECTAL MALIG	2088.45	2088.45
45130		EXCISION OF RECTAL PROLAPSE	783.41	783.41
45135		EXCISION OF RECTAL PROLAPSE	958.84	958.84
45136		EXCISION OF ILEOANAL RESERVOIR WITH ILEO	1327.35	1327.35
45150		EXCISION RECTAL STRICTURE	284.12	284.12
45160		EXCISION OF RECTAL LESION	712.06	712.06
45171		EXCISION OF RECTAL TUMOR, TRANSANAL APPR	354.21	354.21
45172		EXCISION OF RECTAL TUMOR, TRANSANAL APPR	486.76	486.76
45190		DESTRUCTION OF RECTAL TUMOR (EG, ELECTRO	483.11	483.11
45300		PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC,	36.71	76.45

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

45303		PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATIO	62.83	584.02
45307		PROCTOSIGM W/REMOVAL OF FOREIGN BODY	71.43	139.13
45317		PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL	84.35	149.82
45330		SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WIT	47.36	98.55
45331		SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SI	57.49	125.20
45333		SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF	83.88	206.69
45334		SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF	127.25	127.25
45335		SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED S	70.04	176.64
45340		SIG W/TNDSC BALLOON DILATION	88.30	313.50
45346		SIGMOIDOSCOPY W/ABLATION	48.82	101.60
45347		SIGMOIDOSCOPY W/PLCMT STENT	48.82	101.60
45349		SIGMOIDOSCOPY W/RESECTION	48.82	101.60
45350		SGMDSC W/BAND LIGATION	48.82	101.60
45379		COLONOSCOPY W/FB REMOVAL	209.44	370.59
45381		COLONOSCOPY SUBMUCOUS NJX	190.66	340.90
45382		COLONOSCOPY W/CONTROL BLEED	257.42	461.64
45386		COLONOSCOPY W/BALLOON DILAT	205.56	484.48
45388		COLONOSCOPY W/ABLATION	172.32	300.96
45389		COLONOSCOPY W/STENT PLCMT	172.32	300.96
45390		COLONOSCOPY W/RESECTION	172.32	300.96
45393		COLONOSCOPY W/DECOMPRESSION	172.32	300.96
45395		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMP	1441.79	1441.79
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMB	1562.95	1562.95
45398		COLONOSCOPY W/BAND LIGATION	172.32	300.96
45400		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR P	832.75	832.75
45402		LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR P	1114.89	1114.89
45500		REPAIR OF RECTUM	364.90	364.90
45505		REPAIR OF RECTUM	399.90	399.90
45540		PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL	768.75	768.75
45541		PROCTOPEXY FOR PROLAPSE PERINEAL APPROAC	659.28	659.28

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGM	1057.10	1057.10
45560		REPAIR RECTOCELE SEPARATE PROCEDURE	521.48	521.48
45562		EXPLORATION, REPAIR, AND PRESACRAL DRAIN	800.00	800.00
45563		EXPLORATION, REPAIR, AND PRESACRAL DRAIN	1159.53	1159.53
45800		REPAIR RECTOBLADDER FISTULA	898.62	898.62
45805		REPAIR RECTOBLADDER FISTULA	1015.85	1015.85
45820		REPAIR RECTOURETHRAL FISTULA	892.55	892.55
45825		REPAIR RECTOURETHRAL FISTULA	1073.91	1073.91
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		REMOVAL RECTAL OBSTRUCTION	158.67	218.82
46020		PLACEMENT OF SETON	156.40	177.67
46030		REMOVAL OF RECTAL MARKER	62.29	88.86
46040		INCISION OF RECTAL ABSCESS	280.36	345.82
46045		DRAINAGE TRANSANAL ABSCESS UNDER ANESTHE	289.26	289.26
46050		INCISION ANAL ABSCESS	65.57	122.65
46060		INCISION AND DRAINAGE OF ISCHIORECTAL OR	318.23	318.23
46070		INCISION ANAL SEPTUM	161.67	161.67
46080		INCISION ANAL SPHINCTER	113.53	161.93
46083		INCISION OF THROMBOSED HEMORRHOID, EXTER	75.76	121.64
46200		REMOVAL ANAL FISSURE	210.92	270.23
46220		PAPILLECTOMY OR EXCISION OF SINGLE TAB A	81.26	129.93
46221		HEMORRHOIDECTOMY BY SIMPLE LIGATURE	128.54	170.51
46230		REMOVAL OF ANAL TAB	121.86	178.93
46250		HEMORRHOIDECTOMY	214.21	297.59
46255		HEMORRHOIDECTOMY	244.04	332.44
46257		HEMORRHOIDECTOMY WITH FISSURECTOMY	285.34	285.34
46258		HEMORRHOIDECTOMY WITH FISTULECTOMY	312.08	312.08
46260		HEMORRHOIDECTOMY	324.52	324.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

46261		HEMORRHOIDECTOMY INT AND EXTERNAL COMPLE	363.13	363.13
46262		HEMORRHOIDECTOMY INT AND EXT COMPLX OR E	378.82	378.82
46270		SURGICAL TREATMENT OF ANAL FISTULA (FIST	256.69	322.15
46275		REMOVAL ANAL FISTULA	275.48	341.50
46280		SURGICAL TREATMENT OF ANAL FISTULA (FIST	315.89	315.89
46285		REMOVAL ANAL FISTULA	271.99	332.14
46288		CLOSURE OF ANAL FISTULA WITH RECTAL ADVA	373.88	373.88
46320		REMOVAL HEMORRHOID CLOT	77.34	117.63
46500		INJECTION TREATMENT OF ANUS	87.36	142.46
46505		CHEMODENERVATION OF INTERNAL ANAL SPHINC	159.73	187.71
46600		ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT CO	27.95	57.04
46601		DIAGNOSTIC ANOSCOPY	28.81	58.80
46604		ANOSCOPY; WITH DILATION (EG, BALLOON, GU	48.56	350.42
46606		ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPL	53.69	145.44
46607		DIAGNOSTIC ANOSCOPY & BIOPSY	28.81	58.80
46608		ANOSCOPY;	59.17	150.38
46610		ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR,	58.66	148.74
46612		ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMOR	71.72	178.31
46614		ANOSCOPY; WITH CONTROL OF BLEEDING (EG,	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 (E	272.30	272.30
46710		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (	768.64	768.64
46712		REPAIR OF ILEOANAL POUCH FISTULA/SINUS (	1571.69	1571.69
46715		REPAIR OF LOW IMPERFORATE ANUS; WITH ANO	367.10	367.10
46716		REPAIR OF LOW IMPERFORATE ANUS; WITH TRA	895.59	895.59
46730		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT	1363.24	1363.24
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT	1592.99	1592.99
46740		CONSTRUCTION OF ANUS	1464.50	1464.50

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

46742		REPAIR OF HIGH IMPERFORATE ANUS WITH REC	1731.40	1731.40
46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	2474.09	2474.09
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	2854.17	2854.17
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	2983.61	2983.61
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		REMOVAL OF SUTURE FROM ANUS	150.61	193.98
46760		REPAIR ANAL SPHINCTER	772.56	772.56
46761		SPHINCTEROPLASTY, LEVATORMUSCLE IMBRICAT	668.60	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; CRYOSUR	103.17	161.09
46917		DESTRUCTION ANAL LESION, SIMPLE; LASER	94.74	306.79
46922		DESTRUCTION ANAL LESION, SIMPLE; SURGICA	94.09	169.34
46924		DESTRUCTION OF LESION(S), ANUS (EG, COND	131.58	348.96
46930		DESTRUCTION OF INTERNAL HEMORRHOID(S) BY	108.72	149.28
46940		CURETTAGE OR CAUTERY OF ANAL FISSURE, IN	105.09	148.18
46942		TREATMENT OF ANAL FISSURE	93.33	136.98
46945		LIGATION OF HEMORRHOIDS	146.96	189.48
46946		LIGATION OF HEMORRHOIDS	156.00	205.79
46947		HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTE	266.03	266.03
47010		HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS	856.43	856.43
47015		LAPAROTOMY, WITH ASPIRATION AND/OR INJEC	812.72	812.72
47100		BIOPSY OF LIVER, WEDGE	594.35	594.35
47120		PARTIAL REMOVAL OF LIVER	1678.04	1678.04
47122		RESECTION OF LIVER, TRISEGMENTECTOMY	2500.04	2500.04
47125		PARTIAL REMOVAL OF LIVER	2238.77	2238.77
47130		PARTIAL REMOVAL OF LIVER	2407.52	2407.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

47135		LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, P	3542.03	3542.03
47300		TREATMENT,LIVER LESION	799.68	799.68
47350		MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE S	981.90	981.90
47360		MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX	1337.38	1337.38
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORAT	2200.80	2200.80
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLO	1019.12	1019.12
47370		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	898.33	898.33
47371		LAPAROSCOPY, SURGICAL, ABLATION OF ONE O	914.39	914.39
47380		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	1050.71	1050.71
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	1070.86	1070.86
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	663.58	663.58
47383		PERQ ABLTJ LVR CRYOABLATION	425.63	6203.09
47400		INCISION OF BILE DUCT	1526.61	1526.61
47420		CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH E	961.53	961.53
47425		INCISION OF BILE DUCT	971.21	971.21
47460		TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTE	915.92	915.92
47480		INCISION OF GALLBLADDER	608.96	608.96
47490		PERCUTANEOUS CHOLECYSTOSTOMY	408.10	408.10
47562		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	528.57	528.57
47563		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W	541.29	541.29
47564		LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W	626.04	626.04
47570		LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROS	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		CHOLECYSTECTOMY W/ CHOLEDOCHOENTEROSTOMY	910.70	910.70
47620		REMOVAL OF GALLBLADDER	988.73	988.73
47700		EXPLOR FOR CONG ATRESIA BILE DUCTS WITH	748.58	748.58
47701		PORTOENTEROSTOMY	1288.65	1288.65
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	1118.75	1118.75

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

47712		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	1433.69	1433.69
47715		EXCISION OF CHOLEDOCHAL CYST	939.81	939.81
47720		FUSION GALLBLADDER & BOWEL	811.38	811.38
47721		CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOM	958.07	958.07
47740		FUSION GALLBLADDER & BOWEL	925.71	925.71
47741		CHOLECYSTOENTEROSTOMY;	1049.16	1049.16
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUC	1582.51	1582.51
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND G	2090.88	2090.88
47780		FUSION BILE DUCTS AND BOWEL	1731.02	1731.02
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC	2258.26	2258.26
47800		RECONSTRUCTION OF BILE DUCTS	1129.73	1129.73
47801		PLACEMENT OF CHOLEDOCHAL STENT	796.80	796.80
47802		U-TUBE HEPATICOENTEROSTOMY	1084.10	1084.10
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR	977.07	977.07
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	1355.87	1355.87
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	1667.70	1667.70
48020		REMOVAL OF PANCREATIC STONE	835.00	835.00
48100		BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDL	633.83	633.83
48102		BIOPSY PANCREAS NEEDLE PERCUTANEOUS	204.54	406.53
48105		RESECTION OR DEBRIDEMENT OF PANCREAS AND	2055.89	2055.89
48120		REMOVAL PANCREAS LESION	792.43	792.43
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR	1122.41	1122.41
48145		PARTIAL REMOVAL OF PANCREAS	1165.76	1165.76
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH	1329.01	1329.01
48148		EXCISION OF AMPULLA OF VATER	882.61	882.61
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	2246.16	2246.16
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	2076.53	2076.53
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	2243.13	2243.13
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	2082.01	2082.01
48155		REMOVAL OF PANCREAS	1288.69	1288.69

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

48500		MARSUPIALIZATION OF PANCREATIC CYST	806.92	806.92
48510		EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREA	766.19	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 GASTROJEJUNOSTOM	1279.81	1279.81
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANA	1198.07	1198.07
49000		EXPLORATION OF ABDOMEN	556.74	556.74
49002		REEXPLORATION OF ABDOMEN	732.19	732.19
49010		EXPLORATION BEHIND ABDOMEN	690.74	690.74
49020		DRAINAGE OF PERITONEAL ABSCESS OR LOCALI	1143.06	1143.06
49040		DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHREN	716.06	716.06
49060		DRAINAGE OF RETROPERITONEAL ABSCESS; OPE	801.60	801.60
49062		DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE T	544.29	544.29
49082		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR TH	39.71	92.36
49083		ABDOMINAL PARACENTESIS (DIAGNOSTIC OR TH	61.24	174.37
49084		PERITONEAL LAVAGE, INCLUDING IMAGING GUI	56.09	56.09
49180		NEEDLE BIOPSY RETROPERITONEAL MASS PERCU	72.71	128.93
49203		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	873.06	873.06
49204		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	1115.77	1115.77
49205		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	1278.01	1278.01
49215		EXCISION OF PRESACRAL OR SACROCCYGEAL TU	1602.62	1602.62
49220		STAGING LAPAROTOMY FOR HODGKINS DISEASE	696.00	696.00
49250		EXCISION OF UMBILICUS	415.00	415.00
49255		REMOVAL OF OMENTUM	563.90	563.90
49320		LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OM	237.75	237.75
49321		LAPAROSCOPY, SURGICAL; WITH BIOPSY (SING	250.30	250.30
49322		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONE	272.20	272.20
49323		LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONE	462.27	462.27
49324		LAPAROSCOPY, SURGICAL; WITH INSERTION OF	283.37	283.37

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF	304.33	304.33
49326		LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (	140.87	140.87
49402		REMOVAL OF PERITONEAL FOREIGN BODY FROM	614.81	614.81
49405		IMAGE CATH FLUID COLXN VISC	174.40	690.48
49406		IMAGE CATH FLUID PERI/RETRO	174.68	690.21
49407		IMAGE CATH FLUID TRNS/VGNL	185.95	584.05
49418		INSERTION OF TUNNELED INTRAPERITONEAL CA	187.50	1216.02
49419		INSERTION OF INTRAPERITONEAL CANNULA OR	328.31	328.31
49421		INSERTION INTRAPERITONEAL CANNULA PERMAN	281.24	281.24
49422		REMOVAL OF PERMANENT INTRAPERITONEAL CAN	282.74	282.74
49423		EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR	62.67	419.36
49424		CONTRAST INJECTION FOR ASSESSMENT OF ABS	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		LIGATION OF PERITONEAL-VENOUS SHUNT	316.09	316.09
49429		REMOVAL OF PERITONEAL-VENOUS SHUNT	334.31	334.31
49436		DELAYED CREATION OF EXIT SITE FROM EMBED	131.76	131.76
49440		INSERTION OF GASTROSTOMY TUBE, PERCUTANE	189.25	818.99
49441		INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY	209.14	889.51
49442		INSERTION OF CECOSTOMY OR OTHER COLONIC	172.86	796.73
49446		CONVERSION OF GASTROSTOMY TUBE TO GASTRO	139.37	743.37
49450		REPLACEMENT OF GASTROSTOMY OR CECOSTOMY	55.81	553.79
49451		REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTO	77.63	528.31
49452		REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE,	121.00	666.54
49460		MECHANICAL REMOVAL OF OBSTRUCTIVE MATERI	39.78	606.02
49465		CONTRAST INJECTION(S) FOR RADIOLOGICAL E	26.04	127.59
49491		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	555.23	555.23
49492		REPAIR, INITIAL INGUINAL HERNIA, PRETERM	678.50	678.50
49495		REPAIR, INITIAL INGUINAL HERNIA, FULL TE	282.16	282.16
49496		REPAIR INITIAL INGUINAL HERNIA, UNDER AG	428.00	428.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	280.15	280.15
49501		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	424.96	424.96
49505		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	368.03	368.03
49507		REPAIR INITIAL INGUINAL HERNIA, AGE 5 YE	453.47	453.47
49520		REPAIR RECURRENT INGUINAL HERNIA, ANY AG	450.16	450.16
49521		REPAIR RECURRENT INGUINAL HERNIA, ANY AG	549.50	549.50
49525		REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	406.83	406.83
49540		REPAIR LUMBAR HERNIA	481.56	481.56
49550		REPAIR INITIAL FEMORAL HERNIA, ANY AGE,	408.84	408.84
49553		REPAIR INITIAL FEMORAL HERNIA, ANY AGE;	447.56	447.56
49555		REPAIR RECURRENT FEMORAL HERNIA; REDUCIB	425.71	425.71
49557		REPAIR RECURRENT FEMORAL HERNIA;	517.37	517.37
49560		REPAIR INITIAL INCISIONAL OR VENTRAL HER	529.08	529.08
49561		REPAIR INITIAL INCISIONAL HERNIA;	667.95	667.95
49565		REPAIR RECURRENT INCISIONAL OR VENTRAL H	548.56	548.56
49566		REPAIR RECURRENT INCISIONAL HERNIA;	674.83	674.83
49570		REPAIR EPIGASTRIC HERNIA (EG, PREPERITON	289.22	289.22
49572		REPAIR EPIGASTRIC HERNIA (EG, PREPERITON	359.06	359.06
49580		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEA	224.82	224.82
49582		REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEA	334.73	334.73
49585		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	311.09	311.09
49587		REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR	369.11	369.11
49590		REPAIR ABDOMINAL HERNIA	405.36	405.36
49600		REPAIR OF SMALL OMPHALOCELE, WITH PRIMAR	523.29	523.29
49605		REPAIR OF LARGE OMPHALOCELE OR GASTROSCH	3627.30	3627.30
49606		REPAIR OMPHALOCELE STAG CLO PROSTH RED O	820.26	820.26
49610		REPAIR UMBILICAL HERNIA	486.82	486.82
49611		REPAIR UMBILICAL HERNIA	437.69	437.69
49650		LAPAROSCOPY, SURGICAL; REPAIR INITIAL IN	302.65	302.65
49651		LAPAROSCOPY, SURGICAL; REPAIR RECURRENT	391.48	391.48

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,	570.48	570.48
49653		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,	712.80	712.80
49654		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONA	655.66	655.66
49655		LAPAROSCOPY, SURGICAL, REPAIR, INCISIONA	789.23	789.23
49656		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT	658.03	658.03
49657		LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT	950.48	950.48
49900		REPAIR OF ABDOMINAL WALL	581.19	581.19
49904		OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR R	1082.04	1082.04
50010		EXPLORATION OF KIDNEY	569.06	569.06
50020		DRAINAGE OF PERIRENAL OR RENAL ABSCESS;	812.65	812.65
50040		DRAINAGE OF KIDNEY	765.20	765.20
50045		EXPLORATION OF KIDNEY	772.73	772.73
50060		REMOVAL OF KIDNEY STONE	951.99	951.99
50065		INCISION OF KIDNEY	1001.19	1001.19
50070		INCISION OF KIDNEY	994.73	994.73
50075		REMOVAL OF KIDNEY STONE	1223.18	1223.18
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2	726.77	726.77
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2	1068.02	1068.02
50100		REVISE KIDNEY BLOOD VESSELS	778.89	778.89
50120		EXPLORATION OF KIDNEY	787.87	787.87
50125		EXPLORATION/DRAINAGE KIDNEY	814.74	814.74
50130		REMOVAL OF KIDNEY STONE	862.22	862.22
50135		EXPLORATION OF KIDNEY	934.08	934.08
50205		BIOPSY OF KIDNEY	548.59	548.59
50220		NEPHRECTOMY, INCLUDING PARTIAL URETERECT	849.01	849.01
50225		REMOVAL OF KIDNEY	983.91	983.91
50230		REMOVAL OF KIDNEY	1067.07	1067.07
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND	1083.16	1083.16
50236		REMOVAL OF KIDNEY & URETER	1225.38	1225.38
50240		PARTIAL REMOVAL OF KIDNEY	1100.55	1100.55

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

50250		ABLATION, OPEN, ONE OR MORE RENAL MASS L	1020.88	1020.88
50280		REMOVAL OF KIDNEY LESION	784.42	784.42
50290		EXCISION OF PERINEPHRIC CYST	724.40	724.40
50320		DONOR NEPHRECTOMY (INCLUDING COLD PRESER	1067.40	1067.40
50340		REMOVAL OF KIDNEY	658.41	658.41
50360		RENAL ALLOTRANSPLANTATION, IMPLANTATION	1809.70	1809.70
50365		TRANSPLANTATION OF KIDNEY	2038.89	2038.89
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	845.60	845.60
50380		REIMPLANTATION OF KIDNEY	1426.92	1426.92
50387		CHANGE NEPHROURETERAL CATH	84.88	455.29
50389		REMOVAL OF NEPHROSTOMY TUBE, REQUIRING F	46.64	264.01
50390		DRAINAGE OF KIDNEY LESION	82.56	82.56
50400		REVISION OF KIDNEY/URETER	961.48	961.48
50405		REVISION OF KIDNEY/URETER	1166.57	1166.57
50500		REPAIR OF KIDNEY WOUND	932.24	932.24
50520		CLOSURE KIDNEY/SKIN FISTULA	861.94	861.94
50525		CLOSE NEPHROVISCERAL FISTULA	1078.59	1078.59
50526		CLOSE NEPHROVISCERAL FISTULA	1130.48	1130.48
50540		REVISION OF HORSESHOE KIDNEY	942.26	942.26
50541		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	767.47	767.47
50542		LAPAROSCOPY, SURGICAL; ABLATION OF RENAL	973.57	973.57
50543		LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTO	1242.53	1242.53
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	1047.97	1047.97
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTO	1124.72	1124.72
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCL	996.64	996.64
50547		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY	1197.26	1197.26
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH	1134.25	1134.25
50562		RENAL ENDOSCOPY THROUGH ESTABLISHED NEPH	493.61	493.61
50590		LITHOTRIPSY SHOCK WAVE (PROFESSIONAL COM	467.69	751.07
50592		ABLATION, ONE OR MORE RENAL TUMOR(S), PE	303.64	2781.75

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

50600		EXPLORATION OF URETER	779.02	779.02
50605		URETEROTOMY FOR INSERTION OF INDWELLING	751.00	751.00
50610		REMOVAL OF STONE, URETER	794.75	794.75
50620		REMOVAL OF STONE, URETER	753.81	753.81
50630		REMOVAL OF STONE, URETER	735.23	735.23
50650		REMOVAL OF URETER	859.60	859.60
50660		REMOVAL OF URETER	950.84	950.84
50688		CHANGE OF URETEROSTOMY TUBE OR EXTERNALL	65.28	65.28
50700		REVISION OF URETER	769.67	769.67
50715		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		REVISION URINARY-CUTANEOUS ANASTOMOSIS	414.05	414.05
50728		REVISION OF URINARY-CUTANEOUS ANASTOMOSI	571.50	571.50
50740		FUSION OF URETER-KIDNEY	891.74	891.74
50750		FUSION OF URETER-KIDNEY	967.25	967.25
50760		FUSION OF URETER	902.71	902.71
50770		SPLICING OF URETERS	937.53	937.53
50780		REIMPLANT URETER IN BLADDER	905.03	905.03
50782		URETERONEOCYSTOSTOMY; ANASTOMOSIS	888.67	888.67
50783		URETERONEOCYSTOSTOMY; URETERAL TAILORING	922.31	922.31
50785		REIMPLANT URETER IN BLADDER	1004.45	1004.45
50800		IMPLANT URETER IN BOWEL	762.11	762.11
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF S	1004.18	1004.18
50815		URETEROCOLON CONDUIT, INCLUDING INTESTIN	1017.04	1017.04
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), IN	1083.77	1083.77
50825		CONTINENT DIVERSION, INCLUDING INTESTINE	1375.49	1375.49
50830		URINARY ANDIVERSION	1494.00	1494.00
50840		REPLACEMENT OF ALL OR PART OF URETER BY	1023.54	1023.54
50845		CUTANEOUS APPENDICO-VESICOSTOMY	1037.81	1037.81

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

50860		TRANSPLANT OF URETER TO SKIN	786.32	786.32
50900		REPAIR OF URETER	691.80	691.80
50920		CLOSURE URETER/SKIN FISTULA	731.34	731.34
50930		CLOSURE URETER/BOWEL FISTULA	886.90	886.90
50940		RELEASE OF URETER	735.85	735.85
50945		LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	817.21	817.21
50947		LAPAROSCOPY, SURGICAL; URETERONEOCYSTOST	1159.20	1159.20
51020		CYSTOTOMY OR CYSTOSTOMY W/FULGRATION AND	383.69	383.69
51030		INCISION/TREATMENT BLADDER	380.48	380.48
51040		INCISION OF BLADDER	239.24	239.24
51045		INCISION OF BLADDER	382.68	382.68
51050		REMOVAL OF BLADDER STONE	389.81	389.81
51060		REMOVAL OF URETERAL STONE	480.38	480.38
51065		CYSTOTOMY, WITH CALCULUS BASKET EXTRACTI	477.21	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 INTR	43.40	100.19
51102		ASPIRATION OF BLADDER; WITH INSERTION OF	125.63	191.10
51500		REMOVAL OF BLADDER CYST	514.52	514.52
51520		REMOVAL OF BLADDER LESION	484.26	484.26
51525		REMOVAL OF BLADDER LESION	713.06	713.06
51530		REMOVAL OF BLADDER LESION	635.36	635.36
51535		REVISION OF URETER LESION	645.40	645.40
51550		PARTIAL REMOVAL OF BLADDER	784.57	784.57
51555		PARTIAL REMOVAL OF BLADDER	1043.86	1043.86
51565		REVISION OF BLADDER & URETER	1067.08	1067.08
51570		REMOVAL OF BLADDER	1219.28	1219.28
51575		CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLU	1524.25	1524.25
51580		REMOVAL OF BLADDER	1587.95	1587.95
51585		CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOG	1769.26	1769.26

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

51590		CYSTEATOMY, COMPLETE, WITH URETEROILEAL	1612.07	1612.07
51595		CYSTEATOMY W/BILAT LYMPH INCLUDING HYPOG	1832.32	1832.32
51596		CYSTEATOMY, COMPLETE, WITH CONTINENT DIV	1969.33	1969.33
51597		REMOVAL OF PELVIC STRUCTURES	1899.50	1899.50
51600		INJECTION FOR BLADDER X-RAY	37.28	151.97
51700		IRRIGATION OF BLADDER	37.28	70.29
51701		INSERTION OF NON-DWELLING BLADDER CATHET	22.60	48.62
51702		INSERTION OF TEMPORARY INDWELLING BLADDE	24.84	62.33
51703		INSERTION OF TEMPORARY INDWELLING BLADDE	68.20	113.52
51705		CHANGE OF BLADDER TUBE	55.15	90.97
51710		CHANGE OF BLADDER TUBE	78.52	128.33
51725		SIMPLE CYSTOMETROGRAM	175.74	175.74
51726		COMPLEX CYSTOMETROGRAM WITH GAS	254.64	254.64
51727		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	178.10	178.10
51727	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	67.10	67.10
51727	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	111.00	111.00
51728		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	178.01	178.01
51728	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	66.37	66.37
51728	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	111.66	111.66
51729		COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	191.97	191.97
51729	26	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	79.01	79.01
51729	TC	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED E	112.97	112.97
51736		SIMPL UROGLOWMETRY	43.38	43.38
51741		ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	69.03	69.03
51741	26	ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	48.79	48.79
51741	TC	ELECTRONIC UROFLOWMETRY INITIAL RECORDIN	20.25	20.25
51784		ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	161.52	161.52
51784	26	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	64.51	64.51
51784	TC	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL O	97.00	97.00
51785		NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF	175.04	175.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

51792		STIMULUS EVOKED RESPONSE	182.57	182.57
51798		MEASUREMENT OF POST-VOIDING RESIDUAL URI	16.08	16.08
51800		CYSTOPLASTY OR CYSTOURETHROPLASTY WITH O	866.81	866.81
51820		REVISION OF URINARY TRACT	883.84	883.84
51840		ANTERIOR VESICourethroPEXY, OR UREthroPE	527.38	527.38
51841		FIXATION OF BLADDER/URETHRA	626.17	626.17
51845		ABDOMINO-VAGINAL VESICAL NECK SUSPENSION	480.29	480.29
51860		REPAIR OF BLADDER WOUND	587.43	587.43
51865		REPAIR OF BLADDER WOUND	728.08	728.08
51880		REPAIR OF BLADDER OPENING	380.67	380.67
51900		REPAIR BLADDER/VAGINA LESION	675.15	675.15
51920		REPAIR BLADDER/UTERUS LESION	623.97	623.97
51925		HYSTERECTOMY/BLADDER REPAIR	813.68	813.68
51940		CLOSURE, EXSTROPHY OF BLADDER	1337.11	1337.11
51960		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL	1152.62	1152.62
51980		CONSTRUCT BLADDER OPENING	589.68	589.68
51990		LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSI	607.02	607.02
51992		LAPAROSCOPY, SURGICAL; SLING OPERATION F	662.58	662.58
52250		CYSTOVRE INS RADIOAC SUB W/WO BIOPSY O F	204.87	204.87
52265		LOCAL ANESTHESIA	133.14	341.85
52332		CYSTOURETHROSCOPY W/INTSERT INDW URETERA	131.58	387.55
52356		CYSTO/URETERO W/LITHOTRIPSY	335.06	335.06
52400		CYSTOURETHROSCOPY WITH INCISION, FULGURA	406.16	406.16
52450		TRANSURETHRAL INCISION OF PROSTATE	386.31	386.31
52500		REVISION OF BLADDER	403.67	403.67
52601		TRANSURETHRAL ELECTROSURGICAL RESECTION	687.74	687.74
52630		REMOVE PROSTATE REGROWTH	367.60	367.60
52640		RELIEVE BLADDER CONTRACTURE	250.26	250.26
52647		LASER COAGULATION OF PROSTATE, INCLUDING	535.02	1742.19
52648		LASER VAPORIZATION OF PROSTATE, INCLUDIN	571.12	1780.51

