

NC Division of Health Benefits
Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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	\$ 38.05	\$ 45.17	3/1/2020
10005	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	\$ 64.44	\$ 108.68	3/1/2020
10006	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	\$ 43.91	\$ 52.22	3/1/2020
10007	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPICE GUIDANCE	\$ 82.72	\$ 242.76	3/1/2020
10008	@3	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPICE GUIDANCE	\$ 53.95	\$ 137.09	3/1/2020
10009	@3	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	\$ 100.41	\$ 396.44	3/1/2020
10060		DRAINAGE OF ABSCESS	\$ 69.34	\$ 79.99	3/1/2020
10061		DRAINAGE OF ABSCESS	\$ 123.63	\$ 137.73	3/1/2020
10120		FOREIGN BODY REMOVAL, SKIN	\$ 68.00	\$ 97.64	3/1/2020
10121		FOREIGN BODY REMOVAL, SKIN	\$ 139.21	\$ 190.45	3/1/2020
10140		DRAINAGE OF BLOOD EFFUSION	\$ 88.83	\$ 112.44	3/1/2020
10160		PUNCTURE DRAINAGE OF LESION	\$ 71.54	\$ 91.39	3/1/2020
10180		INCISION AND DRAINAGE, COMPLEX	\$ 131.09	\$ 168.81	3/1/2020
11000		SURGICAL CLEANSING OF SKIN	\$ 25.23	\$ 39.63	3/1/2020
11001		DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF	\$ 12.72	\$ 16.74	3/1/2020
11010		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$ 215.11	\$ 340.62	3/1/2020
11012		DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN	\$ 335.72	\$ 519.10	3/1/2020
11042		DEBRIDEMENT SKIN AND SUBCUTANEOUS TISSUE	\$ 36.11	\$ 54.81	3/1/2020
11043		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE AND MUSCLE	\$ 175.48	\$ 199.95	3/1/2020
11044		DEBRIDEMENT SKIN SUBCUTANEOUS TISSUE MUSCLE BONE	\$ 241.46	\$ 273.14	3/1/2020
11045		DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$ 14.63	\$ 25.26	3/1/2020
11046		DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$ 31.15	\$ 44.02	3/1/2020
11047		DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE	\$ 54.10	\$ 72.29	3/1/2020
11055		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE	\$ 18.12	\$ 35.38	3/1/2020
11056		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$ 25.55	\$ 43.40	3/1/2020
11057		PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$ 33.18	\$ 52.46	3/1/2020
11102	@3	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	\$ 34.62	\$ 83.92	3/1/2020
11103	@3	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 20.06	\$ 45.30	3/1/2020
11104	@3	PUNCH BIOPSY OF SINGLE SKIN LESION	\$ 43.46	\$ 105.51	3/1/2020
11105	@3	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	\$ 23.70	\$ 51.90	3/1/2020
11106	@3	INCISIONAL BIOPSY OF SINGLE SKIN LESION	\$ 52.84	\$ 127.66	3/1/2020
11107	@3	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	\$ 28.28	\$ 61.24	3/1/2020
11200		REMOVAL OF SKIN TAGS	\$ 50.42	\$ 59.35	3/1/2020
11201		REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA; EACH ADDITIONAL	\$ 12.86	\$ 14.02	3/1/2020
11305		SHAVING OF LESION SCALP/NECK/HANDS/ETC 0.5 CM	\$ 28.85	\$ 50.72	3/1/2020
11306		SHAVING OF LESION SCALP/NECK/HAND/ETC .6- 1.0 CM	\$ 43.70	\$ 70.18	3/1/2020
11307		SHAVING OF LESION SCALP/NECK/HAND/ETC 1.1 - 2.0 CM	\$ 51.54	\$ 82.92	3/1/2020
11308		SHAVING OF LESION SCALP/NECK/HAND/ETC OVER 2.0 CM	\$ 62.00	\$ 93.38	3/1/2020
11420		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 59.66	\$ 84.42	3/1/2020
11421		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 80.77	\$ 109.86	3/1/2020
11422		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 97.40	\$ 122.73	3/1/2020
11423		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 113.76	\$ 143.12	3/1/2020
11424		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 131.26	\$ 165.24	3/1/2020
11426		EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$ 200.90	\$ 237.76	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
11620		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 84.36	\$ 131.28	3/1/2020
11621		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 108.72	\$ 160.54	3/1/2020
11622		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 125.44	\$ 181.86	3/1/2020
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 154.74	\$ 212.89	3/1/2020
11624		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 176.02	\$ 239.64	3/1/2020
11626		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$ 220.45	\$ 292.14	3/1/2020
11641		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 116.05	\$ 169.02	3/1/2020
11642		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 137.00	\$ 195.13	3/1/2020
11643		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 171.32	\$ 230.05	3/1/2020
11644		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 213.64	\$ 284.17	3/1/2020
11646		EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$ 300.88	\$ 375.44	3/1/2020
