

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
10004	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION	\$ 36.24	\$ 43.02	1/1/2022
10005	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	\$ 61.37	\$ 103.50	1/1/2022
10006	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	\$ 41.82	\$ 49.73	1/1/2022
10007	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPIE GUIDANCE	\$ 78.78	\$ 231.20	1/1/2022
10008	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPIE GUIDANCE	\$ 51.38	\$ 130.56	1/1/2022
10009	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	\$ 95.63	\$ 377.56	1/1/2022
10060		DRAINAGE OF ABSCESS	\$ 66.04	\$ 76.18	1/1/2022
10061		DRAINAGE OF ABSCESS	\$ 117.74	\$ 131.17	1/1/2022
10120		FOREIGN BODY REMOVAL, SKIN	\$ 64.76	\$ 92.99	1/1/2022
10121		FOREIGN BODY REMOVAL, SKIN	\$ 132.58	\$ 181.38	1/1/2022
10140		DRAINAGE OF BLOOD EFFUSION	\$ 84.60	\$ 107.09	1/1/2022
10160		PUNCTURE DRAINAGE OF LESION	\$ 68.13	\$ 87.04	1/1/2022
10180		INCISION AND DRAINAGE, COMPLEX	\$ 124.85	\$ 160.77	1/1/2022
11000		SURGICAL CLEANSING OF SKIN	\$ 24.03	\$ 37.74	1/1/2022
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF	\$ 12.12	\$ 15.95	1/1/2022
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$ 204.86	\$ 324.40	1/1/2022
11012		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$ 319.73	\$ 494.38	1/1/2022
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	\$ 34.39	\$ 52.20	1/1/2022
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND MUSCLE	\$ 167.12	\$ 190.43	1/1/2022
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUSCLE BONE	\$ 229.96	\$ 260.13	1/1/2022
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$ 13.93	\$ 24.06	1/1/2022
11046		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$ 29.66	\$ 41.92	1/1/2022
11047		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE	\$ 51.53	\$ 68.85	1/1/2022
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE	\$ 17.26	\$ 33.70	1/1/2022
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$ 24.34	\$ 41.33	1/1/2022
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$ 31.60	\$ 49.96	1/1/2022
11102	@3	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	\$ 32.97	\$ 79.92	1/1/2022
11103	@3	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 19.10	\$ 43.14	1/1/2022
11104	@3	PUNCH BIOPSY OF SINGLE SKIN LESION	\$ 41.39	\$ 100.49	1/1/2022
11105	@3	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	\$ 22.57	\$ 49.43	1/1/2022
11106	@3	INCISIONAL BIOPSY OF SINGLE SKIN LESION	\$ 50.32	\$ 121.58	1/1/2022
11107	@3	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 26.93	\$ 58.32	1/1/2022
11200		REMOVAL OF SKIN TAGS	\$ 48.02	\$ 56.52	1/1/2022
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL	\$ 12.25	\$ 13.36	1/1/2022
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0.5 CM	\$ 27.48	\$ 48.31	1/1/2022
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	\$ 41.62	\$ 66.84	1/1/2022
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.1 - 2.0 CM	\$ 49.08	\$ 78.97	1/1/2022
11308		SHAVING OF LESION SCALP/NECK/HAND/ETC OVER 2.0 CM	\$ 59.04	\$ 88.93	1/1/2022
11420		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 56.82	\$ 80.40	1/1/2022
11421		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 76.92	\$ 104.62	1/1/2022
11422		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 92.76	\$ 116.89	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
11423		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED)	\$ 108.34	\$ 136.30	1/1/2022
11424		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED)	\$ 125.01	\$ 157.37	1/1/2022
11426		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED)	\$ 191.33	\$ 226.44	1/1/2022
11620		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 80.35	\$ 125.03	1/1/2022
11621		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 103.55	\$ 152.89	1/1/2022
11622		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 119.47	\$ 173.20	1/1/2022
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 147.37	\$ 202.75	1/1/2022
11624		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 167.64	\$ 228.23	1/1/2022
11626		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 209.96	\$ 278.23	1/1/2022
11641		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 110.52	\$ 160.97	1/1/2022
11642		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 130.47	\$ 185.84	1/1/2022
11643		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 163.16	\$ 219.09	1/1/2022
11644		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 203.47	\$ 270.64	1/1/2022
11646		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 286.55	\$ 357.56	1/1/2022
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$ 6.78	\$ 14.74	1/1/2022
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$ 12.70	\$ 21.75	1/1/2022
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$ 21.70	\$ 31.30	1/1/2022
11730		REMOVAL OF NAIL	\$ 44.00	\$ 68.96	1/1/2022
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$ 22.87	\$ 32.18	1/1/2022
11740		EVACUATION OF SUBUNGUAL HEMATOMA	\$ 22.68	\$ 31.19	1/1/2022
11750		REMOVAL OF NAIL BED	\$ 125.17	\$ 149.29	1/1/2022
11755		BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPOONYCHIUM, PROXIMAL AND LATERAL	\$ 62.29	\$ 92.72	1/1/2022
11760		RECONSTRUCTION OF NAIL BED	\$ 93.04	\$ 138.55	1/1/2022
11762		RECONSTRUCTION OF NAIL BED	\$ 143.74	\$ 187.33	1/1/2022
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD	\$ 47.77	\$ 87.80	1/1/2022
11900		INJECTION INTO SKIN LESIONS	\$ 22.64	\$ 39.09	1/1/2022
11901		INJECTION INTO SKIN LESIONS	\$ 35.24	\$ 49.77	1/1/2022
11950		THERAPY FOR CONTOUR DEFECTS	\$ 36.99	\$ 52.89	1/1/2022
11951		THERAPY FOR CONTOUR DEFECTS	\$ 51.58	\$ 70.79	1/1/2022
11954		THERAPY FOR CONTOUR DEFECTS	\$ 83.66	\$ 113.82	1/1/2022
11971		TISSUE EXPANDER REMOVAL	\$ 208.63	\$ 311.99	1/1/2022
12001		REPAIR OF RECENT WOUND	\$ 74.09	\$ 102.33	1/1/2022
12002		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 82.22	\$ 109.09	1/1/2022
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 96.71	\$ 128.78	1/1/2022
12005		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 120.59	\$ 160.62	1/1/2022
12006		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 152.39	\$ 199.54	1/1/2022
12007		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 174.19	\$ 226.01	1/1/2022
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$ 133.24	\$ 184.78	1/1/2022
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACKING	\$ 96.65	\$ 110.09	1/1/2022
12031		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 111.65	\$ 163.19	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