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

52649		LASER ENUCLEATION OF THE PROSTATE WITH M	816.40	816.40
52700		DRAINAGE OF PROSTATE ABSCESS	358.88	358.88
53000		REVISION OF URETHRA	122.43	122.43
53010		REVISION OF URETHRA	239.68	239.68
53040		DRAINAGE OF URETHRA ABSCESS	324.10	324.10
53060		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		REMOVAL OF URETHRA	638.74	638.74
53215		REMOVAL OF URETHRA	776.32	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		REVISION OF URETHRAL POUCH	354.24	354.24
53250		REMOVAL OF URETHRAL GLAND	328.62	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		REPAIR OF URETHRAL DEFECT	220.10	220.10
53400		REVISION URETHRA, 1ST STAGE	664.01	664.01
53405		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		REVISION URETHRA, 1ST STAGE	670.51	670.51
53425		REVISION URETHRA, 2ND STAGE	786.91	786.91
53430		RECONSTRUCTION OF URETHRA	785.58	785.58
53431		URETHROPLASTY WITH TUBULARIZATION OF POS	963.54	963.54
53440		SLING OPERATION FOR CORRECTION OF MALE U	728.27	728.27
53442		REMOVAL OR REVISION OF SLING FOR MALE UR	640.92	640.92
53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	662.59	662.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

53445		INSERTION OF INFLATABLE URETHRAL/BLADDER	731.06	731.06
53446		REMOVAL OF INFLATABLE URETHRAL/BLADDER N	533.97	533.97
53447		REMOVAL AND REPLACEMENT OF INFLATABLE UR	676.13	676.13
53448		REMOVAL AND REPLACEMENT OF INFLATABLE UR	1070.19	1070.19
53449		REPAIR OF INFLATABLE URETHRAL/BLADDER NE	507.80	507.80
53450		REVISION OF URETHRA	337.26	337.26
53460		REVISION OF URETHRA	379.15	379.15
53500		URETHROLYSIS, TRANSVAGINAL, SECONDARY, O	610.72	610.72
53502		URETHRORRHAPHY FEMALE	401.09	401.09
53505		REPAIR OF URETHRA INJURY	402.90	402.90
53510		REPAIR OF URETHRA INJURY	524.69	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 TI	472.20	1995.20
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TI	513.80	1922.10
54000		REVISION OF PENIS	87.90	127.06
54001		REVISION OF PENIS	113.64	156.72
54015		INCISION AND DRAINAGE OF PENIS DEEP	257.18	257.18
54050		TREATMENT OF PENIS LESION	76.84	95.87
54055		TREATMENT OF PENIS LESION	70.91	91.61
54056		DESTRUCTION OF LESION, PENIS, SIMPLE; CR	79.27	99.97
54057		DESTRUCTION OF LESION, PENIS, SIMPLE; LA	74.53	109.77
54060		TREATMENT OF PENIS LESION	104.28	148.75
54065		DESTRUCTION OF LESION(S), PENIS (EG, CON	127.49	163.57
54105		BIOPSY OF PENIS	178.09	226.21
54110		TREATMENT OF PENIS LESION	517.22	517.22
54111		EXCISION OF PENILE PLAQUE WITH GRAFT TO	669.09	669.09
54112		EXCISION OF PENILE PLAQUE WITH GRAFT MOR	785.44	785.44
54115		REMOVAL FOREIGN BODY FROM DEEP PENILE TI	347.11	370.62
54120		PARTIAL AMPUTATION OF PENIS	523.10	523.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

54125		AMPUTATION OF PENIS	675.09	675.09
54130		AMPUTATION OF PENIS	999.81	999.81
54135		AMPUTATION PENIS W/BILATERAL LYMPH INCLU	1270.06	1270.06
54161		CIRCUMCISION	163.22	163.22
54162		LYSIS OR EXCISION OF PENILE POST-CIRCUMC	162.23	220.43
54163		REPAIR INCOMPLETE CIRCUMCISION	179.02	179.02
54164		FRENULOTOMY OF PENIS	157.45	157.45
54200		TREATMENT OF PENIS LESION	68.89	89.31
54205		TREATMENT OF PENIS LESION	443.72	443.72
54230		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		PLASTIC OPERATION ON PENIS FOR CORRECT O	631.39	631.39
54308		URETHROPLASTY SECOND STAGE HYPOSPADIAS L	601.17	601.17
54312		URETHROPLASTY FOR HYPOSPADIAS REPAIR MOR	694.76	694.76
54316		URETHROPLASTY FOR HYPOSPADIAS REPAIR WIT	841.26	841.26
54318		URETHROPLASTY FOR HYPOSPADIAS TO RELEASE	605.63	605.63
54322		HYPOSPADIAS REPAIR WITH MEATAL ADVANCEME	657.82	657.82
54324		HYPOSPADIAS REPAIR WITH URETHROPLASTY BY	817.80	817.80
54326		HYPOSPADIAS REPAIR WITH URETHROPLASTY BY	769.30	769.30
54328		HYPOSPADIAS WITH URETHROPLASTY TO CORREC	779.67	779.67
54332		PENILE HYPOSPADIAS REPAIR DISSECTION TO	852.34	852.34
54336		HYPOSPADIAS REPAIR TO CORRT CHORDEE AND	968.61	968.61
54340		REPAIR HYPOSPADIAS COMPLICATIONS, SIMPLE	467.71	467.71
54344		REPAIR HYPOSPADIAS COMPLICATIONS MOBILIZ	807.01	807.01
54348		REPAIR HYPOSPADIAS COMPLI DISSECTION AND	856.80	856.80
54352		REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING	1208.74	1208.74
54360		PLASTI OPERATION ON PENIS TO CORRECT ANG	606.00	606.00
54380		REVISION OF PENIS	671.56	671.56
54385		REVISE PENIS/BLADDER DEFECT	810.67	810.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

54390		REVISE PENIS/BLADDER DEFECT	988.87	988.87
54406		REMOVAL OF ALL COMPONENTS OF A MULTI-COM	608.32	608.32
54415		REMOVAL OF NON-INFLATABLE (SEMI-RIGID) O	436.34	436.34
54420		REVISION OF PENIS	589.43	589.43
54430		REVISION OF PENIS	533.77	533.77
54435		CORPORA CAVERNOSA-GIANS PENIS FISTULIZAT	344.90	344.90
54440		REVISION OF PENIS	729.31	729.31
54450		FORESKIN MANIPULATION	49.39	60.59
54505		BIOPSY OF TESTIS	176.70	176.70
54512		EXCISION OF EXTRAPARENCHYMAL LESION OF T	444.46	444.46
54520		REMOVAL OF TESTIS	268.80	268.80
54522		ORCHIECTOMY, PARTIAL	482.67	482.67
54530		REMOVAL OF TESTIS	419.62	419.62
54535		EXTENSIVE TESTIS SURGERY	610.71	610.71
54550		EXPLORATION FOR TESTIS	405.04	405.04
54560		EXPLORATION FOR TESTIS	553.30	553.30
54600		REDUCE TESTIS TORSION	374.34	374.34
54620		FIXATION OF TESTIS	251.56	251.56
54640		ORCHIOPEXY, INGUINAL APPROACH, WITH OR W	384.35	384.35
54650		ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTR	589.66	589.66
54670		REPAIR TESTIS INJURY	334.17	334.17
54680		RELOCATION OF TESTIS(ES)	651.65	651.65
54690		LAPAROSCOPY, SURGICAL; ORCHIECTOMY	526.78	526.78
54692		LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR IN	643.63	643.63
54700		DRAINAGE OF SCROTUM	174.32	174.32
54830		REMOVE EPIDIDYMIS LESION	304.10	304.10
54840		REMOVE EPIDIDYMIS LESION	267.08	267.08
54860		REMOVAL OF EPIDIDYMIS	345.05	345.05
54861		REMOVAL OF EPIDIDYMES	467.13	467.13
54865		EXPLORATION OF EPIDIDYMIS, WITH OR WITHO	293.58	293.58

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

55040		REMOVAL OF HYDROCELE	277.58	277.58
55041		REMOVAL OF HYDROCELES	418.05	418.05
55060		REPAIR OF HYDROCELE	310.42	310.42
55100		DRAINAGE OF SCROTUM ABSCESS	131.52	174.88
55110		SCROTAL EXPLORATION	315.85	315.85
55120		REMOVAL OF SCROTUM LESION	289.63	289.63
55150		REMOVAL OF SCROTUM	400.43	400.43
55175		SCROTOPLASTY; SIMPLE	297.14	297.14
55180		SCROTOPLASTY; COMPLICATED	566.23	566.23
55200		INCISION OF SPERM DUCT	227.76	396.45
55250		REMOVAL OF SPERM DUCT(S)	186.06	348.60
55450		LIGATION OF SPERM DUCTS	211.04	310.92
55500		REMOVAL OF HYDROCELE	308.11	308.11
55520		REMOVAL OF SPERM CORD LESION	317.41	317.41
55530		REVISE SPERMATIC CORD VEINS	291.22	291.22
55535		REVISE SPERMATIC CORD VEINS	352.41	352.41
55540		REVISE HERNIA & SPERM VEINS	385.20	385.20
55550		LAPAROSCOPY, SURGICAL, WITH LIGATION OF	349.04	349.04
55600		INCISE SPERM DUCT POUCH	351.53	351.53
55650		REMOVE SPERM DUCT POUCH	592.41	592.41
55680		REMOVE SPERM POUCH LESION	279.91	279.91
55705		BIOPSY OF PROSTATE	223.83	223.83
55720		DRAINAGE OF PROSTATE ABSCESS	383.07	383.07
55725		DRAINAGE OF PROSTATE ABSCESS	486.29	486.29
55801		REMOVAL OF PROSTATE	905.83	905.83
55810		REMOVAL OF PROSTATE	1096.49	1096.49
55812		PROSTATECTOMY PERINEAL RADICAL W LYMPH B	1347.67	1347.67
55815		PROSTATECTOMY PERINEAL W PELVIC LYMPHADE	1478.60	1478.60
55821		REMOVAL OF PROSTATE	728.48	728.48
55831		REMOVAL OF PROSTATE	789.68	789.68

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

55840		PROSTATECTOMY, RETROPUBIC RADICAL, WITH	1118.64	1118.64
55842		PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	1199.02	1199.02
55845		EXTENSIVE PROSTATE SURGERY	1372.39	1372.39
55860		EXPOSURE PROSTATE FOR INSERTION OF RADIO	730.82	730.82
55862		EXPOSURE PROSTATE INSERTION RADIOACTIVE	923.60	923.60
55865		EXPO PROSTATE WITH LYMPHADENECTOMY INCLU	1119.45	1119.45
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	1457.88	1457.88
55873		CRYOSURGICAL ABLATION OF THE PROSTATE (I	952.24	952.24
55875		TRANSPERINEAL PLACEMENT OF NEEDLES OR CA	633.63	633.63
55920		PLACEMENT OF NEEDLES OR CATHETERS INTO P	358.13	358.13
56405		I AND D OF ABSCESS, VULVA/PERINEAL	79.87	81.55
56420		DRAINAGE OF VULVA ABSCESS	69.49	93.55
56440		MARSUPIIALIZATION OF BARTHOLIN'S GLAND CYS	138.62	138.62
56441		LYSIS OF LABIAL ADHESIONS	107.11	112.98
56501		DESTRUCTION OF LESION(S), VULVA; SIMPLE	85.02	97.33
56515		DESTRUCTION OF LESION(S), VULVA; EXTENSI	148.32	166.78
56620		VULVECTOMY PARTIAL UNILATERAL OR BILATER	372.16	372.16
56625		EXTERNAL GENITAL SURGERY	449.11	449.11
56630		VULVECTOMY RADICAL WITHOUT SKIN GRAFT	658.02	658.02
56631		VULVECTOMY, RADICAL, PARTIAL; W LYMPHADE	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 LYMPHADEN	907.47	907.47
56637		VULVECTOMY, RADICAL, COMPLETE; W LYMPHAD	1073.19	1073.19
56640		VULVECTOMY RADICAL WITH INGUINOFEM ILIAC	1070.63	1070.63
56700		EXTERNAL GENITAL SURGERY	140.20	140.20
56740		EXTERNAL GENITAL SURGERY	224.80	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-O	198.66	198.66

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

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	144.49
57010		COLPOTOMY WITH DRAINAGE PELVIC ABSCESS	324.88	324.88
57022		INCISION AND DRAINAGE OF VAGINAL HEMATOM	126.09	126.09
57023		INCISION AND DRAINAGE OF VAGINAL HEMATOM	236.50	236.50
57061		DESTRUCTION OF VAGINAL LESION(S); SIMPLE	72.62	84.65
57065		DESTRUCTION OF VAGINAL LESION(S); EXTENS	129.13	144.52
57105		BIOPSY OF VAGINA	93.89	101.71
57106		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	357.99	357.99
57107		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	1065.19	1065.19
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	1218.28	1218.28
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	685.12	685.12
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	1230.66	1230.66
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	1307.13	1307.13
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		INSERTION OF UTERINE TANDEMS AND/OR VAGI	321.03	321.03
57160		FITTING AND INSERTION OF PESSARY OR OTHE	36.95	57.93
57170		DIAPHRAM FITTING WITH INSTRUCTIONS	37.46	52.29
57180		INTRO OF HEMOSTATIC AGENTOR PACKN NON-OB	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	493.54	493.54
57260		EXTENSIVE VAGINAL REPAIR	615.45	615.45

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

57265		EXTENSIVE VAGINAL REPAIR	687.39	687.39
57267		INSERTION OF MESH OR OTHER PROSTHESIS FO	207.71	207.71
57268		REPAIR ENTEROCELE VAGINAL APPROACH	363.89	363.89
57270		REPAIR OF VISCERAL POUCH	606.62	606.62
57280		FIXATION OF VAGINA	737.99	737.99
57282		COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APP	385.92	385.92
57283		COLPOPEXY, VAGINAL; INTRA-PERITONEAL APP	522.81	522.81
57284		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	639.31	639.31
57285		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	510.44	510.44
57287		REMOVAL OR REVISION OF SLING FOR STRESS	535.36	535.36
57288		SLING OPERATION FOR STRESS INCONTINENCE	563.73	563.73
57289		PEREYRA PROCEDURE INC ANTERIOR COLPORRHA	592.48	592.48
57291		CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	410.96	410.96
57292		CONSTRUCTION ARTIFICIAL VAGINA WITH GRAF	630.88	630.88
57295		REVISION (INCLUDING REMOVAL) OF PROSTHET	374.07	374.07
57296		REVISION (INCLUDING REMOVAL) OF PROSTHET	722.50	722.50
57300		REPAIR RECTUM/VAGINA LESION	402.36	402.36
57305		REPAIR RECTUM/VAGINA LESION	673.98	673.98
57307		REPAIR RECTUM/VAGINA LESION	754.08	754.08
57308		CLOSURE OF RECTOVAGINAL FISTULA; TRANSPE	480.65	480.65
57310		REPAIR URETHRA/VAGINA LESION	374.66	374.66
57311		CLOSURE URETHROVAGINAL FISTULA W/ BULBOC	428.03	428.03
57320		REPAIR BLADDER/VAGINA LESION	426.49	426.49
57330		REPAIR BLADDER/VAGINA LESION	606.78	606.78
57335		VAGINOPLASTY FOR INTERSEX STATE	886.19	886.19
57415		REMOVAL VAG FOREIGN BODY W ANESTH.	120.92	120.92
57420		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	69.10	87.84
57421		COLPOSCOPY OF THE ENTIRE VAGINA, WITH CE	94.38	118.43
57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	706.06	706.06
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	744.69	744.69

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

57426		REVISION (INCLUDING REMOVAL) OF PROSTHET	522.02	522.02
57452		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	70.08	82.66
57454		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	104.65	117.24
57455		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	85.49	108.72
57456		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	79.75	102.69
57461		COLPOSCOPY OF THE CERVIX INCLUDING UPPER	145.45	250.36
57500		BIOPSY SINGLE OR MULTIPLE OR LOCAL EXC L	56.77	98.46
57505		ENDOCERVICAL CURETTAGE	67.99	75.82
57510		CAUTERY OF CERVIX; ELECTRO OR THERMAL	88.45	100.48
57511		CRYOCAUTERY INITIAL OR REPEAT CERVIX UTE	99.12	109.20
57513		CAUTERIZATION OF CERVIX LASER SURGERY	99.69	107.81
57520		CONIZATION OF CERVIX, WITH OR WITHOUT FU	206.04	231.22
57522		CONIZATION OF CERVIX, WITH OR WITHOUT FU	182.81	198.19
57530		REMOVAL OF CERVIX	259.29	259.29
57531		RADICAL TRACHELECTOMY, WITH BILATERAL TO	1293.32	1293.32
57540		REMOVAL OF CERVIX TISSUE	591.43	591.43
57545		REMOVE CERVIX, REPAIR PELVIS	624.06	624.06
57550		REMOVAL OF CERVIX TISSUE	306.76	306.76
57555		REMOVE CERVIX, REPAIR VAGINA	454.18	454.18
57556		CERVIX UTERI WITH REPAIR OF ENTEROCELE	433.39	433.39
57558		DILATION AND CURETTAGE OF CERVICAL STUMP	85.45	94.11
57700		REVISION OF CERVIX	229.77	229.77
57720		REVISION OF CERVIX	230.61	230.61
58100		ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WI	67.35	83.30
58110		ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED	32.01	37.32
58120		D & C DIAG AND OR THERAPEUTIC	163.50	188.12
58140		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	693.79	693.79
58145		REMOVAL OF UTERINE LESION	410.39	410.39
58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	884.26	884.26
58150		HYSTERECTOMY	752.09	752.09

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

58152		TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND	949.54	949.54
58180		PARTIAL HYSTERECTOMY	722.11	722.11
58200		EXTENSIVE UTERINE SURGERY	994.90	994.90
58210		EXTENSIVE UTERINE SURGERY	1325.51	1325.51
58240		REMOVAL OF PELVIS CONTENTS	2084.31	2084.31
58260		VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRA	627.58	627.58
58262		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBES	701.51	701.51
58263		VAGINAL HYSTERECTOMY W/ REMOVAL OF TUBE/	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 PART	748.53	748.53
58280		HYSTERECTOMY, REVISE VAGINA	801.07	801.07
58285		HYSTERECTOMY	1005.92	1005.92
58290		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	880.18	880.18
58291		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	956.62	956.62
58292		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	1008.31	1008.31
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	1047.05	1047.05
58294		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	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 CLINICA	345.51	345.51
58353		ENDOMETRIAL ABLATION, THERMAL, WITHOUT H	167.69	836.60
58400		FIXATION OF UTERUS	338.97	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, SUPRACERVICAL HYS	651.08	651.08
58542		LSH W/T/O UT 250 G OR LESS	723.47	723.47
58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	735.57	735.57
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	795.20	795.20

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	680.17	680.17
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	862.54	862.54
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYST	1345.99	1345.99
58550		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	671.12	671.12
58552		LAPAROSCOPY SURGICAL, WITH VAGINAL HYTE	740.98	740.98
58553		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	867.02	867.02
58554		LAPAROSCOPY, SURGICAL, WITH VAGINAL HYST	993.59	993.59
58555		HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCE	146.15	181.96
58558		HYSTEROSCOPY, SURGICAL; WITH SAMPLING (B	206.04	246.32
58559		HYSTEROSCOPY, SURGICAL; WITH LYSIS OF IN	265.12	265.12
58560		HYSTEROSCOPY, SURGICAL; WITH DIVISION OR	299.69	299.69
58561		HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF	424.38	424.38
58562		HYSTEROSCOPY, SURGICAL WITH REMOVAL OF I	224.75	260.83
58563		HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL	265.12	1362.62
58565		HYSTEROSCOPY, SURGICAL; WITH BILATERAL F	336.77	1450.22
58570		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	699.24	699.24
58571		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	768.62	768.62
58572		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	870.10	870.10
58573		LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTER	985.48	985.48
58600		LIGATION OR TRANSECTION FALLOP TUBES ABD	274.94	274.94
58605		LIGATION OR TRANSECTION FALLOP TUBES ABD	249.83	249.83
58615		OCCLUS FALLOPIAN TUBES BY DEVICE VAG/SUP	188.82	188.82
58660		LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADH	511.27	511.27
58661		LAPAROSCOPY, SURGICAL; WITH REMOVAL OF A	491.66	491.66
58662		LAPAROSCOPY, SURGICAL; WITH FULGURATION	537.41	537.41
58670		LAPAROSCOPY, SURGICAL; WITH FULGURATION	276.81	276.81
58671		LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF	276.71	276.72
58700		SALPINGECTOMY COMPLETE OR PARTIAL UNILAT	578.43	578.43
58720		REMOVAL OF OVARY/TUBE(S)	543.64	543.64
58800		DRAINAGE OF OVARIAN CYST(S)	224.73	240.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

58805		DRAINAGE OF OVARIAN CYST(S)	305.70	305.70
58820		DRAINAGE OF OVARIAN ABSCESS; VAGINAL APP	235.58	235.58
58822		DRAINAGE OF OVARIAN ABSCESS	534.18	534.18
58825		OVARIAN TRANSPOSITION	528.28	528.28
58900		BIOPSY OF OVARY(S)	311.95	311.95
58920		PARTIAL REMOVAL OF OVARY(S)	532.17	532.17
58925		OVARIAN CYSTECTOMY UNILATERAL OR BILATER	554.66	554.66
58940		OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL	379.12	379.12
58943		OOPHORECTOMY, PARTIAL OR TOTAL, UNILATER	848.88	848.88
58950		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	808.89	808.89
58951		RESECT OVARIAN MALIGNANCY	1044.55	1044.55
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	1178.02	1178.02
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	1461.92	1461.92
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	1587.14	1587.14
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOT	1023.21	1023.21
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT	1125.04	1125.04
58958		RESECT RECUR GYN MAL W/LYM	1250.55	1250.55
58960		LAPAROTOMY, FOR STAGING OR RESTAGING OF	698.98	698.98
59020		FETAL OXYTOCIN STRESS TEST	52.64	52.64
59025		FETAL NON-STRESS TEST	35.13	35.13
59025	26	FETAL NON-STRESS TEST	23.28	23.28
59025	TC	FETAL NON-STRESS TEST	11.85	11.85
59030		FETAL BLOOD SAMPLING SCALP	86.82	86.82
59100		REMOVAL OF UTERUS LESION	622.10	622.10
59120		TREATMENT ATYPICAL PREGNANCY	594.20	594.20
59121		SURG TREAT ECTOPIC PREGN TUBAL WO SALPIN	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 RESECTIO	659.38	659.38
59140		TREATMENT ATYPICAL PREGNANCY	294.85	294.85

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

59150		LAP TX ECTOPIC PREGNANCY W/O REMOVAL TUB	577.72	577.72
59151		LAP TX ECTOPIC PREGNANCY W/ REMOVAL TUBE	564.60	564.60
59160		CURRETTAGE, POSTPARTUM	135.68	160.30
59350		HYSTERORRHAPHY OF RUPTURED UTERUS	212.68	212.68
59400		OBSTETRICAL CARE	1327.53	1327.53
59409		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	589.45	589.45
59410		VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	683.52	683.52
59412		EXTERNAL CEPHALIC VERSION, W/ OR W/O TOC	78.97	78.97
59414		DELIVERY OF PLACENTA (INFANT BORN OUTSID	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		CESAREAN DELIVERY	1503.26	1503.26
59514		CESAREAN DELIVERY ONLY;	697.93	697.93
59515		CESAREAN DELIVERY ONLY; INCLUDING POSTPA	822.81	822.81
59525		SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CES	371.47	371.47
59812		SURGICAL TX SPONTANEOUS ABORTION, ANY TR	219.53	234.91
59820		MISSED ABORTION COMPLETED MED OR SURG AN	258.23	276.98
59821		SURGICAL TX MISSED ABORTION, SECOND TRIM	262.40	282.26
59830		SEPTIC ABORTION	326.62	326.62
59840		D AND C THERAPEUTIC ABORTION INCLUDES SU	157.80	162.84
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	300.11	300.11
59852		LEGAL ABORTION THERAPEUTIC WITH HYSTEROT	421.26	421.26
59855		INDUCED ABORTION, BY ONE OR MORE VAGINAL	312.24	312.24
59856		INDUCED ABORTION, BY ONE OR MORE VAGINAL	369.12	369.12
59857		INDUCED ABORTION, BY ONE OR MORE VAGINAL	441.70	441.70
59870		UTERINE EVAC AND CURETTAGE FOR HYDATIFOR	350.32	350.32
60000		INCISION AND DRAINAGE OF THYROGLOSSAL DU	106.51	116.29

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

60200		DRAINAGE THYROID DUCT LESION	479.95	479.95
60210		PARTIAL THYROID LOBECTOMY, UNILATERAL;	514.39	514.39
60212		PARTIAL THYROID LOBECTOMY, UNILATERAL;	739.39	739.39
60220		TOTAL THYROID LOBECTOMY, UNILATERAL; WIT	564.03	564.03
60225		TOTAL THYROID LOBECTOMY, UNILATERAL; WIT	677.67	677.67
60240		REMOVAL OF THYROID	718.89	718.89
60252		REMOVAL OF THYROID	970.78	970.78
60254		EXTENSIVE THYROID SURGERY	1251.15	1251.15
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING	810.56	810.56
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYR	1021.61	1021.61
60271		THYROIDECTOMY, INCLUDING SUBSTERNAL THYR	783.09	783.09
60280		REMOVAL THYROID DUCT LESION	321.75	321.75
60281		EXCISION OF THYROGLOSSAL DUCT,CYST,SINUS	430.73	430.73
60300		ASPIRATION AND/OR INJECTION, THYROID CYS	39.91	81.03
60500		EXPLORE PARATHYROID GLANDS	745.31	745.31
60502		RE-EXPLORATION OF PARATHYROIDS	935.63	935.63
60505		EXPLORE PARATHYROID GLANDS	1027.39	1027.39
60520		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVI	767.71	767.71
60521		THYMECTOMY, PARTIAL OR TOTAL;	880.75	880.75
60522		THYMECTOMY, PARTIAL OR TOTAL;	1062.70	1062.70
60540		EXPLORATION ADRENAL GLAND	809.39	809.39
60545		EXPLORATION ADRENAL GLAND	921.64	921.64
60600		REMOVAL CAROTID BODY LESION	1072.15	1072.15
60605		REMOVAL CAROTID BODY LESION	1349.19	1349.19
60650		LAPAROSCOPY, SURGICAL, WITH ADRENALECTOM	902.85	902.85
61070		MANIPULATE BRAIN CANAL SHUNT	60.39	60.39
61105		TWIST DRILL HOLE FOR SUBDURAL OR VENTRIC	313.12	313.12
61108		TWIST DRILL HOLE FOR EVAC OF SUBDURAL HE	623.38	623.38
61120		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (I	511.15	511.15
61140		INCISE SKULL BRAIN BIOPSY	887.97	887.97

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

61150		INCISE SKULL FOR DRAINAGE	951.05	951.05
61151		INCISE SKULL FOR DRAINAGE	688.22	688.22
61154		INCISE SKULL FOR DRAINAGE	889.29	889.29
61156		INCISE SKULL FOR DRAINAGE	887.34	887.34
61215		INSERTION OF SUBCUTANEOUS RESERVOIR TO V	340.23	340.23
61250		BURR HOLES TREPHINE, SUPRATENTORIAL, EXP	598.79	598.79
61253		BURR HOLE OR TREPHINE INFRATENTORIAL UNI	660.88	660.88
61304		INCISE SKULL FOR EXPLORATION	1171.89	1171.89
61305		INCISE SKULL FOR EXPLORATION	1413.50	1413.50
61312		CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRAT	1467.26	1467.26
61313		CRANIELTOMY FOR EVAC OF HEMATOMA, INTRAC	1401.20	1401.20
61314		CRANIECTOMY FOR EVAC OF HEMATOMA, INFRAT	1296.79	1296.79
61315		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRAC	1476.60	1476.60
61320		INCISE SKULL FOR DRAINAGE	1365.58	1365.58
61321		CRANIECTOMY DRAINAGE OF INTRACRANIAL ABS	1497.51	1497.51
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	1662.97	1662.97
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	1692.43	1692.43
61330		INCISE SKULL FOR EXPLORATION	1161.58	1161.58
61332		EXPLORATION OR DECOMPRESSION OF ORBIT TR	1345.40	1345.40
61333		EXPLOR DECOMPRESS ORBIT TRANSCRAN APPROA	1359.69	1359.69
61340		SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUD	1016.36	1016.36
61343		CRANIECTOMY W/ CERVICAL LAMINECTOMY	1571.94	1571.94
61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FO	1454.32	1454.32
61450		CRANIECTOMY FOR SECTION COMP OR DECOMP O	1349.43	1349.43
61458		CRANIECTOMY EXPLORATION/DECOMPRESS CRANI	1437.86	1437.86
61460		CRANIECTOMY SUBOCCIPITAL FOR SECTION OF	1458.98	1458.98
61480		INCISE SKULL FOR SURGERY	1317.64	1317.64
61500		REMOVAL OF SKULL LESION	961.58	961.58
61501		CRANIECTOMY FOR OSTEOMYELITIS	823.95	823.95
61510		REMOVAL OF BRAIN LESION	1550.18	1550.18