11719		TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$ 7.12	\$ 15.48	3/1/2020
11720		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$ 13.33	\$ 22.83	3/1/2020
11721		DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$ 22.78	\$ 32.87	3/1/2020
11730		REMOVAL OF NAIL	\$ 46.20	\$ 72.41	3/1/2020
11732		AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$ 24.02	\$ 33.79	3/1/2020
11740		EVACUATION OF SUBUNGUAL HEMATOMA	\$ 23.81	\$ 32.74	3/1/2020
11750		REMOVAL OF NAIL BED	\$ 131.43	\$ 156.76	3/1/2020
11755		BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL	\$ 65.41	\$ 97.36	3/1/2020
11760		RECONSTRUCTION OF NAIL BED	\$ 97.69	\$ 145.48	3/1/2020
11762		RECONSTRUCTION OF NAIL BED	\$ 150.93	\$ 196.69	3/1/2020
11765		WEDGE EXCISION OF SKIN OF NAIL FOLD	\$ 50.16	\$ 92.19	3/1/2020
11900		INJECTION INTO SKIN LESIONS	\$ 23.77	\$ 41.05	3/1/2020
11901		INJECTION INTO SKIN LESIONS	\$ 37.00	\$ 52.26	3/1/2020
11950		THERAPY FOR CONTOUR DEFECTS	\$ 38.84	\$ 55.54	3/1/2020
11951		THERAPY FOR CONTOUR DEFECTS	\$ 54.16	\$ 74.33	3/1/2020
11954		THERAPY FOR CONTOUR DEFECTS	\$ 87.85	\$ 119.51	3/1/2020
11971		TISSUE EXPANDER REMOVAL	\$ 219.06	\$ 327.59	3/1/2020
12001		REPAIR OF RECENT WOUND	\$ 77.79	\$ 107.44	3/1/2020
12002		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 86.33	\$ 114.54	3/1/2020
12004		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 101.54	\$ 135.22	3/1/2020
12005		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 126.62	\$ 168.65	3/1/2020
12006		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 160.01	\$ 209.52	3/1/2020
12007		SIMPLE REP SUPERF WDS SCA NECK AXIL EXT GEN TRU/EX	\$ 182.90	\$ 237.31	3/1/2020
12020		TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$ 139.90	\$ 194.01	3/1/2020
12021		TREATMENT OF SUPERFICIAL WOUND WITH PACKING	\$ 101.48	\$ 115.59	3/1/2020
12031		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 117.23	\$ 171.35	3/1/2020
12032		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 143.99	\$ 220.27	3/1/2020
12034		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 150.84	\$ 217.91	3/1/2020
12035		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 176.93	\$ 265.59	3/1/2020
12036		LAYER CLOSURE OF WOUNDS 20.0 TO 30.0 CM.	\$ 204.28	\$ 291.79	3/1/2020
12037		INTERMEDIATE REPAIR OVER 30 CM SCALP AXILLA TRUNK	\$ 237.83	\$ 329.37	3/1/2020
12041		LAYER CLOSURE OF WOUNDS UP TO 2.5 CM.	\$ 125.62	\$ 179.76	3/1/2020
12042		LAYER CLOSURE OF WOUNDS 2.5 TO 7.5 CM.	\$ 146.83	\$ 209.58	3/1/2020
12044		LAYER CLOSURE OF WOUNDS 7.5 TO 12.5 CM.	\$ 158.38	\$ 241.85	3/1/2020
12045		LAYER CLOSURE OF WOUNDS 12.5 TO 20.0 CM.	\$ 183.87	\$ 268.21	3/1/2020
12046		LAYER CLOSURE WOUNDS 20.0 TO 30.0 CM.	\$ 216.63	\$ 317.68	3/1/2020
12047		LAYER CLOSURE OF WOUNDS OVER 30.0 CM.	\$ 237.08	\$ 340.99	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
13131		REPAIR OF WOUND OR LESION	\$ 206.87	\$ 263.59	3/1/2020
13132		REPAIR COMPLEX 2.5 TO 7.5 CM.	\$ 348.74	\$ 422.73	3/1/2020
13133		REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$ 101.94	\$ 125.26	3/1/2020
13160		SECONDARY CLOSURE OF SURGICAL WOUND DEHISCENCE	\$ 605.84	\$ 605.84	3/1/2020
14020		SKIN TISSUE REARRANGEMENT SCALP ARMS AND/OR LEGS U	\$ 422.82	\$ 503.42	3/1/2020
14021		ADJACENT TISSUE TRANSF/REARRANG SCALP ARMS LEGS DE	\$ 547.16	\$ 639.00	3/1/2020
14040		SKIN TISSUE REARRANGEMENT DEFECT UP TO 10 SQ CM	\$ 481.59	\$ 560.47	3/1/2020
14041		ADJACENT TISSUE TRANS/REARRANGE 10 SQ CM TO 30 SQ	\$ 595.10	\$ 697.58	3/1/2020
14301		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0	\$ 547.79	\$ 646.53	3/1/2020
14302		ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ	\$ 142.19	\$ 142.19	3/1/2020
14350		FILLETED FINGER OR TOE FLAP INCLUDING PREP OF RECI	\$ 562.67	\$ 562.67	3/1/2020
15004		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$ 216.37	\$ 295.82	3/1/2020
15005		SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$ 69.68	\$ 89.55	3/1/2020
15040		HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$ 97.21	\$ 183.56	3/1/2020
15050		PINCH GRAFT SINGLE OR MULTIPLE TO COVE SM ULCER UP	\$ 323.74	\$ 391.40	3/1/2020
15115		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$ 568.42	\$ 633.19	3/1/2020
15116		EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$ 114.26	\$ 124.61	3/1/2020
15135		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$ 572.21	\$ 634.69	3/1/2020
15136		DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$ 64.44	\$ 69.05	3/1/2020
15155		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 510.52	\$ 543.63	3/1/2020
15156		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 127.81	\$ 134.43	3/1/2020
15157		TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$ 138.77	\$ 148.27	3/1/2020
15240		SKIN GRAFT PROCEDURE	\$ 587.36	\$ 669.11	3/1/2020