12032		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 137.13	\$ 209.78	1/1/2022
12034		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 143.66	\$ 207.53	1/1/2022
12035		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 168.51	\$ 252.95	1/1/2022
12036		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$ 194.55	\$ 277.90	1/1/2022
12037		INTERMEDIATE REPAIR OVER 30 CM SCALP AXILLA TRUNK	\$ 226.50	\$ 313.69	1/1/2022
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 119.64	\$ 171.20	1/1/2022
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 139.84	\$ 199.60	1/1/2022
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 150.84	\$ 230.34	1/1/2022
12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 175.11	\$ 255.44	1/1/2022
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	\$ 206.32	\$ 302.55	1/1/2022
12047		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$ 225.79	\$ 324.76	1/1/2022
13131		REPAIR OF WOUND OR LESION	\$ 197.02	\$ 251.04	1/1/2022
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	\$ 332.14	\$ 402.60	1/1/2022
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$ 97.09	\$ 119.29	1/1/2022
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE	\$ 576.99	\$ 576.99	1/1/2022
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND/OR LEGS U	\$ 402.69	\$ 479.45	1/1/2022
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP ARMS LEGS DE	\$ 521.10	\$ 608.57	1/1/2022
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 10 SQ CM	\$ 458.65	\$ 533.78	1/1/2022
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM TO 30 SQ	\$ 566.76	\$ 664.36	1/1/2022
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0	\$ 521.70	\$ 615.75	1/1/2022
14302		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ	\$ 135.42	\$ 135.42	1/1/2022
14350		FILLETED FINGER OR TOE FLAP INCLUDING PREP OF RECI	\$ 535.88	\$ 535.88	1/1/2022
15004		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$ 206.07	\$ 281.74	1/1/2022
15005		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$ 66.36	\$ 85.28	1/1/2022
15040		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$ 92.58	\$ 174.82	1/1/2022
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE SM ULCER UP	\$ 308.32	\$ 372.76	1/1/2022
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$ 541.36	\$ 603.04	1/1/2022
15116		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$ 108.81	\$ 118.68	1/1/2022
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$ 544.97	\$ 604.47	1/1/2022
15136		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$ 61.37	\$ 65.77	1/1/2022
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 486.21	\$ 517.75	1/1/2022
15156		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 121.73	\$ 128.03	1/1/2022
15157		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 132.16	\$ 141.21	1/1/2022
15240		SKIN GRAFT PROCEDURE	\$ 559.39	\$ 637.25	1/1/2022
15241		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$ 83.30	\$ 127.99	1/1/2022
15275		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$ 56.08	\$ 85.24	1/1/2022
15276		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$ 13.81	\$ 18.67	1/1/2022
15277		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$ 119.51	\$ 164.57	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
15278		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$ 30.38	\$ 45.52	1/1/2022
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	\$ 541.90	\$ 628.54	1/1/2022
15620		SKIN GRAFT PROCEDURE	\$ 220.79	\$ 298.93	1/1/2022
15738		MUSCLE FLAP LOWER EXTREMITY	\$ 908.23	\$ 1,022.01	1/1/2022
15740		SKIN GRAFT PROCEDURE	\$ 611.38	\$ 707.34	1/1/2022
15750		SKIN GRAFT PROCEDURE	\$ 648.82	\$ 648.82	1/1/2022
15760		SKIN GRAFT PROCEDURE	\$ 501.38	\$ 587.46	1/1/2022
15769		GRFG AUTOL SOFT TISS DIR EXC	\$ 398.05	\$ 398.05	1/1/2022
15770		SKIN GRAFT PROCEDURE	\$ 464.10	\$ 464.10	1/1/2022
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	\$ 287.78	\$ 388.67	1/1/2022
15783		SUPERFICIAL DERMABRASION	\$ 260.26	\$ 335.39	1/1/2022
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	\$ 98.47	\$ 164.27	1/1/2022
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO	\$ 13.82	\$ 33.56	1/1/2022
15851		REMOVAL SUTURES HOSP ER UNDER ANESTHESIA	\$ 33.75	\$ 64.73	1/1/2022
15852		DRESSING CHANGE W/ ANESTHESIA, EXCLUDES BURNS	\$ 35.13	\$ 35.13	1/1/2022
15860		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$ 82.61	\$ 82.61	1/1/2022
16000		TREATMENT OF BURNS	\$ 34.46	\$ 48.44	1/1/2022
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$ 40.58	\$ 56.46	1/1/2022
16035		ESCHAROTOMY; INITIAL INCISION	\$ 156.78	\$ 156.78	1/1/2022
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$ 62.48	\$ 62.48	1/1/2022
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	\$ 38.13	\$ 54.31	1/1/2022
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL	\$ 3.36	\$ 5.28	1/1/2022
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$ 96.31	\$ 122.37	1/1/2022
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	\$ 198.84	\$ 240.51	1/1/2022
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESION 10SQ LES	\$ 262.96	\$ 318.62	1/1/2022
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	\$ 343.17	\$ 407.58	1/1/2022
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$ 47.38	\$ 75.09	1/1/2022
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$ 59.23	\$ 89.40	1/1/2022
17250		CHEMICAL CAUTERIZATION OF WOUND	\$ 26.09	\$ 51.04	1/1/2022
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$ 69.71	\$ 101.80	1/1/2022
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	\$ 78.51	\$ 112.50	1/1/2022
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	\$ 91.10	\$ 128.94	1/1/2022
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	\$ 102.90	\$ 144.02	1/1/2022
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	\$ 126.39	\$ 170.82	1/1/2022
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	\$ 152.18	\$ 198.24	1/1/2022
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$ 277.65	\$ 480.26	1/1/2022
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$ 147.68	\$ 286.96	1/1/2022
20103		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$ 254.00	\$ 389.71	1/1/2022
20200		MUSCLE BIOPSY	\$ 67.62	\$ 132.04	1/1/2022
20205		MUSCLE BIOPSY	\$ 107.66	\$ 180.86	1/1/2022
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$ 47.37	\$ 181.99	1/1/2022
20220		BONE BIOPSY	\$ 59.16	\$ 126.33	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
20240		BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$ 164.64	\$ 164.64	1/1/2022
20245		BONE BIOPSY	\$ 449.32	\$ 449.32	1/1/2022