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

61512		REMOVE BRAIN LINING LESION	1831.65	1831.65
61514		REMOVAL OF BRAIN ABSCESS	1358.79	1358.79
61516		REMOVAL OF BRAIN LESION	1325.69	1325.69
61518		REMOVAL OF BRAIN LESION	1970.69	1970.69
61519		REMOVE BRAIN LINING LESION	2123.23	2123.23
61520		CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	2716.35	2716.35
61521		CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE	2282.12	2282.12
61522		REMOVAL OF BRAIN ABSCESS	1564.12	1564.12
61524		REMOVAL OF BRAIN LESION	1476.86	1476.86
61526		REMOVAL SKULL CAVITY LESION	2469.60	2469.60
61530		REMOVAL SKULL CAVITY LESION	2097.04	2097.04
61531		SUBDURAL IMPLANT OF STRIP ELECTRODES;LNG	854.04	854.04
61533		CRANIECTOMY FOR INSERTION EPIDURAL ELECT	1079.90	1079.90
61534		REMOVAL OF BRAIN LESION	1163.06	1163.06
61535		CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARR	694.87	694.87
61536		REMOVAL OF BRAIN LESION	1856.49	1856.49
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1712.52	1712.52
61538		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1836.55	1836.55
61539		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1680.84	1680.84
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1575.62	1575.62
61541		CRANIECTOMY FOR TRANSECTION OF CORPUS CA	1513.55	1513.55
61543		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1534.19	1534.19
61544		REMOVE/TREAT BRAIN LESION	1268.77	1268.77
61545		BONE FLAP CRANIECTOMY TO EXCISE CRANIOPH	2260.58	2260.58
61546		REMOVAL OF PITUITARY GLAND	1637.93	1637.93
61548		REMOVAL OF PITUITARY GLAND	1111.98	1111.98
61550		RELEASE SKULL CLOSURE	728.87	728.87
61552		CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE	957.34	957.34
61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL	1168.36	1168.36
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONT	1199.70	1199.70

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

61558		EXT. CRANIECTOMY FOR MULT CRANIAL SUT. C	1238.74	1238.74
61559		EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W	1717.86	1717.86
61563		EXC. TUMOR OF CRANIAL BONE W/O OPTIC NER	1382.64	1382.64
61564		EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE	1730.38	1730.38
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1597.35	1597.35
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	1797.44	1797.44
61570		CRANIECTOMY OR CRANIOTOMY FOR EXCISION F	1306.74	1306.74
61571		CRANIECTOMY OR CRANIOTOMY PENETRATING WO	1418.87	1418.87
61575		TRANSORAL APPROACH TO SKULL BASE, BRAIN	1694.89	1694.89
61576		TRANSORAL APPROACH TO SKULL BASE W/ SPLI	2702.84	2702.84
61580		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	1772.68	1772.68
61581		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	1990.74	1990.74
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	2033.12	2033.12
61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	2063.13	2063.13
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	2009.40	2009.40
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	2134.32	2134.32
61586		BICORONAL, TRANSZYGOMATIC AND/OR LEFORT	1530.76	1530.76
61590		INFRA TEMPORAL PRE-AURICULAR APPROACH TO	2263.24	2263.24
61591		INFRA TEMPORAL POST-AURICULAR APPROACH TO	2278.63	2278.63
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDD	2263.45	2263.45
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRAN	1708.48	1708.48
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRAN	1882.71	1882.71
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO	2055.71	2055.71
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRAN	1823.44	1823.44
61600		RESECTION OR EXCISION OF NEOPLASTIC, VAS	1537.76	1537.76
61601		RESECTION OR EXCISION OF NEOPLASTIC, VAS	1677.18	1677.18
61605		RESECTION OR EXCISION OF NEOPLASTIC, VAS	1612.17	1612.17
61606		RESECTION OR EXCISION OF NEOPLASTIC, VAS	2155.79	2155.79
61607		RESECTION OR EXCISION OF NEOPLASTIC, VAS	2002.77	2002.77
61608		RESECTION OR EXCISION OF NEOPLASTIC, VAS	2326.01	2326.01

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

61613		OBLITERATION OF CAROTID ANEURYSM, ARTERI	2262.01	2262.01
61615		RESECTION OR EXCISION OF NEOPLASTIC, VAS	1788.81	1788.81
61616		RESECTION OR EXCISION OF NEOPLASTIC, VAS	2348.57	2348.57
61618		SECONDARY REPAIR OF DURA FOR CEREBROSPIN	928.42	928.42
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, A	1071.54	1071.54
61623		ENDOVASCULAR TEMPORARY BALLOON ARTERIAL	432.97	432.97
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMB	862.35	862.35
61626		TRANSCATH.OCCULSION/EMBOLIZATION,PERCU;	702.92	702.92
61680		SURG OF MALFORMATION, SUPRATENTORIAL, SI	1619.98	1619.98
61682		SURG OF MALFORMATION, SUPRATENTORIAL, CO	3049.41	3049.41
61684		SURG OF MALFORMATION, INFRATENTORIAL, SI	2028.55	2028.55
61686		SURG OF MALFORMATION, INFRATENTORIAL, CO	3263.71	3263.71
61690		SURG OF MALFORMATION, DURAL, SIMPLE	1541.89	1541.89
61692		SURG OF MALFORMATION, DURAL, COMPLEX	2636.12	2636.12
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	2983.73	2983.73
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	3213.48	3213.48
61700		SURGERY OF SIMPLE INTRACRANIAL ANEURYSM,	2489.96	2489.96
61702		INCISE SKULL/VESSEL SURGERY	2795.33	2795.33
61703		SURGERY INTRACRANIAL ANEURYSM CERVICAL A	954.24	954.24
61705		REVISE CIRCULATION TO HEAD	1834.89	1834.89
61708		REVISE CIRCULATION TO HEAD	1594.80	1594.80
61710		REVISE CIRCULATION TO HEAD	1445.72	1445.72
61711		ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRAC	1868.67	1868.67
61720		INCISE SKULL/BRAIN SURGERY	834.89	834.89
61735		INCISE SKULL/BRAIN SURGERY	1026.52	1026.52
61750		STEREOTACTIC BIOPSY ASPIRATION OR EXCISI	998.31	998.31
61751		STEREOTACTIC BIOPSY, ASPIRATION, OR EXCI	971.79	971.79
61760		STEREOTACTIC IMPLANT DEPTH ELECTRODE; LO	1099.69	1099.69
61770		STEREOTACTIC LOCALIZATION, INCLUDING BUR	1087.29	1087.29
61790		STEREOTACTIC LESION OF GAS GANGLION PERC	603.59	603.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

61791		STEREOTACTIC LESION TRIGEMINAL MEDULLARY	782.26	782.26
61796		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	568.59	568.59
61797		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	156.55	156.55
61798		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	568.59	568.59
61799		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	216.41	216.41
61800		APPLICATION OF STEREOTACTIC HEADFRAME FO	110.03	110.03
61850		BURR TWIST DRILL HOLE IMPLANT NEUROSTIM	693.86	693.86
61860		CRANIECTOMY/OTOMY IMPLANT NEURO STIM ELE	1107.55	1107.55
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	1073.12	1073.12
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	293.08	293.08
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	1586.16	1586.16
61868		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	436.79	436.79
61870		CRANIECTOMY IMPLANT NEURO STIM ELEC CERE	840.94	840.94
61880		REVISION/REMOVAL INTRACRANIAL NEUROSTIMU	386.20	386.20
61885		INSERTION OR REPLACEMENT OF CRANIAL NEUR	445.59	445.59
61886		INCISION AND SUBCUTANEOUS PLACEMENT OF C	562.85	562.85
61888		REVISION/REMOVAL CRANIAL NEUROSTIMULATOR	282.65	282.65
62000		REPAIR OF SKULL FRACTURE	627.73	627.73
62005		REPAIR OF SKULL FRACTURE	881.63	881.63
62010		ELEVATION OF DEPRESSED SKULL FRACTURE WI	1076.80	1076.80
62100		CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSP	1147.70	1147.70
62115		REDUCE CRANIOMEGALIC SKULL W/O GRAFT/CRA	1024.70	1024.70
62117		REDUCE CRANIOMEGALIC SKULL W CRANIOTOMY/	1365.12	1365.12
62120		REPAIR SKULL CAVITY LESION	1293.43	1293.43
62121		CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL	1182.47	1182.47
62140		REPAIR OF SKULL	744.72	744.72
62141		REPAIR OF SKULL	818.07	818.07
62142		REMOVAL BONE FLAP OR PROSTHETIC PLATE OF	622.53	622.53
62143		REPLACE BONE FLAP OR PROSTHETIC PLATE OF	729.86	729.86
62145		REPAIR OF SKULL & BRAIN	1001.68	1001.68

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

62146		CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAM	859.54	859.54
62147		CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM	1021.09	1021.09
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	1076.74	1076.74
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	1339.58	1339.58
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	865.80	865.80
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	1429.59	1429.59
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	1109.70	1109.70
62180		ESTABLISH BRAIN CAVITY SHUNT	1128.64	1128.64
62190		CREATION SHUNT SUBDURAL ARIAL JUGULAR AU	640.87	640.87
62192		ESTABLISH BRAIN CAVITY SHUNT	683.85	683.85
62194		REPLACEMENT OR IRRIGATION SUBDURAL CATHE	279.51	279.51
62200		ESTABLISH BRAIN CAVITY SHUNT	975.89	975.89
62201		VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE	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 CA	350.48	350.48
62230		REPLACEMENT OR REVISION OF CEREBROSPINAL	593.59	593.59
62252		REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	72.57	72.57
62252	26	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	34.70	34.70
62252	TC	REPROGRAMMING OF PROGRAMMABLE CEREBROSPI	37.87	37.87
62256		REMOVAL OF COMPLETE CEREBROSPINAL FLUID	410.99	410.99
62258		REPLACE BRAIN CAVITY SHUNT	798.80	798.80
62263		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	284.54	474.21
62264		PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS	174.94	291.33
62270		SPINAL FLUID TAP	59.47	113.74
62273		INJECTION LUMBAR EPIDURAL OF BLOOD OR CL	85.15	122.36
62280		TREATMENT SPINAL CORD LESION	116.07	223.50
62281		INJ NEUROLYTIC SUB; EPIDURAL, CERVICAL,	112.06	207.47
62282		INJ. NEUROLYTIC SUBST., LUMBAR OR CAUDAL	103.10	214.17
62284		INJECTION FOR MYELOGRAM	69.77	162.93

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

62287		PERCUTAN. ASPIRATION OF INTERVERTEBRAL D	411.18	411.18
62290		INJECTION FOR DISC X-RAY	130.11	239.22
62292		INJ PROC CHEMONUCLEOLYSIS LUMBAR 1 OR MO	372.45	372.45
62294		INTRATHECAL INJECTION INTO SPINE	594.36	594.36
62302		MYELOGRAPHY LUMBAR INJECTION	104.83	200.75
62303		MYELOGRAPHY LUMBAR INJECTION	106.26	208.48
62304		MYELOGRAPHY LUMBAR INJECTION	103.03	197.80
62305		MYELOGRAPHY LUMBAR INJECTION	107.53	215.77
62310		INJECTION, SINGLE (NOT VIA INDWELLING CA	77.13	157.70
62311		INJECTION, SINGLE (NOT VIA INDWELLING CA	63.97	138.94
62318		INJECTION, INCLUDING CATHETER PLACEMENT,	77.71	168.63
62319		INJECTION, INCLUDING CATHETER PLACEMENT,	72.65	152.66
62350		IMPLANTATION, REVISION OR REPOSITIONING	287.47	287.47
62351		IMPLANTATION, REVISION OR REPOSITIONING	603.66	603.66
62355		REMOVAL OF PREVIOUSLY IMPLANTED INTRATHE	215.28	215.28
62360		IMPLANTATION OR REPLACEMENT OF DEVICE FO	207.30	207.30
62361		IMPLANTATION OR REPLACEMENT OF DEVICE FO	285.42	285.42
62362		IMPLANTATION OR REPLACEMENT OF DEVICE FO	301.56	301.56
62365		REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUM	237.86	237.86
62368		ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	28.88	40.90
62368	26	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	7.22	10.22
62368	TC	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	21.65	30.67
62369		ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMP	20.07	70.24
62370		ELECTRONIC ANALYSIS REPROGRAMMING AND RE	26.86	73.60
63001		DECOMPRESSION OF SPINAL CORD	879.39	879.39
63003		LAMIN F/DECOMP SPIN CORD A/O CAUDA EQ ON	884.80	884.80
63005		REVISION OF SPINAL COLUMN	839.17	839.17
63011		LAMINECTOMY SACRAL DECOMPRESSION SPINAL	793.85	793.85
63012		LAMINECTOMY, LUMBAR W DECOMPRESSION CAUD	854.04	854.04
63015		LAMINECTOMY MORE THAN TWO SEGS CERVICAL	1055.84	1055.84

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

63016		LAMINOTOMY THORACIC	1086.91	1086.91
63017		LAMINOTOMY LUMBAR	885.11	885.11
63020		LAMINOTOMY, CERVICAL, ONE INTERSPACE	837.07	837.07
63030		LAMINOTOMY, LUMBAR, ONE INTERSPACE	694.91	694.91
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	148.46	148.46
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	1018.15	1018.15
63042		REVISION OF SPINAL COLUMN	952.82	952.82
63045		LAMINECTOMY, SINGLE SEGMENT, CERVICAL	910.04	910.04
63046		LAMINECTOMY, SINGLE SEGMENT, THORACIC	870.00	870.00
63047		LAMINECTOMY, SINGLE SEGMENT, LUMBAR	793.25	793.25
63048		LAMINECTOMY, FACETECTOMY AND FORAMINOTOM	159.88	159.88
63055		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT	1172.04	1172.04
63056		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT	1082.51	1082.51
63064		HEMILAMINECTOMY THORACIC COSTOVERTEBRAL	1282.67	1282.67
63075		DISKECTOMY CERVICAL ANTE APPR W/O ARTHRO	999.64	999.64
63077		DISKECTOMY, SINGLE SPACE, THORACIC	1098.60	1098.60
63081		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CE	1285.68	1285.68
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	204.02	204.02
63085		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, TH	1377.16	1377.16
63087		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	1758.40	1758.40
63090		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	1439.31	1439.31
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	1645.93	1645.93
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	1639.22	1639.22
63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	217.76	217.76
63170		LAMINECTOMY FOR MYELOTOMY THORACIC OR TH	1101.65	1101.65
63172		LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID	991.51	991.51
63173		LAMINECTOMY WITH DRAINAGE OF INTRAMEDULL	1222.20	1222.20
63180		LAMINECTOMY CERVICAL ONE OR TWO SEGMENT	997.30	997.30
63182		LAMIN AND SECTION OF DENTATE LIGAMENTS M	1069.98	1069.98
63185		REVISE SPINAL COLUMN/NERVES	811.17	811.17

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

63190		LAMINECTOMY FOR RHIZOTOMY MORE THAN TWO	932.39	932.39
63191		LAMINECTOMY W SECTION OF SPINAL ACCESSOR	891.67	891.67
63194		LAMIWECTOMY CORDOTOMY UNILATERAL CERVICA	1060.92	1060.92
63195		REVISE SPINAL COLUMN/CORD	1072.92	1072.92
63196		REVISE SPINAL COLUMN/CORD	1262.00	1262.00
63197		LAMINECTOMY COROTOMY BILATERAL CERVICAL	1202.95	1202.95
63198		REVISE SPINAL COLUMN/CORD	1339.85	1339.85
63199		LAMINECTOMY CORDOTOMY BILATERAL THORACIC	1418.63	1418.63
63200		LAMINECTOMY FOR TETHERED SPINAL CORD, LU	1075.79	1075.79
63250		REVISE SPINAL CORD VESSELS	2090.97	2090.97
63251		LAMINECTOMY ARTERIOVENOVNS MALFUNCTION TH	2168.77	2168.77
63252		LAMINECTOMY FOR MALIFORMATION, THORACOLU	2170.37	2170.37
63265		LAMINECTOMY FOR INTRASPINAL LESION, CERV	1191.39	1191.39
63266		LAMINECTOMY FOR INTRASPINAL LESION, THOR	1225.11	1225.11
63267		EXCISE INTRASPINAL LESION, LUMBAR	986.11	986.11
63268		EXCISE INTRASPINAL LESION, SACRAL	990.59	990.59
63270		EXCISE INTRASPINAL LESION, CERVICAL	1467.16	1467.16
63271		EXCISE INTRASPINAL LESION, THORACIC	1475.96	1475.96
63272		EXCISE INTRASPINAL LESION, LUMBAR	1359.60	1359.60
63273		EXCISE INTRASPINAL LESION, SACRAL	1284.76	1284.76
63275		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1280.05	1280.05
63276		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1275.20	1275.20
63277		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1119.11	1119.11
63278		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1095.77	1095.77
63280		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1513.23	1513.23
63281		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	1496.08	1496.08
63282		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	1411.58	1411.58
63283		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	1337.58	1337.58
63285		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	1858.88	1858.88
63286		BIOPSY, EXCISE SPINAL TUMOR	1852.04	1852.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

63287		BIOPSY, EXCISE SPINAL TUMOR	1954.51	1954.51
63290		BIOPSY, EXCISE SPINAL TUMOR	1977.91	1977.91
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SP	236.17	236.17
63300		REMOVAL VERTEBRAL BODY	1320.13	1320.13
63301		REMOVAL OF VERTEBRAL BODY	1482.60	1482.60
63302		ROMOVAL OF VERTEBRAL BODY	1473.14	1473.14
63303		REMOVAL OF VERTEBRAL BODY	1541.31	1541.31
63304		REMOVAL OF VERTEBRAL BODY	1633.78	1633.78
63305		REMOVAL OF VERTEBRAL BODY	1669.98	1669.98
63306		REMOVAL OF VERTEBRAL BODY	1749.71	1749.71
63307		REMOVAL OF VERTEBRAL BODY	1623.90	1623.90
63600		EXAMINE SPINAL CORD LESION	616.86	616.86
63615		STEROTACTIC BIOPSY ASPIRATION/EXC LESION	824.71	824.71
63620		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	568.59	568.59
63621		STEREOTACTIC RADIOSURGERY (PARTICLE BEAM	179.97	179.97
63650		PERCUTANEOUS IMPLANTATION OF NEUROSTIMUL	305.58	305.58
63655		LAMINECTOMY FOR IMPLANTATION OF NEUROSTI	604.53	604.53
63662		REMOVAL OF SPINAL NEUROSTIMULATOR ELECTR	421.76	421.76
63663		REVISION INCLUDING REPLACEMENT, WHEN PER	283.65	484.31
63664		REVISION INCLUDING REPLACEMENT, WHEN PER	439.08	439.08
63685		INSERTION OR REPLACEMENT OF SPINAL NEURO	291.68	291.68
63688		REVISION REMOVAL SPINAL NEUROSTIMULATOR	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	1102.85	1102.85
63706		REPAIR OF SPINAL HERNIATION	1283.89	1283.89
63707		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK	649.11	649.11
63709		REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK	789.29	789.29
63710		DURAL GRAFT SPINAL	788.23	788.23
63740		CREATION OF SHUNT, INCLUDING LAMINECTOMY	668.03	668.03

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

63741		CREATION SHUNT LUMBAR, PERCUTANEO W/O LA	435.56	435.56
63744		REPLACEMENT IRRIGATION OR REVISION OF LU	456.31	456.31
63746		REMOVAL SHUNT SYSTEM WITHOUT REPLACEMENT	397.45	397.45
64400		INJECTION FOR NERVE BLOCK	47.51	78.00
64402		INJECTION ANESTHETIC AGENT FACIAL NERVE	54.08	80.09
64405		INJECTION FOR NERVE BLOCK	55.45	75.86
64408		INJECTION ANESTHETIC AGENT VAGUS NERVE	66.66	87.36
64410		INJECTION FOR NERVE BLOCK	59.52	101.21
64413		INJECTION ANESTHETIC AGENT SERVICAL PLEX	57.86	84.17
64415		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	56.28	95.45
64416		INJECTION, ANESTHETIC AGENT; BRACHIAL PL	70.76	70.76
64417		INJECTION ANESTHETIC AGENT AXILLARY NERV	55.74	96.29
64418		INJECTION ANESTHETIC AGENT SUPRASCAPULAR	55.25	97.78
64420		INJECTION ANESTHETIC AGENT INTERCOSTAL N	49.81	115.56
64421		INJECTION ANESTHETIC AGENT INTERCOSTAL N	68.31	170.41
64425		INJECTION FOR NERVE BLOCK	70.81	94.59
64430		INJECTION FOR NERVE BLOCK	66.77	114.05
64435		INJECTION ANESTHETIC AGENT PARACERVICAL	63.99	105.95
64445		INJECTION, ANESTHETIC AGENT; SCIATIC NER	60.95	99.00
64446		INJECTION, ANESTHETIC AGENT; SCIATIC NER	70.61	70.61
64447		INJECTION, ANESTHETIC AGENT; FEMORAL NER	53.81	53.81
64448		INJECTION, ANESTHETIC AGENT; FEMORAL NER	62.54	62.54
64449		INJECTION, ANESTHETIC AGENT; LUMBAR PLEX	69.93	69.93
64450		INJECTION FOR NERVE BLOCK	54.61	75.87
64455		INJECTION(S), ANESTHETIC AGENT AND/OR ST	31.13	38.96
64490		INJECTION(S), DIAGNOSTIC OR THERAPEUTIC	66.34	100.30
64505		INJECTION ANESTHETIC AGENT SPHENOPALATIN	63.20	74.94
64508		INJECTION ANESTHETIC AGENT CAROTID SINUS	52.28	102.92
64510		INJECTION FOR NERVE BLOCK	51.11	102.59
64520		INJECTION FOR NERVE BLOCK	57.74	133.84

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

64530		INJECTION CELIAC PLEXUS	68.17	138.66
64555		PERCUTANEOUS IMPLANTATION OF NEUROSTIMUL	115.70	157.11
64561		INSERTION OF SACRAL NERVE NEUROSTIMULATO	325.44	840.19
64568		INCISION FOR IMPLANTATION OF CRANIAL NER	513.70	513.70
64569		REVISION OR REPLACEMENT OF CRANIAL NERVE	493.41	493.41
64570		REMOVAL OF CRANIAL NERVE (EG, VAGUS NERV	429.66	429.66
64575		INCISION FOR IMPLANTATION OF NEUROSTIMUL	210.44	210.44
64581		INCISION FOR IMPLANTATION OF NEUROSTIMUL	632.46	632.46
64585		REVISION OR REMOVAL PERIPHERAL STIMULATO	119.34	242.99
64590		INSERTION OR REPLACEMENT OF PERIPHERAL N	133.63	229.03
64595		REVISION REMOVAL PERIPHERAL NEU/STIM REC	105.25	235.05
64600		INJECTION TREATMENT OF NERVE	159.00	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 SUBMANDI	71.38	79.00
64612		INJECTION OF CHEMICAL FOR DESTRUCTION OF	100.04	113.19
64615		INJECTION OF CHEMICAL FOR DESTRUCTION OF	100.12	111.17
64616		CHEMODENERV MUSC NECK DYSTON	84.80	96.19
64617		CHEMODENER MUSCLE LARYNX EMG	91.76	151.17
64620		INJECTION TREATMENT OF NERVE	124.46	197.20
64630		DESTRUCTION BY NEUROLYTIC AGENT; PUDENDA	144.23	171.93
64632		DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR	54.87	63.83
64633		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	133.92	255.45
64635		DESTRUCTION BY NEUROLYTIC AGENT, PARAVER	131.25	251.06
64640		INJECTION TREATMENT OF NERVE	132.16	168.81
64642		CHEMODENERV 1 EXTREMITY 1-4	85.39	110.10
64643		CHEMODENERV 1 EXTREM 1-4 EA	57.30	72.57
64644		CHEMODENERV 1 EXTREM 5/> MUS	93.28	125.76
64645		CHEMODENERV 1 EXTREM 5/> EA	65.62	88.66
64646		CHEMODENERV TRUNK MUSC 1-5	92.42	118.51

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

64647		CHEMODENERV TRUNK MUSC 6/>	106.71	137.26
64650		CHEMODENERVATION OF ECCRINE GLANDS; BOTH	29.88	48.89
64680		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	120.50	222.06
64681		DESTRUCTION BY NEUROLYTIC AGENT, WITH OR	162.49	287.55
64702		REVISION OF NERVE,FINGER/TOE	333.54	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		REVISION OF ARM NERVES	559.51	559.51
64714		REVISION OF LOW BACK NERVES	479.29	479.29
64716		NEUROZYSIS A/O TRANSPOSITION CRANIAL NER	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 N	296.90	298.01
64722		REVISE FOREARM NERVE	243.20	243.20
64726		REVISE FOOT/TOE NERVE	214.34	214.34
64732		INCISION OF BROW NERVE	277.01	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 ALVE	334.81	334.81
64740		TRANSECTION OR AVULSION OF LINGUAL NERVE	333.73	333.73
64742		INCISION OF FACIAL NERVE	342.35	342.35
64744		INCISE NERVE, BACK OF HEAD	300.25	300.25
64746		INCISE DIAPHRAGM NERVE	324.40	324.40
64755		TRANSECTION OR AVULSION OF; VAGUS NERVES	656.73	656.73
64760		INCISION OF VAGUS NERVE	347.81	347.81
64763		INCISE HIP/THIGH NERVE	396.67	396.67
64766		INCISE HIP/THIGH NERVE	458.35	458.35
64771		TRANSECTION/AVULSION CRANIAL NERVE EXTRA	428.96	428.96
64772		INCISE SPINAL NERVE	412.56	412.56

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

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		REMOVE NERVE LESION	525.85	525.85
64786		REMOVE SCIATIC NERVE LESION	790.20	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
64802		REMOVE SYMPATHETIC NERVES	445.22	445.22
64804		REMOVE SYMPATHETIC NERVES	678.78	678.78
64809		REMOVE SYMPATHETIC NERVES	636.81	636.81
64818		REMOVE SYMPATHETIC NERVES	494.14	494.14
64820		SYMPATHECTOMY; DIGITAL ARTERIES, EACH DI	550.12	550.12
64821		SYMPATHECTOMY; RADIAL ARTERY	495.59	495.59
64822		SYMPATHECTOMY; ULNAR ARTERY	489.75	489.75
64823		SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	557.04	557.04
64831		REPAIR OF NERVE, DIGITAL	491.15	491.15
64834		REPAIR OF NERVE, HAND	544.52	544.52
64835		REPAIR OF NERVE, HAND	590.38	590.38
64836		REPAIR OF NERVE, HAND	590.07	590.07
64840		REPAIR OF NERVE, FOOT	672.37	672.37
64856		REPAIR/TRANSPOSE NERVE	743.08	743.08
64857		SUTURE MAJOR PERIPH NERVE ARM/LEG EXC SC	777.00	777.00
64858		REPAIR SCIATIC NERVE	895.60	895.60
64861		REPAIR OF ARM NERVES	1011.75	1011.75
64862		REPAIR OF LOW BACK NERVES	992.27	992.27
64864		REPAIR OF FACIAL NERVE	644.36	644.36
64865		SUTURE FACIAL NERVE INTRATEMPORAL W/WO G	849.41	849.41
64866		FUSION OF FACIAL/OTHER NERVE	883.46	883.46