15241		FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$ 87.47	\$ 134.39	3/1/2020
15275		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$ 58.88	\$ 89.51	3/1/2020
15276		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$ 14.50	\$ 19.61	3/1/2020
15277		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK	\$ 125.49	\$ 172.80	3/1/2020
15278		APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK,	\$ 31.90	\$ 47.80	3/1/2020
15574		PEDICLE FLAP-FACE,NECK,AXILLA,GENITALIA,HANDS,FEET	\$ 569.00	\$ 659.97	3/1/2020
15620		SKIN GRAFT PROCEDURE	\$ 231.83	\$ 313.88	3/1/2020
15738		MUSCLE FLAP LOWER EXTREMITY	\$ 953.64	\$ 1,073.11	3/1/2020
15740		SKIN GRAFT PROCEDURE	\$ 641.95	\$ 742.71	3/1/2020
15750		SKIN GRAFT PROCEDURE	\$ 681.26	\$ 681.26	3/1/2020
15760		SKIN GRAFT PROCEDURE	\$ 526.45	\$ 616.83	3/1/2020
15769		GRFG AUTOL SOFT TISS DIR EXC	\$ 417.95	\$ 417.95	3/1/2020
15770		SKIN GRAFT PROCEDURE	\$ 487.30	\$ 487.30	3/1/2020
15782		ABRASION SKIN REMOVAL TATTOOS REGIONAL NOT FACE	\$ 302.17	\$ 408.10	3/1/2020
15783		SUPERFICIAL DERMABRASION	\$ 273.27	\$ 352.16	3/1/2020
15786		ABRASION SINGLE LESION EG KERATOSIS SCAR	\$ 103.40	\$ 172.48	3/1/2020
15787		ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO	\$ 14.51	\$ 35.24	3/1/2020
15851		REMOVAL SUTURES HOSP ER UNDER ANESTHESIA	\$ 35.43	\$ 67.96	3/1/2020
15852		DRESSING CHANGE W/ ANESTHESIA, EXCLUDES BURNS	\$ 36.89	\$ 36.89	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
15860		INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$ 86.75	\$ 86.75	3/1/2020
16000		TREATMENT OF BURNS	\$ 36.19	\$ 50.86	3/1/2020
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$ 42.60	\$ 59.29	3/1/2020
16035		ESCHAROTOMY; INITIAL INCISION	\$ 164.62	\$ 164.62	3/1/2020
16036		ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$ 65.60	\$ 65.60	3/1/2020
17000		DESTRUCTION ANY METHOD PREMALIGNANT LESIONS ONE LE	\$ 40.04	\$ 57.03	3/1/2020
17003		DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL	\$ 3.52	\$ 5.54	3/1/2020
17004		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$ 101.13	\$ 128.48	3/1/2020
17106		DESTRUCTION OF VASCULAR PROLIFERATIVE LESIONS	\$ 208.78	\$ 252.54	3/1/2020
17107		DESTRUCTION VASCULAR PROLIFERATIVE LESION 10SQ LES	\$ 276.11	\$ 334.55	3/1/2020
17108		DESTRUCTION VASCULAR LESIONS OVER 50.0 SQ CM	\$ 360.32	\$ 427.96	3/1/2020
17110		DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$ 49.75	\$ 78.84	3/1/2020
17111		DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$ 62.19	\$ 93.86	3/1/2020
17250		CHEMICAL CAUTERIZATION OF WOUND	\$ 27.40	\$ 53.59	3/1/2020
17270		DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$ 73.20	\$ 106.89	3/1/2020
17271		DESTRUCTION MALIGNANT LESION SCALP,NECK-0.6-1.0 CM	\$ 82.44	\$ 118.13	3/1/2020
17272		DESTRUCTION MALIGNANT LESION SCALP,NECK 1.1-2.0 CM	\$ 95.66	\$ 135.39	3/1/2020
17273		DESTRUCTION MALIGNANT LESION SCALP,NECK 2.1-3.0 CM	\$ 108.04	\$ 151.22	3/1/2020
17274		DESTRUCTION MALIGNANT LESION SCALP,NECK-3.1-4.0 CM	\$ 132.71	\$ 179.36	3/1/2020
17276		DESTRUCTION MALIGNANT LESION SCALP,NECK OVER 4. CM	\$ 159.79	\$ 208.15	3/1/2020
17311		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$ 291.54	\$ 504.27	3/1/2020
17312		MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL	\$ 155.07	\$ 301.30	3/1/2020
20103		EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$ 266.70	\$ 409.19	3/1/2020
20200		MUSCLE BIOPSY	\$ 71.00	\$ 138.64	3/1/2020
20205		MUSCLE BIOPSY	\$ 113.04	\$ 189.90	3/1/2020
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$ 49.74	\$ 191.09	3/1/2020
20220		BONE BIOPSY	\$ 62.12	\$ 132.65	3/1/2020
20240		BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$ 172.87	\$ 172.87	3/1/2020
20245		BONE BIOPSY	\$ 471.79	\$ 471.79	3/1/2020
20500		INJECTION OF SINUS TRACT	\$ 71.78	\$ 86.75	3/1/2020
20501		INJECTION OF SINUS TRACT DIAGNOSTIC SINOGRAM	\$ 32.79	\$ 96.70	3/1/2020
20520		REMOVAL OF FOREIGN BODY	\$ 106.39	\$ 138.92	3/1/2020
20525		REMOVAL OF FOREIGN BODY	\$ 186.95	\$ 337.22	3/1/2020
20550		INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	\$ 32.89	\$ 43.83	3/1/2020
20551		INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$ 33.56	\$ 43.35	3/1/2020
20552		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$ 28.44	\$ 39.38	3/1/2020
20553		INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$ 31.62	\$ 43.99	3/1/2020
20600		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$ 31.33	\$ 41.13	3/1/2020
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$ 32.53	\$ 44.05	3/1/2020
20612		ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$ 33.55	\$ 43.91	3/1/2020
20615		ASPIRATION & INJ FOR TREATMENT OF BONE CYST	\$ 120.44	\$ 159.87	3/1/2020
20650		INSERTION & REMOVAL BONE PIN	\$ 118.74	\$ 145.81	3/1/2020