20500		INJECTION OF SINUS TRACT	\$ 68.37	\$ 82.61	1/1/2022
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	\$ 31.22	\$ 92.09	1/1/2022
20520		REMOVAL OF FOREIGN BODY	\$ 101.33	\$ 132.31	1/1/2022
20525		REMOVAL OF FOREIGN BODY	\$ 178.04	\$ 321.16	1/1/2022
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	\$ 31.32	\$ 41.74	1/1/2022
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$ 31.96	\$ 41.28	1/1/2022
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$ 27.08	\$ 37.50	1/1/2022
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$ 30.12	\$ 41.89	1/1/2022
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$ 29.84	\$ 39.17	1/1/2022
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$ 30.98	\$ 41.95	1/1/2022
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$ 31.95	\$ 41.82	1/1/2022
20615		ASPIRATION & INJ FOR TREATMENT OF BONE CYST	\$ 114.70	\$ 152.26	1/1/2022
20650		INSERTION & REMOVAL BONE PIN	\$ 113.08	\$ 138.87	1/1/2022
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	\$ 106.23	\$ 269.63	1/1/2022
20680		REMOVAL OF BURIED SUPPORT	\$ 296.16	\$ 412.12	1/1/2022
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	\$ 390.85	\$ 390.85	1/1/2022
20692		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIX	\$ 730.83	\$ 730.83	1/1/2022
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	\$ 327.78	\$ 327.78	1/1/2022
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATION SYSTEM	\$ 239.28	\$ 296.30	1/1/2022
20700		MNL PREP&INSJ DP RX DLVR DEV	\$ 70.29	\$ 70.29	1/1/2022
20701		RMVL DEEP RX DELIVERY DEVICE	\$ 52.51	\$ 52.51	1/1/2022
20702		MNL PREP&INSJ IMED RX DEV	\$ 116.91	\$ 116.91	1/1/2022
20703		RMVL IMED RX DELIVERY DEVICE	\$ 83.91	\$ 83.91	1/1/2022
20704		MNL PREP&INSJ I-ARTIC RX DEV	\$ 121.79	\$ 121.79	1/1/2022
20705		RMVL I-ARTIC RX DELIVERY DEV	\$ 100.30	\$ 100.30	1/1/2022
20900		REMOVAL OF BONE FOR GRAFT	\$ 189.93	\$ 293.29	1/1/2022
20902		REMOVAL OF BONE FOR GRAFT	\$ 263.00	\$ 263.00	1/1/2022
20910		REMOVE CARTILAGE FOR GRAFT	\$ 307.76	\$ 307.76	1/1/2022
20920		REMOVAL OF TISSUE FOR GRAFT	\$ 291.49	\$ 291.49	1/1/2022
20922		REMOVAL OF TISSUE FOR GRAFT	\$ 357.36	\$ 429.19	1/1/2022
20924		REMOVAL OF TENDON FOR GRAFT	\$ 360.72	\$ 360.72	1/1/2022
20950		MONITOR INTERSTITIAL PRESSURE	\$ 65.79	\$ 169.41	1/1/2022
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	\$ 1,895.83	\$ 1,895.83	1/1/2022
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	\$ 1,990.36	\$ 1,990.36	1/1/2022
20974		BIO-OSTEGEN SYSTEM	\$ 34.44	\$ 45.94	1/1/2022
20975		OSTEOSTIM SYSTEM	\$ 129.69	\$ 129.69	1/1/2022
20979		LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$ 26.65	\$ 37.89	1/1/2022
27600		DECOMPRESSION OF LEG	\$ 304.63	\$ 304.63	1/1/2022
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	\$ 315.29	\$ 315.29	1/1/2022
27602		DECOMPRESSION OF LEG	\$ 374.49	\$ 374.49	1/1/2022
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	\$ 275.32	\$ 361.14	1/1/2022
27604		INCISION AND DRAINAGE INFECTED BURSA	\$ 242.60	\$ 316.89	1/1/2022
27605		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$ 145.72	\$ 251.01	1/1/2022
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	\$ 214.11	\$ 214.11	1/1/2022
27607		INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$ 440.81	\$ 440.81	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27610		ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$ 470.47	\$ 470.47	1/1/2022
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$ 410.81	\$ 410.81	1/1/2022
27613		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 118.56	\$ 171.48	1/1/2022
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$ 294.66	\$ 388.43	1/1/2022
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	\$ 635.23	\$ 635.23	1/1/2022
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	\$ 748.68	\$ 748.68	1/1/2022
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	\$ 272.80	\$ 339.42	1/1/2022
27620		BIOPSY OF ANKLE JOINT	\$ 330.22	\$ 330.22	1/1/2022
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	\$ 428.68	\$ 428.68	1/1/2022
27626		EXPLORATION OF ANKLE JOINT	\$ 462.85	\$ 462.85	1/1/2022
27630		REMOVAL OF TENDON LESION	\$ 265.67	\$ 369.86	1/1/2022
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$ 241.06	\$ 241.06	1/1/2022
27634		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$ 393.56	\$ 393.56	1/1/2022
27635		REMOVAL OF BONE LESION	\$ 425.20	\$ 425.20	1/1/2022
27637		REMOVAL/GRAFT OF BONE LESION	\$ 539.62	\$ 539.62	1/1/2022
27638		REMOVAL/GRAFT OF BONE LESION	\$ 563.11	\$ 563.11	1/1/2022
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$ 623.89	\$ 623.89	1/1/2022
27641		PARTIAL REMOVAL OF FIBULA	\$ 500.06	\$ 500.06	1/1/2022
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$ 757.15	\$ 757.15	1/1/2022
27646		REMOVAL OF FIBULA	\$ 669.87	\$ 669.87	1/1/2022
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	\$ 595.16	\$ 595.16	1/1/2022
27648		INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$ 39.56	\$ 111.93	1/1/2022
27650		REPAIR ACHILLES TENDON	\$ 485.81	\$ 485.81	1/1/2022
27652		REPAIR/GRAFT ACHILLES TENDON	\$ 536.57	\$ 536.57	1/1/2022
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$ 523.64	\$ 523.64	1/1/2022
27656		REPAIR FASCIAL DEFECT OF LEG	\$ 251.07	\$ 371.43	1/1/2022
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$ 275.24	\$ 275.24	1/1/2022
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$ 362.55	\$ 362.55	1/1/2022
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$ 262.03	\$ 262.03	1/1/2022
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$ 300.56	\$ 300.56	1/1/2022
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEO	\$ 369.79	\$ 369.79	1/1/2022
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	\$ 448.45	\$ 448.45	1/1/2022
27680		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$ 312.18	\$ 312.18	1/1/2022
27681		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$ 372.06	\$ 372.06	1/1/2022
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$ 344.84	\$ 440.79	1/1/2022
27686		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$ 406.29	\$ 406.29	1/1/2022
27687		GASTROCNEMIUS RESECTION	\$ 334.38	\$ 334.38	1/1/2022
27690		REVISION OF LEG TENDON	\$ 461.09	\$ 461.09	1/1/2022
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$ 540.59	\$ 540.59	1/1/2022
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$ 83.09	\$ 83.09	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$ 355.68	\$ 355.68	1/1/2022
27696		REPAIR OF ANKLE LIGAMENTS	\$ 426.13	\$ 426.13	1/1/2022
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$ 478.61	\$ 478.61	1/1/2022