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

64868		FUSION OF FACIAL/OTHER NERVE	772.98	772.98
64876		SUTURE OF NERVE SHORTENING OF BONE EXTRE	147.02	147.02
64885		NERVE GRAFT, HEAD/NECK; UP TO 4CM.	839.45	839.45
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	996.02	996.02
64890		NERVE GRAFT, HAND OR FOOT	800.46	800.46
64891		NERVE GRAFT SINGLE STRAND HAND OR FOOT M	826.78	826.78
64892		NERVE GRAFT, ARM OR LEG	778.73	778.73
64893		NERVE GRAFT SINGLE STRAND ARM OR LEG MOR	820.34	820.34
64895		NERVE GRAFT, HAND OR FOOT	962.97	962.97
64896		NERVE GRAFT MULTIPLE STRANDS HAND OR FOO	1061.72	1061.72
64897		NERVE GRAFT, ARM OR LEG	931.56	931.56
64898		NERVE GRAFT SINGLE STRAND MORE THAN 4 CM	1015.63	1015.63
64905		NERVE PEDICLE TRANSFER FIRST STAGE	744.50	744.50
64907		NERVE PEDICLE TRANSFER SECOND STAGE	979.06	979.06
65091		REVISE EYEBALL	424.88	424.88
65101		REMOVAL OF EYEBALL	489.48	489.48
65110		REMOVAL OF EYEBALL	825.72	825.72
65112		REMOVE EYE, REVISE SOCKET	972.59	972.59
65114		REMOVE EYE, REVISE SOCKET	1011.77	1011.77
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		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FR	467.36	467.36
65260		REMOVE FOREIGN BODY FROM EYE	641.40	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		REP LACERATION CONJUCTIVA BY MOBILAZATIO	255.10	255.10
65275		REPAIR WOUND OF EYE	303.71	370.01
65280		REPAIR WOUND OF EYE	447.61	447.61

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

65285		REPAIR WOUND OF EYE	699.36	699.36
65286		REPAIR OF LACERATION BY APPLICATION OF T	328.94	464.35
65290		REPAIR WOUND OF EYE SOCKET	328.36	328.36
65400		REMOVAL OF EYE LESION	395.72	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		CURETTE/TREAT CORNEA	247.50	257.28
65450		DESTRUCTION OF CORNEAL LESION	209.30	211.81
65600		MULTIPLE PUNCTURES OF ANTERIOR CORNEA (E	223.71	256.72
65710		CORNEAL TRANSPLANT	738.30	738.30
65730		CORNEAL TRANSPLANT	821.83	821.83
65750		CORNEAL TRANSPLANT	834.05	834.05
65755		KERATOPLASTY, PENETRATING	829.13	829.13
65756		KERATOPLASTY (CORNEAL TRANSPLANT); ENDOT	646.99	646.99
65770		REVISE CORNEA WITH IMPLANT	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		DRAINAGE OF EYEBALL	315.17	420.63
65820		RELIEVE INNER EYE PRESSURE	499.40	499.40
65850		INCISION OF EYEBALL	570.37	570.37
65855		TRABECULOPLASTY LASER SURG	201.04	227.35
65860		SEVERING ADHESIONS OF ANTER. SEGMENT. LASE	174.63	209.88
65865		RELIEVE INNER EYE ADHESIONS	317.83	317.83
65870		RELIEVE INNER EYE ADHESIONS	392.98	392.98
65875		RELIEVE INNER EYE ADHESIONS	417.29	417.29
65880		RELIEVE INNER EYE ADHESIONS	440.11	440.11
65900		REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERI	646.36	646.36
65920		REMOVAL OF IMPLANTED MATERIAL, ANTERIOR	522.61	522.61

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

65930		REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT	430.60	430.60
66020		INJECTION, ANTERIOR CHAMBER OF EYE (SEPA	88.00	123.53
66030		INJECTION TREATMENT OF EYE	73.41	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		INCISION OF EYEBALL	651.81	651.81
66170		FISTULIZATION OF SCLERA FOR GLAUCOMA; TR	789.28	789.28
66172		FISTULIZATION OF SCLERA FOR GLAUCOMA;	991.69	991.69
66179		AQUEOUS SHUNT EYE W/O GRAFT	900.27	754.24
66180		AQUEOUS SHUNT EYE W/GRAFT	787.96	787.96
66184		REVISION OF AQUEOUS SHUNT	655.16	525.44
66185		REVISE AQUEOUS SHUNT EYE	496.08	496.08
66220		REPAIR EYEBALL LESION	484.33	484.33
66225		REPAIR/GRAFT EYEBALL LESION	624.72	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		REMOVAL OF IRIS	710.37	710.37
66625		REMOVAL OF IRIS	286.44	286.44
66630		REMOVAL OF IRIS	377.35	377.35
66635		REMOVAL OF IRIS	381.18	381.18
66680		REPAIR OF IRIS	340.77	340.77
66682		SUTURE OF IRIS CILIARY BODY W/RETRIEVAL	413.55	413.55
66700		CILIARY BODY DESTRUCTION; DIATHERMY.	263.95	298.08
66710		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAG	263.19	293.12
66711		CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAG	421.04	421.04
66720		CILIARY BODY DESTRUCTION; CRYOTHERAPY.	277.58	306.68
66740		CILIARY BODY DESTRUCTION; CYCLODIALYSIS.	264.32	291.16

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

66761		REVISION OF IRIS	272.26	298.28
66762		REVISION OF IRIS	281.81	312.86
66770		REMOVAL OF INNER EYE LESION	319.58	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; INC	506.34	506.34
66830		REMOVAL OF LENS LESION	475.82	475.82
66840		REMOVAL LENS MATERIAL ASPIRATION TECHNIQ	463.71	463.71
66850		REMOVAL OF LENS	529.46	529.46
66852		REMOVE LENS MATERIAL, PARS PLANA W/WO VI	566.86	566.86
66920		EXTRACTION OF LENS	505.72	505.72
66930		EXTRACTION OF LENS	574.87	574.87
66940		EXTRACTION OF LENS	521.67	521.67
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSE	719.65	719.65
66983		INTRACAPSULAR EXTRACTION WITH INSERTION	496.10	496.10
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS	515.53	515.53
66985		INSERT LENS PROSTHESIS	509.05	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		REPLACE EYE FLUID	418.36	479.91
67027		IMPLANTATION OF INTRAVITREAL DRUG DELIVE	574.26	574.26
67030		INCISE INNER EYE STRANDS	345.33	345.33
67031		SEVERING OF VITREOUS STRANDS, LASER SURG	234.87	255.28
67036		VITRECTOMY, PARS PLANA APPROACH	649.02	649.02
67039		VITRECTOMY, MECH., W FOCAL ENDOLASER PHO	830.48	830.48
67040		LASER TREATMENT OF RETINA	958.79	958.79
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	898.59	898.59
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	1030.06	1030.06

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

67043		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	1080.23	1080.23
67101		REPAIR OF RETINAL DETACHMENT, ONE OR MOR	447.92	514.23
67105		REPAIR OF RETINAL DETACHMENT, ONE OR MOR	429.73	476.73
67107		REPAIR OF RETINAL DETACHMENT; SCLERAL BU	815.95	815.95
67108		REPAIR OF RETINAL DETACHMENT; WITH VITRE	1087.78	1087.78
67110		REPAIR OF RETINAL DETACHMENT; BY INJECTI	515.99	576.69
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG	1182.59	1182.59
67115		RELEASE OF ENCIRCLING MATERIAL	327.10	327.10
67120		REVISION OF INNER EYE	369.00	433.07
67121		REMOVAL OF IMPLANTED MATERIAL, INTRAOCUL	607.81	607.81
67141		PROPHYLAXIS OF RETINAL DETACHMENT	321.85	344.51
67145		PROPHYLAXIS OF RETINAL DETACHMENT;PHOTOC	329.15	347.61
67208		DESTRUCTION OF LOCALIZED LESION OF RETIN	385.90	399.33
67210		DESTRUCTION OF LOCALIZED LESION OF RETIN	452.92	467.75
67218		TREATMENT INNER EYE LESION	951.46	951.46
67220		DESTRUCTION OF LOCALIZED LESION OF CHORO	685.86	717.75
67227		DSTRJ EXTENSIVE RETINOPATHY	381.16	406.06
67228		TREATMENT X10SV RETINOPATHY	708.07	798.99
67229		TREATMENT OF EXTENSIVE OR PROGRESSIVE RE	777.28	777.28
67250		REINFORCE EYEBALL WALL	526.21	526.21
67255		REINFORCE/GRAFT EYEBALL WALL	562.32	562.32
67311		STRABISMUS SURGERY, RECESSIO OR RESECTI	399.47	399.47
67312		STRABISMUS SURGERY, TWO HORIZONTAL MUSCL	478.48	478.48
67314		STRABISMUS SURGERY, ONE VERTICAL MUSCLE	447.99	447.99
67316		STRABISMUS SURGERY, 2 OR MORE VERTICAL M	537.30	537.30
67318		STRABISMUS SURGERY, ANY PROCEDURE, SUPER	468.71	468.71
67320		TRANSPOSITION PROCEDURE (EG, FOR PARETIC	225.73	225.73
67331		STRABISMUS SURGERY ON PATIENT WITH PREVI	213.74	213.74
67332		STRABISMUS SURGERY ON PATIENT WITH SCARR	232.43	232.43
67334		STRABISMUS SURGERY BY POSTERIOR FIXATION	210.84	210.84

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

67340		STRABISMUS SURGERY INVOLVING EXPLORATION	251.16	251.16
67343		RELEASE EXTENSIVE SCAR TISSUE W/O DETACH	435.19	435.19
67345		CHEMODENERVATION OF EXTRAOCULAR MUSCLE	144.86	158.57
67400		ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR	625.36	625.36
67405		EXPLORE/TREAT EYE SOCKET	531.58	531.58
67412		EXPLORE/TREAT EYE SOCKET	578.92	578.92
67413		EXPLORE/TREAT EYE SOCKET	579.12	579.12
67414		ORBITOTOMY WO FLAP; W BONE REMOVAL FOR D	891.24	891.24
67420		EXPLORE/TREAT EYE SOCKET	1110.12	1110.12
67430		EXPLORE/TREAT EYE SOCKET	841.09	841.09
67440		EXPLORE/TREAT EYE SOCKET	811.04	811.04
67445		ORBITOTOMY W FLAP/WINDOW; W BONE REMOVAL	956.33	956.33
67450		EXPLORE/TREAT EYE SOCKET	841.55	841.55
67570		OPTIC NERVE DECOMPRESSION.	780.75	780.75
67700		DRAINAGE OF EYELID ABSCESS	76.91	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		REMOVE EYELID LESIONS	91.62	108.96
67805		REMOVE EYELID LESIONS	112.37	134.76
67808		REMOVE EYELID LESION(S)	243.19	243.19
67825		CORRECTION OF TRICHIASIS; EPILATION BY O	80.89	85.93
67830		REVISE EYELASHES	92.72	176.38
67835		REVISE EYELASHES	296.17	296.17
67840		EXCISION EYELID LESION WITHOUT CLOSURE O	107.58	185.08
67850		DESTRUCTION OF LESION OF LID MARGIN UP T	96.15	149.02
67880		REVISION OF EYELID(S)	243.19	301.37
67882		CONSTRUCTION INTERMARGINAL ADHESIONS WIT	313.53	372.56
67901		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSC	389.31	465.68
67902		REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSC	482.76	482.76

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

67903		REPAIR EYELID DEFECT	336.35	411.88
67904		REPAIR BLEPHAROPTOSIS LEVATOR RESECTION	399.11	487.50
67906		REPAIR EYELID DEFECT	348.86	348.86
67908		REPAIR BLEPHAROPTOSIS CONJUCTIVO-TARSO-L	289.62	328.23
67909		REVISE EYELID DEFECT	296.69	359.91
67911		REVISE EYELID DEFECT	373.23	373.23
67912		CORRECTION OF LAGOPHTHALMOS, WITH IMPLAN	335.08	602.24
67914		REPAIR EYELID DEFECT	195.56	261.31
67915		REPAIR EYELID DEFECT	172.61	233.88
67916		REPAIR OF ECTROPION; EXCISION TARSAL WED	291.44	360.26
67917		REPAIR OF ECTROPION; EXTENSIVE (EG, TARS	322.55	394.17
67921		REPAIR EYELID DEFECT	182.79	248.53
67922		REPAIR EYELID DEFECT	166.28	226.42
67923		REPAIR OF ENTROPION; EXCISION TARSAL WED	314.66	380.40
67924		REPAIR OF ENTROPION; EXTENSIVE (EG, TARS	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		REVISION OF EYELIDS	316.51	387.56
67961		REVISION OF EYELIDS	309.20	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		RECONSTRUCTION OF EYELID	640.16	640.16
67975		RECONSTRUCTION OF EYELID	468.03	468.03
68020		INCISE/DRAIN EYELID LESION	74.53	79.84
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		REMOVE EYELID LINING LESION	101.63	104.98

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

68320		REVISE/GRAFT EYELID LINING	354.10	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		REVISE/GRAFT EYELID LINING	431.01	431.01
68340		SEPARATE EYELID ADHESIONS	263.15	358.82
68360		REVISE EYELID LINING	272.19	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		INCISE TEAR DUCT OPENING	64.13	71.12
68500		REMOVAL OF TEAR GLAND	651.00	651.00
68505		PARTIAL REMOVAL TEAR GLAND	654.72	654.72
68520		REMOVAL OF TEAR SAC	460.46	460.46
68530		CLEARANCE OF TEAR DUCT	179.07	290.70
68540		REMOVE TEAR GLAND LESION	622.57	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, EA	79.26	98.00
68770		CLOSE TEAR SYSTEM FISTULA	398.25	398.25
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WI	70.28	80.91
68810		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	126.67	157.17
68811		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	137.72	137.72
68815		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	173.99	294.57

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WI	166.54	447.98
68840		EXPLORATION OF TEAR DUCTS	74.81	82.93
69000		DRAIN EXTERNAL EAR LESION	84.53	127.05
69005		DRAIN EXTERNAL EAR LESION	115.24	151.33
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	1240.80	1240.80
69200		CLEAR OUTER EAR CANAL	41.23	85.71
69205		CLEAR OUTER EAR CANAL	73.74	73.74
69210		REMOVE IMPACTED EAR WAX	24.73	35.92
69222		DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPL	99.52	154.36
69310		RECONSTRUCTION OF EXTERNAL AUDITORY CANA	782.55	782.55
69320		REBUILD OUTER EAR CANAL	1118.75	1118.75
69420		INCISION OF EARDRUM	86.85	133.86
69421		INCISION OF EARDRUM	110.08	110.08
69433		TYMPANOSTOMY, LOCAL OR TOPICAL ANESTHESI	94.11	139.71
69436		TYPANOSTOMY, 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	1213.78	1213.78
69535		REMOVE PART OF TEMPORAL BONE	1982.10	1982.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

69540		REMOVE EAR LESION	91.41	145.40
69550		REMOVE EAR LESION	754.37	754.37
69552		REMOVE EAR LESION	1156.70	1156.70
69554		REMOVE EAR LESION	1844.37	1844.37
69601		REVISE MASTOID SURGERY	765.77	765.77
69602		REVISE MASTOID SURGERY	796.20	796.20
69603		REVISE MASTOID SURGERY	924.13	924.13
69604		REVISE MASTOID SURGERY	821.45	821.45
69605		REVISE MASTOID SURGERY	1144.55	1144.55
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 OSS	754.75	754.75
69635		REPAIR EARDRUM STRUCTURES	886.16	886.16
69636		REBUILD EARDRUM STRUCTURES	1004.42	1004.42
69637		TYMPAN ANTRO/MASTOID W OSSICULAR CHAIN R	999.77	999.77
69641		REVISE MIDDLE EAR & MASTOID	759.86	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	1082.24	1082.24
69645		REVISE MIDDLE EAR & MASTOID	1059.87	1059.87
69646		REVISE MIDDLE EAR & MASTOID	1127.95	1127.95
69650		RELEASE MIDDLE EAR BONE	578.60	578.60
69660		REVISE MIDDLE EAR BONE	681.67	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		REMOVE MASTOID AIR CELLS	687.36	687.36

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

69676		TYPANIC NEURECTOMY	604.61	604.61
69700		CLOSE MASTOID FISTULA	504.70	504.70
69720		RELEASE FACIAL NERVE	858.21	858.21
69725		RELEASE FACIAL NERVE	1406.47	1406.47
69740		REPAIR FACIAL NERVE	867.33	867.33
69745		REPAIR FACIAL NERVE	920.48	920.48
69801		LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURG	542.76	542.76
69805		EXPLORE INNER EAR	776.82	776.82
69806		EXPLORE INNER EAR	696.62	696.62
69820		ESTABLISH INNER EAR WINDOW	630.02	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	1145.39	1145.39
69930		COCHLEAR DEVICE IMPLANTATION WITH OR W/O	919.26	919.26
69950		INCISE INNER EAR NERVE	1357.80	1357.80
69955		RELEASE FACIAL NERVE	1483.45	1483.45
69960		RELEASE INNER EAR CANAL	1439.73	1439.73
69970		REMOVE INNER EAR LESION	1606.95	1606.95
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	162.56	162.56
70010		CONTRAST X-RAY OF BRAIN	132.93	132.93
70010	26	CONTRAST X-RAY OF BRAIN	48.99	48.99
70015		CISTERNOGRAPHY POSITIVE CONTRAST COMPLET	111.52	111.52
70015	26	CISTERNOGRAPHY POSITIVE CONTRAST COMPLET	50.11	50.11
70030		X-RAY EXAM EYE FOREIGN BODY	21.66	21.66
70030	26	X-RAY EXAM EYE FOREIGN BODY	7.01	7.01
70100		X-RAY EXAM OF JAW	23.37	23.37
70100	26	X-RAY EXAM OF JAW	7.31	7.31
70110		X-RAY EXAM OF JAW	30.34	30.34
70110	26	X-RAY EXAM OF JAW	10.27	10.27

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

70120		X-RAY EXAM OF MASTOIDS	25.43	25.43
70120	26	X-RAY EXAM OF MASTOIDS	7.31	7.31
70130		X-RAY EXAM MASTOIDS	42.13	42.13
70130	26	X-RAY EXAM MASTOIDS	14.03	14.03
70134		X-RAY EXAM OF MIDDLE EAR	36.24	36.24
70134	26	X-RAY EXAM OF MIDDLE EAR	14.03	14.03
70140		X-RAY EXAM OF FACIAL BONES	22.93	22.93
70140	26	X-RAY EXAM OF FACIAL BONES	7.61	7.61
70150		X-RAY EXAM FACIAL BONES MINIMUM OF THREE	32.80	32.80
70150	26	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	10.57	10.57
70150	TC	X-RAY EXAM FACIAL BONES MINIMUM OF THREE	22.21	22.21
70160		X-RAY EXAM OF NASAL BONES	24.46	24.46
70160	26	X-RAY EXAM OF 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	12.34
70190		X-RAY EXAM OF EYE SOCKETS	27.17	27.17
70190	26	X-RAY EXAM OF EYE SOCKETS	8.50	8.50
70200		X-RAY EXAM ORBITS MINIMUM OF FOUR VIEWS	33.96	33.96
70200	26	X-RAY EXAM ORBITS MINIMUM OF FOUR VIEWS	11.46	11.46
70210		X-RAY EXAM OF SINUSES	22.89	22.89
70210	26	X-RAY EXAM OF SINUSES	7.01	7.01
70210	TC	X-RAY EXAM OF SINUSES	15.87	15.87
70220		X-RAY EXAM OF SINUSES	29.97	29.97
70220	26	X-RAY EXAM OF SINUSES	9.99	9.99
70240		X RAY EXAM SELLA TURCICA	22.54	22.54
70240	26	X RAY EXAM SELLA TURCICA	7.90	7.90
70250		RADIOLOGIC EXAMINATION, SKULL; LESS THAN	27.80	27.80
70250	26	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	9.69	9.69
70260		RADIOLOGIC EXAMINATION, SKULL; COMPLETE,	37.00	37.00
70260	26	RADIOLOGIC EXAMINATION, SKULL; COMPLETE,	13.74	13.74

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

70300		X RAY EXAM OF TEETH SINGLE VIEW	10.87	10.87
70300	26	X RAY EXAM OF TEETH SINGLE VIEW	4.34	4.34
70310		X-RAY TEETH PARTIAL EXAM LESS THAN FULL	25.84	25.84
70310	26	X-RAY TEETH PARTIAL EXAM LESS THAN FULL	6.71	6.71
70320		FULL MOUTH X-RAY OF TEETH	36.34	36.34
70320	26	FULL MOUTH X-RAY OF TEETH	9.08	9.08
70328		X-RAY EXAM OF JAW JOINT	22.80	22.80
70328	26	X-RAY EXAM OF JAW JOINT	7.31	7.31
70330		X-RAY EXAM OF JAW JOINTS BILATERAL	36.10	36.10
70330	26	X-RAY EXAM OF JAW JOINTS BILATERAL	9.96	9.96
70332		TEMPOROMANDIBULAR JT ARTHROTOMOGRAPHY SU	65.17	65.17
70332	26	TEMPOROMANDIBULAR JT ARTHROTOMOGRAPHY SU	21.75	21.75
70336		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	393.13	393.13
70336	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	61.21	61.21
70350		X RAY EXAM OF HEAD FOR ORTHODONTIA	15.79	15.79
70350	26	X RAY EXAM OF HEAD FOR ORTHODONTIA	7.01	7.01
70355		PANORAMIC X-RAY OF JAWS	17.63	17.63
70355	26	PANORAMIC X-RAY OF JAWS	8.20	8.20
70360		X-RAY EXAM OF NECK	20.83	20.83
70360	26	X-RAY EXAM OF NECK	7.01	7.01
70370		X-RAY AND FLUOROSCOPY OF THROAT	56.81	56.81
70370	26	X-RAY AND FLUOROSCOPY OF THROAT	12.95	12.95
70380		X-RAY EXAM SALIVARY GLAND FOR CALCULUS	28.20	28.20
70380	26	X-RAY EXAM SALIVARY GLAND FOR CALCULUS	7.01	7.01
70390		X-RAY EXAM SALIVARY DUCT	76.09	76.09
70390	26	X-RAY EXAM SALIVARY DUCT	15.79	15.79
70450		COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	168.92	168.92
70450	26	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	35.42	35.42
70450	TC	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH	133.48	133.48
70460		BRAIN SCAN WITH CONTRAST MATERIAL	218.53	218.53

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

70460	26	BRAIN SCAN WITH CONTRAST MATERIAL	46.89	46.89
70470		CAT SCAN HEAD W/O CONTRAST FOLLOWED BY C	264.31	264.31
70470	26	CAT SCAN HEAD W/O CONTRAST FOLLOWED BY C	52.71	52.71
70480		COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR PO	257.27	257.27
70480	26	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR PO	53.01	53.01
70481		COMPUTERIZED TOMOGRAPHY ORBIT WITH CONTR	299.02	299.02
70481	26	COMPUTERIZED TOMOGRAPHY ORBIT WITH CONTR	57.15	57.15
70482		COMPUTIZED TOMOGRAPHY ORBIT W/O CONTRAST	342.22	342.22
70482	26	COMPUTIZED TOMOGRAPHY ORBIT W/O CONTRAST	59.83	59.83
70486		COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA;	217.59	217.59
70486	26	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA;	47.19	47.19
70487		COMPUTER AXIAL TOMO MAXILLOFACIAL WITH C	263.03	263.03
70487	26	COMPUTER AXIAL TOMO MAXILLOFACIAL WITH C	54.18	54.18
70488		COMPUTER AXIAL TOMO MAXILLOFACIAL W/O CO	319.76	319.76
70488	26	COMPUTER AXIAL TOMO MAXILLOFACIAL W/O CO	58.65	58.65
70490		COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W	215.87	215.87
70490	26	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W	53.29	53.29
70491		COMPUTERIZED AXIAL TOMOGRAPHY W CONTRAST	258.74	258.74
70491	26	COMPUTERIZED AXIAL TOMOGRAPHY W CONTRAST	57.15	57.15
70492		COMPUTE AXIAL TOMO WO CONTRAST FOLLOWED	313.68	313.68
70492	26	COMPUTE AXIAL TOMO WO CONTRAST FOLLOWED	59.83	59.83
70552		MRI BRAIN, WITH CONTRAST	491.51	491.51
70552	26	MRI BRAIN, WITH CONTRAST	73.83	73.83
71010		X-RAY EXAM OF CHEST	18.60	18.60
71010	26	X-RAY EXAM OF CHEST	7.31	7.31
71015		X-RAY EXAM OF CHEST	22.87	22.87
71015	26	X-RAY EXAM OF CHEST	8.50	8.50
71020		CHEST RADIOLOGICAL EXAM TWO VIEWS	24.68	24.68
71020	26	CHEST RADIOLOGICAL EXAM TWO VIEWS	9.08	9.08
71020	TC	CHEST RADIOLOGICAL EXAM TWO VIEWS	15.60	15.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

71021		X-RAY EXAM OF CHEST	29.74	29.74
71021	26	X-RAY EXAM OF CHEST	10.87	10.87
71022		X-RAY EXAM OF CHEST	35.71	35.71
71022	26	X-RAY EXAM OF CHEST	12.65	12.65
71023		RADIOLOGIC EXAM, WITH FLUOROSCOPY	51.54	51.54
71023	26	RADIOLOGIC EXAM, WITH FLUOROSCOPY	15.88	15.88
71030		X-RAY EXAM OF CHEST	35.99	35.99
71030	26	X-RAY EXAM OF CHEST	12.65	12.65
71034		CHEST X-RAY & FLUOROSCOPY	70.66	70.66
71034	26	CHEST X-RAY & FLUOROSCOPY	20.17	20.17
71035		X-RAY EXAM OF CHEST	26.44	26.44
71035	26	X-RAY EXAM OF CHEST	7.60	7.60
71100		RIBS UNILATERAL TWO VIEWS	25.24	25.24
71100	26	RIBS UNILATERAL TWO VIEWS	9.08	9.08
71101		X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	30.38	30.38
71101	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	10.87	10.87
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	19.51	19.51
71110		RIBS BILATERAL THREE VIEWS	31.42	31.42
71110	26	RIBS BILATERAL THREE VIEWS	10.87	10.87
71111		X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	40.12	40.12
71111	26	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	12.95	12.95
71120		X-RAY EXAM OF BREASTBONE	25.19	25.19
71120	26	X-RAY EXAM OF BREASTBONE	8.20	8.20
71130		X-RAY EXAM OF BREASTBONE	28.88	28.88
71130	26	X-RAY EXAM OF BREASTBONE	9.08	9.08
71250		COMPUTED TOMOGRAPHY, THORAX; WITHOUT CON	220.47	220.47
71250	26	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CON	48.07	48.07
71260		COMPUTER TOMO THORAX WITH CONTRAST MATER	264.33	264.33
71260	26	COMPUTER TOMO THORAX WITH CONTRAST MATER	51.33	51.33
71270		COMPUTER TOMO THORAX WITHOUT CONTRAST FO	326.15	326.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

71270	26	COMPUTER TOMO THORAX WITHOUT CONTRAST FO	57.15	57.15
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	474.97	474.97
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	60.14	60.14
71555		MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	467.65	467.65
71555	26	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	75.58	75.58
71555	TC	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, W	392.06	392.06
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	18.27	18.27
72020	26	RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	6.41	6.41
72040		X-RAY OF SPINE, 3 VIEWS OR LESS	28.31	28.31
72040	26	X-RAY OF SPINE, 3 VIEWS OR LESS	9.08	9.08
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	19.24	19.24
72050		X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	40.09	40.09
72050	26	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	12.65	12.65
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	27.45	27.45
72052		X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	50.19	50.19
72052	26	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	14.91	14.91
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	26.07	26.07
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	9.08	9.08
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	16.99	16.99
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	29.62	29.62
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	9.08	9.08
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	20.54	20.54
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC,	34.57	34.57
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	9.08	9.08
72080		X-RAY EXAM THORACOLMB 2/> VW	27.20	27.20
72080	26	X-RAY EXAM THORACOLMB 2/> VW	9.08	9.08
72081		X-RAY EXAM ENTIRE SPI 1 VW	31.65	31.65
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	11.35	11.35
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	20.30	20.30
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	50.67	50.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	13.75	13.75
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	36.92	36.92
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	55.05	55.05
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	14.98	14.98
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	40.07	40.07
72084		X-RAY EXAM ENTIRE SPI 6/> VW	65.50	65.50
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	17.40	17.40
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	48.09	48.09
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	29.71	29.71
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	9.08	9.08
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	20.63	20.63
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	41.50	41.50
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	12.65	12.65
72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	28.85	28.85
72114		X-RAY EXAM LUMBOSACRAL SPINE	54.11	54.11
72114	26	X-RAY EXAM LUMBOSACRAL SPINE	14.91	14.91
72120		X-RAY EXAM OF LOWER SPINE	37.09	37.09
72120	26	X-RAY EXAM OF LOWER SPINE	9.08	9.08
72120	TC	X-RAY EXAM OF LOWER SPINE	28.00	28.00
72125		COMPUTED TOMOGRAPHY, CERVICAL SPINE; WIT	221.02	221.02
72125	26	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WIT	48.07	48.07
72126		COMPUTE AXIAL TOMO CERVICAL SPINE W CONT	263.72	263.72
72126	26	COMPUTE AXIAL TOMO CERVICAL SPINE W CONT	50.45	50.45
72128		COMPUTED TOMOGRAPHY, THORACIC SPINE; WIT	220.47	220.47
72128	26	COMPUTED TOMOGRAPHY, THORACIC SPINE; WIT	48.07	48.07
72129		COMPUTE AXIAL TOMO THORACIC SPINE W CONT	264.00	264.00
72129	26	COMPUTE AXIAL TOMO THORACIC SPINE W CONT	50.73	50.73
72131		COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHO	220.19	220.19
72131	26	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHO	48.07	48.07
72132		COMPUTE AXIAL TOMO W CONTRAST MATERIAL	263.72	263.72