20670		REMOVAL OF IMPLANT SUPERFICIAL EG BURIED WIRE PIN	\$ 111.55	\$ 283.11	3/1/2020
20680		REMOVAL OF BURIED SUPPORT	\$ 310.97	\$ 432.73	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
20690		APPLICATION EXTERNAL FIXATION, UNIPLANE	\$ 410.39	\$ 410.39	3/1/2020
20692		APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIX	\$ 767.37	\$ 767.37	3/1/2020
20693		ADJUSTMENT OR REVISION EXTERNAL FIXATION REQ ANEST	\$ 344.17	\$ 344.17	3/1/2020
20694		REMOVAL UNDER ANESTHESIA EXTERNAL FIXATION SYSTEM	\$ 251.24	\$ 311.11	3/1/2020
20700		MNL PREP&INSJ DP RX DLVR DEV	\$ 73.80	\$ 73.80	3/1/2020
20701		RMVL DEEP RX DELIVERY DEVICE	\$ 55.14	\$ 55.14	3/1/2020
20702		MNL PREP&INSJ IMED RX DEV	\$ 122.76	\$ 122.76	3/1/2020
20703		RMVL IMED RX DELIVERY DEVICE	\$ 88.11	\$ 88.11	3/1/2020
20704		MNL PREP&INSJ I-ARTIC RX DEV	\$ 127.88	\$ 127.88	3/1/2020
20705		RMVL I-ARTIC RX DELIVERY DEV	\$ 105.32	\$ 105.32	3/1/2020
20900		REMOVAL OF BONE FOR GRAFT	\$ 199.42	\$ 307.95	3/1/2020
20902		REMOVAL OF BONE FOR GRAFT	\$ 276.15	\$ 276.15	3/1/2020
20910		REMOVE CARTILAGE FOR GRAFT	\$ 323.15	\$ 323.15	3/1/2020
20920		REMOVAL OF TISSUE FOR GRAFT	\$ 306.06	\$ 306.06	3/1/2020
20922		REMOVAL OF TISSUE FOR GRAFT	\$ 375.23	\$ 450.65	3/1/2020
20924		REMOVAL OF TENDON FOR GRAFT	\$ 378.76	\$ 378.76	3/1/2020
20950		MONITOR INTERSTITIAL PRESSURE	\$ 69.07	\$ 177.88	3/1/2020
20972		OSTEOCUTANEOUS FLAP MICROVASCULAR ANASTOMO METARSA	\$ 1,990.62	\$ 1,990.62	3/1/2020
20973		FREE OSTEOCUTANEOUS FLAP GREAT TOE WEB SPACE	\$ 2,089.88	\$ 2,089.88	3/1/2020
20974		BIO-OSTEGEN SYSTEM	\$ 36.16	\$ 48.24	3/1/2020
20975		OSTEOSTIM SYSTEM	\$ 136.17	\$ 136.17	3/1/2020
20979		LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$ 27.98	\$ 39.78	3/1/2020
27600		DECOMPRESSION OF LEG	\$ 319.86	\$ 319.86	3/1/2020
27601		FASCIOTOMY LEG FOR CLOSEDSPACE DECOMPRESSION, ANT.	\$ 331.05	\$ 331.05	3/1/2020
27602		DECOMPRESSION OF LEG	\$ 393.21	\$ 393.21	3/1/2020
27603		INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA	\$ 289.09	\$ 379.20	3/1/2020
27604		INCISION AND DRAINAGE INFECTED BURSA	\$ 254.73	\$ 332.73	3/1/2020
27605		TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$ 153.01	\$ 263.56	3/1/2020
27606		TENOTOMY ACHILLES TENDON SUBCUTANEOUS GENERAL ANES	\$ 224.81	\$ 224.81	3/1/2020
27607		INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$ 462.85	\$ 462.85	3/1/2020
27610		ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$ 493.99	\$ 493.99	3/1/2020
27612		ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$ 431.36	\$ 431.36	3/1/2020
27613		BIOPSY SOFT TISSUES SUPERFICIAL	\$ 124.49	\$ 180.05	3/1/2020
27614		BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$ 309.39	\$ 407.85	3/1/2020
27615		RADICAL RESECTION SOFT TISSUE TUMOR LEG/ANKLE	\$ 667.00	\$ 667.00	3/1/2020
27616		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	\$ 786.11	\$ 786.11	3/1/2020
27618		EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	\$ 286.44	\$ 356.39	3/1/2020
27620		BIOPSY OF ANKLE JOINT	\$ 346.73	\$ 346.73	3/1/2020
27625		ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	\$ 450.12	\$ 450.12	3/1/2020
27626		EXPLORATION OF ANKLE JOINT	\$ 486.00	\$ 486.00	3/1/2020
27630		REMOVAL OF TENDON LESION	\$ 278.96	\$ 388.35	3/1/2020
27632		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$ 253.12	\$ 253.12	3/1/2020
27634		EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR)	\$ 413.24	\$ 413.24	3/1/2020
27635		REMOVAL OF BONE LESION	\$ 446.46	\$ 446.46	3/1/2020
27637		REMOVAL/GRAFT OF BONE LESION	\$ 566.60	\$ 566.60	3/1/2020
27638		REMOVAL/GRAFT OF BONE LESION	\$ 591.27	\$ 591.27	3/1/2020
27640		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$ 655.09	\$ 655.09	3/1/2020
27641		PARTIAL REMOVAL OF FIBULA	\$ 525.07	\$ 525.07	3/1/2020
27645		RADICAL RESECTION OF TUMOR, BONE; TIBIA	\$ 795.01	\$ 795.01	3/1/2020
27646		REMOVAL OF FIBULA	\$ 703.37	\$ 703.37	3/1/2020
27647		RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	\$ 624.92	\$ 624.92	3/1/2020
27648		INJECTION PROCEDURE FOR ANKLE ARTHOGRAPHY	\$ 41.53	\$ 117.52	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
27650		REPAIR ACHILLES TENDON	\$ 510.11	\$ 510.11	3/1/2020
27652		REPAIR/GRAFT ACHILLES TENDON	\$ 563.40	\$ 563.40	3/1/2020
27654		REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$ 549.83	\$ 549.83	3/1/2020
27656		REPAIR FASCIAL DEFECT OF LEG	\$ 263.62	\$ 390.00	3/1/2020
27658		REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$ 289.00	\$ 289.00	3/1/2020
27659		REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$ 380.67	\$ 380.67	3/1/2020
27664		REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$ 275.13	\$ 275.13	3/1/2020
27665		REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$ 315.59	\$ 315.59	3/1/2020