27700		REPAIR OF ANKLE	\$ 453.86	\$ 453.86	1/1/2022
27702		ARTHROPLASTY ANKLE WITH IMPLANT	\$ 723.22	\$ 723.22	1/1/2022
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$ 837.58	\$ 837.58	1/1/2022
27704		REMOVAL ANKLE IMPLANT	\$ 408.61	\$ 408.61	1/1/2022
27705		INCISION OF TIBIA	\$ 554.40	\$ 554.40	1/1/2022
27707		INCISION OF FIBULA	\$ 279.64	\$ 279.64	1/1/2022
27709		INCISION OF TIBIA & FIBULA	\$ 812.53	\$ 812.53	1/1/2022
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	\$ 791.25	\$ 791.25	1/1/2022
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$ 772.84	\$ 772.84	1/1/2022
27720		REPAIR OF LOWER LEG	\$ 634.30	\$ 634.30	1/1/2022
27722		REPAIR/GRAFT OF LOWER LEG	\$ 633.05	\$ 633.05	1/1/2022
27724		REPAIR/GRAFT OF LOWER LEG	\$ 934.84	\$ 934.84	1/1/2022
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	\$ 867.87	\$ 867.87	1/1/2022
27726		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	\$ 663.52	\$ 663.52	1/1/2022
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$ 706.34	\$ 706.34	1/1/2022
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$ 421.14	\$ 421.14	1/1/2022
27732		REPAIR OF FIBULA EPIPHYSIS	\$ 286.31	\$ 286.31	1/1/2022
27734		REPAIR LOWER LEG EPIPHYSES	\$ 431.05	\$ 431.05	1/1/2022
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$ 478.13	\$ 478.13	1/1/2022
27742		REPAIR OF LEG EPIPHYSES	\$ 504.57	\$ 504.57	1/1/2022
27750		TREATMENT OF TIBIA FRACTURE	\$ 210.33	\$ 228.42	1/1/2022
27752		REPAIR OF TIBIA FRACTURE	\$ 346.83	\$ 370.42	1/1/2022
27756		REPAIR OF TIBIA FRACTURE	\$ 403.46	\$ 403.46	1/1/2022
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	\$ 639.45	\$ 639.45	1/1/2022
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$ 725.40	\$ 725.40	1/1/2022
27760		TREATMENT OF ANKLE FRACTURE	\$ 200.40	\$ 219.86	1/1/2022
27762		REPAIR OF ANKLE FRACTURE	\$ 307.20	\$ 331.05	1/1/2022
27766		REPAIR OF ANKLE FRACTURE	\$ 434.11	\$ 434.11	1/1/2022
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$ 175.42	\$ 174.60	1/1/2022
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$ 283.96	\$ 283.96	1/1/2022
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	\$ 497.45	\$ 497.45	1/1/2022
27780		TREATMENT OF FIBULA FRACTURE	\$ 178.80	\$ 196.61	1/1/2022
27781		REPAIR OF FIBULA FRACTURE	\$ 267.92	\$ 286.31	1/1/2022
27784		REPAIR OF FIBULA FRACTURE	\$ 493.89	\$ 493.89	1/1/2022
27786		TREATMENT OF ANKLE FRACTURE	\$ 188.38	\$ 208.40	1/1/2022
27788		REPAIR OF ANKLE FRACTURE	\$ 267.41	\$ 288.79	1/1/2022
27792		REPAIR OF ANKLE FRACTURE	\$ 499.23	\$ 499.23	1/1/2022
27808		TREATMENT OF ANKLE FRACTURE	\$ 196.34	\$ 217.73	1/1/2022
27810		REPAIR OF ANKLE FRACTURE	\$ 299.49	\$ 323.89	1/1/2022
27814		REPAIR OF ANKLE FRACTURE	\$ 557.19	\$ 557.19	1/1/2022
27816		TREATMENT OF ANKLE FRACTURE	\$ 186.83	\$ 206.57	1/1/2022
27818		REPAIR OF ANKLE FRACTURE	\$ 306.62	\$ 334.31	1/1/2022
27822		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	\$ 609.20	\$ 609.20	1/1/2022
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	\$ 695.05	\$ 695.05	1/1/2022
27824		CLOSED TX FX WT BEARING PORTION DISTAL TIBIA	\$ 200.63	\$ 208.04	1/1/2022
27825		CLOSED TX FX WT BEARING PORTION TIBIA; WITH SKEL TRAC	\$ 352.42	\$ 381.47	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
27826		OPEN TX FX DISTAL TIBIA WITH FIXATION OF FIBULA ONLY	\$ 584.87	\$ 584.87	1/1/2022
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	\$ 780.35	\$ 780.35	1/1/2022
27828		OPEN TX FX TIBIA WITH INT & EXT FIX OF BOTH TIBIA & FIBULA	\$ 934.86	\$ 934.86	1/1/2022
27829		OPEN TX TIBIOFIBULAR JOINT	\$ 466.95	\$ 466.95	1/1/2022
27830		REPAIR LOWER LEG DISLOCATION	\$ 227.62	\$ 242.16	1/1/2022
27831		REPAIR LOWER LEG DISLOCATION	\$ 265.52	\$ 265.52	1/1/2022
27832		REPAIR LOWER LEG DISLOCATION	\$ 504.12	\$ 504.12	1/1/2022
27840		REPAIR ANKLE DISLOCATION	\$ 245.44	\$ 245.44	1/1/2022
27842		REPAIR ANKLE DISLOCATION	\$ 343.51	\$ 343.51	1/1/2022
27846		REPAIR ANKLE DISLOCATION	\$ 532.05	\$ 532.05	1/1/2022
27848		REPAIR ANKLE DISLOCATION	\$ 602.45	\$ 602.45	1/1/2022
27860		FIXATION OF ANKLE	\$ 128.26	\$ 128.26	1/1/2022
27870		ARTHRODESIS, ANKLE, OPEN	\$ 761.01	\$ 761.01	1/1/2022
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	\$ 498.52	\$ 498.52	1/1/2022
27880		AMPUTATION OF LOWER LEG	\$ 676.14	\$ 676.14	1/1/2022
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$ 649.33	\$ 649.33	1/1/2022
27882		AMPUTATION OF LOWER LEG	\$ 458.07	\$ 458.07	1/1/2022
27884		AMPUTATION FOLLOW-UP SURGERY	\$ 425.14	\$ 425.14	1/1/2022
27886		AMPUTATION FOLLOW-UP SURGERY	\$ 485.02	\$ 485.02	1/1/2022
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	\$ 512.54	\$ 512.54	1/1/2022
27889		ANKLE DISARTICULATION	\$ 501.99	\$ 501.99	1/1/2022
27892		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT COMPAR	\$ 393.09	\$ 393.09	1/1/2022
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	\$ 397.67	\$ 397.67	1/1/2022
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	\$ 611.60	\$ 611.60	1/1/2022
28001		INCISION AND DRAINAGE, BURSA, FOOT	\$ 133.77	\$ 188.04	1/1/2022
28002		INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$ 282.03	\$ 351.94	1/1/2022
28003		DRAINAGE OF FOOT	\$ 416.55	\$ 487.28	1/1/2022
28005		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$ 452.89	\$ 452.89	1/1/2022
28008		INCISION OF FOOT LIGAMENTS	\$ 226.06	\$ 297.33	1/1/2022
28010		TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$ 156.03	\$ 166.17	1/1/2022
28011		TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$ 220.27	\$ 235.62	1/1/2022
28020		ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$ 264.95	\$ 352.41	1/1/2022
28022		EXPLORATION OF A FOOT JOINT	\$ 245.31	\$ 325.37	1/1/2022
28024		EXPLORATION OF A TOE JOINT	\$ 232.40	\$ 309.17	1/1/2022
28035		RELEASE, TARSAI TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$ 267.49	\$ 354.68	1/1/2022
28039		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$ 200.72	\$ 279.08	1/1/2022
28041		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL EG INTRAMUSCULAR 1.5 CM	\$ 263.74	\$ 263.74	1/1/2022
28043		EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	\$ 191.79	\$ 236.76	1/1/2022
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	\$ 244.24	\$ 331.43	1/1/2022
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	\$ 501.10	\$ 607.48	1/1/2022
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR	\$ 559.20	\$ 559.20	1/1/2022
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$ 230.29	\$ 311.18	1/1/2022
28052		BIOPSY OF A FOOT JOINT	\$ 209.63	\$ 286.94	1/1/2022
28054		BIOPSY TO TOE JOINT	\$ 190.77	\$ 268.90	1/1/2022
