

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

**Nurse Practitioner Fee Schedule**  
**Provider Specialty 061**  
**Effective Date: 1/1/2017**

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

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

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

11971		TISSUE EXPANDER REMOVAL	\$212.89	\$318.35
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSU	\$73.24	\$107.93
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 SUPERFICIAL 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

14061		ADJACENT TISSUE TRANSF/REARRANGE EYE NOS	\$616.67	\$726.06
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMEN	\$532.36	\$628.31
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

15732		MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS	\$960.36	\$1,073.38
15734		MUSCLE FLAP TRUNK	\$984.09	\$1,102.15
15736		MUSCLE FLAP UPPER EXTREMITY	\$849.86	\$975.74
15738		MUSCLE FLAP LOWER EXTREMITY	\$926.77	\$1,042.87
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	\$1,750.05	\$1,750.05
15757		FREE SKIN FLAP WITH MICROVASCULAR ANASTO	\$1,733.36	\$1,733.36
15758		FREE FASCIAL FLAP WITH MICROVASCULAR ANA	\$1,734.27	\$1,734.27
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

15835		REMOVAL OF SKIN FURROWS	\$641.59	\$641.59
15836		REMOVAL OF SKIN FURROWS	\$534.41	\$534.41
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	\$1,232.37	\$1,232.37
15842		GRAFT FOR FACIAL NERVE PARALYSIS; FREE M	\$1,946.96	\$1,946.96
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	\$1,180.65	\$1,180.65
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

16030		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-	\$96.60	\$125.69
16035		ESCHAROTOMY; INITIAL INCISION	\$159.98	\$159.98
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$150.70	\$292.81
17313		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING R	\$254.35	\$447.09
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	\$1,177.09	\$1,177.09
19272		REMOVAL OF CHEST WALL LESION	\$1,305.32	\$1,305.32
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

19287		PERQ DEV BREAST 1ST MR GUIDE	\$113.54	\$678.20
19288		PERQ DEV BREAST ADD MR GUIDE	\$51.77	\$541.21
19296		PLACEMENT OF RADIOTHERAPY AFTERLOADING B	\$153.62	\$2,760.14
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		BONE BIOPSY OPEN SUPERFICIAL	\$167.99	\$167.99
20245		BONE BIOPSY OPEN DEEP	\$458.49	\$458.49
20250		BONE BIOPSY	\$275.77	\$275.77
20251		BONE BIOPSY	\$305.76	\$305.76

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

20500		INJECTION OF SINUS TRACT	\$69.76	\$84.30
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINO	\$31.86	\$93.97
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	\$1,833.48	\$1,833.48

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

20805		REPLANTATION FOREARM, COMPLETE AMPUTATIO	\$2,245.65	\$2,245.65
20808		REIMPLANTATION OF HAND	\$3,032.45	\$3,032.45
20816		REIMPLANTATION OF DIGIT	\$1,673.19	\$1,673.19
20822		REPLANTATION DIGIT EXCL THUMB, COMPLETE	\$1,418.49	\$1,418.49
20824		REPLANTATION THUMB, COMPLETE AMPUTATION	\$1,666.81	\$1,666.81
20827		REPLANTATION THUMB, COMPLETE AMPUTATION	\$1,473.89	\$1,473.89
20838		REPLANTATION FOOT COMPLETE	\$1,850.85	\$1,850.85
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	\$1,898.82	\$1,898.82
20956		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$1,981.45	\$1,981.45
20957		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$1,896.16	\$1,896.16
20962		BONE GRAFT WITH MICROVASCULAR ANASTOMOSI	\$1,939.92	\$1,939.92
20969		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	\$2,104.01	\$2,104.01
20970		FREE OSTEOCUTANEOUS FLAP WITH MICROVASCU	\$2,113.75	\$2,113.75
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTO	\$1,934.52	\$1,934.52
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB S	\$2,030.99	\$2,030.99
20983		ABLATE BONE TUMOR(S) PERQ	\$337.76	\$5,634.44
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21015		RADICAL RESECTION OF TUMOR SOFT FACE OR	\$310.06	\$310.06
21016		RADICAL RESECTION OF TUMOR (EG, MALIGNAN	\$621.14	\$621.14
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	\$2,118.54
21127		AUGMENTATION MANDIBULAR BODY ANGLE W/ BO	\$637.97	\$2,521.31
21137		REDUCTION FOREHEAD; CONTOURING ONLY	\$526.10	\$526.10
21138		REDUCTION FOREHEAD CONTOURING & APPLICAT	\$657.19	\$657.19

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21139		REDUCTION FOREHEAD CONTOURING, SETBACK S	\$737.92	\$737.92
21141		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	\$989.23	\$989.23
21142		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	\$978.55	\$978.55
21143		RECONSTRUCTION MIDFACE, LEFORT I; THREE	\$1,015.25	\$1,015.25
21145		RECONSTRUCTION MIDFACE, LEFORT I; SINGLE	\$1,138.34	\$1,138.34
21146		RECONSTRUCTION MIDFACE, LEFORT I; TWO PI	\$1,214.84	\$1,214.84
21147		RECONSTRUCTION MIDFACE, LEFORT I; THREE	\$1,251.02	\$1,251.02
21150		RECONSTRUCTION MIDFACE ANTERIOR INTRUSIO	\$1,241.99	\$1,241.99
21151		RECONSTRUCT MIDFACE ANY DIRECTION REQ BO	\$1,499.56	\$1,499.56
21154		RECONSTRUCT MIDFACE ANY TYPE REQUIRING B	\$1,516.42	\$1,516.42
21155		RECONSTRUCT MIDFACE ANY TYPE W GRAFT, W	\$1,720.83	\$1,720.83
21159		RECONSTRUCT MIDFACE, LEFORT III, W BONE	\$2,081.93	\$2,081.93
21160		RECONSTRUCT MIDFACE, LEFORT III W/ LEFOR	\$2,143.92	\$2,143.92
21172		RECONSTRUCT ORBITAL RIM/FOREHEAD W/VO GR	\$1,317.83	\$1,317.83
21175		RECONSTRUCT BIFRONTAL ORBITAL RIMS/FOREH	\$1,591.21	\$1,591.21
21179		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH G	\$1,089.74	\$1,089.74
21180		RECONSTRUCT FOREHEAD/ORBITAL RIMS WITH A	\$1,242.31	\$1,242.31
21181		REMOVAL BY CONTOURING OF BENIGN TUMOR CR	\$518.68	\$518.68
21182		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$1,512.02	\$1,512.02
21183		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$1,691.00	\$1,691.00
21184		RECONSTRUCTION OF ORBITAL WALLS, RIMS, F	\$1,808.68	\$1,808.68
21188		RECONSTR. MIDFACE, OSTEOTOMIES, W BONE G	\$1,195.62	\$1,195.62
21193		RECONSTRUCTION OF MANDIBULAR RAMI, HORIZ	\$914.46	\$914.46
21194		RECONSTR. MANDIBULAR RAMUS, OSTEOTOMY W	\$1,044.28	\$1,044.28
21195		RECONSTRUCTION OF MANDIBULAR RAMI AND/OR	\$979.85	\$979.85
21196		RECONSTR. MANDIBULAR RAMUS W INTER. RIGI	\$1,067.89	\$1,067.89
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	\$1,212.23



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21209		REDUCTION OSTEOPLASTY OF FACIAL BONES	\$461.09	\$578.87
21210		BONE GRAFT	\$601.35	\$1,447.63
21215		BONE GRAFT	\$627.13	\$2,451.71
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	\$1,221.51	\$1,221.51
21244		RECONSTRUCTION OF MANDIBLE	\$758.40	\$758.40
21247		RECONST. MANDIBULAR CONDYLE W BONE/CARTI	\$1,188.88	\$1,188.88
21255		RECONST. ZYGOMATIC ARCH, GLENOID FOSSA W	\$1,048.50	\$1,048.50
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	\$1,655.90	\$1,655.90
21263		ORBITAL HYPERTELORISM WITH FOREHEAD ADVA	\$1,490.38	\$1,490.38
21267		ORBITAL REPOSITIONING	\$1,126.87	\$1,126.87
21268		ORBITAL REPOSITIONING INTRA AND EXTERNAL	\$1,401.87	\$1,401.87
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21337		TREATMENT CLOSED NASAL SEPTAL FRACTURE	\$204.12	\$274.62
21338		OPEN TREATMENT NASOETHMOID FRACTURE WITH	\$523.15	\$523.15
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	\$1,097.05	\$1,097.05
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21433		DP TR CRANIOE SEP W WI/LOC FIX COMPLICAT	\$1,249.16	\$1,249.16
21435		REPAIR UPPER JAW FRACTURE	\$984.11	\$984.11
21436		OPEN TX CRANIOFACIAL SEPARATION W/BONE G	\$1,449.09	\$1,449.09
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	\$1,329.34
21462		OP TR CLOS O OP MANDFRACT W INTERDENTAL	\$724.68	\$1,438.63
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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

21615		EXCISION FIRST AND/OR CERVICAL RIB;	\$494.88	\$494.88
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

22101		REMOVAL PART OF VERTEBRA	\$590.89	\$590.89
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
22206		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$1,759.97	\$1,759.97
22207		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$1,737.02	\$1,737.02
22208		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$443.47	\$443.47
22210		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$1,289.96	\$1,289.96
22212		POSTERIOR APPROACH OSTEOTOMY SPINE, THOR	\$1,066.77	\$1,066.77
22214		POSTERIOR APPROACH OSTEOTOMY SPINE, LUMB	\$1,073.18	\$1,073.18
22216		OSTEOTOMY OF SPINE, POSTERIOR OR POSTERO	\$281.53	\$281.53
22220		OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY	\$1,161.60	\$1,161.60
22222		ANTERIOR APPROACH OSTEOTOMY SPINE, THORA	\$1,062.88	\$1,062.88
22224		ANTERIOR APPROACH OSTEOTOMY SPINE, LUMBA	\$1,150.20	\$1,150.20
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	\$1,160.17	\$1,160.17
22319		OPEN TREATMENT AND/OR REDUCTION OF ODONT	\$1,275.59	\$1,275.59
22325		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$1,015.81	\$1,015.81
22326		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$1,059.16	\$1,059.16
22327		OPEN TREATMENT AND/OR REDUCTION OF VERTE	\$1,051.01	\$1,051.01
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	\$1,267.15	\$1,267.15
22533		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	\$1,194.33	\$1,194.33
22534		ARTHRODESIS, LATERAL EXTRACAVITARY TECHN	\$277.87	\$277.87
22548		ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRA	\$1,348.24	\$1,348.24
22551		ARTHRODESIS, ANTERIOR INTERBODY, INCLUDI	\$1,356.32	\$1,356.32
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: 01/24/2017

22554		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$931.01	\$931.01
22556		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$1,208.50	\$1,208.50
22558		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$1,111.97	\$1,111.97
22585		ARTHRODESIS, ANTERIOR INTERBODY TECHNIQU	\$256.66	\$256.66
22586		FUSION OF SPINE BONES WITH REMOVAL OF DI	\$1,204.28	\$1,204.28
22590		ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIO	\$1,118.79	\$1,118.79
22595		ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-	\$1,062.24	\$1,062.24
22600		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$910.09	\$910.09
22610		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$898.43	\$898.43
22612		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$1,165.46	\$1,165.46
22614		ARTHRODESIS, POSTERIOR OR POSTEROLATERAL	\$299.55	\$299.55
22630		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	\$1,119.79	\$1,119.79
22632		ARTHRODESIS, POSTERIOR INTERBODY TECHNIQ	\$243.34	\$243.34
22633		ARTHRODESIS, COMBINED POSTERIOR OR POSTE	\$1,034.76	\$1,034.76
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	\$1,575.22	\$1,575.22
22804		ARTHRODESIS, POSTERIOR, FOR SPINAL DEFOR	\$1,820.46	\$1,820.46
22808		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$1,340.42	\$1,340.42
22810		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$1,496.37	\$1,496.37
22812		ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORM	\$1,637.14	\$1,637.14
22818		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	\$1,650.18	\$1,650.18
22819		KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF	\$1,900.79	\$1,900.79
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: 01/24/2017

22849		REINSERTION OF SPINAL FIXATION DEVICE	\$957.34	\$957.34
22850		HARRINGTON ROD REMOVAL	\$521.05	\$521.05
22852		REMOVAL OF SEGMENTAL INSTRUMENTATION	\$498.12	\$498.12
22855		DWYER INSTRUMENT REMOVAL	\$809.94	\$809.94
22864		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	\$1,361.50	\$1,361.50
22865		REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTI	\$1,563.25	\$1,563.25
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
23105		ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYN	\$461.91	\$461.91

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,021.85	\$1,021.85
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
23400		FIXATION OF SCAPULA	\$716.18	\$716.18



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,117.84	\$1,117.84
23473	REPAIR OF SHOULDER	\$1,289.65	\$1,289.65
23474	REPAIR OF SHOULDER	\$1,393.15	\$1,393.15
23480	REVISION OF COLLARBONE	\$601.84	\$601.84
23485	REVISION OF COLLARBONE	\$711.77	\$711.77
23490	PROPHYLACTIC TREATMENT CLAVICLE	\$614.74	\$614.74
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING	\$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
23540	TREAT CLAVICLE DISLOCATION	\$147.26	\$149.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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/NO 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
24000		ARTHROTOMY, ELBOW, INCLUDING EXPLORATION	\$340.20	\$340.20

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
24155		REMOVAL OF ELBOW JOINT	\$621.16	\$621.16

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,100.90	\$1,100.90
24365		REPAIR OF HEAD OF RADIUS	\$464.58	\$464.58
24366		REPAIR OF HEAD OF RADIUS	\$498.02	\$498.02
24370		REVISION OF TOTAL ELBOW REPAIR	\$1,220.22	\$1,220.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

24371		REVISION OF TOTAL ELBOW REPAIR	\$1,406.19	\$1,406.19
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/VO INTERCONDYLAR	\$231.65	\$254.59
24535		REPAIR HUMERUS FRACTURE	\$404.33	\$432.59
24538		FIXATION HUMERAL FX W/VO 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
24605		TREAT ELBOW DISLOCATION	\$325.80	\$325.80

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
25040		ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOI	\$414.02	\$414.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
25151		PARTIAL REMOVAL RADIUS/ULNA	\$462.52	\$462.52

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
25337		RECONSTRUCTION FOR STABILIZATION OF UNST	\$640.96	\$640.96



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
25455		REVISION OF WRIST JOINT	\$502.00	\$502.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
25651		PERCUTANEOUS SKELETAL FIXATION OF ULNAR	\$336.83	\$336.83

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
26020		DRAINAGE OF TENDON SHEATH, DIGIT AND/OR	\$302.80	\$302.80

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
26180		EXCISION OF TENDON, FINGER, FLEXOR (SEPA	\$313.31	\$313.31

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
26426		REPAIR OF EXTENSOR TENDON, CENTRAL SLIP,	\$408.57	\$408.57

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
26500		RECONSTRUCTION OF TENDON PULLEY, EACH TE	\$442.44	\$442.44

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,082.18	\$1,082.18
26551		TRANSFER, TOE-TO-HAND WITH MICROVASCULAR	\$2,361.46	\$2,361.46
26553		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	\$2,074.81	\$2,074.81
26554		TOE-TO-HAND TRANSFER WITH MICROVASCULAR	\$2,705.27	\$2,705.27
26555		TRANSFER, FINGER TO ANOTHER POSITION WIT	\$988.67	\$988.67
26556		TRANSFER, FREE TOE JOINT, WITH MICROVASC	\$2,143.41	\$2,143.41
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
26568		OSTEOPLASTY, LENGTHENING, METACARPAL OR	\$638.22	\$638.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