27675		REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$ 388.28	\$ 388.28	3/1/2020
27676		REPAIR DISLOC PERONEAL TENDONS WITH FIBULAR OSTEO	\$ 470.87	\$ 470.87	3/1/2020
27680		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$ 327.79	\$ 327.79	3/1/2020
27681		TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$ 390.67	\$ 390.67	3/1/2020
27685		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$ 362.08	\$ 462.83	3/1/2020
27686		LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$ 426.61	\$ 426.61	3/1/2020
27687		GASTROCNEMIUS RECESSION	\$ 351.10	\$ 351.10	3/1/2020
27690		REVISION OF LEG TENDON	\$ 484.14	\$ 484.14	3/1/2020
27691		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$ 567.62	\$ 567.62	3/1/2020
27692		TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$ 87.24	\$ 87.24	3/1/2020
27695		REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$ 373.46	\$ 373.46	3/1/2020
27696		REPAIR OF ANKLE LIGAMENTS	\$ 447.44	\$ 447.44	3/1/2020
27698		REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$ 502.54	\$ 502.54	3/1/2020
27700		REPAIR OF ANKLE	\$ 476.56	\$ 476.56	3/1/2020
27702		ARTHROPLASTY ANKLE WITH IMPLANT	\$ 759.38	\$ 759.38	3/1/2020
27703		ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	\$ 879.45	\$ 879.45	3/1/2020
27704		REMOVAL ANKLE IMPLANT	\$ 429.04	\$ 429.04	3/1/2020
27705		INCISION OF TIBIA	\$ 582.12	\$ 582.12	3/1/2020
27707		INCISION OF FIBULA	\$ 293.62	\$ 293.62	3/1/2020
27709		INCISION OF TIBIA & FIBULA	\$ 853.16	\$ 853.16	3/1/2020
27712		OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE	\$ 830.81	\$ 830.81	3/1/2020
27715		OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING	\$ 811.48	\$ 811.48	3/1/2020
27720		REPAIR OF LOWER LEG	\$ 666.02	\$ 666.02	3/1/2020
27722		REPAIR/GRAFT OF LOWER LEG	\$ 664.70	\$ 664.70	3/1/2020
27724		REPAIR/GRAFT OF LOWER LEG	\$ 981.58	\$ 981.58	3/1/2020
27725		REPAIR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA	\$ 911.26	\$ 911.26	3/1/2020
27726		OPEN TX POST/ANT. ACETABULAR WALL FX, INTERNAL FIX	\$ 696.69	\$ 696.69	3/1/2020
27727		REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	\$ 741.66	\$ 741.66	3/1/2020
27730		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$ 442.20	\$ 442.20	3/1/2020
27732		REPAIR OF FIBULA EPIPHYSIS	\$ 300.63	\$ 300.63	3/1/2020
27734		REPAIR LOWER LEG EPIPHYSES	\$ 452.60	\$ 452.60	3/1/2020
27740		ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$ 502.04	\$ 502.04	3/1/2020
27742		REPAIR OF LEG EPIPHYSES	\$ 529.80	\$ 529.80	3/1/2020
27750		TREATMENT OF TIBIA FRACTURE	\$ 220.84	\$ 239.84	3/1/2020
27752		REPAIR OF TIBIA FRACTURE	\$ 364.17	\$ 388.94	3/1/2020
27756		REPAIR OF TIBIA FRACTURE	\$ 423.63	\$ 423.63	3/1/2020
27758		OPEN RX CLOSED OR OPEN TIBIAL SHAFT FX COMPLICATED	\$ 671.43	\$ 671.43	3/1/2020
27759		TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$ 761.66	\$ 761.66	3/1/2020
27760		TREATMENT OF ANKLE FRACTURE	\$ 210.42	\$ 230.85	3/1/2020
27762		REPAIR OF ANKLE FRACTURE	\$ 322.56	\$ 347.60	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
27766		REPAIR OF ANKLE FRACTURE	\$ 455.82	\$ 455.82	3/1/2020
27767		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$ 184.20	\$ 183.33	3/1/2020
27768		CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$ 298.16	\$ 298.16	3/1/2020
27769		OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION,	\$ 522.33	\$ 522.33	3/1/2020
27780		TREATMENT OF FIBULA FRACTURE	\$ 187.74	\$ 206.44	3/1/2020
27781		REPAIR OF FIBULA FRACTURE	\$ 281.32	\$ 300.62	3/1/2020
27784		REPAIR OF FIBULA FRACTURE	\$ 518.58	\$ 518.58	3/1/2020
27786		TREATMENT OF ANKLE FRACTURE	\$ 197.80	\$ 218.82	3/1/2020
27788		REPAIR OF ANKLE FRACTURE	\$ 280.78	\$ 303.23	3/1/2020
27792		REPAIR OF ANKLE FRACTURE	\$ 524.19	\$ 524.19	3/1/2020
27808		TREATMENT OF ANKLE FRACTURE	\$ 206.15	\$ 228.61	3/1/2020
27810		REPAIR OF ANKLE FRACTURE	\$ 314.46	\$ 340.09	3/1/2020
27814		REPAIR OF ANKLE FRACTURE	\$ 585.05	\$ 585.05	3/1/2020
27816		TREATMENT OF ANKLE FRACTURE	\$ 196.17	\$ 216.90	3/1/2020
27818		REPAIR OF ANKLE FRACTURE	\$ 321.95	\$ 351.03	3/1/2020
27822		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX MED A	\$ 639.66	\$ 639.66	3/1/2020
27823		OPEN RX CLOSED OR OPEN TRIMALLEOLAR ANKLE FX W/INT	\$ 729.81	\$ 729.81	3/1/2020
27824		CLOSED TX FX WT BEARING PORTION DISTAL TIBIA	\$ 210.67	\$ 218.44	3/1/2020
27825		CLOSED TX FX WT BEARING PORTION TIBIA; WITH SKEL TRAC	\$ 370.04	\$ 400.55	3/1/2020
27826		OPEN TX FX DISTAL TIBIA WITH FIXATION OF FIBULA ONLY	\$ 614.11	\$ 614.11	3/1/2020
27827		OPEN TX FIX TIBIA WITH FIXATION FIBULA OR TIBIA ONLY	\$ 819.36	\$ 819.36	3/1/2020
27828		OPEN TX FX TIBIA WITH INT & EXT FIX OF BOTH TIBIA & FIBULA	\$ 981.60	\$ 981.60	3/1/2020
27829		OPEN TX TIBIOFIBULAR JOINT	\$ 490.30	\$ 490.30	3/1/2020