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$ 294.45	\$ 294.45	1/1/2022
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$ 268.91	\$ 350.07	1/1/2022
28062		REMOVAL OF FOOT FASCIA	\$ 316.18	\$ 412.68	1/1/2022
28070		EXPLORATION OF A FOOT JOINT	\$ 263.13	\$ 347.03	1/1/2022
28072		EXPLORATION OF A FOOT JOINT	\$ 253.92	\$ 341.10	1/1/2022
28080		EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$ 256.32	\$ 334.73	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	\$ 265.19	\$ 365.80	1/1/2022
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	\$ 220.54	\$ 309.92	1/1/2022
28090		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$ 231.56	\$ 314.08	1/1/2022
28092		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$ 202.75	\$ 282.80	1/1/2022
28100		REMOVAL OF HEEL LESION	\$ 300.64	\$ 405.10	1/1/2022
28102		REMOVAL/GRAFT HEEL LESION	\$ 410.26	\$ 410.26	1/1/2022
28103		REMOVAL/GRAFT HEEL LESION	\$ 331.90	\$ 331.90	1/1/2022
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$ 263.44	\$ 348.16	1/1/2022
28106		REMOVAL/GRAFT FOOT LESION	\$ 351.24	\$ 351.24	1/1/2022
28107		REMOVAL/GRAFT FOOT LESION	\$ 287.40	\$ 386.11	1/1/2022
28108		REMOVAL OF TOE LESIONS	\$ 217.27	\$ 292.66	1/1/2022
28110		PARTIAL REMOVAL METATARSAL	\$ 216.73	\$ 306.66	1/1/2022
28111		PARTIAL REMOVAL METATARSAL	\$ 253.87	\$ 349.81	1/1/2022
28112		PARTIAL REMOVAL METATARSALS	\$ 237.05	\$ 330.54	1/1/2022
28113		PARTIAL REMOVAL METATARSAL	\$ 309.49	\$ 396.14	1/1/2022
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$ 599.17	\$ 722.27	1/1/2022
28116		REVISION OF FOOT	\$ 426.62	\$ 517.64	1/1/2022
28118		PARTIAL REMOVAL OF HEEL	\$ 307.99	\$ 399.29	1/1/2022
28119		REMOVAL OF HEEL SPUR	\$ 272.57	\$ 355.91	1/1/2022
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 292.95	\$ 394.12	1/1/2022
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 376.55	\$ 460.44	1/1/2022
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 251.06	\$ 325.62	1/1/2022
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$ 188.54	\$ 262.30	1/1/2022
28130		REMOVAL OF BONE OF ANKLE	\$ 467.94	\$ 467.94	1/1/2022
28140		REMOVAL OF METATARSAL	\$ 342.99	\$ 433.20	1/1/2022
28150		PHALANGECTOMY, TOE, EACH TOE	\$ 215.47	\$ 292.78	1/1/2022
28153		RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$ 195.83	\$ 272.60	1/1/2022
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$ 204.07	\$ 279.73	1/1/2022
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$ 460.06	\$ 460.06	1/1/2022
28173		RADICAL RESECTION OF TUMOR, BONE; METATARSAL	\$ 419.79	\$ 517.66	1/1/2022
28175		RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	\$ 295.57	\$ 378.64	1/1/2022
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$ 100.10	\$ 166.45	1/1/2022
28192		REMOVAL FOREIGN BODY DEEP	\$ 239.85	\$ 321.83	1/1/2022
28193		REMOVAL FOREIGN BODY COMPLICATED	\$ 285.67	\$ 370.11	1/1/2022
28200		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH	\$ 239.21	\$ 321.74	1/1/2022
28202		REPAIR/GRAFT OF FOOT TENDON	\$ 334.97	\$ 429.56	1/1/2022
28208		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$ 229.64	\$ 309.69	1/1/2022
28210		REPAIR/GRAFT OF FOOT TENDON	\$ 312.68	\$ 400.13	1/1/2022
28220		TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$ 231.99	\$ 306.30	1/1/2022
28222		TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$ 276.70	\$ 354.84	1/1/2022
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$ 192.06	\$ 265.53	1/1/2022
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$ 239.59	\$ 319.36	1/1/2022
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$ 220.54	\$ 294.01	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$ 186.98	\$ 259.90	1/1/2022
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$ 195.47	\$ 269.22	1/1/2022
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$ 376.23	\$ 471.65	1/1/2022
28240		RELEASE OF BIG TOE	\$ 226.31	\$ 302.53	1/1/2022
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$ 300.64	\$ 385.64	1/1/2022
28260		RELEASE OF MIDFOOT JOINT	\$ 388.94	\$ 473.12	1/1/2022
28261		CAPULOTOMY WITH TENDON LEGTHENING	\$ 593.38	\$ 688.51	1/1/2022
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$ 829.65	\$ 960.71	1/1/2022
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$ 521.17	\$ 613.85	1/1/2022
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$ 250.46	\$ 327.24	1/1/2022
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$ 195.39	\$ 267.23	1/1/2022
28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$ 272.39	\$ 359.03	1/1/2022
28285		CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$ 240.48	\$ 316.97	1/1/2022
28286		CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$ 231.24	\$ 309.92	1/1/2022
28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$ 312.73	\$ 396.90	1/1/2022
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$ 407.88	\$ 503.56	1/1/2022
28291		CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	\$ 401.82	\$ 607.38	1/1/2022
28292		REMOVAL OF BIG TOE JOINT	\$ 438.95	\$ 535.19	1/1/2022
28295		CORRECTION OF BUNION	\$ 447.72	\$ 776.63	1/1/2022
28296		INCISION OF METATARSAL	\$ 403.49	\$ 507.40	1/1/2022
28297		HALLUX VALGUS CORRECTION,LAPIDUS TYPE PROCEDURE	\$ 453.46	\$ 573.27	1/1/2022
28298		INCISION OF TOE	\$ 386.27	\$ 494.85	1/1/2022
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$ 523.72	\$ 638.06	1/1/2022
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$ 488.70	\$ 488.70	1/1/2022
28302		INCISION OF ANKLE BONE	\$ 484.26	\$ 484.26	1/1/2022
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$ 445.90	\$ 550.62	1/1/2022
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$ 512.48	\$ 512.48	1/1/2022
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 301.17	\$ 410.28	1/1/2022
28307		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 339.01	\$ 482.39	1/1/2022
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 275.93	\$ 371.62	1/1/2022
28309		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 661.47	\$ 661.47	1/1/2022
28310		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$ 269.62	\$ 366.40	1/1/2022
28312		INCISION OF BIG TOES	\$ 239.75	\$ 334.61	1/1/2022
28313		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$ 274.18	\$ 352.04	1/1/2022
28315		SESAMOIDECTOMY FIRST TOE	\$ 245.37	\$ 323.79	1/1/2022
28320		REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$ 462.52	\$ 462.52	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28322		REPAIR OF METATARSALS	\$ 426.66	\$ 533.87	1/1/2022
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$ 333.56	\$ 425.96	1/1/2022