26580		REPAIR HAND DEFORMITY	\$1,011.34	\$1,011.34
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
26742		TREAT CLSD ART FX W/MANIPULATION	\$232.02	\$254.13



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
27025		INCISION OF HIP FASCIA	\$652.53	\$652.53

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,087.64	\$1,087.64
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;	\$1,718.86	\$1,718.86
27076		PARTIAL REMOVAL OF HIP BONE	\$1,183.36	\$1,183.36
27077		REMOVAL OF HIP BONE	\$1,986.50	\$1,986.50
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
27090		REMOVAL OF HIP PROSTHESIS	\$610.00	\$610.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

27091		REMOVAL OF HIP PROSTHESIS; COMPLICATED,	\$1,185.81	\$1,185.81
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	\$1,072.82	\$1,072.82
27132		CONVERSION OF PREVIOUS HIP SURGERY TO TO	\$1,254.24	\$1,254.24
27134		REVISION OF TOTAL HIP, BOTH COMPONENTS	\$1,456.59	\$1,456.59
27137		REVISION OF TOTAL HIP, ACETABULAR COMPON	\$1,108.98	\$1,108.98
27138		REVISION OF TOTAL HIP, FEMORAL COMPONENT	\$1,154.52	\$1,154.52
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	\$1,089.58	\$1,089.58
27151		INCISION OF HIP BONES	\$1,137.67	\$1,137.67
27156		REVISION OF HIP BONES	\$1,272.43	\$1,272.43
27158		OSTEOTOMY, PELVIS, BILATERAL (EG, CONGEN	\$1,022.42	\$1,022.42
27161		INCISION OF NECK OF FEMUR	\$903.35	\$903.35
27165		OSTEOTOMY INCLUDING INTERNAL OR EXTERNAL	\$1,009.60	\$1,009.60
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
27178		OPEN RX SLIPPED FEM EPIPHYSIS CLOSED MAN	\$663.84	\$663.84

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,026.70	\$1,026.70
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	\$1,242.32	\$1,242.32
27228		OPEN TX ACETABULAR FX W/INTERNAL FIXATIO	\$1,423.49	\$1,423.49
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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,148.63	\$1,148.63
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	\$1,156.90	\$1,156.90
27286		FUSION OF HIP JOINT	\$1,218.91	\$1,218.91
27290		AMPUTATION OF LEG AT HIP	\$1,165.32	\$1,165.32
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
27328		EXC BENIGN 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,027.64	\$1,027.64
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;	\$1,148.49	\$1,148.49
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,047.31	\$1,047.31
27487		REVISION OF TOTAL KNEE ARTHROPLASTY, WIT	\$1,322.92	\$1,322.92
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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,067.60	\$1,067.60
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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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		CORRJ HALUX RIGDUS W/O IMPLT	\$416.20	\$513.83
28291		CORRJ HALUX RIGDUS W/IMPLT	\$410.02	\$619.78
28292		CORRECTION HALLUX VALGUS	\$447.92	\$546.11
28295		CORRECTION HALLUX VALGUS	\$456.86	\$792.48
28296		CORRECTION HALLUX VALGUS	\$411.73	\$517.76
28297		CORRECTION HALLUX VALGUS	\$462.71	\$584.97
28298		CORRECTION HALLUX VALGUS	\$394.16	\$504.94



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

28299		CORRECTION HALLUX VALGUS	\$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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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/NO 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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
30430		REVISION OF NOSE	\$644.65	\$644.65
30435		RHINOPLASTY SECONDARY INTERMEDIATE REVIS	\$855.38	\$855.38
30450		RHINOPLASTY SECONDARY MAJOR REVISION	\$1,142.58	\$1,142.58
30460		RHINOPLASTY FOR NASAL DEFORMITY; TIP ONL	\$554.94	\$554.94

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

30462		RHINOPLASTY FOR NASAL DEFORMITY; TIP, SEP	\$1,115.47	\$1,115.47
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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,341.27	\$1,341.27
31230		REMOVAL OF UPPER JAW	\$1,505.60	\$1,505.60
31231		NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL	\$57.66	\$132.91
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	\$1,469.11	\$1,469.11
31365		REMOVAL OF LARYNX	\$1,842.11	\$1,842.11
31367		PARTIAL REMOVAL OF LARYNX	\$1,584.21	\$1,584.21
31368		PARTIAL REMOVAL OF LARYNX	\$1,770.30	\$1,770.30
31370		PARTIAL REMOVAL OF LARYNX	\$1,487.69	\$1,487.69
31375		PARTIAL REMOVAL OF LARYNX	\$1,407.00	\$1,407.00
31380		PARTIAL REMOVAL OF LARYNX	\$1,386.42	\$1,386.42
31382		PARTIAL LARYNGECTOMY ANTERO-LATERO-VERTI	\$1,519.67	\$1,519.67
31390		REMOVAL OF LARYNX & PHARYNX	\$2,051.05	\$2,051.05
31395		RECONSTRUCT LARYNX & PHARYNX	\$2,173.46	\$2,173.46

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
31551		LARYNGOPLASTY LARYNGEAL STEN	\$1,198.69	\$1,198.69
31579		LARYNGOSCOPY TELESCOPIC	\$107.34	\$158.54
31580		LARYNGOPLASTY LARYNGEAL WEB	\$871.39	\$871.39
31584		LARYNGOPLASTY FX RDCTJ FIXJ	\$1,113.13	\$1,113.13
31587		LARYNGOPLASTY CRICOID SPLIT	\$731.03	\$731.03
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
31750		REPAIR OF WINDPIPE	\$970.81	\$970.81
31755		REPAIR OF WINDPIPE	\$1,226.12	\$1,226.12
31760		REPAIR OF WINDPIPE	\$1,064.10	\$1,064.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

31766		CARINAL RECONSTRUCTION	\$1,391.68	\$1,391.68
31770		REPAIR/GRAFT OF BRONCHUS	\$1,030.93	\$1,030.93
31775		REPAIR OF BRONCHUS	\$1,066.36	\$1,066.36
31780		EXCISION TRACHEAL STENOSIS AND ANASTOMOS	\$899.10	\$899.10
31781		EXCISION TRACHEAL STENOSIS AND ANASTAMOS	\$1,091.92	\$1,091.92
31785		EXCIS TRACHEAL TUMOR OR CAR CINOMA CERVI	\$823.69	\$823.69
31786		EXCIS TRACHEAL TUMOR OR CARCINOMA THORAC	\$1,146.36	\$1,146.36
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	\$1,115.86	\$1,115.86
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	\$1,142.40	\$1,142.40
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
32215		PLEURAL SCARIFICATION FOR REPEAT PNEUMOT	\$610.90	\$610.90
32220		RELEASE OF LUNG	\$1,222.22	\$1,222.22
32225		PARTIAL RELEASE OF LUNG	\$760.59	\$760.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

32310		PLEURECTOMY, PARIETAL (SEPARATE PROCEDUR	\$701.36	\$701.36
32320		DECORTICATION/PARIETAL PLEURECTOMY	\$1,225.77	\$1,225.77
32440		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	\$1,225.96	\$1,225.96
32442		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;	\$2,287.57	\$2,287.57
32445		REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EX	\$2,598.31	\$2,598.31
32480		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,157.18	\$1,157.18
32482		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,233.95	\$1,233.95
32484		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,116.95	\$1,116.95
32486		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,785.78	\$1,785.78
32488		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,808.48	\$1,808.48
32491		REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMO	\$1,147.96	\$1,147.96
32503		RESECTION OF APICAL LUNG TUMOR (EG, PANC	\$1,412.93	\$1,412.93
32504		RESECTION OF APICAL LUNG TUMOR (EG, PANC	\$1,623.19	\$1,623.19
32505		THORACOTOMY; WITH THERAPEUTIC WEDGE RESE	\$530.84	\$530.84
32540		REMOVAL OF LUNG LESION	\$1,285.94	\$1,285.94
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
32556		REMOVAL OF FLUID FROM CHEST CAVITY WITH	\$98.78	\$465.28
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;	\$1,248.63	\$1,248.63
32653		THORACOSCOPY, SURGICAL;	\$796.25	\$796.25
32654		THORACOSCOPY, SURGICAL;	\$880.53	\$880.53
32655		THORACOSCOPY, SURGICAL;	\$726.17	\$726.17
32656		THORACOSCOPY, SURGICAL;	\$621.37	\$621.37
32658		THORACOSCOPY, SURGICAL;	\$559.79	\$559.79

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

32659		THORACOSCOPY, SURGICAL;	\$568.80	\$568.80
32661		THORACOSCOPY, SURGICAL;	\$625.79	\$625.79
32662		THORACOSCOPY, SURGICAL;	\$700.61	\$700.61
32663		THORACOSCOPY, SURGICAL;	\$1,081.35	\$1,081.35
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	\$1,011.69	\$1,011.69
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	\$2,058.89	\$2,058.89
32820		MAJOR RECONSTRUCT CHEST WALL POST TRAUMA	\$1,031.89	\$1,031.89
32851		LUNG TRANSPLANT, SINGLE;	\$1,992.00	\$1,992.00
32852		LUNG TRANSPLANT, SINGLE;	\$2,203.85	\$2,203.85
32853		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	\$2,382.67	\$2,382.67
32854		LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUE	\$2,593.30	\$2,593.30
32900		RESECTION RIBS EXTRAPLEURAL ALL STAGES	\$1,054.58	\$1,054.58
32905		THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURA	\$1,039.99	\$1,039.99
32906		THORACOPLASTY WITH CLOSURE BRONCHOPLEURA	\$1,292.32	\$1,292.32
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
33031		PERICARDIECTOMY W/O CARDIOPULMONARY BYPA	\$1,113.82	\$1,113.82
33050		REMOVAL OF HEART SAC LESION	\$769.89	\$769.89

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33120		REMOVAL OF HEART LESION	\$1,217.57	\$1,217.57
33130		REMOVAL OF HEART LESION	\$1,072.13	\$1,072.13
33140		TRANSMYOCARDIAL LASER REVASCULARIZATION,	\$1,224.55	\$1,224.55
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
33235		REMOVAL OF TRANSVENOUS PACEMAKER ELECTRO	\$513.51	\$513.51
33236		REMOVAL OF PERMANENT EPICARDIAL PACEMAKE	\$608.01	\$608.01

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,068.08	\$1,068.08
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	\$1,145.52	\$1,145.52
33251		ABLAT SUPRAVENT ARRHYTH FOCUS WITH CARD-	\$1,269.89	\$1,269.89
33254		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$1,067.79	\$1,067.79
33255		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$1,306.33	\$1,306.33
33256		OPERATIVE TISSUE ABLATION AND RECONSTRUC	\$1,558.60	\$1,558.60
33261		OPERATIVE ABLATION OF VENTRICULAR ARRHYT	\$1,263.86	\$1,263.86
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	\$1,065.55	\$1,065.55
33266		ENDOSCOPY, SURGICAL; OPERATIVE TISSUE AB	\$1,463.37	\$1,463.37
33300		REPAIR OF HEART WOUND	\$1,816.84	\$1,816.84
33305		REPAIR OF HEART WOUND	\$3,034.73	\$3,034.73
33310		CARDIOTOMY, EXPLORATORY (INCLUDES REMOVA	\$912.98	\$912.98
33315		CARDIOTOMY EXPLOR WITH BYPASS	\$1,161.58	\$1,161.58
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	\$1,084.36	\$1,084.36
33330		INSERTION OF GRAFT, AORTA OR GREAT VESSE	\$1,095.64	\$1,095.64
33335		INSERTION OF HEART GRAFT	\$1,478.07	\$1,478.07
33404		CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,400.52	\$1,400.52
33405		REPLACEMENT AORTIC VALVE OPN	\$1,816.56	\$1,816.56
33406		REPLACEMENT AORTIC VALVE OPN	\$2,244.41	\$2,244.41

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33410		REPLACEMENT AORTIC VALVE OPN	\$1,980.33	\$1,980.33
33411		REPLACEMENT AORTIC VALVE W/ ANNULUS ENLA	\$2,588.56	\$2,588.56
33412		REPLACEMENT AORTIC VALVE, KONNO PROCEDUR	\$1,959.67	\$1,959.67
33413		REPLACEMENT, AORTIC VALVE; BY TRANSLOCAT	\$2,549.71	\$2,549.71
33414		REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT	\$1,703.12	\$1,703.12
33415		REVISION OF AORTIC VALVE	\$1,579.89	\$1,579.89
33416		VENTRICULOMYOTOMY/MYECTOMY FOR SUBAORTIC	\$1,585.57	\$1,585.57
33417		REVISION OF AORTIC VALVE	\$1,320.05	\$1,320.05
33420		VALVOTOMY, MITRAL VALVE; CLOSED HEART	\$1,074.25	\$1,074.25
33422		VALVOTOMY, MITRAL VALVE; OPEN HEART, WIT	\$1,325.82	\$1,325.82
33425		REVISION OF MITRAL VALVE	\$2,072.45	\$2,072.45
33426		VALVULOPLASTY MV W/ CARD-PUL BYPASS W/ P	\$1,877.36	\$1,877.36
33427		VALVULOPLASTY MV W/ CPB RADICAL RECONSTR	\$1,958.83	\$1,958.83
33430		REPLACEMENT OF MITRAL VALVE	\$2,172.90	\$2,172.90
33460		VALVECTOMY, TRICUSPID VALVE, WITH CARDIO	\$1,844.52	\$1,844.52
33463		VALVULOPLASTY, TRICUSPID VALVE;	\$2,331.52	\$2,331.52
33464		VALVULOPLASTY, TRICUSPID VALVE;	\$1,876.12	\$1,876.12
33465		REPLACEMENT, TRICUSPID VALVE, WITH CARDI	\$2,101.29	\$2,101.29
33468		REVISION OF TRICUSPID VALVE	\$1,476.87	\$1,476.87
33470		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	\$933.13	\$933.13
33471		VALVOTOMY, PULMONARY VALVE, CLOSED HEART	\$1,040.00	\$1,040.00
33474		REVISION OF TRICUSPID VALVE	\$1,618.15	\$1,618.15
33475		REPLACEMENT, PULMONARY VALVE	\$1,819.45	\$1,819.45
33476		REVISION OF HEART CHAMBER	\$1,150.65	\$1,150.65
33478		REVISION OF HEART CHAMBER	\$1,236.15	\$1,236.15
33496		REPAIR OF NON-STRUCTURAL PROSTHETIC VALV	\$1,322.97	\$1,322.97
33500		REPAIR CORONARY FISTULA W/CARDIO-PULMONA	\$1,241.24	\$1,241.24
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	\$1,063.01	\$1,063.01