27830		REPAIR LOWER LEG DISLOCATION	\$ 239.00	\$ 254.27	3/1/2020
27831		REPAIR LOWER LEG DISLOCATION	\$ 278.79	\$ 278.79	3/1/2020
27832		REPAIR LOWER LEG DISLOCATION	\$ 529.32	\$ 529.32	3/1/2020
27840		REPAIR ANKLE DISLOCATION	\$ 257.71	\$ 257.71	3/1/2020
27842		REPAIR ANKLE DISLOCATION	\$ 360.68	\$ 360.68	3/1/2020
27846		REPAIR ANKLE DISLOCATION	\$ 558.65	\$ 558.65	3/1/2020
27848		REPAIR ANKLE DISLOCATION	\$ 632.57	\$ 632.57	3/1/2020
27860		FIXATION OF ANKLE	\$ 134.68	\$ 134.68	3/1/2020
27870		ARTHRODESIS, ANKLE, OPEN	\$ 799.06	\$ 799.06	3/1/2020
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	\$ 523.45	\$ 523.45	3/1/2020
27880		AMPUTATION OF LOWER LEG	\$ 709.95	\$ 709.95	3/1/2020
27881		AMPUTATION LEG W/IMMEDIATE FITTING TECHNIQUE INC A	\$ 681.79	\$ 681.79	3/1/2020
27882		AMPUTATION OF LOWER LEG	\$ 480.98	\$ 480.98	3/1/2020
27884		AMPUTATION FOLLOW-UP SURGERY	\$ 446.40	\$ 446.40	3/1/2020
27886		AMPUTATION FOLLOW-UP SURGERY	\$ 509.27	\$ 509.27	3/1/2020
27888		AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF	\$ 538.17	\$ 538.17	3/1/2020
27889		ANKLE DISARTICULATION	\$ 527.09	\$ 527.09	3/1/2020
27892		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT COMPAR	\$ 412.75	\$ 412.75	3/1/2020
27893		DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPART.	\$ 417.55	\$ 417.55	3/1/2020
27894		DECOMPRESSION FASCIOTOMY, LEG; ANT &/OR LAT & POST	\$ 642.18	\$ 642.18	3/1/2020
28001		INCISION AND DRAINAGE, BURSA, FOOT	\$ 140.46	\$ 197.45	3/1/2020
28002		INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$ 296.13	\$ 369.53	3/1/2020
28003		DRAINAGE OF FOOT	\$ 437.37	\$ 511.64	3/1/2020
28005		INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$ 475.54	\$ 475.54	3/1/2020
28008		INCISION OF FOOT LIGAMENTS	\$ 237.36	\$ 312.20	3/1/2020
28010		TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$ 163.84	\$ 174.48	3/1/2020
28011		TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$ 231.28	\$ 247.40	3/1/2020
28020		ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$ 278.19	\$ 370.03	3/1/2020
28022		EXPLORATION OF A FOOT JOINT	\$ 257.58	\$ 341.64	3/1/2020
28024		EXPLORATION OF A TOE JOINT	\$ 244.02	\$ 324.63	3/1/2020
28035		RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$ 280.86	\$ 372.41	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
28039		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$ 210.76	\$ 293.03	3/1/2020
28041		EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL EG INTRAMUSCULAR 1.5 CM	\$ 276.93	\$ 276.93	3/1/2020
28043		EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	\$ 201.38	\$ 248.60	3/1/2020
28045		EXCISION BENIGN TUMOR DEEP SUBFASCIAL INTRAMUSCULA	\$ 256.45	\$ 348.00	3/1/2020
28046		RADICAL RESECTION SOFT TISSUE TUMOR FOOT	\$ 526.16	\$ 637.86	3/1/2020
28047		RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR	\$ 587.16	\$ 587.16	3/1/2020
28050		ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$ 241.80	\$ 326.73	3/1/2020
28052		BIOPSY OF A FOOT JOINT	\$ 220.11	\$ 301.28	3/1/2020
28054		BIOPSY TO TOE JOINT	\$ 200.31	\$ 282.35	3/1/2020
28055		NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$ 309.18	\$ 309.18	3/1/2020
28060		FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$ 282.36	\$ 367.58	3/1/2020
28062		REMOVAL OF FOOT FASCIA	\$ 331.99	\$ 433.31	3/1/2020
28070		EXPLORATION OF A FOOT JOINT	\$ 276.29	\$ 364.38	3/1/2020
28072		EXPLORATION OF A FOOT JOINT	\$ 266.61	\$ 358.16	3/1/2020
28080		EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$ 269.14	\$ 351.46	3/1/2020
28086		SYNOVECTOMY TENDON SHEATH FLEXOR	\$ 278.45	\$ 384.09	3/1/2020
28088		SYNOVECTOMY TENDON SHEATH EXTENSOR	\$ 231.57	\$ 325.42	3/1/2020
28090		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$ 243.14	\$ 329.78	3/1/2020
28092		EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$ 212.89	\$ 296.94	3/1/2020
28100		REMOVAL OF HEEL LESION	\$ 315.67	\$ 425.36	3/1/2020
28102		REMOVAL/GRAFT HEEL LESION	\$ 430.77	\$ 430.77	3/1/2020
28103		REMOVAL/GRAFT HEEL LESION	\$ 348.49	\$ 348.49	3/1/2020
28104		EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$ 276.61	\$ 365.57	3/1/2020
28106		REMOVAL/GRAFT FOOT LESION	\$ 368.80	\$ 368.80	3/1/2020
28107		REMOVAL/GRAFT FOOT LESION	\$ 301.77	\$ 405.41	3/1/2020
28108		REMOVAL OF TOE LESIONS	\$ 228.13	\$ 307.29	3/1/2020
28110		PARTIAL REMOVAL METATARSAL	\$ 227.56	\$ 321.99	3/1/2020
28111		PARTIAL REMOVAL METATARSAL	\$ 266.56	\$ 367.30	3/1/2020
28112		PARTIAL REMOVAL METATARSALS	\$ 248.90	\$ 347.06	3/1/2020
28113		PARTIAL REMOVAL METATARSAL	\$ 324.96	\$ 415.95	3/1/2020
28114		OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$ 629.13	\$ 758.39	3/1/2020
28116		REVISION OF FOOT	\$ 447.95	\$ 543.52	3/1/2020
28118		PARTIAL REMOVAL OF HEEL	\$ 323.39	\$ 419.26	3/1/2020