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESECTION	\$ 395.33	\$ 491.84	1/1/2022
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	\$ 232.74	\$ 324.58	1/1/2022
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAFT EACH WEB	\$ 304.95	\$ 393.51	1/1/2022
28360		RECONSTRUCTION, CLEFT FOOT	\$ 712.79	\$ 712.79	1/1/2022
28400		TREATMENT OF HEEL FRACTURE	\$ 152.43	\$ 165.32	1/1/2022
28405		REPAIR OF HEEL FRACTURE	\$ 256.23	\$ 272.41	1/1/2022
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	\$ 374.31	\$ 374.31	1/1/2022
28415		REPAIR OF HEEL FRACTURE	\$ 827.26	\$ 827.26	1/1/2022
28420		REPAIR/GRAFT HEEL FRACTURE	\$ 872.06	\$ 872.06	1/1/2022
28430		TREATMENT OF ANKLE FRACTURE	\$ 138.61	\$ 154.79	1/1/2022
28435		REPAIR OF ANKLE FRACTURE	\$ 204.44	\$ 219.79	1/1/2022
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND PINNING	\$ 299.19	\$ 299.19	1/1/2022
28445		REPAIR OF ANKLE FRACTURE	\$ 781.21	\$ 781.21	1/1/2022
28450		TREATMENT MIDFOOT FRACTURE	\$ 128.85	\$ 143.11	1/1/2022
28455		REPAIR MIDFOOT FRACTURE	\$ 187.17	\$ 199.78	1/1/2022
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MANIP, PINNIN	\$ 191.23	\$ 191.23	1/1/2022
28465		REPAIR MIDFOOT FRACTURE(S)	\$ 443.72	\$ 443.72	1/1/2022
28470		TREAT METATARSAL FRACTURES	\$ 129.59	\$ 143.03	1/1/2022
28475		REPAIR METATARSAL FRACTURES	\$ 169.50	\$ 182.66	1/1/2022
28476		TREATMENT OF CLOSED METATARSAL FX W/ MANIP, PINNING	\$ 236.89	\$ 236.89	1/1/2022
28485		REPAIR METATARSAL FRACTURES	\$ 382.43	\$ 382.43	1/1/2022
28490		TREAT BIG TOE FRACTURE	\$ 80.78	\$ 91.75	1/1/2022
28495		REPAIR BIG TOE FRACTURE	\$ 103.86	\$ 116.48	1/1/2022
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND PLANNING	\$ 159.02	\$ 279.38	1/1/2022
28505		REPAIR OF BIG TOE FRACTURE	\$ 352.41	\$ 453.30	1/1/2022
28510		TREATMENT OF TOE FRACTURE	\$ 78.60	\$ 79.97	1/1/2022
28515		REPAIR OF TOE FRACTURE	\$ 97.47	\$ 105.41	1/1/2022
28525		REPAIR OF TOE FRACTURE	\$ 279.61	\$ 380.22	1/1/2022
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	\$ 71.65	\$ 77.13	1/1/2022
28531		OPEN TX SESAMOID FX	\$ 138.36	\$ 247.75	1/1/2022
28540		REPAIR FOOT DISLOCATION	\$ 128.82	\$ 137.31	1/1/2022
28545		REPAIR FOOT DISLOCATION	\$ 156.19	\$ 168.81	1/1/2022
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	\$ 210.63	\$ 315.08	1/1/2022
28555		REPAIR OF FOOT DISLOCATION	\$ 473.26	\$ 593.08	1/1/2022
28570		REPAIR FOOT DISLOCATION	\$ 107.08	\$ 118.31	1/1/2022
28575		REPAIR FOOT DISLOCATION	\$ 212.96	\$ 226.96	1/1/2022
28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC.	\$ 251.03	\$ 251.03	1/1/2022
28585		REPAIR OF FOOT DISLOCATION	\$ 532.75	\$ 634.48	1/1/2022
28600		REPAIR FOOT DISLOCATION	\$ 128.92	\$ 142.63	1/1/2022
28605		REPAIR FOOT DISLOCATION	\$ 173.54	\$ 185.06	1/1/2022
28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT SKEL FIX	\$ 277.86	\$ 277.86	1/1/2022
28615		REPAIR FOOT DISLOCATION	\$ 557.62	\$ 557.62	1/1/2022
28630		REPAIR OF TOE DISLOCATION	\$ 80.23	\$ 102.43	1/1/2022
28635		REPAIR OF TOE DISLOCATION	\$ 99.92	\$ 122.13	1/1/2022
28636		PERCU. SKELETAL FIX MET AT ARSOPHALANGEAL JNT DISLOC	\$ 148.03	\$ 200.39	1/1/2022
28645		REPAIR OF TOE DISLOCATION	\$ 344.37	\$ 429.91	1/1/2022
28660		REPAIR OF TOE DISLOCATION	\$ 61.15	\$ 74.58	1/1/2022
28665		REPAIR OF TOE DISLOCATION	\$ 99.41	\$ 109.26	1/1/2022
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL JOINT DISLOCATION	\$ 141.76	\$ 141.76	1/1/2022
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	\$ 286.27	\$ 388.80	1/1/2022
28705		ARTHRODESIS; PANTALAR	\$ 965.31	\$ 965.31	1/1/2022
28715		ARTHRODESIS; TRIPLE	\$ 713.51	\$ 713.51	1/1/2022
28725		ARTHRODESIS; SUBTALAR	\$ 587.60	\$ 587.60	1/1/2022
28730		FUSION OF FOOT BONES	\$ 613.90	\$ 613.90	1/1/2022

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$ 587.91	\$ 587.91	1/1/2022
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$ 521.62	\$ 521.62	1/1/2022
28740		FUSION OF FOOT BONES	\$ 460.14	\$ 586.79	1/1/2022
28750		FUSION OF BIG TOE JOINT	\$ 437.38	\$ 570.35	1/1/2022
28755		FUSION OF BIG TOE JOINT	\$ 248.78	\$ 342.81	1/1/2022
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$ 432.47	\$ 541.60	1/1/2022
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$ 421.11	\$ 421.11	1/1/2022
28805		AMPUTATION THRU METATARSAL	\$ 556.45	\$ 556.45	1/1/2022
28810		AMPUTATION TOE & METATARSAL	\$ 324.01	\$ 324.01	1/1/2022
28820		AMPUTATION OF TOE	\$ 255.10	\$ 362.30	1/1/2022
28825		PARTIAL AMPUTATION OF TOE	\$ 291.09	\$ 393.63	1/1/2022
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$ 25.52	\$ 36.22	1/1/2022
29450		APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	\$ 92.23	\$ 108.13	1/1/2022
29540		STRAPPING; ANKLE AND/OR FOOT	\$ 24.47	\$ 29.94	1/1/2022
29550		STRAPPING TOES	\$ 23.02	\$ 29.04	1/1/2022
29580		STRAPPING UNNA BOOT	\$ 26.94	\$ 36.53	1/1/2022
29700		REMOVAL/REVISION OF CAST	\$ 25.81	\$ 43.89	1/1/2022
29730		REVISION OF CAST	\$ 34.08	\$ 45.32	1/1/2022
29740		REVISION OF CAST	\$ 49.74	\$ 65.10	1/1/2022
29750		REVISION OF CAST	\$ 56.92	\$ 71.17	1/1/2022
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$ 497.63	\$ 497.63	1/1/2022
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$ 509.47	\$ 509.47	1/1/2022
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$ 312.96	\$ 410.83	1/1/2022
29894		ARTHROSCOPY ANKLE SURGICAL	\$ 373.87	\$ 373.87	1/1/2022
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	\$ 361.66	\$ 361.66	1/1/2022
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	\$ 378.57	\$ 378.57	1/1/2022
29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	\$ 423.76	\$ 423.76	1/1/2022
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	\$ 762.59	\$ 762.59	1/1/2022
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN	\$ 442.12	\$ 442.12	1/1/2022
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$ 475.53	\$ 475.53	1/1/2022
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$ 500.91	\$ 500.91	1/1/2022
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$ 614.82	\$ 614.82	1/1/2022
30468		RPR NSL VLV COLLAPSE W/IMPLT	\$ 122.44	\$ 2,154.57	1/1/2021
32408		CORE NDL BX LNG/MED PERQ	\$ 110.44	\$ 685.94	1/1/2021
33741		TAS CONGENITAL CAR ANOMAL	\$ 549.60	\$ 549.60	1/1/2021
33745		TIS CGEN CAR ANOMAL 1ST SHNT	\$ 774.78	\$ 774.78	1/1/2021
33746		TIS CGEN CAR ANOMAL EA ADDL	\$ 305.47	\$ 305.47	1/1/2021
33871		TRANSVRS A-ARCH GRF HYPHTRM	\$ 2,715.25	\$ 2,715.25	1/1/2022
33995		INSJ PERQ VAD R HRT VENOUS	\$ 262.95	\$ 262.95	1/1/2021
33997		RMVL PERQ RIGHT HEART VAD	\$ 116.89	\$ 116.89	1/1/2021
34718		EVASC RPR N/A A-ILIAC NDGFT	\$ 1,034.36	\$ 1,034.36	1/1/2022
35703		EXPL N/FLWD SURG LXTR ART	\$ 346.22	\$ 346.22	1/1/2022