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33504		ANOMALOUS CORONARY ARTERY GRAFT WITH BYP	\$1,135.95	\$1,135.95
33505		REPAIR OF ANOMALOUS CORONARY ARTERY;	\$1,567.51	\$1,567.51
33506		REPAIR OF ANOMALOUS CORONARY ARTERY;	\$1,622.57	\$1,622.57
33507		REPAIR OF ANOMALOUS (EG, INTRAMURAL) AOR	\$1,371.51	\$1,371.51
33510		CORONARY ARTERY BYPASS SINGLE VENOUS GRA	\$1,544.55	\$1,544.55
33511		CORONARY ARTERY BYPASS 2 CORONARY VENOUS	\$1,686.22	\$1,686.22
33512		CORONARY ARTERY BYPASS 3 CORONARY VENOUS	\$1,900.07	\$1,900.07
33513		CORONARY ARTERY BYPASS 4 CORONARY VENOUS	\$1,941.66	\$1,941.66
33514		CORONARY ARTERY BYPASS 5 CORONARY VENOUS	\$2,057.60	\$2,057.60
33516		CORONARY ARTERY BYPASS 6 OR MORE VENOUS	\$2,139.09	\$2,139.09
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	\$1,503.79	\$1,503.79
33534		CORONARY ARTERY BYPASS; 2 ARTERIAL GRAFT	\$1,749.22	\$1,749.22
33535		CORONARY ARTERY BYPASS; 3 ARTERIAL GRAFT	\$1,942.85	\$1,942.85
33536		CORONARY ARTERY BYPASS; 4 OR MORE ARTERI	\$2,082.43	\$2,082.43
33542		REMOVAL OF HEART LESION	\$2,008.69	\$2,008.69
33545		REPAIR OF HEART DEFECT	\$2,370.31	\$2,370.31
33600		CLOSURE OF ATRIOVENTRICULAR VALVE (MITRA	\$1,346.31	\$1,346.31
33602		CLOSURE OF SEMILUNAR VALVE (AORTIC OR PU	\$1,283.10	\$1,283.10
33606		ANASTOMOSIS OF PULMONARY ARTERY TO AORTA	\$1,397.29	\$1,397.29
33608		REPAIR OF COMPLEX CARDIAC ANOMALY OTHER	\$1,434.07	\$1,434.07
33610		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$1,399.59	\$1,399.59
33611		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	\$1,539.88	\$1,539.88
33612		REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE	\$1,590.19	\$1,590.19
33615		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$1,583.73	\$1,583.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33617		REPAIR OF COMPLEX CARDIAC ANOMALIES (EG,	\$1,700.32	\$1,700.32
33619		REPAIR OF SINGLE VENTRICLE WITH AORTIC O	\$2,084.43	\$2,084.43
33641		REPAIR OF HEART DEFECT	\$1,266.07	\$1,266.07
33645		REVISION OF HEART VEINS	\$1,245.66	\$1,245.66
33647		REPAIR OF ASD AND VSD, DIRECT OR PATCH C	\$1,324.29	\$1,324.29
33660		REPAIR OF INCOMPLETE OR PARTIAL ATRIOVEN	\$1,389.05	\$1,389.05
33665		REPAIR OF INTERMEDIATE OR TRANSITIONAL A	\$1,503.45	\$1,503.45
33670		REPAIR OF HEART CHAMBERS	\$1,564.22	\$1,564.22
33675		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$1,560.25	\$1,560.25
33676		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$1,623.39	\$1,623.39
33677		CLOSURE OF MULTIPLE VENTRICULAR SEPTAL D	\$1,687.34	\$1,687.34
33681		REPAIR OF HEART DEFECT	\$1,441.53	\$1,441.53
33684		REPAIR OF HEART DEFECT	\$1,473.04	\$1,473.04
33688		REPAIR OF HEART DEFECT	\$1,480.02	\$1,480.02
33690		BANDING OF PULMONARY ARTERY	\$907.76	\$907.76
33692		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	\$1,391.62	\$1,391.62
33694		REPAIR OF HEART DEFECTS	\$1,567.68	\$1,567.68
33697		COMPLETE REPAIR TETRALOGY OF FALLOT WITH	\$1,687.03	\$1,687.03
33702		REPAIR OF HEART DEFECTS	\$1,206.89	\$1,206.89
33710		REPAIR OF HEART DEFECTS	\$1,457.58	\$1,457.58
33720		REPAIR OF HEART DEFECT	\$1,222.59	\$1,222.59
33722		CLOSURE OF AORTICO-LEFT VENTRICULAR TUNN	\$1,218.81	\$1,218.81
33724		REPAIR OF ISOLATED PARTIAL ANOMALOUS PUL	\$1,240.88	\$1,240.88
33726		REPAIR OF PULMONARY VENOUS STENOSIS	\$1,622.35	\$1,622.35
33730		COMPLETE REPAIR ANOMALOUS VENOUS RETURN	\$1,546.99	\$1,546.99
33732		REPAIR OF COR TRIARIATUM OR SUPRAVALVUL	\$1,289.62	\$1,289.62
33735		ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED	\$982.04	\$982.04
33736		ATRIAL SEPTECTOMY OR SEPTOSTOMY;	\$1,094.89	\$1,094.89
33737		ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HE	\$1,021.09	\$1,021.09
33750		SHUNT SUBCLAVIAN TO PULMONARY ARTERY	\$1,027.10	\$1,027.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33755		SHUNT ASCENDING AORTA TO PULMONARY ARTER	\$1,015.35	\$1,015.35
33762		SHUNT DESCENDING AORTA TO PULMONARY ARTE	\$1,013.61	\$1,013.61
33764		SHUNT, CENTRAL W/ PROSTHETIC GRAFT	\$999.09	\$999.09
33766		SHUNT; SUPERIOR VENA CAVA TO PULMONARY A	\$1,098.73	\$1,098.73
33767		SHUNT;	\$1,113.07	\$1,113.07
33770		REPAIR OF TRANSPOSITION OF THE GREAT ART	\$1,693.33	\$1,693.33
33771		REPAIR OF TRANSPOSITION OF THE GREAT ART	\$1,736.28	\$1,736.28
33774		REP TRANSPOSITION GRT ARTERIES W CARDIOP	\$1,426.05	\$1,426.05
33775		REP TRANSPOSITION GRT ART W CPB W REM PU	\$1,483.62	\$1,483.62
33776		REP TRANSPO GRT ART W CPB W CL VENT SEPT	\$1,561.01	\$1,561.01
33777		REP TRANSPO GRT ART W CPB W REP SUBPULM	\$1,529.32	\$1,529.32
33778		REPAIR TRANSPO GRT ARTERIES W CARDIOPULM	\$1,879.85	\$1,879.85
33779		REP TRANSPO GRT ARTERIES W CPB W REMOVAL	\$1,805.29	\$1,805.29
33780		REPAIR AORTIC ARTERY W/ CLOSURE SEPTAL D	\$1,875.72	\$1,875.72
33781		REPAIR AORTIC ARTERY W/ REPAIR OF OBSTRU	\$1,844.78	\$1,844.78
33782		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	\$1,988.37	\$1,988.37
33783		AORTIC ROOT TRANSLOCATION WITH VENTRICUL	\$2,149.31	\$2,149.31
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	\$1,813.07	\$1,813.07
33788		REVISION OF PULMONARY ARTERY	\$1,222.89	\$1,222.89
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	\$1,016.00	\$1,016.00
33814		OBLITERATION SEPTAL DEFECT WITH BYPASS	\$1,199.05	\$1,199.05
33820		REPAIR OF PATENT DUCTUS ARTERIOSUS; BY L	\$767.31	\$767.31
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	\$1,074.09	\$1,074.09
33851		EXCISION COARCTATION OF AORTA WALDHUSEN	\$988.70	\$988.70

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33852		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	\$1,074.26	\$1,074.26
33853		REPAIR OF HYPOPLASTIC OR INTERRUPTED AOR	\$1,480.86	\$1,480.86
33860		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	\$2,479.46	\$2,479.46
33863		ASCENDING AORTA GRAFT, WITH CARDIOPULMON	\$2,476.90	\$2,476.90
33870		TRANSVERSE ARCH GRAFT W/BYPASS	\$2,013.47	\$2,013.47
33875		DESCEND THORACIC AORTA GRAFT W/O BYPASS	\$1,562.58	\$1,562.58
33877		REPAIR THORACOAAA W/ GRFT, W/VO CP BYPAS	\$2,785.95	\$2,785.95
33880		ENDOVASCULAR REPAIR OF DESCENDING THORAC	\$1,647.74	\$1,647.74
33881		ENDOVASCULAR REPAIR OF DESCENDING THORAC	\$1,414.91	\$1,414.91
33883		PLACEMENT OF PROXIMAL EXTENSION PROSTHES	\$1,041.30	\$1,041.30
33886		PLACEMENT OF DISTAL EXTENSION PROSTHESIS	\$898.74	\$898.74
33910		PULMONARY ARTERY EMBOLECTOMY WITH BYPASS	\$1,307.18	\$1,307.18
33915		PULMONARY ARTERY EMBOLECTOMY WITHOUT BYP	\$1,046.31	\$1,046.31
33916		PULMONARY ENDARTERECTOMY W/ BYPASS	\$1,307.04	\$1,307.04
33917		REPAIR OF PULMONARY ARTERY STENOSIS BY R	\$1,182.38	\$1,182.38
33920		REPAIR OF PULMONARY ATRESIA WITH VENTRIC	\$1,431.07	\$1,431.07
33922		TRANSECTION OF PULMONARY ARTERY WITH CAR	\$1,081.49	\$1,081.49
33925		REPAIR OF PULMONARY ARTERY ARBORIZATION	\$1,392.17	\$1,392.17
33926		REPAIR OF PULMONARY ARTERY ARBORIZATION	\$1,857.21	\$1,857.21
33935		HEART LUNG TRANSPLANT WITH RECIPIENT CAR	\$2,739.71	\$2,739.71
33945		HEART TRANSPLANT WITH OR WITHOUT RECIP C	\$3,652.63	\$3,652.63
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
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	\$1,043.05	\$1,043.05
33979		INSERTION OF VENTRICULAR ASSIST DEVICE,	\$1,939.61	\$1,939.61

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

33980		REMOVAL OF VENTRICULAR ASSIST DEVICE, IM	\$2,845.33	\$2,845.33
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	\$1,127.75	\$1,127.75
34201		REMOVAL BLOOD CLOT ARTERY	\$795.50	\$795.50
34203		EMBOLECTOMY/THROMBECTOMY, POPLITEAL-TIBIO	\$778.15	\$778.15
34401		REMOVAL OF BLOOD CLOT, VEIN	\$1,161.18	\$1,161.18
34421		REMOVAL OF BLOOD CLOT, VEIN	\$589.18	\$589.18
34451		REMOVAL OF BLOOD CLOT, VEIN	\$1,217.67	\$1,217.67
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	\$1,227.50	\$1,227.50
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	\$1,011.31	\$1,011.31
34803		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	\$1,035.48	\$1,035.48
34804		ENDOVASCULAR REPAIR OF INFRARENAL ABDOMI	\$1,010.74	\$1,010.74
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
34830		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$1,480.89	\$1,480.89
34831		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$1,570.30	\$1,570.30
34832		OPEN REPAIR OF INFRARENAL AORTIC ANEURYS	\$1,591.36	\$1,591.36
34833		OPEN ILIAC ARTERY EXPOSURE WITH CREATION	\$499.83	\$499.83
34834		OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST	\$226.43	\$226.43

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,107.01	\$1,107.01
35045		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$782.31	\$782.31
35081		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,403.95	\$1,403.95
35082		REPAIR RUPTURED ANEURYSM ABDOMINAL AORTA	\$1,763.56	\$1,763.56
35091		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,485.78	\$1,485.78
35092		REPAIR RUPT ANEURYSM ABD AORTA VISCERAL	\$2,107.61	\$2,107.61
35102		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,523.56	\$1,523.56
35103		REPAIR RUPT ANEURYSM ABD AORTA ILIAC VES	\$1,822.75	\$1,822.75
35111		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,121.84	\$1,121.84
35112		REPAIR RUPT ANEURYSM SPLENIC ARTERY	\$1,375.20	\$1,375.20
35121		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,332.61	\$1,332.61
35122		REPAIR RUPT ANEURYSM HEPATIC CELIAC RENA	\$1,595.39	\$1,595.39
35131		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,135.71	\$1,135.71
35132		RUPTURE ANEURYSM ILIAC ARTERY	\$1,373.55	\$1,373.55
35141		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$900.73	\$900.73
35142		REPAIR DEFECT OF ARTERY	\$1,077.70	\$1,077.70
35151		DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYS	\$1,015.94	\$1,015.94
35152		RUPTURE ANEURYSM POPLITEAL ARTERY	\$1,179.93	\$1,179.93
35180		REPAIR CONGENITAL A-V FISTULA, HEAD AND	\$673.73	\$673.73
35182		REPAIR CONGENITAL A-V FISTULA, THORAX AN	\$1,385.90	\$1,385.90
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	\$1,279.87	\$1,279.87

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,088.53	\$1,088.53
35216		REPAIR BLOOD VESSEL LESION	\$1,518.35	\$1,518.35
35221		REPAIR BLOOD VESSEL LESION	\$1,123.28	\$1,123.28
35226		REPAIR BLOOD VESSEL LESION	\$676.42	\$676.42
35231		REPAIR BLOOD VESSEL LESION	\$939.99	\$939.99
35236		REPAIR BLOOD VESSEL LESION	\$784.45	\$784.45
35241		REPAIR BLOOD VESSEL LESION	\$1,136.86	\$1,136.86
35246		REPAIR BLOOD VESSEL LESION	\$1,236.76	\$1,236.76
35251		REPAIR BLOOD VESSEL LESION	\$1,336.17	\$1,336.17
35256		REPAIR BLOOD VESSEL LESION	\$825.05	\$825.05
35261		REPAIR BLOOD VESSEL LESION	\$833.39	\$833.39
35266		REPAIR BLOOD VESSEL LESION	\$690.91	\$690.91
35271		REPAIR BLOOD VESSEL LESION	\$1,086.93	\$1,086.93
35276		REPAIR BLOOD VESSEL LESION	\$1,141.07	\$1,141.07
35281		REPAIR BLOOD VESSEL LESION	\$1,275.92	\$1,275.92
35286		REPAIR BLOOD VESSEL LESION	\$756.30	\$756.30
35301		RECHANNELING OF ARTERY	\$849.08	\$849.08
35302		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$904.10	\$904.10
35303		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$995.14	\$995.14
35304		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$1,034.97	\$1,034.97
35305		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$994.03	\$994.03
35306		THROMBOENDARTERECTOMY, INCLUDING PATCH G	\$372.88	\$372.88
35311		RECHANNELING OF ARTERY	\$1,217.98	\$1,217.98
35321		RECHANNELING OF ARTERY	\$721.81	\$721.81
35331		RECHANNELING OF ARTERY	\$1,192.44	\$1,192.44
35341		RECHANNELING OF ARTERY	\$1,122.59	\$1,122.59

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

35351		RECHANNELING OF ARTERY	\$1,043.92	\$1,043.92
35355		THROMBOENDARTERECTOMY W/ OR W/O PATCH, I	\$847.50	\$847.50
35361		RECHANNELING OF ARTERY	\$1,284.81	\$1,284.81
35363		THROMBOENDARTERECTOMY W/ OR W/O PATCH AO	\$1,397.96	\$1,397.96
35371		RECHANNELING OF ARTERY	\$667.27	\$667.27
35372		THROMBOENDARTECTOMY, W/WO PATCH GRFT, DE	\$801.31	\$801.31
35501		ARTERY BYPASS GRAFT	\$1,264.81	\$1,264.81
35506		ARTERY BYPASS GRAFT	\$1,076.86	\$1,076.86
35508		BYPASS GRAFT W/ VEIN, CAROTID-VERTEBRAL	\$1,112.40	\$1,112.40
35509		ARTERY BYPASS GRAFT	\$1,216.01	\$1,216.01
35510		BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIA	\$1,021.20	\$1,021.20
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	\$1,075.47	\$1,075.47
35516		ARTERY BYPASS GRAFT	\$985.28	\$985.28
35518		BYPASS GRAFT W/ VEIN, AXILLARY-AXILLARY	\$977.10	\$977.10
35521		ARTERY BYPASS GRAFT	\$1,028.43	\$1,028.43
35522		BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHI	\$972.49	\$972.49
35523		BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR	\$1,029.03	\$1,029.03
35525		BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHI	\$912.67	\$912.67
35526		ARTERY BYPASS GRAFT	\$1,346.47	\$1,346.47
35531		ARTERY BYPASS GRAFT	\$1,643.34	\$1,643.34
35533		BYPASS GRAFT W/ VEIN, AXILLARY-FEMORAL-F	\$1,271.63	\$1,271.63
35536		ARTERY BYPASS GRAFT	\$1,417.01	\$1,417.01
35537		BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$1,757.60	\$1,757.60
35538		BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$1,972.75	\$1,972.75
35539		BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$1,830.24	\$1,830.24
35540		BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$2,050.15	\$2,050.15
35556		ARTERY BYPASS GRAFT	\$1,122.76	\$1,122.76
35558		ARTERY BYPASS GRAFT	\$993.45	\$993.45