28119		REMOVAL OF HEEL SPUR	\$ 286.20	\$ 373.71	3/1/2020
28120		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 307.60	\$ 413.83	3/1/2020
28122		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 395.38	\$ 483.46	3/1/2020
28124		PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$ 263.61	\$ 341.90	3/1/2020
28126		RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$ 197.97	\$ 275.41	3/1/2020
28130		REMOVAL OF BONE OF ANKLE	\$ 491.33	\$ 491.33	3/1/2020
28140		REMOVAL OF METATARSAL	\$ 360.14	\$ 454.86	3/1/2020
28150		PHALANGECTOMY, TOE, EACH TOE	\$ 226.24	\$ 307.41	3/1/2020
28153		RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$ 205.62	\$ 286.23	3/1/2020
28160		HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$ 214.27	\$ 293.72	3/1/2020
28171		RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$ 483.06	\$ 483.06	3/1/2020
28173		RADICAL RESECTION OF TUMOR, BONE; METATARSAL	\$ 440.78	\$ 543.54	3/1/2020
28175		RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	\$ 310.35	\$ 397.57	3/1/2020
28190		REMOVE FOREIGN BODY SUBCUTANEOUS	\$ 105.11	\$ 174.77	3/1/2020
28192		REMOVAL FOREIGN BODY DEEP	\$ 251.84	\$ 337.92	3/1/2020
28193		REMOVAL FOREIGN BODY COMPLICATED	\$ 299.96	\$ 388.62	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
28200		REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH	\$ 251.17	\$ 337.83	3/1/2020
28202		REPAIR/GRAFT OF FOOT TENDON	\$ 351.72	\$ 451.04	3/1/2020
28208		REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$ 241.12	\$ 325.18	3/1/2020
28210		REPAIR/GRAFT OF FOOT TENDON	\$ 328.31	\$ 420.14	3/1/2020
28220		TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$ 243.59	\$ 321.61	3/1/2020
28222		TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$ 290.54	\$ 372.58	3/1/2020
28225		TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$ 201.66	\$ 278.80	3/1/2020
28226		TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$ 251.57	\$ 335.33	3/1/2020
28230		TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE)	\$ 231.57	\$ 308.71	3/1/2020
28232		TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$ 196.33	\$ 272.90	3/1/2020
28234		TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$ 205.25	\$ 282.68	3/1/2020
28238		RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$ 395.05	\$ 495.24	3/1/2020
28240		RELEASE OF BIG TOE	\$ 237.63	\$ 317.66	3/1/2020
28250		DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE)	\$ 315.67	\$ 404.93	3/1/2020
28260		RELEASE OF MIDFOOT JOINT	\$ 408.39	\$ 496.77	3/1/2020
28261		CAPULOTOMY WITH TENDON LEGTHENING	\$ 623.05	\$ 722.93	3/1/2020
28262		CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$ 871.13	\$ 1,008.74	3/1/2020
28264		CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$ 547.23	\$ 644.54	3/1/2020
28270		CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$ 262.99	\$ 343.60	3/1/2020
28272		CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$ 205.16	\$ 280.59	3/1/2020
28280		SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$ 286.00	\$ 376.98	3/1/2020
28285		CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$ 252.51	\$ 332.82	3/1/2020
28286		CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$ 242.80	\$ 325.42	3/1/2020
28288		OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$ 328.36	\$ 416.75	3/1/2020
28289		HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$ 428.27	\$ 528.73	3/1/2020
28291		CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	\$ 421.91	\$ 637.75	3/1/2020
28292		REMOVAL OF BIG TOE JOINT	\$ 460.90	\$ 561.95	3/1/2020
28295		CORRECTION OF BUNION	\$ 470.11	\$ 815.46	3/1/2020
28296		INCISION OF METATARSAL	\$ 423.67	\$ 532.77	3/1/2020
28297		HALLUX VALGUS CORRECTION,LAPIDUS TYPE PROCEDURE	\$ 476.13	\$ 601.93	3/1/2020
28298		INCISION OF TOE	\$ 405.59	\$ 519.59	3/1/2020
28299		CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$ 549.91	\$ 669.96	3/1/2020
28300		OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$ 513.13	\$ 513.13	3/1/2020
28302		INCISION OF ANKLE BONE	\$ 508.48	\$ 508.48	3/1/2020
28304		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$ 468.19	\$ 578.15	3/1/2020
28305		OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$ 538.10	\$ 538.10	3/1/2020
28306		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 316.22	\$ 430.79	3/1/2020
28307		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 355.96	\$ 506.51	3/1/2020
28308		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 289.72	\$ 390.20	3/1/2020
28309		OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$ 694.55	\$ 694.55	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
28310		OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$ 283.10	\$ 384.72	3/1/2020
28312		INCISION OF BIG TOES	\$ 251.74	\$ 351.34	3/1/2020