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

72132	26	COMPUTE AXIAL TOMO W CONTRAST MATERIAL	50.73	50.73
72142		MRI SPINAL CANAL, CERVICAL, WITH CONTRAS	496.49	496.49
72142	26	MRI SPINAL CANAL, CERVICAL, WITH CONTRAS	79.38	79.38
72146		MRI SPINAL CANAL, THORACIC W/O CONTRAST	412.55	412.55
72146	26	MRI SPINAL CANAL, THORACIC W/O CONTRAST	66.24	66.24
72147		MRI SPINAL CANAL, THORACIC, WITH CONTRAS	454.25	454.25
72147	26	MRI SPINAL CANAL, THORACIC, WITH CONTRAS	79.66	79.66
72148		MRI SPINAL CANAL, LUMBAR W/O CONTRAST	407.24	407.24
72148	26	MRI SPINAL CANAL, LUMBAR W/O CONTRAST	61.21	61.21
72149		MRI SPINAL CANAL, LUMBAR WITH CONTRAST	490.66	490.66
72149	26	MRI SPINAL CANAL, LUMBAR WITH CONTRAST	73.83	73.83
72156		MRI; SPINAL CANAL, WO THEN W CONTRAST; C	654.96	654.96
72156	26	MRI; SPINAL CANAL, WO THEN W CONTRAST; C	106.14	106.14
72157		MRI; SPINAL CANAL, WO THEN W CONTRAST; T	622.51	622.51
72157	26	MRI; SPINAL CANAL, WO THEN W CONTRAST; T	106.42	106.42
72158		MRI; SPINAL CANAL,WO THEN W CONTRAST; LU	645.89	645.89
72158	26	MRI; SPINAL CANAL,WO THEN W CONTRAST; LU	97.35	97.35
72159		MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	501.14	501.14
72159	26	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	73.98	73.98
72159	TC	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL C	427.16	427.16
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	19.98	19.98
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	7.01	7.01
72190		X-RAY EXAM OF PELVIS	30.25	30.25
72190	26	X-RAY EXAM OF PELVIS	8.78	8.78
72192		COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CON	209.68	209.68
72192	26	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CON	45.40	45.40
72193		COMPUTERIZED TOMOGRAPHY PELVIS W CONTRAS	250.81	250.81
72193	26	COMPUTERIZED TOMOGRAPHY PELVIS W CONTRAS	48.07	48.07
72194		COMPUTERIZED TOMOGRAPHY PELVIS W/O CONTR	319.42	319.42
72194	26	COMPUTERIZED TOMOGRAPHY PELVIS W/O CONTR	50.45	50.45

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	482.62	482.62
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	71.76	71.76
72198		MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	464.82	464.82
72198	26	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	74.72	74.72
72198	TC	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS,	390.10	390.10
72200		X-RAY EXAM SACROILIAC JOINTS	22.22	22.22
72200	26	X-RAY EXAM SACROILIAC JOINTS	7.01	7.01
72202		X-RAY EXAM SACROILIAC JOINTS	26.85	26.85
72202	26	X-RAY EXAM SACROILIAC JOINTS	7.90	7.90
72202	TC	X-RAY EXAM SACROILIAC JOINTS	18.95	18.95
72220		X-RAY EXAM OF TAILBONE	22.61	22.61
72220	26	X-RAY EXAM OF TAILBONE	7.01	7.01
72220	TC	X-RAY EXAM OF TAILBONE	15.60	15.60
72240		CONTRAST X-RAY OF NECK SPINE	122.33	122.33
72240	26	CONTRAST X-RAY OF NECK SPINE	37.52	37.52
72255		CONTRAST X-RAY CHEST SPINE	111.96	111.96
72255	26	CONTRAST X-RAY CHEST SPINE	36.69	36.69
72265		CONTRAST X-RAY LOWER SPINE	113.73	113.73
72265	26	CONTRAST X-RAY LOWER SPINE	34.27	34.27
72270		MYELOGRAPHY, TWO OR MORE REGIONS (EG, LU	177.51	177.51
72270	26	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LU	55.08	55.08
73000		X-RAY EXAM OF COLLARBONE	21.08	21.08
73000	26	X-RAY EXAM OF COLLARBONE	6.71	6.71
73000	TC	X-RAY EXAM OF COLLARBONE	14.37	14.37
73010		X-RAY EXAM OF SHOULDER BLADE	21.66	21.66
73010	26	X-RAY EXAM OF SHOULDER BLADE	7.01	7.01
73020		X-RAY EXAM OF SHOULDER	17.98	17.98
73020	26	X-RAY EXAM OF SHOULDER	6.13	6.13
73030		X-RAY EXAM OF SHOULDER	22.90	22.90
73030	26	X-RAY EXAM OF SHOULDER	7.60	7.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

73030	TC	X-RAY EXAM OF SHOULDER	15.32	15.32
73040		CONTRAST X-RAY OF SHOULDER	81.96	81.96
73040	26	CONTRAST X-RAY OF SHOULDER	22.31	22.31
73050		X-RAY EXAM OF SHOULDER	27.43	27.43
73050	26	X-RAY EXAM OF SHOULDER	8.49	8.49
73060		X-RAY EXAM OF HUMERUS	22.32	22.32
73060	26	X-RAY EXAM OF HUMERUS	7.01	7.01
73060	TC	X-RAY EXAM OF HUMERUS	15.32	15.32
73070		RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	20.50	20.50
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	6.13	6.13
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	14.37	14.37
73080		X-RAY EXAM OF ELBOW	26.24	26.24
73080	26	X-RAY EXAM OF ELBOW	7.01	7.01
73080	TC	X-RAY EXAM OF ELBOW	19.24	19.24
73085		X-RAY EXAM OF JOINT	74.13	74.13
73085	26	X-RAY EXAM OF JOINT	22.03	22.03
73090		RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	20.81	20.81
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	6.42	6.42
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	14.37	14.37
73092		X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	21.36	21.36
73092	26	X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	6.42	6.42
73100		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	26	X-RAY EXAM OF WRIST	7.01	7.01
73110	TC	X-RAY EXAM OF WRIST	18.85	18.85
73115		RADIOLOGIC EXAMINATION WRIST ARTHROGRAPH	78.50	78.50
73115	26	RADIOLOGIC EXAMINATION WRIST ARTHROGRAPH	22.31	22.31
73120		X-RAY EXAM OF HAND	20.53	20.53
73120	26	X-RAY EXAM OF HAND	6.42	6.42

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

73130		X-RAY EXAM OF HAND	23.62	23.62
73130	26	X-RAY EXAM OF HAND	7.01	7.01
73130	TC	X-RAY EXAM OF HAND	16.62	16.62
73140		X-RAY EXAM OF FINGER(S)	21.85	21.85
73140	26	X-RAY EXAM OF FINGER(S)	5.53	5.53
73140	TC	X-RAY EXAM OF FINGER(S)	16.33	16.33
73200		COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WI	209.09	209.09
73200	26	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WI	45.11	45.11
73201		COMPUTERIZED TOMOGRAPHY EXTREMITY WITH C	250.69	250.69
73201	26	COMPUTERIZED TOMOGRAPHY EXTREMITY WITH C	48.07	48.07
73202		COMPUTERIZED TOMOGRAPHY UPPER EXTREMITY	320.34	320.34
73202	26	COMPUTERIZED TOMOGRAPHY UPPER EXTREMITY	50.45	50.45
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	412.03	412.03
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	55.69	55.69
73225		MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	488.55	488.55
73225	26	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	71.02	71.02
73225	TC	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EX	417.53	417.53
73501		X-RAY EXAM HIP UNI 1 VIEW	24.36	24.36
73501	26	X-RAY EXAM HIP UNI 1 VIEW	8.08	8.08
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	16.28	16.28
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	33.61	33.61
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	9.59	9.59
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	24.02	24.02
73503		X-RAY EXAM HIP UNI 4/> VIEWS	41.98	41.98
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	12.23	12.23
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	29.75	29.75
73521		X-RAY EXAM HIPS BI 2 VIEWS	32.47	32.47
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	9.88	9.88
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	22.59	22.59
73522		X-RAY EXAM HIPS BI 3-4 VIEWS	39.73	39.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

73522	26	X-RAY EXAM HIPS BI 3-4 VIEWS	12.85	12.85
73522	TC	X-RAY EXAM HIPS BI 3-4 VIEWS	26.89	26.89
73523		X-RAY EXAM HIPS BI 5/> VIEWS	46.08	46.08
73523	26	X-RAY EXAM HIPS BI 5/> VIEWS	13.75	13.75
73523	TC	X-RAY EXAM HIPS BI 5/> VIEWS	32.33	32.33
73525		X-RAY EXAM JOINT	74.04	74.04
73525	26	X-RAY EXAM JOINT	22.50	22.50
73551		X-RAY EXAM OF FEMUR 1	22.60	22.60
73551	26	X-RAY EXAM OF FEMUR 1	7.17	7.17
73551	TC	X-RAY EXAM OF FEMUR 1	15.42	15.42
73552		X-RAY EXAM OF FEMUR 2/>	26.36	26.36
73552	26	X-RAY EXAM OF FEMUR 2/>	8.08	8.08
73552	TC	X-RAY EXAM OF FEMUR 2/>	18.29	18.29
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	21.66	21.66
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	7.01	7.01
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	14.66	14.66
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	25.99	25.99
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	7.60	7.60
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	18.39	18.39
73565		RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	23.07	23.07
73580		CONTRAST X-RAY OF KNEE JOINT	92.04	92.04
73580	26	CONTRAST X-RAY OF KNEE JOINT	22.50	22.50
73590		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	20.83	20.83
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	7.01	7.01
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	13.81	13.81
73592		X-RAY EXAM OF LEG INFANT	21.36	21.36
73592	26	X-RAY EXAM OF LEG INFANT	6.42	6.42
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	20.53	20.53
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	6.42	6.42
73610		X-RAY EXAM OF ANKLE	23.62	23.62

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

73610	26	X-RAY EXAM OF ANKLE	7.01	7.01
73610	TC	X-RAY EXAM OF ANKLE	16.62	16.62
73615		RADIOLOGIC EXAM ANKLE ANTEROPOSTERIOR AN	76.00	76.00
73615	26	RADIOLOGIC EXAM ANKLE ANTEROPOSTERIOR AN	22.22	22.22
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	19.96	19.96
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	6.42	6.42
73630		X-RAY EXAM OF FOOT	23.34	23.34
73630	26	X-RAY EXAM OF FOOT	7.01	7.01
73630	TC	X-RAY EXAM OF FOOT	16.33	16.33
73650		X-RAY EXAM OF HEEL	20.24	20.24
73650	26	X-RAY EXAM OF HEEL	6.42	6.42
73660		X-RAY EXAM OF TOE(S)	20.74	20.74
73660	26	X-RAY EXAM OF TOE(S)	5.25	5.25
73660	TC	X-RAY EXAM OF TOE(S)	15.49	15.49
73700		COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WI	209.36	209.36
73700	26	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WI	45.11	45.11
73701		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	252.36	252.36
73701	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	48.35	48.35
73702		COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	321.18	321.18
73702	26	COMPUTERIZED TOMOGRAPHY LOWER EXTREMITY	50.73	50.73
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	419.02	419.02
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	55.69	55.69
74000		X-RAY EXAM OF ABDOMEN	19.73	19.73
74000	26	X-RAY EXAM OF ABDOMEN	7.31	7.31
74000	TC	X-RAY EXAM OF ABDOMEN	12.41	12.41
74010		X-RAY EXAM OF ABDOMEN	28.90	28.90
74010	26	X-RAY EXAM OF ABDOMEN	9.39	9.39
74020		X-RAY EXAM OF ABDOMEN	30.94	30.94
74020	26	X-RAY EXAM OF ABDOMEN	11.16	11.16
74020	TC	X-RAY EXAM OF ABDOMEN	19.79	19.79

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

74022		RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	37.41	37.41
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	13.22	13.22
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	24.17	24.17
74150		COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CO	211.68	211.68
74150	26	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CO	49.26	49.26
74160		COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTR	281.18	281.18
74160	26	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTR	52.99	52.99
74170		COMPUTER TOMOGRAPHY ABDOMEN W/O CONTRAST	367.86	367.86
74170	26	COMPUTER TOMOGRAPHY ABDOMEN W/O CONTRAST	58.04	58.04
74176	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS;	105.49	105.49
74185		MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	463.71	463.71
74185	26	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	74.72	74.72
74185	TC	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN,	388.99	388.99
74190		PERITONEOGRAM (EG, AFTER INJECTION OF AI	59.48	59.48
74190	26	PERITONEOGRAM (EG, AFTER INJECTION OF AI	19.94	19.94
74210		CONTRAST XRAY EXAM OF THROAT	58.86	58.86
74210	26	CONTRAST XRAY EXAM OF THROAT	15.19	15.19
74220		CONTRAST XRAY EXAM,ESOPHAGUS	66.93	66.93
74220	26	CONTRAST XRAY EXAM,ESOPHAGUS	19.05	19.05
74230		SWALLOWING FUNCTION, WITH CINERADIOGRAPH	68.95	68.95
74230	26	SWALLOWING FUNCTION, WITH CINERADIOGRAPH	22.01	22.01
74235		REMOVAL OF FOREIGN BODY, ESOPHAGEAL	128.29	128.29
74235	26	REMOVAL OF FOREIGN BODY, ESOPHAGEAL	50.37	50.37
74240		X-RAY EXAM STOMACH/INTESTINE	83.12	83.12
74240	26	X-RAY EXAM STOMACH/INTESTINE	28.71	28.71
74241		X-RAY UPPER GI DELAY W/KUB	88.43	88.43
74241	26	X-RAY UPPER GI DELAY W/KUB	28.44	28.44
74245		RADIOLOGIC EXAMINATION, GASTROINTESTINAL	132.34	132.34
74245	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL	37.80	37.80
74246		X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	94.98	94.98

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

74246	26	X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	28.71	28.71
74247		X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	104.12	104.12
74247	26	X-RAY UPPER GI AIR W OR W/O GLUCAGON W O	28.71	28.71
74249		RADIOLOGICAL EXAMINATION, GASTROINTESTIN	141.77	141.77
74249	26	RADIOLOGICAL EXAMINATION, GASTROINTESTIN	37.80	37.80
74250		RADIOLOGIC EXAMINATION, SMALL INTESTINE,	77.76	77.76
74250	26	RADIOLOGIC EXAMINATION, SMALL INTESTINE,	19.36	19.36
74251		RADIOLOGIC EXAMINATION, SMALL BOWEL, INC	241.56	241.56
74251	26	RADIOLOGIC EXAMINATION, SMALL BOWEL, INC	28.71	28.71
74260		X-RAY EXAM SMALL BOWEL DUODENOGRAPHY HYP	201.12	201.12
74260	26	X-RAY EXAM SMALL BOWEL DUODENOGRAPHY HYP	20.54	20.54
74270		RADIOLOGIC EXAMINATION, COLON; BARIUM EN	111.68	111.68
74270	26	RADIOLOGIC EXAMINATION, COLON; BARIUM EN	28.71	28.71
74280		AIR CONTRAST WITH BARIUM WITH OR WITHOUT	154.62	154.62
74280	26	AIR CONTRAST WITH BARIUM WITH OR WITHOUT	41.06	41.06
74283		THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR	162.02	162.02
74283	26	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR	83.52	83.52
74290		CONTRAST X-RAY GALLBLADDER	49.71	49.71
74290	26	CONTRAST X-RAY GALLBLADDER	13.22	13.22
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	42.60	42.60
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY;	14.91	14.91
74328		ENDOSCOPIC CATH OF BILIARY DUCT SYS FLUR	125.34	125.34
74328	26	ENDOSCOPIC CATH OF BILIARY DUCT SYS FLUR	29.29	29.29
74329	26	ENDOSCOPIC CATH PANCREATIC DUCT SYS FLUR	29.29	29.29
74330		COMBINED ENDOSCOPIC CATH BILIARY AND PAN	133.14	133.14
74330	26	COMBINED ENDOSCOPIC CATH BILIARY AND PAN	37.50	37.50
74340		INTRODUCTION OF LONG GASTROINTESTINAL TU	102.73	102.73
74340	26	INTRODUCTION OF LONG GASTROINTESTINAL TU	22.31	22.31
74340	TC	INTRODUCTION OF LONG GASTROINTESTINAL TU	81.15	81.15
74400		CONTRAST X-RAY URINARY TRACT	84.18	84.18

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

74400	26	CONTRAST X-RAY URINARY TRACT	20.24	20.24
74410		CONTRAST X-RAY URINARY TRACT	88.65	88.65
74410	26	CONTRAST X-RAY URINARY TRACT	20.53	20.53
74415		CONTRAST X-RAY URINARY TRACT	101.43	101.43
74415	26	CONTRAST X-RAY URINARY TRACT	20.24	20.24
74420		CONTRAST X-RAY URINARY TRACT	95.47	95.47
74420	26	CONTRAST X-RAY URINARY TRACT	15.19	15.19
74425		UROGRAPHY CONTRAST X-RAY URINARY TRACT	54.74	54.74
74425	26	UROGRAPHY CONTRAST X-RAY URINARY TRACT	15.19	15.19
74430		CYSTOGRAPHY CONTRAST OR CHAIN	60.17	60.17
74430	26	CYSTOGRAPHY CONTRAST OR CHAIN	13.42	13.42
74440		X-RAY EXAM MALE GENITOURINARY TRACT	64.78	64.78
74440	26	X-RAY EXAM MALE GENITOURINARY TRACT	15.79	15.79
74445		CORPORA CAVERNOSOGRAPHY SUPERVIS/INTERPR	80.57	80.57
74445	26	CORPORA CAVERNOSOGRAPHY SUPERVIS/INTERPR	48.40	48.40
74450		URETHROCYSTOGRAPHY RETROGRADE	58.45	58.45
74450	26	URETHROCYSTOGRAPHY RETROGRADE	14.00	14.00
74455		URETHROCYSTOGRAPHY VOIDING	69.64	69.64
74455	26	URETHROCYSTOGRAPHY VOIDING	14.00	14.00
74470		X-RAY EXAM OF KIDNEY AREA	60.22	60.22
74470	26	X-RAY EXAM OF KIDNEY AREA	22.59	22.59
74710		X-RAY MEASUREMENT OF PELVIS	33.92	33.92
74710	26	X-RAY MEASUREMENT OF PELVIS	14.30	14.30
74775		PERINEOGRAM	70.03	70.03
74775	26	PERINEOGRAM	25.75	25.75
75557		CARDIAC MAGNETIC RESONANCE IMAGING FOR M	398.53	398.53
75557	26	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	100.97	100.97
75557	TC	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	297.56	297.56
75561		CARDIAC MAGNETIC RESONANCE IMAGING FOR M	536.42	536.42
75561	26	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	111.52	111.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

75561	TC	CARDIAC MAGNETIC RESONANCE IMAGING FOR M	424.90	424.90
75600		CONTRAST X-RAY EXAM OF AORTA	245.60	245.60
75600	26	CONTRAST X-RAY EXAM OF AORTA	21.63	21.63
75605		AORTOGRAPHY THORACIC BY SERIALOGRAPHY	211.29	211.29
75605	26	AORTOGRAPHY THORACIC BY SERIALOGRAPHY	48.87	48.87
75625		AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY	208.39	208.39
75625	26	AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY	47.66	47.66
75630		AORTOGRAPHY ABDOMINAL PLUS BILATERAL ILE	242.93	242.93
75630	26	AORTOGRAPHY ABDOMINAL PLUS BILATERAL ILE	76.11	76.11
75658		ANGIOGRAM BRACHIAL RETROGRADE SUPERVISIO	221.29	221.29
75658	26	ANGIOGRAM BRACHIAL RETROGRADE SUPERVISIO	53.83	53.83
75705		ARTERY X-RAYS SPINE	261.62	261.62
75705	26	ARTERY X-RAYS SPINE	91.93	91.93
75710		ARTERY X-RAYS, ARM/LEG	220.34	220.34
75710	26	ARTERY X-RAYS, ARM/LEG	47.85	47.85
75716		ARTERY X-RAYS ARMS/LEGS	245.90	245.90
75716	26	ARTERY X-RAYS ARMS/LEGS	54.95	54.95
75726		ANGIOGRAPHY VISCERAL	217.99	217.99
75726	26	ANGIOGRAPHY VISCERAL	47.74	47.74
75731		ARTERY X-RAYS ADRENAL GLAND	225.46	225.46
75731	26	ARTERY X-RAYS ADRENAL GLAND	50.17	50.17
75733		ARTERY X-RAYS ADRENAL GLAND	255.50	255.50
75733	26	ARTERY X-RAYS ADRENAL GLAND	58.40	58.40
75736		ARTERY X-RAYS PELVIS	219.86	219.86
75736	26	ARTERY X-RAYS PELVIS	48.22	48.22
75741		ANGIOGRAPHY PULMONARY UNILATERAL	211.58	211.58
75741	26	ANGIOGRAPHY PULMONARY UNILATERAL	55.04	55.04
75743		ANGIOGRAPHY PULMONARY BILATERAL	232.15	232.15
75743	26	ANGIOGRAPHY PULMONARY BILATERAL	70.01	70.01
75746		ARTERY X-RAYS LUNG	213.24	213.24

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

75746	26	ARTERY X-RAYS LUNG	47.46	47.46
75756		ANGIOGRAPHY INTERNAL MAMMARY	226.19	226.19
75756	26	ANGIOGRAPHY INTERNAL MAMMARY	50.63	50.63
75801		LYMPH VESSEL X-RAY, ARM/LEG	200.81	200.81
75801	26	LYMPH VESSEL X-RAY, ARM/LEG	33.02	33.02
75803		LYMPH VESSEL X-RAY, ARMS/LEGS	213.78	213.78
75803	26	LYMPH VESSEL X-RAY, ARMS/LEGS	48.94	48.94
75805		LYPHANGIOGRAPHY PELVIC ABDOMINAL UNILATE	221.53	221.53
75805	26	LYPHANGIOGRAPHY PELVIC ABDOMINAL UNILATE	34.12	34.12
75807		LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATE	233.00	233.00
75807	26	LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATE	48.94	48.94
75809		SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	67.32	67.32
75809	26	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	19.36	19.36
75809	TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUS	47.96	47.96
75810		VEIN X-RAY, SPLEEN/LIVER	434.82	434.82
75810	26	VEIN X-RAY, SPLEEN/LIVER	48.02	48.02
75820		VEIN X-RAY, ARM/LEG	92.56	92.56
75820	26	VEIN X-RAY, ARM/LEG	29.58	29.58
75820	TC	VEIN X-RAY, ARM/LEG	62.98	62.98
75822		VEIN X-RAY, ARMS/LEGS	113.72	113.72
75822	26	VEIN X-RAY, ARMS/LEGS	43.93	43.93
75825		VENOGRAPHY CAVAL INFERIOR	201.03	201.03
75825	26	VENOGRAPHY CAVAL INFERIOR	47.30	47.30
75827		VENOGRAPHY CAVAL SUPERIOR	200.64	200.64
75827	26	VENOGRAPHY CAVAL SUPERIOR	46.35	46.35
75831		VENOGRAPHY RENAL UNILATERAL	203.36	203.36
75831	26	VENOGRAPHY RENAL UNILATERAL	47.37	47.37
75833		VENOGRAPHY RENAL BILATERAL	227.40	227.40
75833	26	VENOGRAPHY RENAL BILATERAL	61.34	61.34
75840		VENOGRAPHY ADRENAL UNILATERAL	201.60	201.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

75840	26	VENOGRAPHY ADRENAL UNILATERAL	46.73	46.73
75842		VENOGRAPHY ADRENAL BILATERAL	228.68	228.68
75842	26	VENOGRAPHY ADRENAL BILATERAL	62.07	62.07
75860		VENOGRAPHY, VENOUS SINUS (EG, PETROSAL A	207.45	207.45
75860	26	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL A	48.40	48.40
75870		VENOGRAPHY SUPERIOR SIGITTAL SINUS	205.69	205.69
75870	26	VENOGRAPHY SUPERIOR SIGITTAL SINUS	47.19	47.19
75872		VENOGRAPHY EPIDURAL; SUPERVISION/INTERP	224.20	224.20
75872	26	VENOGRAPHY EPIDURAL; SUPERVISION/INTERP	49.75	49.75
75880		VEIN X-RAY EYE SOCKET	93.40	93.40
75880	26	VEIN X-RAY EYE SOCKET	28.46	28.46
75885		PERCUTANEOUS TRANSHEPATIC PORTO W HEMODY	216.90	216.90
75885	26	PERCUTANEOUS TRANSHEPATIC PORTO W HEMODY	60.36	60.36
75887		PERCUT TRANSHEP PORTOG WO HEMODYNAMIC EV	218.58	218.58
75887	26	PERCUT TRANSHEP PORTOG WO HEMODYNAMIC EV	60.36	60.36
75889		HEPATIC VENOGRAPHY WEDGE OR FREE HEMODYN	204.01	204.01
75889	26	HEPATIC VENOGRAPHY WEDGE OR FREE HEMODYN	47.74	47.74
75891		HEPATIC VENO WEDGE FREE WITHOUT HEMO EVA	204.01	204.01
75891	26	HEPATIC VENO WEDGE FREE WITHOUT HEMO EVA	47.74	47.74
75893		VENOUS SAMPLING THRU CATH WITHOUT ANGIOG	178.29	178.29
75893	26	VENOUS SAMPLING THRU CATH WITHOUT ANGIOG	22.31	22.31
75894		TRANSCATH THERAPY EMBOLINCLUD ANGIO INTE	798.82	798.82
75894	26	TRANSCATH THERAPY EMBOLINCLUD ANGIO INTE	54.86	54.86
75898		IMAGING OF BLOOD VESSEL	98.07	98.07
75898	26	IMAGING OF BLOOD VESSEL	69.43	69.43
75902		MECHANICAL REMOVAL OF INTRALUMINAL (INTR	72.29	72.29
75902	26	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	16.09	16.09
75902	TC	MECHANICAL REMOVAL OF INTRALUMINAL (INTR	56.20	56.20
75970		TRANSCATH BIOPSY SUPERVISION; INTERP ONL	379.81	379.81
75970	26	TRANSCATH BIOPSY SUPERVISION; INTERP ONL	34.82	34.82

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

75978		TRANSLUM ANGIOPLASTY VENOUS INTERRUP/SUP	212.24	212.24
75978	26	TRANSLUM ANGIOPLASTY VENOUS INTERRUP/SUP	22.03	22.03
75978	TC	TRANSLUM ANGIOPLASTY VENOUS INTERRUP/SUP	188.98	188.98
75984		CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	88.81	88.81
75984	26	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	30.19	30.19
75984	TC	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE	58.62	58.62
75989		RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	112.67	112.67
75989	26	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY,	49.54	49.54
76000	26	IMAGING GUIDANCE FOR PROCEDURE, UP TO 1	7.01	7.01
76001		IMAGING GUIDANCE FOR PROCEDURE, MORE THA	106.52	106.52
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECT	21.69	21.69
76010	26	RADIOLOGIC EXAMINATION FROM NOSE TO RECT	7.60	7.60
76080		RADIOLOGIC EXAMINATION, ABSCESS, FISTULA	49.76	49.76
76080	26	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA	22.59	22.59
76100		X-RAY EXAM OF BODY SECTION	103.66	103.66
76100	26	X-RAY EXAM OF BODY SECTION	23.99	23.99
76101		RAD EXAM COMPLEX MOTION BODY SECT NOT KI	143.03	143.03
76101	26	RAD EXAM COMPLEX MOTION BODY SECT NOT KI	23.71	23.71
76102		RAD EXAM COMPLEX MOTION BODY SECT NOT KI	191.44	191.44
76102	26	RAD EXAM COMPLEX MOTION BODY SECT NOT KI	23.44	23.44
76120		CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT	58.35	58.35
76120	26	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT	15.51	15.51
76140		X-RAY CONSULTATION	31.06	31.06
76380		COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZE	159.19	159.19
76380	26	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZE	40.48	40.48
76506		ECHOENCEPHALOGRAPHY B-MODE INCLUDING A-M	89.72	89.72
76506	26	ECHOENCEPHALOGRAPHY B-MODE INCLUDING A-M	26.64	26.64
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	75.95	75.95
76511	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANT	39.36	39.36
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	71.30	71.30