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

35560		BYPASS GRAFT W/ VEIN, AORTORENAL	\$1,446.20	\$1,446.20
35563		ARTERY BYPASS GRAFT	\$1,108.41	\$1,108.41
35565		ARTERY BYPASS GRAFT	\$1,073.41	\$1,073.41
35566		ARTERY BYPASS GRAFT	\$1,347.82	\$1,347.82
35571		ARTERY BYPASS GRAFT	\$1,089.10	\$1,089.10
35583		IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$1,159.66	\$1,159.66
35585		IN-SITU VEIN BYPASS; FEMORAL-ANT TIB, POS	\$1,357.89	\$1,357.89
35587		IN-SITU VEIN BYPASS; POPLITEAL, PERONEAL	\$1,122.87	\$1,122.87
35601		ARTERY BYPASS GRAFT	\$1,169.34	\$1,169.34
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;	\$1,104.29	\$1,104.29
35626		ARTERY BYPASS GRAFT	\$1,267.11	\$1,267.11
35631		ARTERY BYPASS GRAFT	\$1,512.11	\$1,512.11
35636		BYPASS GRAFT, WITH OTHER THAN VEIN; SPLE	\$1,341.84	\$1,341.84
35637		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$1,388.52	\$1,388.52
35638		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$1,418.43	\$1,418.43
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	\$1,400.36	\$1,400.36
35647		BYPASS GRAFT, WITH OTHER THAN VEIN; AORT	\$1,267.49	\$1,267.49
35650		BYPASS GRAFT W/ OTHER THAN VEIN, AXILLAR	\$866.48	\$866.48
35654		BYPASS GRAFT W/ OTHER THAN VEIN, AXIL-FE	\$1,118.80	\$1,118.80
35656		ARTERY BYPASS GRAFT	\$881.30	\$881.30
35661		ARTERY BYPASS GRAFT	\$881.90	\$881.90
35663		ARTERY BYPASS GRAFT	\$1,023.12	\$1,023.12
35665		ARTERY BYPASS GRAFT	\$958.30	\$958.30
35666		ARTERY BYPASS GRAFT	\$1,032.70	\$1,032.70

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,491.99	\$1,491.99
35840		EXPLORATION OF ABDOMEN	\$495.45	\$495.45
35860		EXPLORATION OF LIMB	\$319.75	\$319.75
35870		REPAIR OF GRAFT-ENTERIC FISTULA	\$1,039.60	\$1,039.60
35875		THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT	\$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	\$1,027.81	\$1,027.81
35901		EXCISION OF INFECTED GRAFT;	\$400.00	\$400.00
35903		EXCISION OF INFECTED GRAFT;	\$452.55	\$452.55
35905		EXCISION OF INFECTED GRAFT;	\$1,414.75	\$1,414.75
35907		EXCISION OF INFECTED GRAFT;	\$1,559.20	\$1,559.20
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
36456		PRTL EXCHANGE TRANSFUSE NB	\$91.45	\$91.45
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	\$2,688.16
36568		INSERTION OF PERIPHERALLY INSERTED CENTR	\$78.09	\$234.75
36569		INSERTION OF PERIPHERALLY INSERTED CENTR	\$77.99	\$204.45
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
36800		INSERTION OF CANNULA FOR HEMODIALYSIS, O	\$123.61	\$123.61
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	\$1,006.05	\$1,006.05
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 REVASCLARIZATION AND INTERVAL LI	\$930.22	\$930.22
36861		CANNULA DECLOTTING WITH BALLOON CATHETER	\$118.60	\$118.60
36902		INTRO CATH DIALYSIS CIRCUIT	\$184.90	\$993.49
36903		INTRO CATH DIALYSIS CIRCUIT	\$253.11	\$4,540.89
36904		THRMBC/NFS DIALYSIS CIRCUIT	\$291.41	\$1,449.13
36906		THRMBC/NFS DIALYSIS CIRCUIT	\$426.76	\$5,509.34

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

36907		BALO ANGIOP CTR DIALYSIS SEG	\$106.50	\$594.41
37140		VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL	\$1,063.68	\$1,063.68
37145		VENOUS ANASTOMOSIS; RENOPORTAL	\$1,146.82	\$1,146.82
37160		VENOUS ANASTOMOSIS; CAVAL-MESENTERIC	\$997.85	\$997.85
37180		VENOUS ANASTOMOSIS; SPLENORENAL, PROXIMA	\$1,118.33	\$1,118.33
37181		SPLENORENAL DISTAL (SELECTIVE DECOMPRESS	\$1,208.79	\$1,208.79
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	\$1,498.81
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	\$1,011.47	\$1,011.47
37618		LIGATION MAJOR ARTERY EXTREMITY	\$290.44	\$290.44
37619		LIGATION OF INFERIOR VENA CAVA	\$924.91	\$924.91

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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/VO 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
38510		BIOPSY OR EXCISION OF LYMPH NODE(S); OPE	\$307.91	\$369.44

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,051.07	\$1,051.07
38740		REMOVAL LYMPH NODES, ARMPIT	\$488.23	\$488.23
38745		REMOVAL LYMPH NODES, ARMPITS	\$621.75	\$621.75
38760		INGUIOFEMORAL LYMPHADENECTOMY SUPERFIC 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	\$4,398.56	\$4,398.56
39540		REPAIR OF DIAPHRAGM HERNIA	\$640.66	\$640.66
39541		REPARI DIAPHR HERNIA TRAUMATIC CHRONIC	\$691.11	\$691.11
39545		IMBRICATION OF DIAPHRAGM FOR EVENTRATION	\$679.63	\$679.63

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
40831		REPAIR MOUTH LACERATION	\$160.25	\$223.20



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,074.80
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 LINGUINAL 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	\$1,569.29	\$1,569.29
41140		REMOVAL OF TONGUE	\$1,610.35	\$1,610.35

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

41145		TONGUE REMOVAL; NECK SURGERY	\$2,019.46	\$2,019.46
41150		MOUTH AND JAW SURGERY	\$1,596.58	\$1,596.58
41153		GLOSSECTOMY COMPOSITE PROC W/RESECTION F	\$1,733.84	\$1,733.84
41155		MOUTH, JAW, AND NECK SURGERY	\$2,160.80	\$2,160.80
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
42145		PALATOPHARYNGOPLASTY	\$514.93	\$514.93

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,027.78	\$1,027.78
42440		EXCISION SUBMAXILLARY GLAND	\$348.19	\$348.19
42450		EXCISION SUBLINGUAL GLAND	\$263.68	\$323.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,639.03	\$1,639.03
42860		EXCISION TONSIL TAGS	\$137.25	\$137.25

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

42870		EXCISION LINGUAL TONSIL	\$415.51	\$415.51
42890		PARTIAL REMOVAL PHARYNX	\$1,017.03	\$1,017.03
42892		RESECT LATERAL PHARYNGEAL WALL DIRECT CL	\$1,335.77	\$1,335.77
42894		RESECT PHARYNGEAL WALL WITH MYOCUTANEOUS	\$1,712.59	\$1,712.59
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	\$1,921.01	\$1,921.01
43108		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHO	\$3,248.25	\$3,248.25
43112		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	\$2,053.85	\$2,053.85
43113		TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH	\$3,241.03	\$3,241.03
43116		PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FR	\$3,689.18	\$3,689.18
43117		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$1,879.03	\$1,879.03
43118		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$2,672.20	\$2,672.20
43121		PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS	\$2,119.81	\$2,119.81
43122		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	\$1,900.12	\$1,900.12
43123		PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL	\$3,265.18	\$3,265.18
43124		TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT	\$2,787.36	\$2,787.36

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

43130		REMOVAL ESOPHAGUS POUCH	\$590.89	\$590.89
43135		REMOVAL ESOPHAGUS POUCH	\$1,110.07	\$1,110.07
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
43254		EGD ENDO MUCOSAL RESECTION	\$227.95	\$227.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,054.04	\$1,054.04
43300		REPAIR OF ESOPHAGUS	\$462.56	\$462.56
43305		REPAIR ESOPHAGUS AND FISTULA	\$830.70	\$830.70
43310		REPAIR OF ESOPHAGUS	\$1,161.20	\$1,161.20
43312		ESOPHAGOPLASTY WITH REPAIR OF TRACHEOESO	\$1,282.65	\$1,282.65
43313		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,043.50	\$2,043.50
43314		ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (P	\$2,339.83	\$2,339.83
43320		ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH	\$1,020.21	\$1,020.21
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	\$1,034.67	\$1,034.67
43332		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$934.60	\$934.60
43333		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$1,014.95	\$1,014.95
43334		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$1,025.50	\$1,025.50
43335		REPAIR, PARAESOPHAGEAL HIATAL HERNIA (IN	\$1,105.04	\$1,105.04
43336		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	\$1,207.87	\$1,207.87

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

43337		REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (I	\$1,318.80	\$1,318.80
43340		ESOPHAGOJEJUNOSTOMY W TOT GASTREC ABD AP	\$992.01	\$992.01
43341		ESOPHAGOJEJUNOSTOMY THORACIC APPROACH	\$1,090.93	\$1,090.93
43351		ESOPHAGOSTOMY THORACIC APPROACH	\$992.48	\$992.48
43352		ESOPHAGOMYOTOMY CERVICAL APPROACH	\$811.45	\$811.45
43360		GASTROINTESTINAL RECONSTRUCTION FOR PREV	\$1,740.71	\$1,740.71
43361		GASTROINTESTINAL RECONSTRUCTION FOR PREV	\$1,945.27	\$1,945.27
43400		LIGATION ESOPHAGEAL VEINS	\$1,194.24	\$1,194.24
43401		TRANSECTION OF ESOPH W/ REPAIR FOR ESOPH	\$1,133.24	\$1,133.24
43405		LIGATION OR STAPLING AT GASTROESOPHAGEAL	\$1,096.58	\$1,096.58
43410		REPAIR WOUND, ESOPHAGUS	\$749.72	\$749.72
43415		SUTURE OF ESOPHAGEAL WOUND OR INJURY; TR	\$1,278.40	\$1,278.40
43420		REPAIR OPENING, ESOPHAGUS	\$750.60	\$750.60
43425		CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRA	\$1,122.85	\$1,122.85
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;	\$1,094.06	\$1,094.06
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	\$1,429.39	\$1,429.39
43621		GASTRECTOMY, TOTAL;	\$1,628.30	\$1,628.30
43622		GASTRECTOMY, TOTAL;	\$1,652.33	\$1,652.33
43631		GASTRECTOMY, PARTIAL, DISTAL;	\$1,047.59	\$1,047.59
43632		GASTRECTOMY, PARTIAL, DISTAL;	\$1,429.24	\$1,429.24
43633		GASTRECTOMY, PARTIAL, DISTAL;	\$1,359.74	\$1,359.74
43634		GASTRECTOMY, PARTIAL, DISTAL;	\$1,501.82	\$1,501.82



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

43640		DIVISION VAGUS NERVE	\$841.92	\$841.92
43641		VAGOTOMY W/ PYLOROPLASTY PARIETAL CELL	\$849.29	\$849.29
43644		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTI	\$1,246.80	\$1,246.80
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	\$1,164.18	\$1,164.18
43855		REVISION STOMACHBOWEL FUSION	\$1,216.51	\$1,216.51
43860		REVISION OF GASTROJEJUNAL ANASTOMOSIS (G	\$1,181.97	\$1,181.97
43865		REVISION STOMACHBOWEL FUSION	\$1,229.55	\$1,229.55
43870		REPAIR OPENING, STOMACH	\$505.56	\$505.56
43880		REPAIR STOMACH-BOWEL FISTULA	\$1,154.70	\$1,154.70
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
44050		REDUCTION BOWEL OBSTRUCTION	\$671.61	\$671.61

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

44055		CORRECTION OF MALROTATION	\$1,076.92	\$1,076.92
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	\$1,760.01	\$1,760.01
44127		ENTERECTOMY, RESECTION OF SMALL INTESTIN	\$2,049.66	\$2,049.66
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	\$1,276.15	\$1,276.15
44143		COLECTOMY PARTIAL WITH END COLOSTOMY CLO	\$1,194.04	\$1,194.04
44144		COLECTOMY PARTIAL W/RESEC COLOS ILEOS MU	\$1,255.06	\$1,255.06
44145		PARTIAL REMOVAL OF COLON	\$1,208.33	\$1,208.33
44146		COLECTOMY PARTIAL W/COLOPROCTOSTOMY COLO	\$1,510.05	\$1,510.05
44147		COLECTOMY PARTIAL ABD AND TRANSANAL APPR	\$1,363.71	\$1,363.71
44150		REMOVAL OF COLON	\$1,322.85	\$1,322.85
44151		COLECTOMY TOTAL WITH CONTINENT ILEOSTOMY	\$1,513.16	\$1,513.16
44155		REMOVAL OF COLON	\$1,482.82	\$1,482.82
44156		COLECTOMY TOTAL ABD W/ PROCTECTOMY W/ CO	\$1,629.21	\$1,629.21
44157		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	\$1,547.66	\$1,547.66
44158		COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTE	\$1,586.55	\$1,586.55
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
44202		LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESE	\$1,002.91	\$1,002.91

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

44203		LAPAROSCOPY, SURGICAL; EACH ADDITIONAL S	\$180.47	\$180.47
44204		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,120.24	\$1,120.24
44205		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$977.99	\$977.99
44206		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,270.78	\$1,270.78
44207		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,335.93	\$1,335.93
44208		LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIA	\$1,451.52	\$1,451.52
44210		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,296.87	\$1,296.87
44211		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,592.32	\$1,592.32
44212		LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL,	\$1,493.29	\$1,493.29
44213		LAPAROSCOPY, SURGICAL, MOBILIZATION (TAK	\$142.26	\$142.26
44227		LAPAROSCOPY, SURGICAL, CLOSURE OF ENTERO	\$1,212.95	\$1,212.95
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	\$1,000.52	\$1,000.52
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
44382		SMALL BOWEL ENDOSCOPY	\$63.93	\$63.93

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,142.85	\$1,142.85
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	\$1,169.87	\$1,169.87
44640		REPAIR BOWEL-SKIN FISTULA	\$1,020.31	\$1,020.31
44650		REPAIR BOWEL FISTULA	\$1,061.08	\$1,061.08
44660		REPAIR BOWEL-BLADDER FISTULA	\$1,028.09	\$1,028.09
44661		CLOSURE OF ENTEROVESICAL FISTULA; WITH I	\$1,153.36	\$1,153.36
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
44850		REPAIR OF MESENTERY	\$532.05	\$532.05