36600		WITHDRAWAL OF ARTERIAL BLOOD	\$ 12.06	\$ 23.03	1/1/2022
36620		ESTABLISH ACCESS TO ARTERY	\$ 40.06	\$ 40.06	1/1/2022
36625		ESTABLISH ACCESS TO ARTERY	\$ 82.78	\$ 82.78	1/1/2022
36640		INSERTION CATHETER, ARTERY	\$ 92.51	\$ 92.51	1/1/2022
36908		INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$ 156.40	\$ 2,139.70	1/1/2022
49013		PRPERTL PEL PACK HEMRRG TRMA	\$ 366.99	\$ 366.99	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
49014		REEXPLORATION PELVIC WOUND	\$ 303.27	\$ 303.27	1/1/2022
57465		CAM CERVIX UTERI DRG COLP	\$ 31.35	\$ 41.25	1/1/2021
62328		DX LMBR SPI PNXR W/FLUOR/CT	\$ 75.11	\$ 211.17	1/1/2022
73592		X-RAY EXAM OF LEG INFANT	\$ 24.28	\$ 24.28	1/1/2022
73592	26	X-RAY EXAM OF LEG INFANT	\$ 7.30	\$ 7.30	1/1/2022
73592	TC	X-RAY EXAM OF LEG INFANT	\$ 16.98	\$ 16.98	1/1/2022
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 20.12	\$ 20.12	1/1/2022
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 6.30	\$ 6.30	1/1/2022
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 13.80	\$ 13.80	1/1/2022
73610		X-RAY EXAM OF ANKLE	\$ 23.14	\$ 23.14	1/1/2022
73610	26	ANKLE COMPLETE	\$ 6.88	\$ 6.88	1/1/2022
73610	TC	RADIOLOGIC EXAM COMPLETE	\$ 16.29	\$ 16.29	1/1/2022
73615		CONTRAST X-RAY OF ANKLE	\$ 78.35	\$ 78.35	1/1/2022
73615	26	CONTRAST X-RAY OF ANKLE	\$ 22.91	\$ 22.91	1/1/2022
73615	TC	CONTRAST X-RAY OF ANKLE	\$ 55.44	\$ 55.44	1/1/2022
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 19.56	\$ 19.56	1/1/2022
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 6.30	\$ 6.30	1/1/2022
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 13.26	\$ 13.26	1/1/2022
73630		X-RAY EXAM OF FOOT	\$ 22.87	\$ 22.87	1/1/2022
73630	26	FOOT COMPLETE	\$ 6.88	\$ 6.88	1/1/2022
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	\$ 16.01	\$ 16.01	1/1/2022
73650		X-RAY EXAM OF HEEL	\$ 19.84	\$ 19.84	1/1/2022
73650	26	OS CALCIS	\$ 6.30	\$ 6.30	1/1/2022
73650	TC	RADIOLOGIC EXAM CALCANEUS	\$ 13.54	\$ 13.54	1/1/2022
73660		X-RAY EXAM OF TOE(S)	\$ 20.32	\$ 20.32	1/1/2022
73660	26	TOES	\$ 5.14	\$ 5.14	1/1/2022
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$ 15.18	\$ 15.18	1/1/2022
74221		X-RAY XM ESOPHAGUS 2CNTRST	\$ 87.60	\$ 87.60	1/1/2022
74363	TC	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$ 171.90	\$ 171.90	1/1/2022
76145		MED PHYSIC DOS EVAL RAD EXPS	\$ 598.88	\$ 598.88	1/1/2021
77072		BONE AGE STUDIES	\$ 17.98	\$ 17.98	1/1/2022
77073		BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	\$ 28.60	\$ 28.60	1/1/2022
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$ 52.41	\$ 52.41	1/1/2022
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR	\$ 75.74	\$ 75.74	1/1/2022
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$ 32.35	\$ 32.35	1/1/2022
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 26.20	\$ 26.20	1/1/2022
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 4.74	\$ 4.74	1/1/2022
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$ 68.54	\$ 107.74	1/1/2022
90935		HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	\$ 52.82	\$ 52.82	1/1/2022
90937		HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	\$ 86.88	\$ 86.88	1/1/2022
91030		ISOPHAGUS ACID PERFUSION (BERNSTEIN)TEST FOR ESOPH	\$ 103.77	\$ 103.77	1/1/2022
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$ 48.71	\$ 48.71	1/1/2022
91122		ANORECTAL MANOMETRY	\$ 174.58	\$ 174.58	1/1/2022
92651		AEP HEARING STATUS DETER I&R	\$ 64.87	\$ 64.87	1/1/2021
92652		AEP THRSHLD EST MLT FREQ I&R	\$ 85.90	\$ 85.90	1/1/2021
92653		AEP NEURODIAGNOSTIC I&R	\$ 63.18	\$ 63.18	1/1/2021
92950		HEART-LUNG RESUSCITATION	\$ 140.62	\$ 211.35	1/1/2022
93242		EXT ECG>48HR<7D RECORDING	\$ 10.84	\$ 10.84	1/1/2021
93244		EXT ECG>48HR<7D REV&INTERPJ	\$ 17.96	\$ 17.96	1/1/2021
93246		EXT ECG>7D<15D RECORDING	\$ 10.84	\$ 10.84	1/1/2021
93248		EXT ECG>7D<15D REV&INTERPJ	\$ 19.71	\$ 19.71	1/1/2021
94619		EXERCISE TST BRNCSPSM WO ECG	\$ 52.66	\$ 52.66	1/1/2021

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$ 2.03	\$ 2.03	1/1/2022
95722		EEG PHY/QHP>36<60 HR W/VEEG	\$ 210.26	\$ 213.94	1/1/2022
95885		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$ 30.88	\$ 30.88	1/1/2022
95886		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$ 48.68	\$ 48.68	1/1/2022
96900		ULTRAVIOLET LIGHT THERAPY	\$ 14.64	\$ 14.64	1/1/2022
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	\$ 47.36	\$ 47.36	1/1/2022
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	\$ 60.70	\$ 60.70	1/1/2022
97010		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$ 3.60	\$ 3.60	1/1/2022
97012		PHYSICAL MED TREATMENT ONE AREA TRACTION	\$ 11.44	\$ 11.44	1/1/2022
97014		PHYSICAL MED TREATMENT ELECTRICAL STIMULATION	\$ 10.46	\$ 10.46	1/1/2022
97016		PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$ 11.82	\$ 11.82	1/1/2022
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$ 6.08	\$ 6.08	1/1/2022
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$ 13.45	\$ 13.45	1/1/2022
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$ 4.16	\$ 4.16	1/1/2022
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$ 3.89	\$ 3.89	1/1/2022
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$ 4.75	\$ 4.75	1/1/2022
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 12.80	\$ 12.80	1/1/2022
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 11.62	\$ 11.62	1/1/2022
97035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 9.16	\$ 9.16	1/1/2022
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 19.73	\$ 19.73	1/1/2022
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 22.21	\$ 22.21	1/1/2022
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 22.84	\$ 22.84	1/1/2022
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	\$ 26.94	\$ 26.94	1/1/2022
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 19.45	\$ 19.45	1/1/2022
97124		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$ 17.69	\$ 17.69	1/1/2022
97140		MANUAL THERAPY TECHIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	\$ 20.61	\$ 20.61	1/1/2022
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 66.11	\$ 66.11	1/1/2022
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$ 66.11	\$ 66.11	1/1/2022
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$ 66.11	\$ 66.11	1/1/2022
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 44.79	\$ 44.79	1/1/2022
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$ 64.14	\$ 64.14	1/1/2022
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$ 64.14	\$ 64.14	1/1/2022
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$ 64.14	\$ 64.14	1/1/2022