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

76512	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCA	39.45	39.45
76516		ECHO EXAM OF EYE	52.27	52.27
76516	26	ECHO EXAM OF EYE	22.41	22.41
76529		ECHO EXAM OF EYE	53.01	53.01
76529	26	ECHO EXAM OF EYE	23.78	23.78
76604		ULTRASOUND, CHEST, REAL TIME WITH IMAGE	67.04	67.04
76604	26	ULTRASOUND, CHEST, REAL TIME WITH IMAGE	22.61	22.61
76641		ULTRASOUND BREAST COMPLETE	87.90	87.90
76641	26	ULTRASOUND BREAST COMPLETE	30.68	30.68
76641	TC	ULTRASOUND BREAST COMPLETE	57.22	57.22
76642		ULTRASOUND BREAST LIMITED	72.33	72.33
76642	26	ULTRASOUND BREAST LIMITED	28.57	28.57
76642	TC	ULTRASOUND BREAST LIMITED	43.76	43.76
76700		ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	105.98	105.98
76700	26	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	33.38	33.38
76700	TC	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REA	72.61	72.61
76705		ECHO EXAM OF ABDOMEN	80.37	80.37
76705	26	ECHO EXAM OF ABDOMEN	24.57	24.57
76770		ULTRASOUND, RETROPERITONEAL (EG, RENAL,	101.44	101.44
76770	26	ULTRASOUND, RETROPERITONEAL (EG, RENAL,	30.51	30.51
76775		ECHOGRAPHY RETROPERITONEAL B-SCAN LIMITE	86.23	86.51
76775	26	ECHOGRAPHY RETROPERITONEAL B-SCAN LIMITE	24.28	24.55
76800		ULTRASOUND, SPINAL CANAL AND CONTENTS	96.26	96.26
76800	26	ULTRASOUND, SPINAL CANAL AND CONTENTS	44.09	44.09
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	102.11	102.11
76801	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	40.50	40.50
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	58.11	58.11
76802	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	33.70	33.70
76805		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	113.58	113.58
76805	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	40.23	40.23

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

76805	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	73.36	73.36
76810		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	78.82	78.82
76810	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	39.64	39.64
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	160.60	160.60
76811	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	76.25	76.25
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	84.34	84.34
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	157.23	157.23
76812	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	71.31	71.31
76812	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	85.91	85.91
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	100.04	100.04
76813	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	46.72	46.72
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	53.32	53.32
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	65.48	65.48
76814	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	39.29	39.29
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	26.18	26.18
76815		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	70.72	70.72
76815	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	26.39	26.39
76816		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	86.94	86.94
76816	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	34.31	34.31
76816	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	52.62	52.62
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME W	78.97	78.97
76817	26	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	30.25	30.25
76817	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME W	48.70	48.70
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	94.50	94.50
76818	26	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	42.22	42.22
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRE	52.27	52.27
76830		ULTRASOUND, TRANSVAGINAL	93.02	93.02
76830	26	ULTRASOUND, TRANSVAGINAL	28.16	28.16
76830	TC	ULTRASOUND, TRANSVAGINAL	64.86	64.86
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	93.59	93.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

76856	26	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	28.44	28.44
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCA	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	26	ULTRASOUND, SCROTUM AND CONTENTS	26.65	26.65
76872		ULTRASOUND, TRANSRECTAL	110.28	110.28
76872	26	ULTRASOUND, TRANSRECTAL	29.47	29.47
76873		ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	140.08	140.08
76873	26	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	64.27	64.27
76873	TC	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME	75.81	75.81
76882		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	24.34	24.34
76882	26	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	16.27	16.27
76882	TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL	8.07	8.07
76930		ULTRASONIC GUIDANCE FOR PERICARDIOCENTES	76.55	76.55
76930	26	ULTRASONIC GUIDANCE FOR PERICARDIOCENTES	29.59	29.59
76932		ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL B	77.04	77.04
76932	26	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL B	29.59	29.59
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	28.07	28.07
76937	26	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	12.73	12.73
76937	TC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS	15.35	15.35
76942		ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	143.05	143.05
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT	27.83	27.83
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, I	34.77	34.77
76965	26	ULTRASONIC GUIDANCE FOR INTERSTITIAL RAD	56.33	56.33
76965	TC	ULTRASONIC GUIDANCE FOR INTERSTITIAL RAD	59.00	59.00
76970	26	FOLLOW UP ECHO EXAM	15.84	15.84
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,	79.33	79.33
76975	26	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND,	33.94	33.94
77001		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	80.47	80.47
77001	26	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	15.60	15.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77001	TC	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS	64.86	64.86
77002		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEME	55.27	55.27
77002	26	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEME	21.75	21.75
77003		FLUOROSCOPIC GUIDANCE AND LOCALIZATION O	46.36	46.36
77003	26	FLUOROSCOPIC GUIDANCE AND LOCALIZATION O	22.92	22.91
77003	TC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION O	23.44	23.44
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	154.04	154.04
77012	26	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	48.35	48.35
77012	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE	105.68	105.68
77014		COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	143.69	143.69
77014	26	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	34.58	34.58
77014	TC	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEME	109.10	109.10
77051		COMPUTER ANALYSIS OF DIAGNOSTIC MAMMOGRA	9.47	9.47
77051	26	COMPUTER ANALYSIS OF DIAGNOSTIC MAMMOGRA	2.57	2.57
77052		COMPUTER ANALYSIS OF SCREENING MAMMOGRAM	9.47	9.47
77052	26	COMPUTER ANALYSIS OF SCREENING MAMMOGRAM	2.57	2.57
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	59.00	59.00
77053	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	14.91	14.91
77053	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE	44.09	44.09
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	79.46	79.46
77054	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	18.75	18.75
77054	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIP	60.71	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		MAMMOGRAPHY; BILATERAL	84.38	84.38
77056	26	MAMMOGRAPHY; BILATERAL	36.04	36.04
77057		SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW	63.93	63.93
77057	26	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW	29.02	29.02
77057	TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW	34.91	34.91

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77072		BONE AGE STUDIES	18.35	18.35
77072	26	BONE AGE STUDIES	7.90	7.90
77072	TC	BONE AGE STUDIES	10.45	10.45
77073		BONE LENGTH STUDIES (ORTHOENTGENOGRAM,	29.18	29.18
77073	26	BONE LENGTH STUDIES (ORTHOENTGENOGRAM,	11.16	11.16
77073	TC	BONE LENGTH STUDIES (ORTHOENTGENOGRAM,	18.02	18.02
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	53.48	53.48
77074	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	18.75	18.75
77074	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	34.73	34.73
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	77.28	77.28
77075	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	22.31	22.31
77075	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY;	54.97	54.97
77076		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	72.51	72.51
77076	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	27.91	27.91
77076	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY,	44.60	44.60
77080		DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	54.54	54.54
77080	26	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	8.20	8.20
77080	TC	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA),	46.35	46.35
77084		MAGNETIC RESONANCE (EG, PROTON) IMAGING,	446.83	446.83
77084	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	66.52	66.52
77084	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	380.31	380.31
77085		DXA BONE DENSITY STUDY	45.79	45.79
77085	26	DXA BONE DENSITY STUDY	12.91	12.91
77085	TC	DXA BONE DENSITY STUDY	32.88	32.88
77086		FRACTURE ASSESSMENT VIA DXA	28.90	28.90
77086	26	FRACTURE ASSESSMENT VIA DXA	7.47	7.47
77086	TC	FRACTURE ASSESSMENT VIA DXA	21.42	21.42
77261		THERAPEUTIC RAD TREATMT PLANNING SIMPLE	57.65	57.65
77262		THERAPEUTIC RAD TREATMT PLANNING INTERME	86.63	86.63
77263		THERAPEUTIC RAD TREATMT PLANNING COMPLEX	128.53	128.53

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77280		RADIATION THER SIMULATOR AIDED FIELD SET	142.61	142.61
77280	26	RADIATION THER SIMULATOR AIDED FIELD SET	28.65	28.65
77280	TC	RADIATION THER SIMULATOR AIDED FIELD SET	113.96	113.96
77285		RADIATION THER SIMULATOR AIDED FIELD SET	245.49	245.49
77285	26	RADIATION THER SIMULATOR AIDED FIELD SET	42.79	42.79
77285	TC	RADIATION THER SIMULATOR AIDED FIELD SET	202.70	202.70
77290		RADIATION THERAPY SIMULATOR AIDED FIELD	381.06	381.06
77290	26	RADIATION THERAPY SIMULATOR AIDED FIELD	63.54	63.54
77290	TC	RADIATION THERAPY SIMULATOR AIDED FIELD	317.53	317.53
77293		RESPIRATOR MOTION MGMT SIMUL	337.18	337.18
77293	26	RESPIRATOR MOTION MGMT SIMUL	82.67	82.67
77293	TC	RESPIRATOR MOTION MGMT SIMUL	254.52	254.52
77295		THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	531.59	531.59
77295	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	185.69	185.69
77295	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED F	345.90	345.90
77300		BASIC RADIATION DOSIMETRY CALCULATION, C	55.92	55.92
77300	26	BASIC RADIATION DOSIMETRY CALCULATION, C	25.20	25.20
77300	TC	BASIC RADIATION DOSIMETRY CALCULATION, C	30.72	30.72
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, I	1674.53	1674.53
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	325.42	325.42
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	1349.11	1349.11
77306		TELETHX ISODOSE PLAN SIMPLE	118.26	118.26
77306	26	TELETHX ISODOSE PLAN SIMPLE	59.62	59.62
77306	TC	TELETHX ISODOSE PLAN SIMPLE	58.65	58.65
77307		TELETHX ISODOSE PLAN CPLX	231.01	231.01
77307	26	TELETHX ISODOSE PLAN CPLX	123.69	123.69
77307	TC	TELETHX ISODOSE PLAN CPLX	107.33	107.33
77316		BRACHYTX ISODOSE PLAN SIMPLE	150.85	150.85
77316	26	BRACHYTX ISODOSE PLAN SIMPLE	59.85	59.85
77316	TC	BRACHYTX ISODOSE PLAN SIMPLE	91.01	91.01

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77317		BRACHYTX ISODOSE INTERMED	197.50	197.50
77317	26	BRACHYTX ISODOSE INTERMED	78.72	78.72
77317	TC	BRACHYTX ISODOSE INTERMED	118.78	118.78
77318		BRACHYTX ISODOSE COMPLEX	285.31	285.31
77318	26	BRACHYTX ISODOSE COMPLEX	124.16	124.16
77318	TC	BRACHYTX ISODOSE COMPLEX	161.16	161.16
77321		SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	95.55	95.55
77321	26	SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	38.64	38.64
77321	TC	SPECIAL TELETHERAPY PORT PLAN PART/HEMI/	56.90	56.90
77331		SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	49.85	49.85
77331	26	SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	35.47	35.47
77331	TC	SPECIAL DOSIMETRY EG TLD, MICRODOSIMETRY	14.37	14.37
77332		TREATMENT DEVICES DESIGN & CONSTRUCTION	60.77	60.77
77332	26	TREATMENT DEVICES DESIGN & CONSTRUCTION	21.94	21.94
77332	TC	TREATMENT DEVICES DESIGN & CONSTRUCTION	38.83	38.83
77333		TREATMENT DEVICES DESIGN & CONSTRUCTION	54.58	54.58
77333	26	TREATMENT DEVICES DESIGN & CONSTRUCTION	34.28	34.28
77333	TC	TREATMENT DEVICES DESIGN & CONSTRUCTION	20.29	20.29
77334		TREATMENT DEVICE DESIGN & CONSTRUCTION C	123.88	123.88
77334	26	TREATMENT DEVICE DESIGN & CONSTRUCTION C	50.40	50.40
77334	TC	TREATMENT DEVICE DESIGN & CONSTRUCTION C	73.48	73.48
77336		CONTINUING MEDICAL PHYSICS CONSULTATION,	47.27	47.27
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSUL	89.89	89.89
77371		RADIATION TREATMENT DELIVERY, STEREOTACT	648.45	648.45
77372		RADIATION TREATMENT DELIVERY, STEREOTACT	648.45	648.45
77373		STEREOTACTIC BODY RADIATION THERAPY, TRE	1203.95	1203.95
77385		NTSTY MODUL RAD TX DLVR SMPL	412.11	412.11
77386		NTSTY MODUL RAD TX DLVR CPLX	412.11	412.11
77387		GUIDANCE FOR RADIAJ TX DLVR	90.38	90.38
77401		RADIATION TREATMENT DELIVERY, SUPERFICIA	24.21	24.21

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77402		RADIATION TREATMENT DELIVERY	104.22	104.22
77407		RADIATION TREATMENT DELIVERY	163.45	163.45
77412		RADIATION TREATMENT DELIVERY	158.32	158.32
77417		RADIOLOGY PORT IMAGES(S)	12.23	12.23
77427		RADIATION TREATMENT MANAGEMENT, FIVE TRE	152.93	152.93
77431		RADIATION THERAPY MGMT, COMPLETE COURSE,	78.02	78.02
77432		STEREOTACTIC RADIATION TREATMENT MANAGEM	325.17	325.17
77435		STEREOTACTIC BODY RADIATION THERAPY, TRE	539.18	539.18
77470		SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	200.01	200.01
77470	26	SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	85.19	85.19
77470	TC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL B	114.82	114.82
77600		HYPERTHERMIA, EXT; SUPERFICIAL.	287.33	287.33
77600	26	HYPERTHERMIA, EXT; SUPERFICIAL.	63.54	63.54
77600	TC	HYPERTHERMIA, EXT; SUPERFICIAL.	223.80	223.80
77605		HYPERTHERMIA, EXT; DEEP	512.51	512.51
77605	26	HYPERTHERMIA, EXT; DEEP	83.06	83.06
77605	TC	HYPERTHERMIA, EXT; DEEP	429.45	429.45
77615		HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	676.06	676.06
77615	26	HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	84.90	84.90
77615	TC	HYPERTHERMIA; MORE THAN FIVE INTERSTITIA	591.16	591.16
77620		INTRACAVITY HYPERTHERMIA	300.84	300.84
77620	26	INTRACAVITY HYPERTHERMIA	63.88	63.88
77620	TC	INTRACAVITY HYPERTHERMIA	236.94	236.94
77750		INFUSION OR INSTILLATION OF RADIOELEMENT	271.36	271.36
77750	26	INFUSION OR INSTILLATION OF RADIOELEMENT	201.21	201.21
77750	TC	INFUSION OR INSTILLATION OF RADIOELEMENT	70.17	70.17
77761		INTRACAVITARY RADIATION SOURCE APPLICATI	278.24	278.24
77761	26	INTRACAVITARY RADIATION SOURCE APPLICATI	154.42	154.42
77761	TC	INTRACAVITARY RADIATION SOURCE APPLICATI	123.82	123.82
77762		INTRACAVITARY RADIOELEMENT APPLICATION I	380.58	380.58

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

77762	26	INTRACAVITARY RADIOELEMENT APPLICATION I	233.41	233.41
77762	TC	INTRACAVITARY RADIOELEMENT APPLICATION I	147.17	147.17
77763		INTRACAVITARY RADIOELEMENT APPLICATION C	539.65	539.65
77763	26	INTRACAVITARY RADIOELEMENT APPLICATION C	350.32	350.32
77763	TC	INTRACAVITARY RADIOELEMENT APPLICATION C	189.33	189.33
77767		HDR RDNCL SKN SURF BRACHYTX	183.54	183.54
77767	26	HDR RDNCL SKN SURF BRACHYTX	46.14	46.14
77767	TC	HDR RDNCL SKN SURF BRACHYTX	137.39	137.39
77768		HDR RDNCL SKN SURF BRACHYTX	287.02	287.02
77768	26	HDR RDNCL SKN SURF BRACHYTX	61.18	61.18
77768	TC	HDR RDNCL SKN SURF BRACHYTX	225.84	225.84
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	262.94	262.94
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	85.19	85.19
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	177.75	177.75
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	490.17	490.17
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	166.43	166.43
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	323.74	323.74
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	746.91	746.91
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	236.01	236.01
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	510.90	510.90
77778		INTERSTITIAL RADIOELEMENT APPLICATION CO	655.10	655.10
77778	26	INTERSTITIAL RADIOELEMENT APPLICATION CO	458.00	458.00
77778	TC	INTERSTITIAL RADIOELEMENT APPLICATION CO	197.08	197.08
77789		APPLY SURF LDR RADIONUCLIDE	82.73	82.73
77789	26	APPLY SURF LDR RADIONUCLIDE	46.54	46.54
77789	TC	APPLY SURF LDR RADIONUCLIDE	36.19	36.19
77790		SUPERVISION, HANDLING, LOADING OF RADIAT	69.47	69.47
77790	26	SUPERVISION, HANDLING, LOADING OF RADIAT	42.79	42.79
77790	TC	SUPERVISION, HANDLING, LOADING OF RADIAT	26.68	26.68
78015		THYROID CA METAS/IMAGING/NECK/CHEST ONLY	156.13	156.13

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

78015	26	THYROID CA METAS/IMAGING/NECK/CHEST ONLY	27.83	27.83
78016		THYROID CA METAS/IMG/NECK/CHEST W ADD ST	236.69	236.69
78016	26	THYROID CA METAS/IMG/NECK/CHEST W ADD ST	34.05	34.05
78018		THYROID CARCINOMA METASTASES IMAGING WHO	238.79	238.79
78018	26	THYROID CARCINOMA METASTASES IMAGING WHO	35.73	35.73
78070		IMAGING OF PARATHYROID	132.86	132.86
78070	26	IMAGING OF PARATHYROID	34.24	34.24
78075		ADRENAL IMAGING	309.68	309.68
78075	26	ADRENAL IMAGING	30.79	30.79
78102		NUCLEAR SCAN OF BONE MARROW	122.83	122.83
78102	26	NUCLEAR SCAN OF BONE MARROW	22.89	22.89
78103	26	BONE MARROW IMAGING MULTIPLE AREAS	31.09	31.09
78104	26	BONE MARROW IMAGING WHOLE BODY	33.45	33.45
78110		PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUM	58.57	58.57
78110	26	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUM	7.90	7.90
78111		NUCLEAR EXAM, PLASMA VOLUME	74.71	74.71
78111	26	NUCLEAR EXAM, PLASMA VOLUME	9.37	9.37
78120		ISOTOPE STUDY RBC VOLUME	66.61	66.61
78120	26	ISOTOPE STUDY RBC VOLUME	9.66	9.66
78121		NUCLEAR EXAM OF BLOOD VOLUME	80.82	80.82
78121	26	NUCLEAR EXAM OF BLOOD VOLUME	13.22	13.22
78130		ISOTOPE STUDY	117.39	117.39
78130	26	ISOTOPE STUDY	25.45	25.45
78135		RED CELL SURVIVAL STUDY PLUS SPLENIC AND	243.49	243.49
78135	26	RED CELL SURVIVAL STUDY PLUS SPLENIC AND	26.65	26.65
78140		NUCLEAR EXAM,RED BLOOD CELLS	113.69	113.69
78140	26	NUCLEAR EXAM,RED BLOOD CELLS	25.45	25.45
78185		SCANNING SPLEEN	141.98	141.98
78185	26	SCANNING SPLEEN	16.67	16.67
78191		PLATELET SURVIVAL	152.01	152.01

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

78191	26	PLATELET SURVIVAL	25.17	25.17
78195		LYMPHATICS AND LYMPH NODES IMAGING	254.84	254.84
78195	26	LYMPHATICS AND LYMPH NODES IMAGING	50.03	50.03
78201		LIVER IMAGING STATIC	131.16	131.16
78201	26	LIVER IMAGING STATIC	17.89	17.89
78202		LIVER IMAGING W/VASCULAR FLOW	151.38	151.38
78202	26	LIVER IMAGING W/VASCULAR FLOW	20.85	20.85
78205	26	NUCLEAR SCAN OF LIVER 3D	29.60	29.60
78215		LIVER/SPLEEN IMAGING STATIC	140.15	140.15
78215	26	LIVER/SPLEEN IMAGING STATIC	20.24	20.24
78216		LIVER/SPLEEN IMAGING W/VASCULAR FLOW	106.40	106.40
78216	26	LIVER/SPLEEN IMAGING W/VASCULAR FLOW	23.49	23.49
78230		NUCLEAR SCAN SALIVARY GLANDS	119.44	119.44
78230	26	NUCLEAR SCAN SALIVARY GLANDS	18.47	18.47
78231	26	SALIVARY GLAND IMGAING W/SERIAL VIEWS	21.43	21.43
78232		SALIVARY GLAND FUNCTION STUDY	103.94	103.94
78232	26	SALIVARY GLAND FUNCTION STUDY	19.63	19.63
78261		GASTRIC MUCOSA IMAGING	183.73	183.73
78261	26	GASTRIC MUCOSA IMAGING	28.71	28.71
78262		GASTROESOPHAGEAL REFLEX STUDY	181.19	181.19
78262	26	GASTROESOPHAGEAL REFLEX STUDY	27.86	27.86
78264		GASTRIC EMPTYING IMAG STUDY	208.55	208.55
78264	26	GASTRIC EMPTYING IMAG STUDY	32.28	32.28
78265		GASTRIC EMPTYING IMAG STUDY	334.01	334.01
78265	26	GASTRIC EMPTYING IMAG STUDY	41.12	41.12
78265	TC	GASTRIC EMPTYING IMAG STUDY	292.89	292.89
78266		GASTRIC EMPTYING IMAG STUDY	396.08	396.08
78266	26	GASTRIC EMPTYING IMAG STUDY	45.59	45.59
78266	TC	GASTRIC EMPTYING IMAG STUDY	350.49	350.49
78270		VITAMIN B-12 ABSORPTION STUDY W/O INTRIN	60.47	60.47

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

78270	26	VITAMIN B-12 ABSORPTION STUDY W/O INTRIN	8.20	8.20
78271		VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	61.03	61.03
78271	26	VITAMIN B-12 ABSORPTION STUDY W/INTRINSI	7.92	7.92
78272		VITAMIN B-12 ABSORPTION STUDY COMBINED W	69.32	69.32
78272	26	VITAMIN B-12 ABSORPTION STUDY COMBINED W	10.59	10.59
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGIN	251.47	251.47
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGIN	41.06	41.06
78282		GASTROINTESTINAL PROTEIN LOSS	55.60	55.60
78282	26	GASTROINTESTINAL PROTEIN LOSS	15.79	15.79
78290		INTESTINE IMAGING (EG, ECTOPIC GASTRIC M	224.52	224.52
78290	26	INTESTINE IMAGING (EG, ECTOPIC GASTRIC M	28.41	28.41
78291		PERITONEAL-VENOUS SHUNT PATENCY TEST	183.48	183.48
78291	26	PERITONEAL-VENOUS SHUNT PATENCY TEST	36.62	36.62
78300		SCANNING OR IMAGING BONE	128.88	128.88
78300	26	SCANNING OR IMAGING BONE	25.75	25.75
78305		NUCLEAR SCAN OF BONES	171.35	171.35
78305	26	NUCLEAR SCAN OF BONES	34.27	34.27
78306		NUCLEAR SCAN OF SKELETON	189.63	189.63
78306	26	NUCLEAR SCAN OF SKELETON	35.73	35.73
78320		NUCLEAR SCAN OF BONE 3D	194.83	194.83
78320	26	NUCLEAR SCAN OF BONE 3D	43.13	43.13
78414		PROBE TECHNIQUE VENTRIC EJECT FRACTION D	64.86	64.86
78414	26	PROBE TECHNIQUE VENTRIC EJECT FRACTION D	17.62	17.62
78428		CARDIAC SHUNT DETECTION	149.75	149.75
78428	26	CARDIAC SHUNT DETECTION	33.68	33.68
78445	26	NON-CARDIAC VASCULAR FLOW IMAGING (IE, A	20.24	20.24
78458		VENOUS THROMBOSIS IMAGING BILATERAL EG V	159.30	159.30
78458	26	VENOUS THROMBOSIS IMAGING BILATERAL EG V	37.50	37.50
78466		NUCLEAR SCAN, HEART MUSCLE	137.71	137.71
78466	26	NUCLEAR SCAN, HEART MUSCLE	29.56	29.56

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

78468		NUCLEAR SCAN, HEART MUSCLE	173.61	173.61
78468	26	NUCLEAR SCAN, HEART MUSCLE	35.12	35.12
78469	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR	39.59	39.59
78473		CARDIAC BLOOD POOL IMAGING, GATED EQUILI	274.96	274.96
78473	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILI	63.80	63.80
78580		PULMONARY PERFUSION IMAGING PARTICULATE	159.01	159.01
78580	26	PULMONARY PERFUSION IMAGING PARTICULATE	30.79	30.79
78600		SCANNING BRAIN	131.64	131.64
78600	26	SCANNING BRAIN	18.45	18.45
78601		BRAIN IMAG LIM PROCED W/VASC FLOW	156.62	156.62
78601	26	BRAIN IMAG LIM PROCED W/VASC FLOW	21.13	21.13
78605		BRAIN IMAG COMPL STATIC	146.60	146.60
78605	26	BRAIN IMAG COMPL STATIC	22.29	22.29
78606		BRAIN IMAG COMPL W/VASC FLOW	229.30	229.30
78606	26	BRAIN IMAG COMPL W/VASC FLOW	26.65	26.65
78610		BRAIN IMAG VASC FLO STUD ONLY	132.60	132.60
78610	26	BRAIN IMAG VASC FLO STUD ONLY	12.90	12.90
78630		CEREBROSP FLD FL IMAG CISTERN	243.41	243.41
78630	26	CEREBROSP FLD FL IMAG CISTERN	28.41	28.41
78635		CEREBROSPFLD FLO IMAG VENTRICULOG	221.55	221.55
78635	26	CEREBROSPFLD FLO IMAG VENTRICULOG	25.55	25.55
78645		CEREBROSP FLD FLO IMAG SHUNT EVAL	224.18	224.18
78645	26	CEREBROSP FLD FLO IMAG SHUNT EVAL	23.78	23.78
78650		CEREBROSPINAL FLUID LEAKAGE DETECTION AN	237.36	237.36
78650	26	CEREBROSPINAL FLUID LEAKAGE DETECTION AN	25.45	25.45
78660		RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	124.19	124.19
78660	26	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	22.01	22.01
78700		NUCLEAR SCAN OF KIDNEY	130.64	130.64
78700	26	NUCLEAR SCAN OF KIDNEY	18.75	18.75
78701		KIDNEY IMAG W/VASC FLOW	156.30	156.30

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

78701	26	KIDNEY IMAG W/VASC FLOW	20.24	20.24
78707		KIDNEY IMAGING WITH VASCULAR FLOW AND FU	182.77	182.77
78707	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FU	39.87	39.87
78730	26	URINARY BLADDER RESIDUAL STUDY	7.16	7.16
78740		URETERAL REFLUX STUDY (RADIOPHARMACEUTIC	155.52	155.52
78740	26	URETERAL REFLUX STUDY (RADIOPHARMACEUTIC	23.97	23.97
78761		TESTICULAR IMAGING WITH VASCULAR FLOW	156.24	156.24
78761	26	TESTICULAR IMAGING WITH VASCULAR FLOW	29.60	29.60
78800		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	139.72	139.72
78800	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	27.16	27.16
78801		TUMOR LOCALIZATION MULTIPLE AREAS	186.86	186.86
78801	26	TUMOR LOCALIZATION MULTIPLE AREAS	32.97	32.97
78802		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	244.30	244.30
78802	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	35.73	35.73
78803		RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	269.48	269.48
78803	26	RADIOPHARMACEUTICAL LOCALIZATION OF TUMO	45.40	45.40
78805		RADIOPHARMACEUTICAL LOCALIZATION OF INFL	140.24	140.24
78805	26	RADIOPHARMACEUTICAL LOCALIZATION OF INFL	30.21	30.21
78806		ABSCESS LOCALIZATION WHOLE BODY	255.62	255.62
78806	26	ABSCESS LOCALIZATION WHOLE BODY	35.73	35.73
78807		RADIOPHARMACEUTICAL LOCALIZATION OF ABSC	269.85	269.85
78807	26	RADIOPHARMACEUTICAL LOCALIZATION OF ABSC	45.48	45.48
79200		RADIOPHARMACEUTICAL THERAPY, BY INTRACAV	138.45	138.45
79200	26	RADIOPHARMACEUTICAL THERAPY, BY INTRACAV	82.90	82.90
79300		RADIOPHARMACEUTICAL THERAPY, BY INTERSTI	175.42	175.42
79300	26	RADIOPHARMACEUTICAL THERAPY, BY INTERSTI	67.11	67.11
79440		RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	128.19	128.19
79440	26	RADIOPHARMACEUTICAL THERAPY, BY INTRA-AR	82.70	82.70
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	26.73	26.73
80048		BASIC METABOLIC PANEL	9.88	9.88