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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 MYOMECTOMY	\$249.63	\$249.63
45110		PROCTECTOMY; COMPLETE, COMBINED ABDOMINO	\$1,334.22	\$1,334.22
45111		PROCTECTOMY; PARTIAL RESECTION OF RECTUM	\$783.60	\$783.60
45112		PROCTECTOMY, COMBINED ABDOMINOPERINEAL,	\$1,377.84	\$1,377.84
45113		PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSE	\$1,411.52	\$1,411.52
45114		PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS;	\$1,289.87	\$1,289.87
45116		PARTIAL REMOVAL OF RECTUM	\$1,159.00	\$1,159.00
45119		PROCTECTOMY, COMBINED ABDOMINOPERINEAL P	\$1,413.82	\$1,413.82
45120		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	\$1,129.27	\$1,129.27
45121		PROCTECTOMY, COMPLETE (FOR CONGENITAL ME	\$1,236.07	\$1,236.07
45123		PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSI	\$800.98	\$800.98
45126		PELVIC EXENTERATION FOR COLORECTAL MALIG	\$2,088.45	\$2,088.45
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	\$1,327.35	\$1,327.35
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
45303		PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATIO	\$62.83	\$584.02

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,441.79	\$1,441.79
45397		LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMB	\$1,562.95	\$1,562.95
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	\$1,114.89	\$1,114.89
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
45550		PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGM	\$1,057.10	\$1,057.10

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,159.53	\$1,159.53
45800		REPAIR RECTOBLADDER FISTULA	\$898.62	\$898.62
45805		REPAIR RECTOBLADDER FISTULA	\$1,015.85	\$1,015.85
45820		REPAIR RECTOURETHRAL FISTULA	\$892.55	\$892.55
45825		REPAIR RECTOURETHRAL FISTULA	\$1,073.91	\$1,073.91
45900		REDUCTION OF RECTAL PROLAPSE	\$141.15	\$141.15
45905		DILATION OF ANAL SPHINCTER	\$119.54	\$119.54
45910		DILATION RECTAL NARROWING	\$141.68	\$141.68
45915		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
46261		HEMORRHOIDECTOMY INT AND EXTERNAL COMPLE	\$363.13	\$363.13

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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 (	\$1,571.69	\$1,571.69
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	\$1,363.24	\$1,363.24
46735		REPAIR OF HIGH IMPERFORATE ANUS WITHOUT	\$1,592.99	\$1,592.99
46740		CONSTRUCTION OF ANUS	\$1,464.50	\$1,464.50
46742		REPAIR OF HIGH IMPERFORATE ANUS WITH REC	\$1,731.40	\$1,731.40



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

46744		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$2,474.09	\$2,474.09
46746		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$2,854.17	\$2,854.17
46748		REPAIR OF CLOACAL ANOMALY BY ANORECTOVAG	\$2,983.61	\$2,983.61
46750		REPAIR ANAL SPHINCTER	\$545.77	\$545.77
46751		REPAIR ANAL SPHINCTER	\$452.08	\$452.08
46753		RECONSTRUCTION OF ANUS	\$411.77	\$411.77
46754		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	\$1,678.04	\$1,678.04
47122		RESECTION OF LIVER, TRISEGMENTECTOMY	\$2,500.04	\$2,500.04
47125		PARTIAL REMOVAL OF LIVER	\$2,238.77	\$2,238.77
47130		PARTIAL REMOVAL OF LIVER	\$2,407.52	\$2,407.52
47135		LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, P	\$3,542.03	\$3,542.03

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,337.38	\$1,337.38
47361		MANAGEMENT OF LIVER HEMORRHAGE; EXPLORAT	\$2,200.80	\$2,200.80
47362		MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLO	\$1,019.12	\$1,019.12
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	\$1,050.71	\$1,050.71
47381		ABLATION, OPEN, OF ONE OR MORE LIVER TUM	\$1,070.86	\$1,070.86
47382		ABLATION, ONE OR MORE LIVER TUMOR(S), PE	\$663.58	\$663.58
47383		PERQ ABLTJ LVR CRYOABLATION	\$425.63	\$6,203.09
47400		INCISION OF BILE DUCT	\$1,526.61	\$1,526.61
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	\$1,288.65	\$1,288.65
47711		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	\$1,118.75	\$1,118.75
47712		EXCISION OF BILE DUCT TUMOR, WITH OR WIT	\$1,433.69	\$1,433.69

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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;	\$1,049.16	\$1,049.16
47760		ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUC	\$1,582.51	\$1,582.51
47765		ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND G	\$2,090.88	\$2,090.88
47780		FUSION BILE DUCTS AND BOWEL	\$1,731.02	\$1,731.02
47785		ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC	\$2,258.26	\$2,258.26
47800		RECONSTRUCTION OF BILE DUCTS	\$1,129.73	\$1,129.73
47801		PLACEMENT OF CHOLEDOCHAL STENT	\$796.80	\$796.80
47802		U-TUBE HEPATICOENTEROSTOMY	\$1,084.10	\$1,084.10
47900		SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR	\$977.07	\$977.07
48000		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	\$1,355.87	\$1,355.87
48001		PLACEMENT OF DRAINS, PERIPANCREATIC, FOR	\$1,667.70	\$1,667.70
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	\$2,055.89	\$2,055.89
48120		REMOVAL PANCREAS LESION	\$792.43	\$792.43
48140		PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR	\$1,122.41	\$1,122.41
48145		PARTIAL REMOVAL OF PANCREAS	\$1,165.76	\$1,165.76
48146		PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH	\$1,329.01	\$1,329.01
48148		EXCISION OF AMPULLA OF VATER	\$882.61	\$882.61
48150		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	\$2,246.16	\$2,246.16
48152		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH T	\$2,076.53	\$2,076.53
48153		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	\$2,243.13	\$2,243.13
48154		PANCREATECTOMY, PROXIMAL SUBTOTAL WITH N	\$2,082.01	\$2,082.01
48155		REMOVAL OF PANCREAS	\$1,288.69	\$1,288.69
48500		MARSUPIALIZATION OF PANCREATIC CYST	\$806.92	\$806.92

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,279.81	\$1,279.81
48548		PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANA	\$1,198.07	\$1,198.07
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	\$1,143.06	\$1,143.06
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	\$1,115.77	\$1,115.77
49205		EXCISION OR DESTRUCTION, OPEN, INTRA-ABD	\$1,278.01	\$1,278.01
49215		EXCISION OF PRESACRAL OR SACROCCYGEAL TU	\$1,602.62	\$1,602.62
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
49325		LAPAROSCOPY, SURGICAL; WITH REVISION OF	\$304.33	\$304.33

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,216.02
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
49500		REPAIR INITIAL INGUINAL HERNIA, AGE 6 MO	\$280.15	\$280.15

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$3,627.30	\$3,627.30
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
49652		LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL,	\$570.48	\$570.48

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,082.04	\$1,082.04
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	\$1,001.19	\$1,001.19
50070		INCISION OF KIDNEY	\$994.73	\$994.73
50075		REMOVAL OF KIDNEY STONE	\$1,223.18	\$1,223.18
50080		PERCUTANEOUS NEPHROSTOLITHOTOMY, UP TO 2	\$726.77	\$726.77
50081		PERCUTANEOUS NEPHROSTOLITHOTOMY, OVER 2	\$1,068.02	\$1,068.02
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	\$1,067.07	\$1,067.07
50234		NEPHRECTOMY WITH TOTAL URETERECTOMY AND	\$1,083.16	\$1,083.16
50236		REMOVAL OF KIDNEY & URETER	\$1,225.38	\$1,225.38
50240		PARTIAL REMOVAL OF KIDNEY	\$1,100.55	\$1,100.55
50250		ABLATION, OPEN, ONE OR MORE RENAL MASS L	\$1,020.88	\$1,020.88

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

50280		REMOVAL OF KIDNEY LESION	\$784.42	\$784.42
50290		EXCISION OF PERINEPHRIC CYST	\$724.40	\$724.40
50320		DONOR NEPHRECTOMY (INCLUDING COLD PRESER	\$1,067.40	\$1,067.40
50340		REMOVAL OF KIDNEY	\$658.41	\$658.41
50360		RENAL ALLOTRANSPLANTATION, IMPLANTATION	\$1,809.70	\$1,809.70
50365		TRANSPLANTATION OF KIDNEY	\$2,038.89	\$2,038.89
50370		REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	\$845.60	\$845.60
50380		REIMPLANTATION OF KIDNEY	\$1,426.92	\$1,426.92
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	\$1,166.57	\$1,166.57
50435		EXCHANGE NEPHROSTOMY CATH	\$87.09	\$386.82
50500		REPAIR OF KIDNEY WOUND	\$932.24	\$932.24
50520		CLOSURE KIDNEY/SKIN FISTULA	\$861.94	\$861.94
50525		CLOSE NEPHROVISCERAL FISTULA	\$1,078.59	\$1,078.59
50526		CLOSE NEPHROVISCERAL FISTULA	\$1,130.48	\$1,130.48
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	\$1,242.53	\$1,242.53
50544		LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$1,047.97	\$1,047.97
50545		LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTO	\$1,124.72	\$1,124.72
50546		LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCL	\$996.64	\$996.64
50547		LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY	\$1,197.26	\$1,197.26
50548		LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH	\$1,134.25	\$1,134.25
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	\$2,781.75



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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 EXTERNAL	\$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	\$1,004.45	\$1,004.45
50800		IMPLANT URETER IN BOWEL	\$762.11	\$762.11
50810		URETEROSIGMOIDOSTOMY, WITH CREATION OF S	\$1,004.18	\$1,004.18
50815		URETEROCOLON CONDUIT, INCLUDING INTESTIN	\$1,017.04	\$1,017.04
50820		URETEROILEAL CONDUIT (ILEAL BLADDER), IN	\$1,083.77	\$1,083.77
50825		CONTINENT DIVERSION, INCLUDING INTESTINE	\$1,375.49	\$1,375.49
50830		URINARY ANDIVERSION	\$1,494.00	\$1,494.00
50840		REPLACEMENT OF ALL OR PART OF URETER BY	\$1,023.54	\$1,023.54
50845		CUTANEOUS APPENDICO-VESICOSTOMY	\$1,037.81	\$1,037.81

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,159.20	\$1,159.20
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	\$1,043.86	\$1,043.86
51565		REVISION OF BLADDER & URETER	\$1,067.08	\$1,067.08
51570		REMOVAL OF BLADDER	\$1,219.28	\$1,219.28
51575		CYCTECTOMY W/BILAT LYMPHADENECTOMY INCLU	\$1,524.25	\$1,524.25
51580		REMOVAL OF BLADDER	\$1,587.95	\$1,587.95
51585		CYCTECTOMY W/BILAT LYMPH INCLUDING HYPOG	\$1,769.26	\$1,769.26

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

51590		CYSTECTOMY, COMPLETE, WITH URETEROILEAL	\$1,612.07	\$1,612.07
51595		CYSTECTOMY W/BILAT LYMPH INCLUDING HYPOG	\$1,832.32	\$1,832.32
51596		CYSTECTOMY, COMPLETE, WITH CONTINENT DIV	\$1,969.33	\$1,969.33
51597		REMOVAL OF PELVIC STRUCTURES	\$1,899.50	\$1,899.50
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: 01/24/2017

51792		STIMULUS EVOKED RESPONSE	\$182.57	\$182.57
51797		VOIDING PRESSURE STUDIES INTRA-ABDOMINAL	\$118.65	\$118.65
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	\$1,337.11	\$1,337.11
51960		ENTEROCYSTOPLASTY, INCLUDING INTESTINAL	\$1,152.62	\$1,152.62
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/VO 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	\$1,742.19

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

52648		LASER VAPORIZATION OF PROSTATE, INCLUDIN	\$571.12	\$1,780.51
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

53444		INSERTION OF TANDEM CUFF (DUAL CUFF)	\$662.59	\$662.59
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	\$1,070.19	\$1,070.19
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	\$1,995.20
53852		TRANSURETHRAL DESTRUCTION OF PROSTATE TI	\$513.80	\$1,922.10
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

54120		PARTIAL AMPUTATION OF PENIS	\$523.10	\$523.10
54125		AMPUTATION OF PENIS	\$675.09	\$675.09
54130		AMPUTATION OF PENIS	\$999.81	\$999.81
54135		AMPUTATION PENIS W/BILATERAL LYMPH INCLU	\$1,270.06	\$1,270.06
54150		CIRCUMCISION	\$81.52	\$136.91
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	\$1,208.74	\$1,208.74
54360		PLASTI OPERATION ON PENIS TO CORRECT ANG	\$606.00	\$606.00

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

54380		REVISION OF PENIS	\$671.56	\$671.56
54385		REVISE PENIS/BLADDER DEFECT	\$810.67	\$810.67
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

54861		REMOVAL OF EPIDIDYMES	\$467.13	\$467.13
54865		EXPLORATION OF EPIDIDYMIS, WITH OR WITHO	\$293.58	\$293.58
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	\$1,096.49	\$1,096.49
55812		PROSTATECTOMY PERINEAL RADICAL W LYMPH B	\$1,347.67	\$1,347.67
55815		PROSTATECTOMY PERINEAL W PELVIC LYMPHADE	\$1,478.60	\$1,478.60

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

55821		REMOVAL OF PROSTATE	\$728.48	\$728.48
55831		REMOVAL OF PROSTATE	\$789.68	\$789.68
55840		PROSTATECTOMY, RETROPUBIC RADICAL, WITH	\$1,118.64	\$1,118.64
55842		PROSTATECTOMY RETROPUBIC W LYMPH BIOPSY	\$1,199.02	\$1,199.02
55845		EXTENSIVE PROSTATE SURGERY	\$1,372.39	\$1,372.39
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	\$1,119.45	\$1,119.45
55866		LAPAROSCOPY, SURGICAL PROSTATECTOMY, RET	\$1,457.88	\$1,457.88
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		MARSUPIILIZATION 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	\$1,073.19	\$1,073.19
56640		VULVECTOMY RADICAL WITH INGUINOFEM ILIAC	\$1,070.63	\$1,070.63
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

56805		CLITOROPLASTY FOR INTERSEX STATE	\$873.26	\$873.26
56810		PERINEOPLASTY, REPAIR OF PERINEUM, NON-O	\$198.66	\$198.66
56820		COLPOSCOPY OF THE VULVA;	\$65.05	\$83.52
56821		COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$88.33	\$111.84
57000		DRAINAGE OF PELVIC LESION	\$144.49	\$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	\$1,065.19	\$1,065.19
57109		VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL	\$1,218.28	\$1,218.28
57110		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$685.12	\$685.12
57111		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$1,230.66	\$1,230.66
57112		VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL	\$1,307.13	\$1,307.13
57120		VAGINAL SURGERY	\$387.55	\$387.55
57130		VAGINAL SURGERY	\$121.88	\$136.15
57135		EXCISION VAGINAL CYST OR TUMOR	\$131.47	\$146.02
57150		TREATMENT VAGINAL INFECTION	\$23.01	\$38.11
57155		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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

57250		POSTERIOR COLPORRHAPHY REPAIR RECTOCELE	\$493.54	\$493.54
57260		EXTENSIVE VAGINAL REPAIR	\$615.45	\$615.45
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; TRANSP	\$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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

57423		PARAVAGINAL DEFECT REPAIR (INCLUDING REP	\$706.06	\$706.06
57425		LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPEN	\$744.69	\$744.69
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	\$1,293.32	\$1,293.32
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