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$ 42.32	\$ 42.32	1/1/2022
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$ 23.38	\$ 23.38	1/1/2022
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$ 25.26	\$ 45.28	1/1/2022
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$ 33.70	\$ 56.18	1/1/2022
97607		NEG PRESS WND TX <=50 SQ CM	\$ 16.23	\$ 248.94	5/1/2021
97608		NEG PRESS WOUND TX >50 CM	\$ 17.95	\$ 242.94	5/1/2021
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$ 22.76	\$ 22.76	1/1/2022
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT	\$ 25.13	\$ 25.13	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 22.48	\$ 22.48	1/1/2022
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$ 26.40	\$ 26.40	1/1/2022
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	\$ 25.95	\$ 25.95	1/1/2022
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	\$ 25.95	\$ 25.95	1/1/2022
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	\$ 25.95	\$ 25.95	1/1/2022
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	\$ 17.30	\$ 17.30	1/1/2022
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	\$ 9.27	\$ 9.27	1/1/2022
99070		SPECIAL SUPPLIES	\$ 9.23	\$ 9.23	1/1/2022
99082		UNUSUAL TRAVEL	\$ 0.81	\$ 0.81	1/1/2022
99175		INDUCED VOMITING	\$ 18.88	\$ 18.88	1/1/2022
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES	\$ 39.33	\$ 54.70	1/1/2022
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$ 59.36	\$ 79.24	1/1/2022
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$ 99.69	\$ 122.88	1/1/2022
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$ 129.73	\$ 155.34	1/1/2022
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$ 7.55	\$ 15.99	1/1/2022
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$ 20.10	\$ 31.85	1/1/2022
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$ 39.32	\$ 53.18	1/1/2022
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$ 60.84	\$ 80.12	1/1/2022
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$ 86.38	\$ 108.37	1/1/2022
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	\$ 78.95	\$ 78.95	1/1/2022
99222		INITIAL HOSP CARE, MODERATE-PHYS TIME APPROX 50 MIN	\$ 107.74	\$ 107.74	1/1/2022
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	\$ 158.64	\$ 158.64	1/1/2022
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$ 32.60	\$ 32.60	1/1/2022
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$ 58.75	\$ 58.75	1/1/2022
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$ 84.16	\$ 84.16	1/1/2022
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 111.38	\$ 111.38	1/1/2022
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 146.31	\$ 146.31	1/1/2022

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022

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 Coverage Policies on the NC Medicaid Web site.

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
99236		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 181.84	\$ 181.84	1/1/2022
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$ 58.09	\$ 58.09	1/1/2022
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$ 84.42	\$ 84.42	1/1/2022
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$ 26.21	\$ 38.00	1/1/2022
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$ 55.31	\$ 71.20	1/1/2022
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$ 77.09	\$ 97.91	1/1/2022
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$ 122.40	\$ 145.43	1/1/2022
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$ 152.70	\$ 178.74	1/1/2022
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$ 38.80	\$ 38.80	1/1/2022
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$ 60.13	\$ 60.13	1/1/2022
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$ 91.29	\$ 91.28	1/1/2022
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$ 132.03	\$ 132.03	1/1/2022
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$ 160.87	\$ 160.87	1/1/2022
99281		ER VISIT, MINOR	\$ 16.19	\$ 16.19	1/1/2022
99282		ER VISIT, LOW SEVERITY	\$ 31.50	\$ 31.50	1/1/2022
99283		ER VISIT, MODERATE SEVERITY	\$ 48.81	\$ 48.81	1/1/2022
99284		ER VISIT, HIGH SEVERITY	\$ 91.39	\$ 91.39	1/1/2022
99304		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 70.34	\$ 70.34	1/1/2022
99306		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 126.38	\$ 126.38	1/1/2022
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 34.72	\$ 34.72	1/1/2022
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 53.07	\$ 53.07	1/1/2022
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 70.40	\$ 70.40	1/1/2022
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 104.10	\$ 104.10	1/1/2022
99318		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	\$ 73.59	\$ 73.59	1/1/2022
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 47.19	\$ 47.19	1/1/2022
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 68.72	\$ 68.72	1/1/2022
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 113.64	\$ 113.64	1/1/2022
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 148.22	\$ 148.22	1/1/2022
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 174.48	\$ 174.48	1/1/2022
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 48.64	\$ 48.64	1/1/2022
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 75.34	\$ 75.34	1/1/2022
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 106.09	\$ 106.09	1/1/2022
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 152.43	\$ 152.43	1/1/2022
99417		PROLNG OFF/OP E/M EA 15 MIN	\$ 72.55	\$ 76.56	1/1/2021
99360		PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30	\$ 47.47	\$ 47.47	1/1/2022
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$ 27.15	\$ 27.15	1/1/2022
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$ 33.26	\$ 33.26	1/1/2022
Q4132		GRAFIX CORE, GRAFIXPL CORE	\$ 114.26	\$ 114.26	4/1/2021

**NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule Effective August 10, 2022**

**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 Coverage Policies on the NC Medicaid Web site.**

CODE	MODE	Description	Medicaid Maximum Allowable		
			FACILITY	NON-FACILITY	EFFECTIVE DATE
Q4133		GRAFIX STRAVIX PRIME PL SQCM	\$ 131.68	\$ 131.68	4/1/2021
Q4151		AMNIOBAND, GUARDIAN 1 SQ CM	\$ 125.83	\$ 125.83	4/1/2021
Q4128		FLEXHD/ALLOPATCHHD/MATRIXHD	\$ 150.85	\$ 150.85	4/1/2021
Q4186		EPIFIX, PER SQUARE CENTIMETER	\$ 156.66	\$ 156.66	1/1/2022
Q4186		EPIFIX, PER SQUARE CENTIMETER	\$ 164.50	\$ 164.50	3/1/2020
Q4186		EPIFIX, PER SQUARE CENTIMETER	\$ 156.66	\$ 156.66	1/1/2019

* Lines represent a retroactive rate change.

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