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

80051		ELECTROLYTE PANEL	8.51	8.51
80050		GENERAL HEALTH SCREEN PANEL	11.16	11.38
80053		COMPREHENSIVE METABOLIC PANEL	10.42	10.42
80055		OBSTETRIC PANEL	27.81	27.81
80061		LIPID PROFILE	16.53	16.53
80069		RENAL FUNCTION PANEL	9.88	9.88
80074		ACUTE HEPATITIS PANEL	57.47	57.47
80076		HEPATIC FUNCTION PANEL	9.88	9.88
80155		DRUG ASSAY CAFFEINE	16.69	16.69
80159		DRUG ASSAY CLOZAPINE	21.83	21.83
80163		ASSAY OF DIGOXIN FREE	16.88	16.88
80165		DIPROPYLACETIC ACID FREE	17.04	17.04
80169		DRUG ASSAY EVEROLIMUS	16.20	16.20
80171		DRUG SCREEN QUANT GABAPENTIN	15.65	15.65
80175		DRUG SCREEN QUAN LAMOTRIGINE	15.65	15.65
80177		DRUG SCR N QUAN LEVETIRACETAM	15.65	15.65
80180		DRUG SCR N QUAN MYCOPHENOLATE	21.31	21.31
80183		DRUG SCR N QUANT OXCARBAZEPIN	15.65	15.65
80184		PHENOBARBITAL	14.13	14.13
80195		SIROLIMUS	16.92	16.92
80199		DRUG SCREEN QUANT TIAGABINE	21.31	21.31
80203		DRUG SCREEN QUANT ZONISAMIDE	15.65	15.65
80299		QUANTITATIVE ASSAY DRUG	16.89	16.89
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	3.91	3.91
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	3.91	3.91
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	3.15	3.15
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	2.77	2.77
81005		URINE TESTS	2.68	2.68
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	3.17	3.17
81015		MICROSCOPIC URINE EXAM	3.74	3.74

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	4.55	4.55
81025		UA PREG. TEST - COLOR COMPARISON METHOD	7.80	7.80
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	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	14.86
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION	79.43	79.43
82120		AMINES, VAGINAL FLUID, QUALITATIVE	4.64	4.64
82150		AMYLASE	7.99	7.99
82239		BILE ACIDS; TOTAL	20.09	20.09
82247		BILIRUBIN; TOTAL	6.20	6.20
82248		BILIRUBIN; DIRECT	6.20	6.20
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.01	4.01
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.01	4.01
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.01	4.01
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	19.61	19.61
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	36.51	36.51
82310		CALCIUM; TOTAL	6.35	6.35
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIME	6.42	6.42
82365		CALCULUS QUANTITATIVE INFRARED SPECTROSC	15.90	15.90
82374		CARBON DIOXIDE	6.03	6.03
82390		CERULOPLASMIN	13.25	13.25
82465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	5.36	5.36
82525		COPPER	15.31	15.31
82533		CORTISOL; TOTAL	20.11	20.11
82542		COL CHROMOTOGRAPHY QUAL/QUAN	22.27	22.27
82550		CREATINE KINASE (CK), (CPK); TOTAL	8.03	8.03
82552		CPK ISOENZYME (QUALITATIVE)	16.52	16.52
82553		CPK; MB FRACTION ONLY	14.24	14.24

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

82565		CREATININE; BLOOD	6.32	6.32
82570		CREATININE; OTHER SOURCE	6.38	6.38
82607		CYANOCOBALAMIN (VITAMIN B-12)	18.59	18.59
82610		CYSTATIN C	16.77	16.77
82656		ELASTASE, PANCREATIC (EL-1), FECAL, QUAL	14.13	14.13
82664		ELECTROPHORETIC TECH	42.37	42.37
82670		ESTRADIOL	29.37	29.37
82679		ESTRONE	30.79	30.79
82705		FECAL FAT SCREEN	6.28	6.28
82726		VERY LONG CHAIN FATTY ACIDS	22.27	22.27
82728		FERRITIN SPECIFY METHOD	16.80	16.80
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRET	79.43	79.43
82746		FOLIC ACID	18.13	18.13
82784		GAMMA GLOBULIN	11.47	11.47
82785		GAMMAGLOBULIN; IGE	20.31	20.31
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO	35.00	35.00
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	4.84	4.84
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	4.84	4.84
82948		GLUCOSE BLOOD STICK TEST	3.91	3.91
82950		GLUCOSE POST GLUCOSE DOSE	5.86	5.86
82951		GLUCOSE TOLERANCE	15.88	15.88
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	4.84	4.84
82962		BLOOD GLUCOSE BY MONITORING DEVICE	2.89	2.89
82977		G G T	8.88	8.88
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	22.92	22.92
83002		LUTEINIZING HORMONE (LH)	22.84	22.84
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	83.07	83.07
83013		HELICOBACTER PYLORI; BREATH TEST ANALYSI	83.07	83.07
83014		HELICOBACTER PYLORI; DRUG ADMINISTRATION	9.69	9.69
83020	26	HEMOGLOBIN FRACTIONATION AND QUANTITATIO	15.02	15.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	11.97	11.97
83050		METHEMOGLOBIN QUANTITATIVE	9.03	9.03
83525		INSULIN; TOTAL	14.10	14.10
83540		IRON	7.99	7.99
83550		IBC	10.78	10.78
83630		LACTOFERRIN, FECAL; QUALITATIVE	25.30	25.30
83655		LEAD	14.93	14.93
83690		LIPASE	8.49	8.49
83695		LIPOPROTEIN (A)	15.97	15.97
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	13.88	13.88
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	30.61	30.61
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPO	33.64	33.64
83718		LIPOPROTEIN, DIRECT MEASUREMENT; (HDL CH	10.10	10.10
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	11.77	11.77
83735		MAGNESIUM	8.26	8.26
83789		MASS SPECTROMETRY QUAL/QUAN	22.27	22.27
83874		MYOGLOBIN	15.93	15.93
83876		MYELOPEROXIDASE (MPO)	16.69	16.69
83880		NATRIURETIC PEPTIDE	41.87	41.87
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	83.01	83.01
83970		PARATHORMONE	50.91	50.91
83986		PH BODY FLUID EXCEPT BLOOD	4.41	4.41
83993		CALPROTECTIN, FECAL	24.20	24.20
84075		PHOSPHATASE ALKALINE	6.38	6.38
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	5.85	5.85
84132		POTASSIUM SERUM	5.66	5.66
84144		PROGESTERONE	25.73	25.73
84145		PROCALCITONIN (PCT)	24.50	24.50
84146		PROLACTIN	23.90	23.90
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	22.69	22.69

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	4.52	4.52
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	4.52	4.52
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (P	10.79	10.79
84165		PROTEIN; ELECTROPHORETIC FRACTIONATION A	13.19	13.19
84165	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	14.74	14.74
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION A	22.00	22.00
84166	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	14.74	14.74
84181	26	PROTEIN; WESTERN BLOT, W REPORT & INTERP	14.74	14.74
84182	26	PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	15.21	15.21
84295		SODIUM BLOOD	5.94	5.94
84300		SODIUM URINE	5.99	5.99
84302		SODIUM; OTHER SOURCE	5.99	5.99
84311		SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	8.62	8.62
84315		SPECIFIC GRAVITY CEXCE PT URINE	3.09	3.09
84402		TESTOSTERONE; FREE	31.40	31.40
84403		TESTOSTERONE; TOTAL	31.85	31.85
84436		THYROXINE; TOTAL	7.11	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		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	6.53	6.53
84466		TRANSFERRIN	15.74	15.74
84478		TRIGLYCERIDES	7.10	7.10
84479		THYROID HORMONE (T3 OR T4) UPTAKE OR THY	7.35	7.35
84480		TRIIODOTHYRONINE T3; TOTAL (TT-3)	17.49	17.49
84481		TRIDOTHYRONINE (T-3); FREE	20.89	20.89
84520		UREA NITROGEN; QUANTITATIVE	4.86	4.86
84550		URIC ACID; BLOOD	5.57	5.57
84560		URIC ACID; OTHER SOURCE	5.86	5.86
84630		ZINC	14.05	14.05

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

84681		C-PEPTIDE ANY METHOD	19.59	19.59
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	10.79	10.79
84703		GONADOTROPIN CHORIONIC QUALITATIVE	9.26	9.26
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	10.79	10.79
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	7.98	7.98
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	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		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	9.58	9.58
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	7.98	7.98
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	5.31	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	26	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	13.09	13.09
85097	26	BONE MARROW, SMEAR INTERPRETATION	29.48	59.20
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS AN	14.61	14.61
85379		FDP, D-DIMER; QUANTITATIVE	11.71	11.71
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	11.36	11.36
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	15.02	15.02
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	29.58	29.58
85576		PLATELET; AGGREGATION (IN VITRO), EACH A	26.49	26.49
85610		PROTHROMBIN TIME	4.85	4.85
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUT	4.37	4.37
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	3.33	3.33
85730		PTT	7.40	7.40
86000		AGGLUTINS FEBRILE EA	8.60	8.60
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR S	6.44	6.44

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

86038		ANTINUCLEAR ANTIBODIES (ANA);	14.91	14.91
86063		ANTISTREPTOLYSIN SCREEN	7.12	7.12
86140		CRP	6.38	6.38
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	15.97	15.97
86162		COMPLEMENT TOTAL	25.06	25.06
86171		COMPLEMENT FIXATION TEST, EACH	12.36	12.36
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	15.97	15.97
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NA	16.95	16.95
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	22.12	22.12
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	14.86	14.86
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	15.02	15.02
86256		FLOURESCENT ANTIBODY TITER	14.86	14.86
86256	26	FLOURESCENT ANTIBODY TITER	15.02	15.02
86280		HEMAGGLUTINATION INHIBITON	10.10	10.10
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 ANT	25.66	25.66
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	17.90	17.90
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	15.97	15.97
86320		IMMUNOELECTROPHORESIS; SERUM	27.65	27.65
86320	26	IMMUNOELECTROPHORESIS; SERUM	15.02	15.02
86325	26	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	14.74	14.74
86327	26	IMMUNOELECTROPHORESIS SERUM EACH SPECIME	17.29	17.29
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	17.31	17.31
86334	26	IMMUNOFIXATION ELECTROPHORESIS; SERUM	15.02	15.02
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	36.19	36.19
86335	26	IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	14.74	14.74
86341		ISLET CELL ANTIBODY	16.57	16.57
86355		B CELLS, TOTAL COUNT	46.52	46.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (	33.02	33.02
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, THYROID OR LI	17.09	17.09
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	12.57	12.57
86430		RHEUMATOID FACTOR; QUALITATIVE	7.00	7.00
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	76.44	76.44
86486		SKIN TEST; UNLISTED ANTIGEN, EACH	3.74	3.74
86580		SENSITIVITY TEST TUBERCULOSIS	5.42	5.42
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	5.26	5.26
86663		ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	16.18	16.18
86664		ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	17.90	17.90
86677		ANTIBODY; HELICOBACTER PYLOUI	17.90	17.90
86701		ANTIBODY; HIV-1	10.95	10.95
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	14.50	14.50
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	13.25	13.25
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	17.43	17.43
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	15.90	15.90
86780		TREPONEMA PALLIDUM	16.74	16.74
86788		ANTIBODY; WEST NILE VIRUS, IGM	17.90	17.90
86789		ANTIBODY; WEST NILE VIRUS	17.72	17.72
86800		THYROGLOBULIN ANTIBODY	19.61	19.61
86803		HEPATITIS C ANTIBODY;	17.61	17.61
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	48.02	48.02
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	36.02	36.02
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	97.25	97.25
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	83.36	83.36
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	152.83	152.83
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	138.93	138.93
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	430.71	430.71

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	389.03	389.03
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	11.63	11.63
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	10.62	10.62
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	9.96	9.96
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	7.11	7.11
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	9.95	9.95
87101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION	9.51	9.51
87109		CULTURE MYCOPLASM ANY SOURCE	18.98	18.98
87110		CULTURE, CHLAMYDIA, ANY SOURCE	24.16	24.16
87140		CULTURE, TYPING; IMMUNOFLUORESCENT METHO	6.88	6.88
87164	26	DARKFIELD EXAMINATION	14.74	14.74
87177		OVA AND PARASITES	10.97	10.97
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	8.50	8.50
87205		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	5.26	5.26
87206		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	6.63	6.63
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	22.16	22.16
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	4.70	4.70
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	5.26	5.26
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	30.14	30.14
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.13	14.13
87305		ASPERGILLUS AG IA	14.13	14.13
87329		GIARDIA AG IA	14.13	14.13
87340		HEPATITIS B SURFACE AG IA	11.48	11.48
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	29.61	29.61
87400		INFLUENZA A/B AG IA	14.13	14.13
87420		RESP SYNCYTIAL AG IA	14.13	14.13
87430		STREP A AG IA	14.13	14.13
87449		AG DETECT NOS IA MULT	14.13	14.13

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87490		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87498		DETECTION TEST FOR ENTEROVIRUS (INTESTIN	30.24	30.24
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87502		INFLUENZA DNA AMP PROBE	66.04	66.04
87505		NFCT AGENT DETECTION GI	89.56	89.56
87506		IADNA-DNA/RNA PROBE TQ 6-11	135.68	135.68
87507		IADNA-DNA/RNA PROBE TQ 12-25	250.98	250.98
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87590		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87623		HPV LOW-RISK TYPES	31.18	31.18
87624		HPV HIGH-RISK TYPES	31.18	31.18
87625		HPV TYPES 16 & 18 ONLY	31.18	31.18
87631		RESP VIRUS 3-5 TARGETS	86.87	86.87
87632		RESP VIRUS 6-11 TARGETS	131.61	131.61
87633		RESP VIRUS 12-25 TARGETS	243.45	243.45
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.17	40.17
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.24	30.24
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.74	24.74
87661		TRICHOMONAS VAGINALIS AMPLIF	28.94	28.94
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	49.46	49.46
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87806		HIV ANTIGEN W/HIV ANTIBODIES	30.53	30.53

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.13	14.13
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	14.13	14.13
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	100.45	100.45
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	16.42	16.42
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	94.69	94.69
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	94.69	94.69
88154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.03	13.03
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.03	13.03
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	26.35	26.35
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	32.05	32.05
88184		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	60.54	60.54
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	35.92	35.92
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 M	52.80	52.80
88188		FLOW CYTOMETRY, INTERPRETATION; 9 TO 15	65.01	65.01
88189		FLOW CYTOMETRY, INTERPRETATION; 16 OR MO	83.02	83.02
88248		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	57.79	57.79
88341		IMMUNOHISTO ANTB ADDL SLIDE	54.64	54.64
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	18.32	18.32
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	36.32	36.32
88344		IMMUNOHISTO ANTIBODY SLIDE	95.19	95.19
88344	26	IMMUNOHISTO ANTIBODY SLIDE	33.68	33.68
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	61.52	61.52
88350		IMMUNOFLUOR ANTB ADDL STAIN	59.04	59.04
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	24.08	24.08
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	34.96	34.96
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	70.72	70.72
88360		MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	93.83	93.83
88360	26	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	43.65	43.65

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

88360	TC	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	50.18	50.18
88364		INSITU HYBRIDIZATION (FISH)	78.93	78.93
88364	26	INSITU HYBRIDIZATION (FISH)	22.85	22.85
88364	TC	INSITU HYBRIDIZATION (FISH)	56.07	56.07
88366		INSITU HYBRIDIZATION (FISH)	121.97	121.97
88366	26	INSITU HYBRIDIZATION (FISH)	53.02	53.02
88366	TC	INSITU HYBRIDIZATION (FISH)	68.95	68.95
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	185.98	185.98
88367	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	50.27	50.27
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	135.71	135.71
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	164.10	164.10
88368	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	53.01	53.01
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	111.09	111.09
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	60.03	60.03
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	48.93	48.93
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	165.98	165.98
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	38.03	38.03
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	127.94	127.94
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	174.43	174.43
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	55.37	55.37
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	119.07	119.07
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	6.23	6.23
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	6.34	6.34
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	6.47	6.47
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	6.47	6.47
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (E	5.84	5.84
89051		SYNOVIAL FLUID DIFF	6.42	6.42
89055		LEUKOCYTE ASSESSMENT FECAL	5.26	5.26
89060		CRYSTAL ID, SYNOVIAL FLUID	8.82	8.82
89125		FAT STAIN, FECES, URINE, OR RESPIRATORY	5.33	5.33

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

89160		MEAT FIBERS FECES	4.55	4.55
89190		NASAL SMEAR FOR EOSINOPHILS	5.74	5.74
89310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT	10.34	10.34
89320		SEMEN ANALYSIS COMPLETE	14.86	14.86
89325		SPERM AGGLUTINATION WITH ANTIBODY TITER	13.16	13.16
90291		CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGI	22.70	22.70
90371		HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMA	114.50	114.50
90375		RABIES IMMUNE GLOBULIN (RIG), 2ML,HUMAN,	64.74	64.74
90376		RABIES IMMUNE GLOBULIN, HEAT-TREATED (RI	74.52	74.52
90389		TETANUS IMMUNE GLOBULIN (TIG)250UNITS/1M	133.57	133.57
90396		VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN,	105.38	105.38
90471		IMMUNIZATION ADMINISTRATION (INCLUDES PE	13.30	13.30
90471	EP	IMMUNIZATION ADMINISTRATION (INCLUDES PE	20.45	20.45
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	13.30	13.30
90472	EP	IMMUNIZATION ADMINISTRATION, EACH ADDITI	20.45	20.45
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	13.30	13.30
90473	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	20.45	20.45
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	13.30	13.30
90474	EP	IMMUNIZATION ADMINISTRATION BY INTRANASA	20.45	20.45
90585		BACILLUS CALMETTE-GUERIN VACCINE (BCG) F	111.57	111.57
90620		MENINGOCOCCAL RECOMBINANT PROTEIN	171.74	171.74
90621		MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VA	123.63	123.63
90630		FLU VACC IIV4 NO PRESERV ID	22.01	22.01
90632		HEPA VACCINE ADULT IM	43.71	43.71
90633		HEPA VACC PED/ADOL 2 DOSE IM	23.57	23.57
90636		HEPATITIS A AND HEPATITIS B VACCINE (HEP	88.61	88.61
90647		HIB PRP-OMP VACC 3 DOSE IM	19.48	19.48
90648		HIB PRP-T VACCINE 4 DOSE IM	20.79	20.79
90649		4VHPV VACCINE 3 DOSE IM	134.37	134.37
90650		2VHPV VACCINE 3 DOSE IM	131.92	131.92

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

90651		9VHPV VACCINE 3 DOSE IM	175.87	175.87
90656		IIV3 VACC NO PRSV 3 YRS+ IM	16.58	16.58
90657		IIV3 VACCINE 6-35 MONTHS IM	6.31	6.31
90658		IIV3 VACCINE 3 YRS+ IM	12.62	12.62
90670		PCV13 VACCINE IM	131.44	131.44
90672		LAIV4 VACCINE INTRANASAL	23.07	23.07
90675		RABIES VACCINE, FOR INTRAMUSCULAR USE	147.06	147.06
90680		RV5 VACC 3 DOSE LIVE ORAL	74.56	74.56
90681		RV1 VACC 2 DOSE LIVE ORAL	10.99	10.99
90686		IIV4 VACC NO PRSV 3 YRS+ IM	18.21	18.21
90688		IIV4 VACCINE 3 YRS PLUS IM	15.80	15.80
90696		DTAP-IPV VACCINE 4-6 YRS IM	50.90	50.90
90698		DTAP-IPV/HIB VACCINE IM	77.48	77.48
90700		DIPHtherIA, TETANUS TOXoids, AND ACeLLUL	14.20	14.20
90702		DT VACCINE UNDER 7 YRS IM	23.82	23.82
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	40.61	40.61
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA V	132.90	132.90
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	24.54	24.54
90714		TD VACC NO PRESV 7 YRS+ IM	19.06	19.06
90715		TETANUS, DIPHtherIA TOXoids AND ACeLLULA	39.10	39.10
90716		VAR VACCINE LIVE SUBQ	85.56	85.56
90723		DIPHtherIA, TETANUS TOXoids, ACeLLULAR P	71.90	71.90
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	31.21	31.21
90733		MPSV4 VACCINE SUBQ	89.60	89.60
90734		MENINGOCOCCAL CONJUGATE VACCINE, SEROGRO	105.80	105.80
90736		HZV VACCINE LIVE SUBQ	202.93	202.93
90740		HEPB VACC 3 DOSE IMMUNSUP IM	109.31	109.31
90744		HEPB VACC 3 DOSE PED/ADOL IM	23.12	23.12
90746		HEPB VACCINE 3 DOSE ADULT IM	54.65	54.65
90747		HEPB VACC 4 DOSE IMMUNSUP IM	109.31	109.31

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

90785		INTERACTIVE COMPLEXITY	3.84	3.84
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	95.58	121.63
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH M	98.81	101.44
90832		PSYCHOTHERAPY, 30 MINUTES WITH PATIENT A	40.15	50.67
90833		PSYCHOTHERAPY, 30 MINUTES WITH PATIENT A	33.60	33.86
90834		PSYCHOTHERAPY, 45 MINUTES WITH PATIENT A	60.29	65.81
90836		PSYCHOTHERAPY, 45 MINUTES WITH PATIENT A	55.02	55.02
90837		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT A	90.91	96.44
90838		PSYCHOTHERAPY, 60 MINUTES WITH PATIENT A	88.31	88.84
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUT	113.90	121.52
90840		PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONA	94.92	102.31
90845		PSYCHOANALYSIS	65.81	67.22
90846		FAMILY PSYCHOTHERAPY (WITHOUT THE PATIEN	69.82	71.50
90847		FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHE	83.74	88.78
90849		MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	24.38	26.63
90853		GROUP PSYCHOTHERAPY (OTHER THAN OF A MUL	23.91	25.31
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECE	69.94	109.94
90951		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	782.62	782.62
90952		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	363.83	363.83
90953		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	246.46	246.46
90954		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	642.60	642.60
90955		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	363.83	363.83
90956		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	246.45	246.45
90957		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	515.77	515.77
90958		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	347.97	347.97
90959		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	228.36	228.36
90960		DIALYSIS SERVICES (4 OR MORE PHYSICIAN V	228.75	228.75
90961		DIALYSIS SERVICES (2-3 PHYSICIAN VISITS	184.68	184.68
90962		DIALYSIS SERVICES (1 PHYSICIAN VISIT PER	133.55	133.55
90963		END-STAGE RENAL DISEASE (ESRD) RELATED S	442.10	442.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

90964		END-STAGE RENAL DISEASE (ESRD) RELATED S	368.92	368.92
90965		END-STAGE RENAL DISEASE (ESRD) RELATED S	350.91	350.91
90966		END-STAGE RENAL DISEASE (ESRD) RELATED S	182.72	182.72
90967		END-STAGE RENAL DISEASE (ESRD) RELATED S	15.81	15.81
90968		END-STAGE RENAL DISEASE (ESRD) RELATED S	12.34	12.34
90969		END-STAGE RENAL DISEASE (ESRD) RELATED S	12.04	12.04
90970		END-STAGE RENAL DISEASE (ESRD) RELATED S	6.38	6.38
91030		ISOPHAGUS ACID PERFUSION (BERNSTEIN)TEST	105.89	105.89
91034		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	151.66	151.66
91034	26	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	41.95	41.95
91034	TC	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	109.70	109.70
91035		ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	409.26	409.26
91035	26	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	67.55	67.55
91035	TC	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST;	341.70	341.70
91037		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	122.00	122.00
91037	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	42.52	42.52
91037	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	79.49	79.49
91038		ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	108.03	108.03
91038	26	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	48.12	48.12
91038	TC	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGE	59.90	59.90
91040		ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	287.33	287.33
91040	26	ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	43.63	43.63
91040	TC	ESOPHAGEAL BALLOON DISTENSION PROVOCATIO	243.70	243.70
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION	49.70	49.70
91065	26	BREATH HYDROGEN TEST (EG, FOR DETECTION	8.49	8.49
91065	TC	BREATH HYDROGEN TEST (EG, FOR DETECTION	41.23	41.23
91120		RECTAL SENSATION, TONE, AND COMPLIANCE T	294.41	294.41
91120	26	RECTAL SENSATION, TONE, AND COMPLIANCE T	39.63	39.63
91120	TC	RECTAL SENSATION, TONE, AND COMPLIANCE T	254.79	254.79
91122		ANORECTAL MANOMETRY	178.14	178.14

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

91122	26	ANORECTAL MANOMETRY	73.37	73.37
91122	TC	ANORECTAL MANOMETRY	104.77	104.77
91200		LIVER ELASTOGRAPHY	29.70	29.70
91200	26	LIVER ELASTOGRAPHY	12.57	12.57
92002		EYE EXAM & TREATMENT,INITIAL	35.39	53.85
92004		EYE EXAM & TREATMENT,INITIAL	73.44	101.69
92019		OPHTHALMOL EXAM/EVAL UNDER GEN ANESTHESIA	51.94	51.94
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	24.68	24.68
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	14.41	14.41
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATE	10.26	10.26
92502		EAR AND THROAT EXAMINATION	73.77	73.77
92504		SPECIAL EAR EXAMINATION	7.60	21.58
92511		VISUALIZATION NOSE & THROAT	45.56	113.82
92512		NASAL FUNCTION STUDIES	22.33	45.56
92520		LARYNGEAL FUNCTION STUDIES (IE, AERODYNA	31.37	46.75
92531		SPONTANEOUS NYSTAGMUS TEST	17.51	17.51
92532		POSITIONAL NYSTAGMUS TEST	17.86	17.86
92533		INNER EAR TEST	11.38	11.38
92534		OPTOKINETIC NYSTAGMUS TEST	33.63	33.63
92537		CALORIC VSTBLR TEST W/REC	33.81	33.81
92537	26	CALORIC VSTBLR TEST W/REC	26.98	26.98
92537	TC	CALORIC VSTBLR TEST W/REC	6.83	6.83
92538		CALORIC VSTBLR TEST W/REC	17.17	17.17
92538	26	CALORIC VSTBLR TEST W/REC	13.49	13.49
92538	TC	CALORIC VSTBLR TEST W/REC	3.68	3.68
92541		SPECIAL EYE TEST	44.76	44.76
92542		SPECIAL EYE TEST	46.37	46.37
92544		SPECIAL EYE TEST	37.25	37.25
92545		SPECIAL EYE TEST	34.95	34.95
92551		HEARING TEST	8.02	8.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

92552		HEARING TEST	16.15	16.15
92553		HEARING TEST	21.57	21.57
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALU	33.31	35.27
92560		HEARING TEST, SCREENING	16.98	16.98
92561		SPECIAL HEARING TEST	21.02	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		SPECIAL HEARING TEST	9.44	9.44
92567		TYMPANOMETRY	12.23	13.64
92568		ACOUSTIC REFLEX TESTING; THRESHOLD	14.29	14.29
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		SPECIAL HEARING TEST	12.80	12.80
92582		SPECIAL HEARING TEST	30.81	30.81
92583		SPECIAL HEARING TEST	24.75	24.75
92584		ELECTROCOCHLEOGRAPHY	50.19	50.19
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (S	29.18	29.18
92590		HEARING AID EXAMINATION AND SELECTION MO	34.46	34.46
92591		HEARING AID EXAM AND SELECTION BINAURAL	51.76	51.76
92592		HEARING AID CHECK MONAURAL	15.08	15.08
92593		HEARING AID CHECK BINAURAL	22.80	22.80
92594		ELECTROACOUSTIC EVALUATION FOR HEARING A	16.65	16.65
92595		ELECTROACOUSTIC EVALUATION FOR HEARING A	24.89	24.89
92596		EAR PROTECTOR ATTENUATION MEASUREMENTS	26.04	26.04
92608		EVALUATION FOR PRESCRIPTION FOR SPEECH-G	22.21	22.21
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEE	61.75	61.75
92950		HEART-LUNG RESUSCITATION	143.49	215.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