58146		MYOMECTOMY, EXCISION OF FIBROID TUMOR(S)	\$884.26	\$884.26
58150		HYSTERECTOMY	\$752.09	\$752.09
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	\$1,325.51	\$1,325.51
58240		REMOVAL OF PELVIS CONTENTS	\$2,084.31	\$2,084.31
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	\$1,005.92	\$1,005.92
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	\$1,008.31	\$1,008.31
58293		VAGINAL HYSTERECTOMY, FOR UTERUS GREATER	\$1,047.05	\$1,047.05
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

58543		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$735.57	\$735.57
58544		LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYS	\$795.20	\$795.20
58545		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$680.17	\$680.17
58546		LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCIS	\$862.54	\$862.54
58548		LAPAROSCOPY, SURGICAL, WITH RADICAL HYST	\$1,345.99	\$1,345.99
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	\$1,362.62
58565		HYSTEROSCOPY, SURGICAL; WITH BILATERAL F	\$336.77	\$1,450.22
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

58720		REMOVAL OF OVARY/TUBE(S)	\$543.64	\$543.64
58800		DRAINAGE OF OVARIAN CYST(S)	\$224.73	\$240.67
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	\$1,044.55	\$1,044.55
58952		RESECTION OF OVARIAN, TUBAL OR PRIMARY P	\$1,178.02	\$1,178.02
58953		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,461.92	\$1,461.92
58954		BILATERAL SALPINGO-OOPHORECTOMY WITH OME	\$1,587.14	\$1,587.14
58956		BILATERAL SALPINGO-OOPHORECTOMY WITH TOT	\$1,023.21	\$1,023.21
58957		RESECTION (TUMOR DEBULKING) OF RECURRENT	\$1,125.04	\$1,125.04
58958		RESECT RECUR GYN MAL W/LYM	\$1,250.55	\$1,250.55
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

59136		TX ECTOPIC PREGNANCY W/ PARTIAL RESECTIO	\$659.38	\$659.38
59140		TREATMENT ATYPICAL PREGNANCY	\$294.85	\$294.85
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	\$1,327.53	\$1,327.53
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	\$1,503.26	\$1,503.26
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

59870		UTERINE EVAC AND CURETTAGE FOR HYDATIFOR	\$350.32	\$350.32
60000		INCISION AND DRAINAGE OF THYROGLOSSAL DU	\$106.51	\$116.29
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	\$1,251.15	\$1,251.15
60260		THYROIDECTOMY, REMOVAL OF ALL REMAINING	\$810.56	\$810.56
60270		THYROIDECTOMY, INCLUDING SUBSTERNAL THYR	\$1,021.61	\$1,021.61
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	\$1,027.39	\$1,027.39
60520		THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVI	\$767.71	\$767.71
60521		THYMECTOMY, PARTIAL OR TOTAL;	\$880.75	\$880.75
60522		THYMECTOMY, PARTIAL OR TOTAL;	\$1,062.70	\$1,062.70
60540		EXPLORATION ADRENAL GLAND	\$809.39	\$809.39
60545		EXPLORATION ADRENAL GLAND	\$921.64	\$921.64
60600		REMOVAL CAROTID BODY LESION	\$1,072.15	\$1,072.15
60605		REMOVAL CAROTID BODY LESION	\$1,349.19	\$1,349.19
60650		LAPAROSCOPY, SURGICAL, WITH 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

61120		BURR HOLE(S) FOR VENTRICULAR PUNCTURE (I	\$511.15	\$511.15
61140		INCISE SKULL BRAIN BIOPSY	\$887.97	\$887.97
61150		INCISE SKULL FOR DRAINAGE	\$951.05	\$951.05
61151		INCISE SKULL FOR DRAINAGE	\$688.22	\$688.22
61154		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	\$1,171.89	\$1,171.89
61305		INCISE SKULL FOR EXPLORATION	\$1,413.50	\$1,413.50
61312		CRANIECTOMY FOR EVAC OF HEMATOMA, SUPRAT	\$1,467.26	\$1,467.26
61313		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRAC	\$1,401.20	\$1,401.20
61314		CRANIECTOMY FOR EVAC OF HEMATOMA, INFRAT	\$1,296.79	\$1,296.79
61315		CRANIECTOMY FOR EVAC OF HEMATOMA, INTRAC	\$1,476.60	\$1,476.60
61320		INCISE SKULL FOR DRAINAGE	\$1,365.58	\$1,365.58
61321		CRANIECTOMY DRAINAGE OF INTRACRANIAL ABS	\$1,497.51	\$1,497.51
61322		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,662.97	\$1,662.97
61323		CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE	\$1,692.43	\$1,692.43
61330		INCISE SKULL FOR EXPLORATION	\$1,161.58	\$1,161.58
61332		EXPLORATION OR DECOMPRESSION OF ORBIT TR	\$1,345.40	\$1,345.40
61333		EXPLOR DECOMPRESS ORBIT TRANSCRAN APPROA	\$1,359.69	\$1,359.69
61340		SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUD	\$1,016.36	\$1,016.36
61343		CRANIECTOMY W/ CERVICAL LAMINECTOMY	\$1,571.94	\$1,571.94
61345		OTHER CRANIAL DECOMPRESSION POSTERIOR FO	\$1,454.32	\$1,454.32
61450		CRANIECTOMY FOR SECTION COMP OR DECOMP O	\$1,349.43	\$1,349.43
61458		CRANIECTOMY EXPLORATION/DECOMPRESS CRANI	\$1,437.86	\$1,437.86
61460		CRANIECTOMY SUBOCCIPITAL FOR SECTION OF	\$1,458.98	\$1,458.98
61480		INCISE SKULL FOR SURGERY	\$1,317.64	\$1,317.64
61500		REMOVAL OF SKULL LESION	\$961.58	\$961.58

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

61501		CRANIECTOMY FOR OSTEOMYELITIS	\$823.95	\$823.95
61510		REMOVAL OF BRAIN LESION	\$1,550.18	\$1,550.18
61512		REMOVE BRAIN LINING LESION	\$1,831.65	\$1,831.65
61514		REMOVAL OF BRAIN ABSCESS	\$1,358.79	\$1,358.79
61516		REMOVAL OF BRAIN LESION	\$1,325.69	\$1,325.69
61518		REMOVAL OF BRAIN LESION	\$1,970.69	\$1,970.69
61519		REMOVE BRAIN LINING LESION	\$2,123.23	\$2,123.23
61520		CRANIECTOMY CEREBELLOPONTINE ANGLE TUMOR	\$2,716.35	\$2,716.35
61521		CRANIECTOMY EXCISION BRAIN TUMOR,MIDLINE	\$2,282.12	\$2,282.12
61522		REMOVAL OF BRAIN ABSCESS	\$1,564.12	\$1,564.12
61524		REMOVAL OF BRAIN LESION	\$1,476.86	\$1,476.86
61526		REMOVAL SKULL CAVITY LESION	\$2,469.60	\$2,469.60
61530		REMOVAL SKULL CAVITY LESION	\$2,097.04	\$2,097.04
61531		SUBDURAL IMPLANT OF STRIP ELECTRODES;LNG	\$854.04	\$854.04
61533		CRANIECTOMY FOR INSERTION EPIDURAL ELECT	\$1,079.90	\$1,079.90
61534		REMOVAL OF BRAIN LESION	\$1,163.06	\$1,163.06
61535		CRANIECTOMY REMOVAL EPIDURAL ELECTRO ARR	\$694.87	\$694.87
61536		REMOVAL OF BRAIN LESION	\$1,856.49	\$1,856.49
61537		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,712.52	\$1,712.52
61538		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,836.55	\$1,836.55
61539		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,680.84	\$1,680.84
61540		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,575.62	\$1,575.62
61541		CRANIECTOMY FOR TRANSECTION OF CORPUS CA	\$1,513.55	\$1,513.55
61543		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,534.19	\$1,534.19
61544		REMOVE/TREAT BRAIN LESION	\$1,268.77	\$1,268.77
61545		BONE FLAP CRANIECTOMY TO EXCISE CRANIOPH	\$2,260.58	\$2,260.58
61546		REMOVAL OF PITUITARY GLAND	\$1,637.93	\$1,637.93
61548		REMOVAL OF PITUITARY GLAND	\$1,111.98	\$1,111.98
61550		RELEASE SKULL CLOSURE	\$728.87	\$728.87
61552		CRANIECTOMY FOR CRANIOSTENOSIS MULTIPLE	\$957.34	\$957.34

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

61556		CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL	\$1,168.36	\$1,168.36
61557		CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONT	\$1,199.70	\$1,199.70
61558		EXT. CRANIECTOMY FOR MULT CRANIAL SUT. C	\$1,238.74	\$1,238.74
61559		EXT. CRANIECTOMY FOR CRANIOSYNOSTOSIS W	\$1,717.86	\$1,717.86
61563		EXC. TUMOR OF CRANIAL BONE W/O OPTIC NER	\$1,382.64	\$1,382.64
61564		EXC. TUMOR OF CRANIAL BONE W OPTIC NERVE	\$1,730.38	\$1,730.38
61566		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,597.35	\$1,597.35
61567		CRANIOTOMY WITH ELEVATION OF BONE FLAP;	\$1,797.44	\$1,797.44
61570		CRANIECTOMY OR CRANIOTOMY FOR EXCISION F	\$1,306.74	\$1,306.74
61571		CRANIECTOMY OR CRANIOTOMY PENETRATING WO	\$1,418.87	\$1,418.87
61575		TRANSORAL APPROACH TO SKULL BASE, BRAIN	\$1,694.89	\$1,694.89
61576		TRANSORAL APPROACH TO SKULL BASE W/ SPLI	\$2,702.84	\$2,702.84
61580		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$1,772.68	\$1,772.68
61581		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$1,990.74	\$1,990.74
61582		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$2,033.12	\$2,033.12
61583		CRANIOFACIAL APPROACH TO ANTERIOR CRANIA	\$2,063.13	\$2,063.13
61584		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	\$2,009.40	\$2,009.40
61585		ORBITOCRANIAL APPROACH TO ANTERIOR CRANI	\$2,134.32	\$2,134.32
61586		BICORONAL, TRANSZYGOMATIC AND/OR LEFORT	\$1,530.76	\$1,530.76
61590		INFRATEMPORAL PRE-AURICULAR APPROACH TO	\$2,263.24	\$2,263.24
61591		INFRATEMPORAL POST-AURICULAR APPROACH TO	\$2,278.63	\$2,278.63
61592		ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDD	\$2,263.45	\$2,263.45
61595		TRANSTEMPORAL APPROACH TO POSTERIOR CRAN	\$1,708.48	\$1,708.48
61596		TRANSCOCHLEAR APPROACH TO POSTERIOR CRAN	\$1,882.71	\$1,882.71
61597		TRANSCONDYLAR (FAR LATERAL) APPROACH TO	\$2,055.71	\$2,055.71
61598		TRANSPETROSAL APPROACH TO POSTERIOR CRAN	\$1,823.44	\$1,823.44
61600		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$1,537.76	\$1,537.76
61601		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$1,677.18	\$1,677.18
61605		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$1,612.17	\$1,612.17
61606		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$2,155.79	\$2,155.79

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

61607		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$2,002.77	\$2,002.77
61608		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$2,326.01	\$2,326.01
61613		OBLITERATION OF CAROTID ANEURYSM, ARTERI	\$2,262.01	\$2,262.01
61615		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$1,788.81	\$1,788.81
61616		RESECTION OR EXCISION OF NEOPLASTIC, VAS	\$2,348.57	\$2,348.57
61618		SECONDARY REPAIR OF DURA FOR CEREBROSPIN	\$928.42	\$928.42
61619		SECONDARY REPAIR OF DURA FOR CSF LEAK, A	\$1,071.54	\$1,071.54
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	\$1,619.98	\$1,619.98
61682		SURG OF MALFORMATION, SUPRATENTORIAL, CO	\$3,049.41	\$3,049.41
61684		SURG OF MALFORMATION, INFRATENTORIAL, SI	\$2,028.55	\$2,028.55
61686		SURG OF MALFORMATION, INFRATENTORIAL, CO	\$3,263.71	\$3,263.71
61690		SURG OF MALFORMATION, DURAL, SIMPLE	\$1,541.89	\$1,541.89
61692		SURG OF MALFORMATION, DURAL, COMPLEX	\$2,636.12	\$2,636.12
61697		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	\$2,983.73	\$2,983.73
61698		SURGERY OF COMPLEX INTRACRANIAL ANEURYSM	\$3,213.48	\$3,213.48
61700		SURGERY OF SIMPLE INTRACRANIAL ANEURYSM,	\$2,489.96	\$2,489.96
61702		INCISE SKULL/VESSEL SURGERY	\$2,795.33	\$2,795.33
61703		SURGERY INTRACRANIAL ANEURYSM CERVICAL A	\$954.24	\$954.24
61705		REVISE CIRCULATION TO HEAD	\$1,834.89	\$1,834.89
61708		REVISE CIRCULATION TO HEAD	\$1,594.80	\$1,594.80
61710		REVISE CIRCULATION TO HEAD	\$1,445.72	\$1,445.72
61711		ANASTOMOSIS ARTERIAL EXTRACRANIAL INTRAC	\$1,868.67	\$1,868.67
61720		INCISE SKULL/BRAIN SURGERY	\$834.89	\$834.89
61735		INCISE SKULL/BRAIN SURGERY	\$1,026.52	\$1,026.52
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	\$1,099.69	\$1,099.69

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

61770		STEREOTACTIC LOCALIZATION, INCLUDING BUR	\$1,087.29	\$1,087.29
61790		STEREOTACTIC LESION OF GAS GANGLION PERC	\$603.59	\$603.59
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	\$1,107.55	\$1,107.55
61863		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,073.12	\$1,073.12
61864		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$293.08	\$293.08
61867		TWIST DRILL, BURR HOLE, CRANIOTOMY, OR C	\$1,586.16	\$1,586.16
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	\$1,076.80	\$1,076.80
62100		CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSP	\$1,147.70	\$1,147.70
62115		REDUCE CRANIOMEGALIC SKULL W/O GRAFT/CRA	\$1,024.70	\$1,024.70
62117		REDUCE CRANIOMEGALIC SKULL W CRANIOTOMY/	\$1,365.12	\$1,365.12
62120		REPAIR SKULL CAVITY LESION	\$1,293.43	\$1,293.43
62121		CRANIOTOMY W REPAIR ENCEPHALOCELE, SKULL	\$1,182.47	\$1,182.47
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

62143		REPLACE BONE FLAP OR PROSTHETIC PLATE OF	\$729.86	\$729.86
62145		REPAIR OF SKULL & BRAIN	\$1,001.68	\$1,001.68
62146		CRANIOPLASTY W AUTOGRAFT UP TO 5 CM DIAM	\$859.54	\$859.54
62147		CRANIOPLASTY W AUTOGRAFT LARGER THAN 5CM	\$1,021.09	\$1,021.09
62161		NEUROENDOSCOPY, INTRACRANIAL; WITH DISSE	\$1,076.74	\$1,076.74
62162		NEUROENDOSCOPY, INTRACRANIAL; WITH FENER	\$1,339.58	\$1,339.58
62163		NEUROENDOSCOPY, INTRACRANIAL; WITH RETRI	\$865.80	\$865.80
62164		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,429.59	\$1,429.59
62165		NEUROENDOSCOPY, INTRACRANIAL; WITH EXCIS	\$1,109.70	\$1,109.70
62180		ESTABLISH BRAIN CAVITY SHUNT	\$1,128.64	\$1,128.64
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
62272		SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINA	\$62.74	\$133.53
62273		INJECTION LUMBAR EPIDURAL OF BLOOD OR CL	\$85.15	\$122.36
62280		TREATMENT SPINAL CORD LESION	\$116.07	\$223.50



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
62320		NJX INTERLAMINAR CRV/THRC	\$86.96	\$138.97
62321		NJX INTERLAMINAR CRV/THRC	\$93.77	\$205.55
62322		NJX INTERLAMINAR LMBR/SAC	\$74.89	\$129.49
62323		NJX INTERLAMINAR LMBR/SAC	\$85.65	\$201.74
62324		NJX INTERLAMINAR CRV/THRC	\$79.56	\$121.80
62325		NJX INTERLAMINAR CRV/THRC	\$91.47	\$182.84
62326		NJX INTERLAMINAR LMBR/SAC	\$78.07	\$127.78
62327		NJX INTERLAMINAR LMBR/SAC	\$83.09	\$185.96
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,055.84	\$1,055.84
63016		LAMINOTOMY THORACIC	\$1,086.91	\$1,086.91
63017		LAMINOTOMY LUMBAR	\$885.11	\$885.11
63020		LAMINOTOMY, CERVICAL, ONE INTERSPACE	\$837.07	\$837.07
63030		LAMINOTOMY, LUMBAR, ONE INTERSPACE	\$694.91	\$694.91
63035		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	\$148.46	\$148.46
63040		LAMINOTOMY (HEMILAMINECTOMY), WITH DECOM	\$1,018.15	\$1,018.15
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	\$1,172.04	\$1,172.04
63056		DECOMPRESSION SPINAL CORD, SINGLE SEGMENT	\$1,082.51	\$1,082.51
63064		HEMILAMINECTOMY THORACIC COSTOVERTEBRAL	\$1,282.67	\$1,282.67
63075		DISKECTOMY CERVICAL ANTE APPR W/O ARTHRO	\$999.64	\$999.64
63077		DISKECTOMY, SINGLE SPACE, THORACIC	\$1,098.60	\$1,098.60
63081		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, CE	\$1,285.68	\$1,285.68
63082		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$204.02	\$204.02
63085		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, TH	\$1,377.16	\$1,377.16
63087		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	\$1,758.40	\$1,758.40
63090		VERTEBRAL CORPECTOMY, SINGLE SEGMENT, LU	\$1,439.31	\$1,439.31
63101		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,645.93	\$1,645.93
63102		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$1,639.22	\$1,639.22

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

63103		VERTEBRAL CORPECTOMY (VERTEBRAL BODY RES	\$217.76	\$217.76
63170		LAMINECTOMY FOR MYELOTOMY THORACIC OR TH	\$1,101.65	\$1,101.65
63172		LAMINECTOMY W/ DRAINAGE TO SUBARACHNOID	\$991.51	\$991.51
63173		LAMINECTOMY WITH DRAINAGE OF INTRAMEDULL	\$1,222.20	\$1,222.20
63180		LAMINECTOMY CERVICAL ONE OR TWO SEGEMENT	\$997.30	\$997.30
63182		LAMIN AND SECTION OF DENTATE LIGAMENTS M	\$1,069.98	\$1,069.98
63185		REVISE SPINAL COLUMN/NERVES	\$811.17	\$811.17
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	\$1,060.92	\$1,060.92
63195		REVISE SPINAL COLUMN/CORD	\$1,072.92	\$1,072.92
63196		REVISE SPINAL COLUMN/CORD	\$1,262.00	\$1,262.00
63197		LAMINECTOMY COROTOMY BILATERAL CERVICAL	\$1,202.95	\$1,202.95
63198		REVISE SPINAL COLUMN/CORD	\$1,339.85	\$1,339.85
63199		LAMINECTOMY CORDOTOMY BILATERAL THORACIC	\$1,418.63	\$1,418.63
63200		LAMINECTOMY FOR TETHERED SPINAL CORD, LU	\$1,075.79	\$1,075.79
63250		REVISE SPINAL CORD VESSELS	\$2,090.97	\$2,090.97
63251		LAMINECTOMY ARTERIOVENOVVS MALFUNCTION TH	\$2,168.77	\$2,168.77
63252		LAMINECTOMY FOR MALIFORMATION, THORACOLU	\$2,170.37	\$2,170.37
63265		LAMINECTOMY FOR INTRASPINAL LESION, CERV	\$1,191.39	\$1,191.39
63266		LAMINECTOMY FOR INTRASPINAL LESION, THOR	\$1,225.11	\$1,225.11
63267		EXCISE INTRASPINAL LESION, LUMBAR	\$986.11	\$986.11
63268		EXCISE INTRASPINAL LESION, SACRAL	\$990.59	\$990.59
63270		EXCISE INTRASPINAL LESION, CERVICAL	\$1,467.16	\$1,467.16
63271		EXCISE INTRASPINAL LESION, THORACIC	\$1,475.96	\$1,475.96
63272		EXCISE INTRASPINAL LESION, LUMBAR	\$1,359.60	\$1,359.60
63273		EXCISE INTRASPINAL LESION, SACRAL	\$1,284.76	\$1,284.76
63275		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$1,280.05	\$1,280.05
63276		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	\$1,275.20	\$1,275.20
63277		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	\$1,119.11	\$1,119.11

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

63278		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	\$1,095.77	\$1,095.77
63280		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$1,513.23	\$1,513.23
63281		BIOPSY/ EXCISE SPINAL TUMOR, THORACIC	\$1,496.08	\$1,496.08
63282		BIOPSY/ EXCISE SPINAL TUMOR, LUMBAR	\$1,411.58	\$1,411.58
63283		BIOPSY/ EXCISE SPINAL TUMOR, SACRAL	\$1,337.58	\$1,337.58
63285		BIOPSY/ EXCISE SPINAL TUMOR, CERVICAL	\$1,858.88	\$1,858.88
63286		BIOPSY, EXCISE SPINAL TUMOR	\$1,852.04	\$1,852.04
63287		BIOPSY, EXCISE SPINAL TUMOR	\$1,954.51	\$1,954.51
63290		BIOPSY, EXCISE SPINAL TUMOR	\$1,977.91	\$1,977.91
63295		OSTEOPLASTIC RECONSTRUCTION OF DORSAL SP	\$236.17	\$236.17
63300		REMOVAL VERTEBRAL BODY	\$1,320.13	\$1,320.13
63301		REMOVAL OF VERTEBRAL BODY	\$1,482.60	\$1,482.60
63302		ROMOVAL OF VERTEBRAL BODY	\$1,473.14	\$1,473.14
63303		REMOVAL OF VERTEBRAL BODY	\$1,541.31	\$1,541.31
63304		REMOVAL OF VERTEBRAL BODY	\$1,633.78	\$1,633.78
63305		REMOVAL OF VERTEBRAL BODY	\$1,669.98	\$1,669.98
63306		REMOVAL OF VERTEBRAL BODY	\$1,749.71	\$1,749.71
63307		REMOVAL OF VERTEBRAL BODY	\$1,623.90	\$1,623.90
63600		EXAMINE SPINAL CORD LESION	\$616.86	\$616.86
63615		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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

63702		REPAIR OF SPINAL HERNIATION	\$988.74	\$988.74
63704		REPAIR OF SPINAL HERNIATION	\$1,102.85	\$1,102.85
63706		REPAIR OF SPINAL HERNIATION	\$1,283.89	\$1,283.89
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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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/TRANSDOSE NERVE	\$743.08	\$743.08



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,011.75	\$1,011.75
64862		REPAIR OF LOW BACK NERVES	\$992.27	\$992.27
64864		REPAIR OF FACIAL NERVE	\$644.36	\$644.36
64865		SUTURE FACIAL NERVE INTRATEMPORAL W/WO G	\$849.41	\$849.41
64866		FUSION OF FACIAL/OTHER NERVE	\$883.46	\$883.46
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	\$1,061.72	\$1,061.72
64897		NERVE GRAFT, ARM OR LEG	\$931.56	\$931.56
64898		NERVE GRAFT SINGLE STRAND MORE THAN 4 CM	\$1,015.63	\$1,015.63
64905		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	\$1,011.77	\$1,011.77
65205		REMOVE FOREIGN BODY FROM EYE	\$31.00	\$38.56
65210		REMOVE FOREIGN BODY FROM EYE	\$37.36	\$47.15
65220		REMOVE FOREIGN BODY FROM EYE	\$30.55	\$39.50
65235		REMOVAL OF FOREIGN BODY, INTRAOCULAR; FR	\$467.36	\$467.36

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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/VO 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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	\$1,030.06	\$1,030.06
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPRO	\$1,080.23	\$1,080.23
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	\$1,087.78	\$1,087.78
67110		REPAIR OF RETINAL DETACHMENT; BY INJECTI	\$515.99	\$576.69
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG	\$1,182.59	\$1,182.59
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,110.12	\$1,110.12
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,240.80	\$1,240.80
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	\$1,118.75	\$1,118.75
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		TYMPANOSTOMY, GENERAL ANESTHESIA	\$119.76	\$119.76
69440		EXPLORATION OF MIDDLE EAR	\$495.06	\$495.06

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

69450		TYMPANOLYSIS TRANSCANAL	\$387.84	\$387.84
69501		REMOVAL OF MASTOID BONE	\$533.49	\$533.49
69502		MASTOIDECTOMY COMPLETE	\$710.43	\$710.43
69505		REMOVAL MASTOID STRUCTURES	\$873.34	\$873.34
69511		REMOVAL MASTOID STRUCTURES	\$898.25	\$898.25
69530		REMOVE PART OF TEMPORAL BONE	\$1,213.78	\$1,213.78
69535		REMOVE PART OF TEMPORAL BONE	\$1,982.10	\$1,982.10
69540		REMOVE EAR LESION	\$91.41	\$145.40
69550		REMOVE EAR LESION	\$754.37	\$754.37
69552		REMOVE EAR LESION	\$1,156.70	\$1,156.70
69554		REMOVE EAR LESION	\$1,844.37	\$1,844.37
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	\$1,144.55	\$1,144.55
69610		REPAIR OF EARDRUM	\$220.35	\$283.87
69620		REPAIR OF EARDRUM	\$356.44	\$494.07
69631		REPAIR EARDRUM STRUCTURES	\$637.11	\$637.11
69632		REBUILD EARDRUM STRUCTURES	\$783.76	\$783.76
69633		TYMPANOPLASTY W/O MASTOIDECTOMY WITH OSS	\$754.75	\$754.75
69635		REPAIR EARDRUM STRUCTURES	\$886.16	\$886.16
69636		REBUILD EARDRUM STRUCTURES	\$1,004.42	\$1,004.42
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	\$1,082.24	\$1,082.24
69645		REVISE MIDDLE EAR & MASTOID	\$1,059.87	\$1,059.87
69646		REVISE MIDDLE EAR & MASTOID	\$1,127.95	\$1,127.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,406.47	\$1,406.47
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	\$1,145.39	\$1,145.39
69930		COCHLEAR DEVICE IMPLANTATION WITH OR W/O	\$919.26	\$919.26
69950		INCISE INNER EAR NERVE	\$1,357.80	\$1,357.80
69955		RELEASE FACIAL NERVE	\$1,483.45	\$1,483.45
69960		RELEASE INNER EAR CANAL	\$1,439.73	\$1,439.73
69970		REMOVE INNER EAR LESION	\$1,606.95	\$1,606.95
69990		MICROSURGICAL TECHNIQUES, REQUIRING USE	\$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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
76706		US ABDL AORTA SCREEN AAA	\$77.36	\$77.36
76706	26	US ABDL AORTA SCREEN AAA	\$23.69	\$23.69
76706	TC	US ABDL AORTA SCREEN AAA	\$53.67	\$53.67
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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		FLUOROGUIDE FOR SPINE INJECT	\$46.36	\$46.36
77003	26	FLUOROGUIDE FOR SPINE INJECT	\$22.92	\$22.91
77003	TC	FLUOROGUIDE FOR SPINE INJECT	\$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
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
77065		DX MAMMO INCL CAD UNI	\$66.54	\$66.54
77065	26	DX MAMMO INCL CAD UNI	\$29.02	\$29.02
77065	TC	DX MAMMO INCL CAD UNI	\$37.52	\$37.52
77066		DX MAMMO INCL CAD BI	\$84.38	\$84.38
77066	26	DX MAMMO INCL CAD BI	\$36.04	\$36.04

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

77066	TC	DX MAMMO INCL CAD BI	\$48.34	\$48.34
77067		SCR MAMMO BI INCL CAD	\$63.93	\$63.93
77067	26	SCR MAMMO BI INCL CAD	\$29.02	\$29.02
77067	TC	SCR MAMMO BI INCL CAD	\$34.91	\$34.91
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,674.53	\$1,674.53
77301	26	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$325.42	\$325.42
77301	TC	INTENSITY MODULATED RADIOTHERAPY PLAN, I	\$1,349.11	\$1,349.11
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,203.95	\$1,203.95

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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 IMAGING 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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 VENTRICULOGR	\$221.55	\$221.55
78635	26	CEREBROSPFLD FLO IMAG VENTRICULOGR	\$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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
80050		GENERAL HEALTH SCREEN PANEL	\$11.16	\$11.38
80051		ELECTROLYTE PANEL	\$8.51	\$8.51
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 QUAN 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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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 BLD QUAN PART	\$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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
84270		SHBG	\$26.80	\$26.80
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
84410		TESTOSTERONE BIOAVAILABLE	\$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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$11.36	\$11.36
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
86431		RHEUMATOID FACTOR; QUANTITATIVE	\$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
86708		HEPATITIS A ANTIBODY	\$15.28	\$15.28
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.74	\$24.74
87483	CNS DNA AMP PROBE TYPE 12-25	\$243.45	\$243.45
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
90472		IMMUNIZATION ADMINISTRATION, EACH ADDITI	\$13.30	\$13.30
90473		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$13.30	\$13.30
90474		IMMUNIZATION ADMINISTRATION BY INTRANASA	\$13.30	\$13.30
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

90636		HEPATITIS A AND HEPATITIS B VACCINE (HEP	\$88.61	\$88.61
90647		HIB PRP-OMP VACC 3 DOSE IM	\$19.48	\$19.48
90648		HIB PRP-T VACCINE 4 DOSE IM	\$20.79	\$20.79
90649		4VHPV VACCINE 3 DOSE IM	\$134.37	\$134.37
90650		2VHPV VACCINE 3 DOSE IM	\$131.92	\$131.92
90651		9VHPV VACCINE 3 DOSE IM	\$175.87	\$175.87
90656		IIV3 VACC NO PRSV 0.5 ML IM	\$16.58	\$16.58
90657		IIV3 VACCINE SPLT 0.25 ML IM	\$6.31	\$6.31
90658		IIV3 VACCINE SPLT 0.5 ML IM	\$12.62	\$12.62
90670		PCV13 VACCINE IM	\$131.44	\$131.44
90674		INFLUENZA VIRUS VACCINE, QUADRIVALENT (C	\$43.46	\$43.46
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 0.5 ML IM	\$18.21	\$18.21
90688		IIV4 VACCINE SPLT 0.5 ML IM	\$15.80	\$15.80
90696		DTAP-IPV VACCINE 4-6 YRS IM	\$50.90	\$50.90
90698		DTAP-IPV/HIB VACCINE IM	\$77.48	\$77.48
90700		DIPHTHERIA, TETANUS TOXOIDS, AND ACELLUL	\$14.20	\$14.20
90702		DT VACCINE UNDER 7 YRS IM	\$23.82	\$23.82
90707		MEASLES, MUMPS AND RUBELLA VIRUS VACCINE	\$40.61	\$40.61
90710		MEASLES, MUMPS, RUBELLA, AND VARICELLA V	\$132.90	\$132.90
90713		POLIOVIRUS VACCINE, INACTIVATED, (IPV),	\$24.54	\$24.54
90714		TD VACC NO PRESV 7 YRS+ IM	\$19.06	\$19.06
90715		TETANUS, DIPHTHERIA TOXOIDS AND ACELLULA	\$39.10	\$39.10
90716		VAR VACCINE LIVE SUBQ	\$85.56	\$85.56
90723		DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR P	\$71.90	\$71.90
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	\$31.21	\$31.21
90733		MPSV4 VACCINE SUBQ	\$89.60	\$89.60
90734		MCV4 MENACWY VACCINE IM	\$105.80	\$105.80