92960		RESTORATION HEART RHYTHM	108.00	202.28
92961		CARDIOVERSION, ELECTIVE, ELECTRICAL CONV	211.25	211.25
92970		CIRCULATORY ASSIST	147.56	147.56
92971		CIRCULATORY ASSIST	83.78	83.78
92986		PERCUTANEOUS BALLOON VALVULOPLASTY; AORT	1117.24	1117.24
92987		PERCUTANEOUS BALLOON VALVULOPLASTY; MITR	1156.35	1156.35
92990		PERCUTAN. BALLOON VALVULOPLASTY; PULMONA	889.97	889.97
92992		ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVE	869.23	869.23
92993		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	869.23	869.23
93000		ELECTROCARDIOGRAM, COMPLETE	16.34	16.34
93005		ELECTROCARDIOGRAM, TRACING	9.06	9.06
93010		ELECTROCARDIOGRAM REPORT	7.29	7.29
93015		EXERCISE OR DRUG-INDUCED HEART AND BLOOD	78.24	78.24
93016		EXERCISE OR DRUG-INDUCED HEART AND BLOOD	19.87	19.87
93017		ELECTROCARDIOGRAM TRACING	45.19	45.19
93018		TREADMILL EKG-INTERP ONLY	13.18	13.18
93025		MICROVOLT T-WAVE ALTERNANS FOR ASSESSMEN	165.80	165.80
93040		ELECTROCARDIOGRAM REPORT	10.53	10.54
93041		RHYTHM ECG TRACING	4.10	4.10
93042		RHYTHM STRIP-INTERP ONLY	6.43	6.43
93224		HEART RHYTHM TRACING, ANALYSIS, AND INTE	91.67	91.67
93225		24 HR ECG, RECORDING ONLY	27.00	27.00
93227		HEART RHYTHM TRACING, ANALYSIS, AND INTE	23.11	23.10
93228		HEART RHYTHM TRACING, COMPUTER ANALYSIS,	20.86	20.86
93229		HEART RHYTHM TRACING, COMPUTER ANALYSIS,	20.86	20.86
93260		PRGRMG DEV EVAL IMPLTBL SYS	54.60	54.60
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	37.76	37.76
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	16.85	16.85
93268		HEART RHYTHM SYMPTOM-RELATED TRACING AND	204.62	204.62
93270		PATIENT DEMAND SINGLE OR MULTI EVENT REC	16.08	16.08

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

93271		PATIENT DEMAND SINGLE OR MULTIPLE EVENT	166.28	166.28
93272		HEART RHYTHM SYMPTOM-RELATED INTERPRETAT	22.26	22.26
93279		EVALUATION, TESTING, AND PROGRAMMING ADJ	44.31	44.31
93279	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	29.27	29.27
93279	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	15.04	15.04
93280		EVALUATION, TESTING, AND PROGRAMMING ADJ	52.51	52.51
93280	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	35.14	35.14
93280	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	17.36	17.36
93281		EVALUATION, TESTING, AND PROGRAMMING ADJ	61.38	61.38
93281	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	41.03	41.03
93281	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	20.35	20.35
93282		PRGRMG EVAL IMPLANTABLE DFB	56.71	56.71
93282	26	PRGRMG EVAL IMPLANTABLE DFB	38.31	38.31
93282	TC	PRGRMG EVAL IMPLANTABLE DFB	18.39	18.39
93283		PRGRMG EVAL IMPLANTABLE DFB	69.09	69.09
93283	26	PRGRMG EVAL IMPLANTABLE DFB	48.19	48.19
93283	TC	PRGRMG EVAL IMPLANTABLE DFB	20.91	20.91
93284		PRGRMG EVAL IMPLANTABLE DFB	81.02	81.02
93284	26	PRGRMG EVAL IMPLANTABLE DFB	57.32	57.32
93284	TC	PRGRMG EVAL IMPLANTABLE DFB	23.71	23.71
93285		EVALUATION, TESTING, AND PROGRAMMING ADJ	38.14	38.14
93285	26	EVALUATION, TESTING, AND PROGRAMMING ADJ	23.95	23.95
93285	TC	EVALUATION, TESTING, AND PROGRAMMING ADJ	14.19	14.19
93286		EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	21.59	21.59
93286	26	EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	12.25	12.25
93286	TC	EVALUATION, PHYSICIAN ANALYSIS, REVIEW,	9.34	9.34
93287		PERI-PX DEVICE EVAL & PRGR	28.56	28.56
93287	26	PERI-PX DEVICE EVAL & PRGR	17.99	17.99
93287	TC	PERI-PX DEVICE EVAL & PRGR	10.55	10.55
93288		EVALUATION OF PARAMETERS OF SINGLE, DUAL	34.11	34.11

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

93288	26	EVALUATION OF PARAMETERS OF SINGLE, DUAL	19.63	19.63
93288	TC	EVALUATION OF PARAMETERS OF SINGLE, DUAL	14.47	14.47
93289		INTERROG DEVICE EVAL HEART	52.81	52.81
93289	26	INTERROG DEVICE EVAL HEART	35.44	35.44
93289	TC	INTERROG DEVICE EVAL HEART	17.36	17.36
93290		EVALUATION OF PARAMETERS OF SINGLE, DUAL	25.35	25.35
93290	26	EVALUATION OF PARAMETERS OF SINGLE, DUAL	17.30	17.30
93290	TC	EVALUATION OF PARAMETERS OF SINGLE, DUAL	8.04	8.04
93291		EVALUATION OF IMPLANTABLE HEART RECORDER	32.71	32.71
93291	26	EVALUATION OF IMPLANTABLE HEART RECORDER	19.83	19.83
93291	TC	EVALUATION OF IMPLANTABLE HEART RECORDER	12.89	12.89
93292		EVALUATION OF WEARABLE DEFIBRILLATOR SYS	29.63	29.63
93292	26	EVALUATION OF WEARABLE DEFIBRILLATOR SYS	19.63	19.63
93292	TC	EVALUATION OF WEARABLE DEFIBRILLATOR SYS	10.00	10.00
93293		TELEPHONIC EVALUATION OF SINGLE, DUAL, O	46.03	46.03
93293	26	TELEPHONIC EVALUATION OF SINGLE, DUAL, O	13.70	13.70
93293	TC	TELEPHONIC EVALUATION OF SINGLE, DUAL, O	32.32	32.32
93294		REMOTE EVALUATION OF SINGLE, DUAL, OR MU	29.75	29.75
93295		DEV INTERROG REMOTE 1/2/MLT	53.78	53.78
93296		PM/ICD REMOTE TECH SERV	28.17	28.17
93297		REMOTE EVALUATION OF IMPLANTABLE HEART M	20.86	20.86
93298		REMOTE EVALUATION OF IMPLANTABLE HEART R	23.95	23.95
93299		INTERROGATION DEVICE EVALUATION(S), (REM	23.94	23.94
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	207.28	207.28
93306	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	58.27	58.27
93306	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	149.01	149.01
93307	26	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TI	40.43	40.43
93355		ECHO TRANSESOPHAGEAL (TEE)	192.40	192.40
93503		PLACEMENT OF FLOW DIRECTED CATHETER	91.85	91.85
93505		ENDOCARDIAL BIOPSY	584.97	584.97

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

93561		SPECIAL HEART STUDIES	36.39	36.39
93562		SPECIAL HEART STUDIES	16.55	16.55
93580		PERCUTANEOUS TRANSCATHETER CLOSURE OF CO	820.08	820.08
93581		PERCUTANEOUS TRANSCATHETER CLOSURE OF A	1075.29	1075.29
93600		SPECIAL ELECTROCARDIOGRAM	150.62	150.62
93602		INTRA ATRIAL RECORDING	124.02	124.02
93610		INTRA-ATRIAL PACING	169.47	169.47
93612		INTRAVENTRICULAR PACING	177.61	177.61
93644		ELECTROPHYSIOLOGY EVALUATION	251.84	251.84
93644	26	ELECTROPHYSIOLOGY EVALUATION	167.52	167.52
93644	TC	ELECTROPHYSIOLOGY EVALUATION	84.32	84.32
93740		TEMPERATURE GRADIENT STUDIES	7.74	7.74
93750		EVALUATION OF LOWER HEART CHAMBER ASSIST	28.50	32.45
93770		VENOUS PRESSURE TEST	6.91	6.91
93975	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	75.12	75.12
93976		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	168.93	168.93
93976	26	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOU	49.87	49.87
93978		DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	182.88	182.88
93978	26	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, IL	26.97	26.97
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	126.47	126.47
93979	26	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA	18.08	18.08
94002		VENTILATION ASSIST AND MANAGEMENT, INITI	71.70	71.70
94003		VENTILATION ASSIST AND MANAGEMENT, INITI	51.82	51.82
94004		VENTILATION ASSIST AND MANAGEMENT, INITI	37.72	37.72
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	25.58	25.58
94010	26	SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	6.73	6.73
94060		EVALUATION OF WHEEZING	44.85	44.85
94060	26	EVALUATION OF WHEEZING	11.80	11.80
94150		VITAL CAPACITY TEST.	17.32	17.32
94150	26	VITAL CAPACITY TEST.	3.15	3.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

94200		LUNG FUNCTION TEST	17.32	17.32
94250		LUNG FUNCTION TEST	18.82	18.82
94375		RESPIRATORY FLOW VOLUME LOOP	28.97	28.97
94400		BREATHING RESPONSE TO CO2	40.95	40.95
94450		BREATHING RESPONSE TO HYPOXIA	39.44	39.44
94610		ADMINISTRATION OF MEDICATION THROUGH BRE	50.42	50.42
94620		PULMONARY STRESS TESTING; SIMPLE (EG, PR	55.98	55.98
94620	26	PULMONARY STRESS TESTING; SIMPLE (EG, PR	24.97	24.97
94620	TC	PULMONARY STRESS TESTING; SIMPLE (EG, PR	31.01	31.01
94621	26	PULMONARY STRESS TESTING; COMPLEX (INCLU	57.24	57.24
94640		PRESSURIZED OR NONPRESSURIZED INHALATION	10.18	10.18
94642		AEROSOL INHALATION PENTAMIDINE PROPHYLAX	8.92	8.92
94644		CONTINUOUS INHALATION TREATMENT WITH AER	26.12	26.12
94645		CONTINUOUS INHALATION TREATMENT WITH AER	10.18	10.18
94660		CONT POSITIVE AIRWAY VENT INIATION/MANAG	29.35	44.74
94662		CONT NEGATIVE PRESSURE VENT INIATION/MAN	29.16	29.16
94664		DEMONSTRATION AND/OR EVALUATION OF PATIE	11.12	11.13
94667		MANIPULATION CHEST WALL	15.51	15.51
94668		MANIPULATION CHEST WALL SUBSEQUENT	14.66	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 LUN	30.24	30.24
94726	26	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	7.06	7.06
94726	TC	PLETHYSMOGRAPHY FOR DETERMINATION OF LUN	23.18	23.18
94727		GAS DILUTION OR WASHOUT FOR DETERMINATIO	23.80	23.80
94727	26	GAS DILUTION OR WASHOUT FOR DETERMINATIO	7.06	7.06
94727	TC	GAS DILUTION OR WASHOUT FOR DETERMINATIO	16.74	16.74
94728		AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	23.80	23.80
94728	26	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	7.06	7.06

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

94728	TC	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETR	16.74	16.74
94729		DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	30.01	30.01
94729	26	DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	4.68	4.68
94729	TC	DIFFUSING CAPACITY (EG, CARBON MONOXIDE,	25.33	25.33
94750		PULMONARY COMPLIANCE STUDY (EG, PLETHYSM	54.63	54.63
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OX	2.07	2.07
94761		NONINVASIVE EAR OR PULSE OXIMETRY MULTIP	3.95	3.95
94770		EXHALED CARBON DIOXIDE TEST	27.90	27.90
95004		INJECTION OF ALLERGENIC EXTRACTS INTO SK	4.41	4.41
95027		INJECTION OF ALLERGENIC EXTRACTS FOR AIR	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		INHALA BRONCH CHALLENGE TESTING W/ANTIGE	40.66	40.66
95076		INGEST CHALLENGE INI 120 MIN	58.30	93.28
95079		INGESTION OF TEST ITEMS FOR ALLERGIES, A	53.57	66.20
95115		IMMUNOTHERAPY, ONE INJECTION	7.93	7.93
95117		PROFESSIONAL SERVICES FOR ALLERGEN IMMUN	9.61	9.61
95165		PROFESSIONAL SERVICES FOR THE SUPERVISIO	2.57	9.00
95180		RAPID DESENSITIZATION PROCEDURE, EACH HO	85.61	111.92
95782		SLEEP MONITORING OF PATIENT (YOUNGER THA	811.73	811.73
95782	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	103.39	103.39
95782	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	708.33	708.33
95783		SLEEP MONITORING OF PATIENT (YOUNGER THA	866.39	866.39
95783	26	SLEEP MONITORING OF PATIENT (YOUNGER THA	112.66	112.66
95783	TC	SLEEP MONITORING OF PATIENT (YOUNGER THA	753.46	753.46
95824		ELECTROENCEPHALOGRAM	48.40	48.40
95827		ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	289.77	289.77
95827	26	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RE	43.14	43.14

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

95829		ELECTROCORTICOGRAM AT SURGERY	938.46	938.46
95829	26	ELECTROCORTICOGRAM AT SURGERY	252.95	252.95
95832		MUSCLE TESTING HAND	11.95	18.94
95833		MUSCLE TESTING TOTAL EVALUATION OF BODY	19.08	28.02
95851		RANGE OF MOTION EVALUATION	6.42	12.86
95851	26	RANGE OF MOTION EVALUATION	4.83	10.36
95852		RANGE OF MOTION MEASUREMENTS AND REPORT	4.64	9.95
95852	26	RANGE OF MOTION MEASUREMENTS AND REPORT	1.15	2.49
95857		TENSILON TEST FOR MYASTHENIA GRAVIS	21.73	32.64
95857	26	TENSILON TEST FOR MYASTHENIA GRAVIS	5.43	8.16
95863	26	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITI	76.18	76.18
95867	26	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE S	32.30	32.30
95868	26	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE S	48.11	48.11
95869	26	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASP	15.21	15.21
95875	26	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL	44.58	44.58
95925		SHORT-LATENCY SOMATOSENSORY EVOKED POTEN	90.42	90.42
95925	26	SHORT-LATENCY SOMATOSENSORY EVOKED POTEN	22.14	22.14
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAG	49.69	49.69
95933	26	ORBISULARIS OCCULI REFLEX BY ELECTRODIAG	24.20	24.20
95937		MEUROMUSCULAR JUNCTION TESTING EACH NERV	44.51	44.51
95937	26	MEUROMUSCULAR JUNCTION TESTING EACH NERV	27.34	27.34
95955		ELECTROENCEPHALOGRAM DURING SURGERY	106.38	106.38
95970		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	17.82	38.80
95974		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	120.10	136.32
95978		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	140.92	161.90
95991		REFILLING AND MAINTENANCE BY PHYSICIAN O	29.47	68.37
96040		MEDICAL GENETICS AND GENETIC COUNSELING	31.09	31.09
96110		DEVELOPMENTAL SCREEN W/SCORE	8.49	8.49
96111		DEVELOPMENTAL TESTING; EXTENDED (INCLUDE	103.06	105.30
96127		BRIEF EMOTIONAL/BEHAV ASSMT	4.25	4.25

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

96150		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	18.39	18.67
96150	EP	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	18.39	18.67
96151		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	17.79	18.07
96151	EP	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	17.79	18.07
96360		INTRAVENOUS INFUSION, HYDRATION; INITIAL	43.70	43.70
96361		INTRAVENOUS INFUSION, HYDRATION; EACH AD	12.72	12.72
96365		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	53.30	53.30
96366		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	17.12	17.12
96367		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	26.94	26.94
96368		INTRAVENOUS INFUSION, FOR THERAPY, PROPH	15.98	15.98
96369		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	116.05	116.05
96370		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	12.37	12.37
96371		SUBCUTANEOUS INFUSION FOR THERAPY OR PRO	56.14	56.14
96372		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	16.53	16.53
96373		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	14.19	14.19
96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	42.30	42.30
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	18.34	18.34
96401		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOU	52.71	52.71
96402		CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOU	28.89	28.89
96409		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS	86.75	86.75
96411		CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS	49.44	49.44
96413		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	114.35	114.35
96415		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	25.84	25.84
96416		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	124.55	124.55
96417		CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS	56.94	56.94
96450		CHEMOTHERAPY ADMINISTRATION, INTO CNS (E	70.95	164.10
96523		IRRIGATION OF IMPLANTED VENOUS ACCESS DE	19.58	19.58
96900		ULTRAVIOLET LIGHT THERAPY	14.94	14.94
96910		PHOTOCHEMOTHERAPY TAR/ULTRAVIOLET B GOEC	48.33	48.33
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAVIOLET	61.94	61.94

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	51.67	126.65
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE	51.34	124.08
97001		PHYSICAL THERAPY EVALUATION	56.55	56.55
97002		PHYSICAL THERAPY RE-EVALUATION	30.27	30.27
97003		OCCUPATIONAL THERAPY EVALUATION	59.82	59.82
97004		OCCUPATIONAL THERAPY RE-EVALUATION	34.47	34.47
97010		APPLICATION OF A MODALITY TO ONE OR MORE	3.68	3.68
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	6.21	6.21
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	13.73	13.73
97024		APPLICATION OF A MODALITY TO ONE OR MORE	4.25	4.25
97026		PHYSICAL MEDICINE TREATMENT INFRARED	3.97	3.97
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULT	4.85	4.85
97032		APPLICATION OF A MODALITY TO ONE OR MORE	13.07	13.07
97035		APPLICATION OF A MODALITY TO ONE OR MORE	9.34	9.34
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS	22.67	22.67
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND	25.77	46.20
97598		DEBRIDEMENT, OPEN WOUND, WOUND ASSESMEN	34.39	57.33
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT	23.22	23.22
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INC	25.65	25.65
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER	22.94	22.94
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES	26.48	26.48
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING	26.48	26.48
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND	26.48	26.48
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	17.65	17.65
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASI	9.47	9.47
99070		SUPPLIES AND MATERIALS PROVIDED BY THE P	9.42	9.42
99082		UNUSUAL TRAVEL	0.82	0.82
99100		ANESTHESIA FOR PATIENT OF EXTREME AGE, U	17.36	17.36
99143		MODERATE SEDATION SERVICES BY PHYSICIAN	19.18	19.18
99144		MODERATE SEDATION SERVICES BY PHYSICIAN	15.75	15.75

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

99145		MODERATE SEDATION SERVICES BY PHYSICIAN	7.67	7.67
99148		MODERATE SEDATION SERVICES BY PHYSICIAN	25.03	25.03
99149		MODERATE SEDATION SERVICES BY PHYSICIAN	25.03	25.03
99150		MODERATE SEDATION SERVICES BY PHYSICIAN	12.50	12.50
99170		ANOGENITAL EXAMINATION WITH COLPOSCOPIC	76.28	113.49
99175		INDUCED VOMITING	19.26	19.26
99183		MANAGEMENT AND SUPERVISION OF OXYGEN CHA	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		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	20.82	32.18
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	40.14	55.81
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	60.58	80.86
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	101.72	125.39
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT V	132.38	158.51
99211		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	7.70	16.32
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	20.51	32.50
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	40.13	54.26
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	62.08	81.76
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTP	88.14	110.58
99217		HOSPITAL OBSERVATION CARE DISCHARGE	59.48	59.48
99218		HOSPITAL OBSERVATION CARE TYPICALLY 30 M	56.10	56.10
99219		HOSPITAL OBSERVATION CARE TYPICALLY 50 M	92.91	92.91
99220		HOSPITAL OBSERVATION CARE TYPICALLY 70 M	130.30	130.30
99221		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	80.56	80.56
99222		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	109.94	109.94
99223		INITIAL HOSPITAL INPATIENT CARE, TYPICAL	161.88	161.88
99224		SUBSEQUENT OBSERVATION CARE, TYPICALLY 1	22.59	22.59
99225		SUBSEQUENT OBSERVATION CARE, TYPICALLY 2	40.13	40.13
99226		SUBSEQUENT OBSERVATION CARE, TYPICALLY 3	60.00	60.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

99231		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	33.27	33.27
99232		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	59.96	59.96
99233		SUBSEQUENT HOSPITAL INPATIENT CARE, TYPI	85.87	85.87
99234		HOSPITAL OBSERVATION OR INPATIENT CARE L	113.65	113.65
99235		OBSERV/HOSP SAME DATE	149.29	149.29
99236		HOSPITAL OBSERVATION OR INPATIENT CARE H	185.55	185.55
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI	59.28	59.28
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE	86.15	86.15
99241		PATIENT OFFICE CONSULTATION, TYPICALLY 1	26.74	38.78
99242		PATIENT OFFICE CONSULTATION, TYPICALLY 3	56.43	72.65
99243		PATIENT OFFICE CONSULTATION, TYPICALLY 4	78.66	99.91
99244		PATIENT OFFICE CONSULTATION, TYPICALLY 6	124.91	148.40
99245		PATIENT OFFICE CONSULTATION, TYPICALLY 8	155.81	182.39
99251		INPATIENT HOSPITAL CONSULTATION, TYPICAL	39.60	39.60
99252		INPATIENT HOSPITAL CONSULTATION, TYPICAL	61.36	61.35
99253		INPATIENT HOSPITAL CONSULTATION, TYPICAL	93.15	93.14
99254		INPATIENT HOSPITAL CONSULTATION, TYPICAL	134.72	134.72
99255		INPATIENT HOSPITAL CONSULTATION, TYPICAL	164.15	164.15
99281		EMERGENCY DEPARTMENT VISIT, SELF LIMITED	16.52	16.52
99282		EMERGENCY DEPARTMENT VISIT, LOW TO MODER	32.14	32.14
99283		EMERGENCY DEPARTMENT VISIT, MODERATELY S	49.81	49.81
99284		EMERGENCY DEPARTMENT VISIT, PROBLEM OF H	93.26	93.26
99285		EMERGENCY DEPARTMENT VISIT, PROBLEM WITH	138.64	138.64
99288		PHYSICIAN DIRECTION OF EMERGENCY ADVANCE	43.29	43.29
99291		CRITICAL CARE, EVALUATION AND MANAGEMENT	195.83	232.59
99292		CRITICAL CARE, EVALUATION AND MANAGEMENT	94.92	102.31
99304		INITIAL NURSING FACILITY INITIAL VISIT,	71.78	71.78
99305		INITIAL NURSING FACILITY VISIT, TYPICALL	100.36	100.36
99306		INITIAL NURSING FACILITY VISIT, TYPICALL	128.96	128.96
99307		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	35.42	35.42

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

99308		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	54.16	54.16
99309		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	71.84	71.84
99310		SUBSEQUENT NURSING FACILITY VISIT, TYPIC	106.22	106.22
99315		NURSING FACILITY DISCHARGE DAY MANAGEMEN	51.83	51.83
99316		NURSING FACILITY DISCHARGE DAY MANAGEMEN	67.72	67.72
99318		NURSING FACILITY ANNUAL ASSESSMENT, TYPI	75.10	75.10
99324		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	48.15	48.15
99325		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	70.13	70.13
99326		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	115.95	115.95
99327		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	151.24	151.24
99328		NEW PATIENT ASSISTED LIVING VISIT, TYPIC	178.04	178.04
99334		ESTABLISHED PATIENT ASSISTED LIVING VISI	49.63	49.63
99335		ESTABLISHED PATIENT ASSISTED LIVING VISI	76.87	76.87
99336		ESTABLISHED PATIENT ASSISTED LIVING VISI	108.25	108.25
99337		ESTABLISHED PATIENT ASSISTED LIVING VISI	155.54	155.54
99341		NEW PATIENT HOME VISIT, TYPICALLY 20 MIN	48.15	48.15
99342		NEW PATIENT HOME VISIT, TYPICALLY 30 MIN	70.13	70.13
99343		NEW PATIENT HOME VISIT, TYPICALLY 45 MIN	112.94	112.94
99344		NEW PATIENT HOME VISIT, TYPICALLY 60 MIN	148.27	148.27
99345		NEW PATIENT HOME VISIT, TYPICALLY 75 MIN	178.34	178.34
99347		ESTABLISHED PATIENT HOME VISIT, TYPICALL	46.99	46.99
99348		ESTABLISHED PATIENT HOME VISIT, TYPICALL	70.95	70.95
99349		ESTABLISHED PATIENT HOME VISIT, TYPICALL	103.31	103.31
99350		ESTABLISHED PATIENT HOME VISIT, TYPICALL	144.04	144.04
99354		PROLONG E&M/PSYCTX SERV O/P	77.73	82.03
99355		PROLONG E&M/PSYCTX SERV O/P	76.90	81.21
99356		PROLONGED PHYSICIAN SERVICE IN THE INPAT	74.91	74.91
99357		PROLONGED PHYSICIAN SERVICE IN THE INPAT	75.43	75.43
99360		PROLONGED PHYSICIAN STANDBY SERVICE, EAC	48.44	48.44
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	53.20	79.65

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

99381	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	77.92	77.92
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	60.70	86.83
99382	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	77.92	77.92
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	60.70	86.22
99383	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	77.92	77.92
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	68.40	93.93
99384	EP	INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	77.92	77.92
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	68.40	93.93
99385	EP	NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	77.92	77.92
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	83.94	110.08
99387		NEW PT PHYSICAL EXAM: 65 YEARS AND OVER	92.07	120.67
99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	45.50	66.41
99391	EP	PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	77.92	77.92
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	53.20	74.12
99392	EP	PERIODIC PREVENTIVE MEDICINE AGE 001-004	77.92	77.92
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	53.20	73.81
99393	EP	PERIODIC PREVENTIVE MEDICINE AGE 005-011	77.92	77.92
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	60.70	81.30
99394	EP	PERIODIC PREVENTIVE MEDICINE AGES 012-01	77.92	77.92
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	60.70	81.61
99395	EP	ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	77.92	77.92
99396		ESTAB. PT PHYSICAL EXAM: 40 TO 64 YEARS	68.40	89.32
99397		ESTAB. PT PHYSICAL EXAM: 65 YEARS AND OV	76.54	100.21
99406		SMOKING AND TOBACCO USE CESSATION COUNSE	10.34	11.57
99406	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	10.34	11.57
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	21.44	22.36
99407	EP	SMOKING AND TOBACCO USE CESSATION COUNSE	21.44	22.36
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	28.58	29.81
99408	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	28.58	29.81
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	57.37	58.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

99409	EP	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	57.37	58.60
99420		ADMINISTRATION/INTERP. OF HEALTH RISK AS	7.90	7.90
99420	EP	ADMINISTRATION/INTERP. OF HEALTH RISK AS	7.90	7.90
99460		INITIAL HOSPITAL OR BIRTHING CENTER CARE	50.39	50.39
99461		INITIAL CARE, PER DAY, FOR EVALUATION AN	56.26	74.40
99462		SUBSEQUENT HOSPITAL CARE, PER DAY, FOR E	26.87	26.87
99463		INITIAL HOSPITAL OR BIRTHING CENTER CARE	67.42	67.42
99464		PHYSICIAN ATTENDANCE AT DELIVERY AND STA	57.72	57.72
99465		DELIVERY/BIRTHING ROOM RESUSCITATION, PR	118.05	118.05
99477		INITIAL HOSPITAL CARE, PER DAY, FOR THE	275.20	275.20
A4570		VIKING SPLINT	9.26	9.26
D0145		ORAL EVALUATION FOR A PATIENT UNDER THRE	34.32	34.32
D1206		TOPICAL APPLICATION OF FLUORIDE VARNISH	15.14	15.14
G0108		DIABETES OUTPATIENT SELF-MANAGEMENT TRAI	17.82	17.82
G0109		DIABETES SELF-MANAGEMENT TRAINING SERVIC	9.98	9.98
G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	6.73	14.85
G0202		SCREENING. MAMMOGRAPHY, PRODUCING DIRECT	101.42	101.42
G0202	26	SCREENING. MAMMOGRAPHY, PRODUCING DIRECT	28.46	28.46
G0202	TC	SCREENING. MAMMOGRAPHY, PRODUCING DIRECT	72.96	72.96
G0204		DIAGNOSTICMAMMOGRAPHYDIGITAL	119.34	119.34
G0204	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	35.19	35.19
G0206		DIAGNOSTICMAMMOGRAPHYDIGITAL	94.79	94.79
G0206	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	28.46	28.46
G0206	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	66.34	66.34
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	19.76	19.76
G0455		PREPARATION WITH INSTILLATION OF FECAL M	41.87	88.17

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

G0477		drug test(s), presumptive,any number of drug classes;any number of devices or procedures,(e.g.,immunoassay) capable of being read by direct optical observation only (e.g.,dipsticks,cups,cards,cartridges),includes sample validation when performed,per date of service	13.52	13.52
G0478		drug test(s), presumptive,any number of drug classes;any number of devices or procedures, (e.g.,immunoassay) read by instrument-assisted direct optical observation (e.g.,dipstick,cups,cards,cartridges),includes validation when performed,per date of service	18.03	18.03
G0479		drug test(s),presumptive,any number of drug classes;any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay,enzyme assay,tof,maldi,ldtd,desi,dart,ghpc,gc masws spectrometry),includes sample validation when performed,per date of service	72.12	72.12
G0480		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, e	72.75	72.75
G0481		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	111.92	111.92
G0482		drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	151.09	151.09

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 NURSE PRACTITIONERS FEE SCHEDULE AS OF: 04/06/2016

G0483	drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, ei	195.86	195.86
P9041	ALBUMIN (HUMAN), 5%, 50 ML	19.14	19.14
P9047	ALBUMIN (HUMAN), 25%, 50 ML	38.30	38.30
Q0111	WET MOUNTS, INCLUDING PREPARATION OF VAG	4.90	4.90
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CE	27.70	27.70
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE	33.94	33.94
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPL	796.33	796.33

*** The Physician Drug Program fee schedule can be found at <http://www.ncdhhs.gov/dma/fee/index.htm>