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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		PSYTX W PT 30 MINUTES	\$40.15	\$50.67
90833		PSYTX W PT W E/M 30 MIN	\$33.60	\$33.86
90834		PSYTX W PT 45 MINUTES	\$60.29	\$65.81
90836		PSYTX W PT W E/M 45 MIN	\$55.02	\$55.02
90837		PSYTX W PT 60 MINUTES	\$90.91	\$96.44
90838		PSYTX W PT W E/M 60 MIN	\$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 PSYTX W/O PT 50 MIN	\$69.82	\$71.50
90847		FAMILY PSYTX W/PT 50 MIN	\$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
90935		HEMODIALYSIS PROCEDURE WITH ONE PHYSICIA	\$53.89	\$53.89
90945		DIALYSIS PROCEDURE (OTHER THAN HEMODIALY	\$55.99	\$55.99
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,117.24	\$1,117.24
92987		PERCUTANEOUS BALLOON VALVULOPLASTY; MITR	\$1,156.35	\$1,156.35
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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	\$1,075.29	\$1,075.29
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
93660		EVALUATION OF CARDIOVASCULAR FUNCTION WI	\$136.47	\$136.47
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
93925		DUPLEX SCAN LOWER EXTREM. ARTERIES; BILA	\$237.08	\$237.08
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES	\$151.26	\$151.26
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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
95017		ALLERGY TESTING WITH VENOMS INTO SKIN, I	\$2.98	\$6.92
95018		ALLERGY TESTING WITH DRUGS OR BIOLOGICAL	\$5.75	\$17.06
95024		INJECTION OF ALLERGENIC EXTRACTS INTO SK	\$5.25	\$5.25
95027		INJECTION OF ALLERGENIC EXTRACTS FOR AIR	\$3.58	\$3.58
95044		PATCH OR APPLICATION TEST(S) (SPECIFY NU	\$4.67	\$4.67
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
95971		ELECTRONIC ANALYSIS OF IMPLANTED NEUROST	\$32.21	\$45.08
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
96150		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	\$18.39	\$18.67
96151		HEALTH AND BEHAVIOR ASSESSMENT (EG, HEAL	\$17.79	\$18.07
96160		PT-FOCUSED HLTH RISK ASSMT	\$3.74	\$3.74
96161		CAREGIVER HEALTH RISK ASSMT	\$3.74	\$3.74
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

96374		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$42.30	\$42.30
96375		THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC	\$18.34	\$18.34
96377		APPLICATON ON-BODY INJECTOR	\$16.53	\$16.53
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
96567		PHOTODYNAMIC THERAPY BY EXTERNAL APPLICA	\$90.29	\$90.29
96900		ULTRAVIOLET LIGHT THERAPY	\$14.94	\$14.94
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOEC	\$48.33	\$48.33
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET	\$61.94	\$61.94
96920		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$51.67	\$126.65
96921		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$51.34	\$124.08
96922		LASER TREATMENT FOR INFLAMMATORY SKIN DI	\$91.69	\$184.57
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
97161		PT EVAL LOW COMPLEX 20 MIN	\$67.46	\$67.46

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

97162		PT EVAL MOD COMPLEX 30 MIN	\$67.46	\$67.46
97163		PT EVAL HIGH COMPLEX 45 MIN	\$67.46	\$67.46
97164		PT RE-EVAL EST PLAN CARE	\$45.71	\$45.71
97165		OT EVAL LOW COMPLEX 30 MIN	\$65.44	\$65.44
97166		OT EVAL MOD COMPLEX 45 MIN	\$65.44	\$65.44
97167		OT EVAL HIGH COMPLEX 60 MIN	\$65.44	\$65.44
97168		OT RE-EVAL EST PLAN CARE	\$43.18	\$43.18
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND	\$25.77	\$46.20
97598		DEBRIDEMENT, OPEN WOUND, WOUND ASSESSMEN	\$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
99151		MOD SED SAME PHYS/QHP <5 YRS	\$20.01	\$63.40
99152		MOD SED SAME PHYS/QHP 5/>YRS	\$10.47	\$42.07
99153		MOD SED SAME PHYS/QHP EA	\$8.85	\$8.85
99155		MOD SED OTH PHYS/QHP <5 YRS	\$78.57	\$78.57
99156		MOD SED OTH PHYS/QHP 5/>YRS	\$64.37	\$64.37
99157		MOD SED OTHER PHYS/QHP EA	\$48.82	\$48.82
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



REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
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

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

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
99375		PHYSICIAN SUPERVISION OF PATIENT HOME HE	\$84.18	\$93.10
99378		PHYSICIAN SUPERVISION OF PATIENT HOSPICE	\$87.25	\$96.18
99381		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$53.20	\$79.65
99382		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$60.70	\$86.83
99383		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$60.70	\$86.22
99384		INITIAL COMPREHENSIVE PREVENTIVE MEDICIN	\$68.40	\$93.93
99385		NEW PT PHYSICAL EXAM: 18 TO 39 YEARS	\$68.40	\$93.93
99386		NEW PT PHYSICAL EXAM: 40 TO 64 YEARS	\$83.94	\$110.08
99387		NEW PT PHYSICAL EXAM: 65 YEARS AND OVER	\$92.07	\$120.67

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

99391		PERIODIC PREVENTIVE MEDICINE UNDER ONE Y	\$45.50	\$66.41
99392		PERIODIC PREVENTIVE MEDICINE AGE 001-004	\$53.20	\$74.12
99393		PERIODIC PREVENTIVE MEDICINE AGE 005-011	\$53.20	\$73.81
99394		PERIODIC PREVENTIVE MEDICINE AGES 012-01	\$60.70	\$81.30
99395		ESTAB. PT PHYSICAL EXAM: 18 TO 39 YEARS	\$60.70	\$81.61
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
99407		SMOKING AND TOBACCO USE CESSATION COUNSE	\$21.44	\$22.36
99408		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$28.58	\$29.81
99409		ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOB	\$57.37	\$58.60
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
99478		SUBSEQUENT INTENSIVE CARE, PER DAY, FOR	\$111.89	\$111.89
A4570		VIKING SPLINT	\$9.26	\$9.26
A9500		TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC,	\$116.15	\$116.15
A9502		TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTI	\$115.53	\$115.53
A9503		TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC,	\$38.41	\$38.41
A9505		THALLIUM TL-201 THALLOUS CHLORIDE, DIAGN	\$60.13	\$60.13
A9507		INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNO	\$3,226.88	\$3,226.88
A9508		IODINE I-131 IOBENGUANE SULFATE, DIAGNOS	\$549.94	\$549.94
A9509		IODINE I-123 SODIUM IODINE, DIAGNOSTIC,	\$121.37	\$121.37
A9510		TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC,	\$26.90	\$26.90
A9512		TECHNETIUM TC-99M PERTECHNETATE, DIAGNOS	\$11.95	\$11.95
A9516		IODINE I-123 SODIUM IODIDE CAPSULE(S), D	\$69.48	\$69.48

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

A9517		IODINE I-131 SODIUM IODIDE CAPSULE (S), T	\$156.33	\$156.33
A9521		TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTI	\$688.95	\$688.95
A9524		IODINE I-131 IODINATED SERUM ALBUMIN, DI	\$47.24	\$47.24
A9528		IODINE I-131 SODIUM IODIDE CAPSULE (S), D	\$52.61	\$52.61
A9529		IODINE I-131 SODIUM IODIDE SOLUTION, DIA	\$142.69	\$142.69
A9531		IODINE I-131 SODIUM IODIDE, DIAGNOSTIC,	\$52.61	\$52.61
A9532		IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC,	\$45.33	\$45.33
A9537		TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC	\$64.92	\$64.92
A9538		TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOS	\$49.95	\$49.95
A9539		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC,	\$47.53	\$47.53
A9540		TECHNETIUM TC-99M MACROAGGREGATED ALBUMI	\$38.41	\$38.41
A9541		TECHNETIUM TC-99M SULFUR COLLOID, DIAGNO	\$51.45	\$51.45
A9542		INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAG	\$2,504.28	\$2,504.28
A9543		YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERA	\$21,679.79	\$21,679.79
A9547		INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC,	\$278.32	\$278.32
A9548		INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER	\$259.81	\$259.81
A9550		TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIA	\$71.55	\$71.55
A9551		TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC (	\$120.86	\$120.86
A9552		FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC,	\$619.38	\$619.38
A9553		CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOST	\$616.40	\$616.40
A9554		IODINE I-125 SODIUM IOTHALAMATE, DIAGNOS	\$1,975.66	\$1,975.66
A9555		RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DO	\$29,467.95	\$29,467.95
A9556		GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER M	\$44.37	\$44.37
A9557		TECHNETIUM TC-99M BICISATE, DIAGNOSTIC,	\$878.07	\$878.07
A9558		XENON XE-133 GAS, DIAGNOSTIC, PER 10 MCI	\$41.57	\$41.57
A9560		TECHNETIUM TC-99M LABELED RED BLOOD CELL	\$90.90	\$90.90
A9561		TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC	\$40.34	\$40.34
A9562		TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC	\$247.14	\$247.14
A9563		SODIUM PHOSPHATE P-32, THERAPEUTIC, PER	\$301.95	\$301.95
A9564		CHROMIC PHOSPHATE P-32 SUSPENSION, THERA	\$307.73	\$307.73

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

A9567		TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC,	\$66.28	\$66.28
A9569		TECHNETIUM TC-99M EXAMETAZIME LABELED AU	\$1,752.54	\$1,752.54
A9570		INDIUM IN-111 LABELED AUTOLOGOUS WHITE B	\$1,752.54	\$1,752.54
A9571		INDIUM IN-111 LABELED AUTOLOGOUS PLATELE	\$2,580.77	\$2,580.77
A9572		INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC,	\$2,862.28	\$2,862.28
A9576		INJECTION, GADOTERIDOL, (PROHANCE MULTIP	\$5.38	\$5.38
A9577		INJECTION, GADOBENATE DIMEGLUMINE (MULTI	\$5.38	\$5.38
A9578		INJECTION, GADOBENATE DIMEGLUMINE (MULTI	\$5.38	\$5.38
A9579		GADOLINIUM-BASED MAGNETIC RESONANCE CONT	\$2.43	\$2.43
A9581		INJECTION, GADOXETATE DISODIUM, 1 ML	\$13.01	\$13.01
A9582		IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER	\$3,607.11	\$3,607.11
A9583		INJECTION, GADOFOSVESET TRISODIUM, 1 ML	\$12.34	\$12.34
A9584		IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER	\$2,040.59	\$2,040.59
A9585		INJECTION, GADOBUTROL, 0.1 ML (GADAVIST)	\$0.85	\$0.85
A9600		STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, P	\$853.02	\$853.02
A9605		SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC	\$1,530.80	\$1,530.80
A9606		RADIUM RA223 DICHLORIDE THER	\$121.69	\$121.69
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		SCR MAMMO BI INCL CAD	\$101.42	\$101.42
G0202	26	SCR MAMMO BI INCL CAD	\$28.46	\$28.46
G0202	TC	SCR MAMMO BI INCL CAD	\$72.96	\$72.96
G0204		DX MAMMO INCL CAD BI	\$119.34	\$119.34
G0204	26	DX MAMMO INCL CAD BI	\$35.19	\$35.19
G0206		DX MAMMO INCL CAD UNI	\$94.79	\$94.79
G0206	26	DX MAMMO INCL CAD UNI	\$28.46	\$28.46
G0206	TC	DX MAMMO INCL CAD UNI	\$66.34	\$66.34

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$19.76	\$19.76
G0455		PREPARATION WITH INSTILLATION OF FECAL M	\$41.87	\$88.17
G0480		DRUG TEST DEF 1-7 CLASSES	\$72.75	\$72.75
G0481		DRUF TEST DEF 8-14 CLASSES	\$111.92	\$111.92
G0482		DRUF TEST DEF 15-21 CLASSES	\$151.09	\$151.09
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$195.86	\$195.86
P9041		ALBUMIN (HUMAN), 5%, 50 ML	\$19.14	\$19.14
P9047		ALBUMIN (HUMAN), 25%, 50 ML	\$38.30	\$38.30
Q0111		WET MOUNTS, INCLUDING PREPARATION OF VAG	\$4.90	\$4.90
Q0138		INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$0.79	\$0.79
Q0139		INJECTION, FERUMOXYTOL, TREATMENT OF IRO	\$0.79	\$0.79
Q0144		AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/	\$20.75	\$20.75
Q2049		INJECTION, DOXORUBICIN HYDROCHLORIDE, LI	\$475.47	\$475.47
Q2050		DOXORUBICIN INJ 10MG	\$551.74	\$551.74
Q2051		ZOLEDRONIC ACID 1MG INJECTION	\$153.59	\$153.59
Q3014		TELEHEALTH ORIGINATING SITE FACILITY FEE	\$20.61	\$20.61
Q3027		INJ BETA INTERFERON IM 1 MCG	\$33.20	\$33.20
Q3028		INJ BETA INTERFERON SQ 1 MCG	\$18.88	\$18.88
Q4081		INJECTION, EPOETIN ALFA, 100 UNITS (FOR	\$0.87	\$0.87
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CE	\$27.70	\$27.70
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE	\$33.94	\$33.94
Q4121		THERASKIN, PER SQUARE CENTIMETER	\$21.27	\$21.27
Q5101		INJECTION, FILGRASTIM G-CSF, BIOSIMILAR	\$1.02	\$1.02
Q9957		INJECTION, PERFLUTREN LIPID MICROSPHERES	\$59.76	\$59.76
Q9965		LOW OSMOLAR CONTRAST MATERIAL, 100-199 M	\$1.33	\$1.33
Q9966		LOW OSMOLAR CONTRAST MATERIAL, 200-299 M	\$0.39	\$0.39
Q9967		LOW OSMOLAR CONTRAST MATERIAL, 300-399 M	\$0.20	\$0.20
S0023		INJECTION, CIMETIDINE HYDROCHLORIDE, 300	\$0.58	\$0.58
S0080		PENTAMIDINE ISETHIONATE, 300 MG	\$40.54	\$40.54
S0145		INJECTION, PEGYLATED INTERFERON ALFA-2A,	\$321.08	\$321.08

REPORT: RS04362-R1362 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NURSE PRACTITIONERS FEE SCHEDULE AS OF: 01/24/2017

S0148		INJECTION, PEGYLATED INTERFERON ALFA-2B,	\$100.29	\$100.29
S0166		OLANZAPINE INJECTABLE IMMEDIATE-RELEASE	\$7.66	\$7.66
S0189		TESTOSTERONE PELLETT, 75MG	\$64.42	\$64.42
S2235		IMPLANTATION OF AUDITORY BRAIN STEM IMPL	\$796.33	\$796.33