28313		RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$ 287.89	\$ 369.64	3/1/2020
28315		SESAMOIDECTOMY FIRST TOE	\$ 257.64	\$ 339.98	3/1/2020
28320		REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$ 485.64	\$ 485.64	3/1/2020
28322		REPAIR OF METATARSALS	\$ 448.00	\$ 560.56	3/1/2020
28340		RECONST, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$ 350.24	\$ 447.25	3/1/2020
28341		RECONST, TOE, MACRODACTYLY; W/ BONE RESECTION	\$ 415.10	\$ 516.43	3/1/2020
28344		RECONSTRUCTION, TOE(S); POLYDACTYLY	\$ 244.38	\$ 340.81	3/1/2020
28345		RECONST, TOES, SYNDACTYLY W/ OR W/O GRAFT EACH WEB	\$ 320.20	\$ 413.19	3/1/2020
28360		RECONSTRUCTION, CLEFT FOOT	\$ 748.43	\$ 748.43	3/1/2020
28400		TREATMENT OF HEEL FRACTURE	\$ 160.05	\$ 173.58	3/1/2020
28405		REPAIR OF HEEL FRACTURE	\$ 269.04	\$ 286.03	3/1/2020
28406		TREAT CLOSED CALCAN FIXATION W/MANIPULATION SKELET	\$ 393.03	\$ 393.03	3/1/2020
28415		REPAIR OF HEEL FRACTURE	\$ 868.63	\$ 868.63	3/1/2020
28420		REPAIR/GRAFT HEEL FRACTURE	\$ 915.66	\$ 915.66	3/1/2020
28430		TREATMENT OF ANKLE FRACTURE	\$ 145.54	\$ 162.53	3/1/2020
28435		REPAIR OF ANKLE FRACTURE	\$ 214.66	\$ 230.78	3/1/2020
28436		TREATMENT OF CLOSED TALUSFX W/ MANIP AND PINNING	\$ 314.15	\$ 314.15	3/1/2020
28445		REPAIR OF ANKLE FRACTURE	\$ 820.27	\$ 820.27	3/1/2020
28450		TREATMENT MIDFOOT FRACTURE	\$ 135.30	\$ 150.27	3/1/2020
28455		REPAIR MIDFOOT FRACTURE	\$ 196.53	\$ 209.77	3/1/2020
28456		TREATMENT OF CLOSED TARSAL BONE FX W/ MANIP,PINNING	\$ 200.79	\$ 200.79	3/1/2020
28465		REPAIR MIDFOOT FRACTURE(S)	\$ 465.90	\$ 465.90	3/1/2020
28470		TREAT METATARSAL FRACTURES	\$ 136.07	\$ 150.18	3/1/2020
28475		REPAIR METATARSAL FRACTURES	\$ 177.97	\$ 191.79	3/1/2020
28476		TREATMENT OF CLOSED METATARSAL FX W/ MANIP,PINNING	\$ 248.74	\$ 248.74	3/1/2020
28485		REPAIR METATARSAL FRACTURES	\$ 401.55	\$ 401.55	3/1/2020
28490		TREAT BIG TOE FRACTURE	\$ 84.82	\$ 96.34	3/1/2020
28495		REPAIR BIG TOE FRACTURE	\$ 109.05	\$ 122.30	3/1/2020
28496		TREATMENT OF CLOSED TOE FX W/ MANIP AND PLANNING	\$ 166.97	\$ 293.35	3/1/2020
28505		REPAIR OF BIG TOE FRACTURE	\$ 370.03	\$ 475.97	3/1/2020
28510		TREATMENT OF TOE FRACTURE	\$ 82.53	\$ 83.97	3/1/2020
28515		REPAIR OF TOE FRACTURE	\$ 102.34	\$ 110.68	3/1/2020
28525		REPAIR OF TOE FRACTURE	\$ 293.59	\$ 399.23	3/1/2020
28530		TREATMENT OF CLOSED SESAMOID FRACTURE	\$ 75.24	\$ 80.99	3/1/2020
28531		OPEN TX SESAMOID FX	\$ 145.28	\$ 260.14	3/1/2020
28540		REPAIR FOOT DISLOCATION	\$ 135.26	\$ 144.18	3/1/2020
28545		REPAIR FOOT DISLOCATION	\$ 164.00	\$ 177.25	3/1/2020
28546		TREATMENT TARSAL DISLOC WITH PERCUTANEOUS SKELETAL	\$ 221.16	\$ 330.83	3/1/2020
28555		REPAIR OF FOOT DISLOCATION	\$ 496.93	\$ 622.73	3/1/2020
28570		REPAIR FOOT DISLOCATION	\$ 112.43	\$ 124.23	3/1/2020
28575		REPAIR FOOT DISLOCATION	\$ 223.61	\$ 238.31	3/1/2020
28576		PERCUTANEOUS SKELETAL FIX TALOTARSEL JNT DISLOC.	\$ 263.58	\$ 263.58	3/1/2020
28585		REPAIR OF FOOT DISLOCATION	\$ 559.39	\$ 666.20	3/1/2020
28600		REPAIR FOOT DISLOCATION	\$ 135.37	\$ 149.76	3/1/2020
28605		REPAIR FOOT DISLOCATION	\$ 182.22	\$ 194.31	3/1/2020
28606		TREAT CLSD TARS/METATARS DESLOC W/PERCUT SKEL FIX	\$ 291.75	\$ 291.75	3/1/2020
28615		REPAIR FOOT DISLOCATION	\$ 585.51	\$ 585.51	3/1/2020
28630		REPAIR OF TOE DISLOCATION	\$ 84.24	\$ 107.55	3/1/2020
28635		REPAIR OF TOE DISLOCATION	\$ 104.92	\$ 128.24	3/1/2020
28636		PERCU. SKELETAL FIX MET AT ARSOPHALANGEAL JNT DISLOC	\$ 155.43	\$ 210.41	3/1/2020
28645		REPAIR OF TOE DISLOCATION	\$ 361.59	\$ 451.41	3/1/2020
28660		REPAIR OF TOE DISLOCATION	\$ 64.21	\$ 78.31	3/1/2020
28665		REPAIR OF TOE DISLOCATION	\$ 104.38	\$ 114.72	3/1/2020
28666		PERCU. SKELETAL FIX METATARSOPHALANGEAL JOINT DISLOCATION	\$ 148.84	\$ 148.84	3/1/2020
28675		OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL J	\$ 300.58	\$ 408.24	3/1/2020
28705		ARTHRODESIS; PANTALAR	\$ 1,013.58	\$ 1,013.58	3/1/2020
28715		ARTHRODESIS; TRIPLE	\$ 749.19	\$ 749.19	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
28725		ARTHRODESIS; SUBTALAR	\$ 616.98	\$ 616.98	3/1/2020
28730		FUSION OF FOOT BONES	\$ 644.60	\$ 644.60	3/1/2020
28735		ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$ 617.30	\$ 617.30	3/1/2020
28737		ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$ 547.70	\$ 547.70	3/1/2020
28740		FUSION OF FOOT BONES	\$ 483.15	\$ 616.13	3/1/2020
28750		FUSION OF BIG TOE JOINT	\$ 459.25	\$ 598.87	3/1/2020
28755		FUSION OF BIG TOE JOINT	\$ 261.21	\$ 359.95	3/1/2020
28760		ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$ 454.10	\$ 568.68	3/1/2020
28800		AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)	\$ 442.16	\$ 442.16	3/1/2020
28805		AMPUTATION THRU METATARSAL	\$ 584.27	\$ 584.27	3/1/2020
28810		AMPUTATION TOE & METATARSAL	\$ 340.21	\$ 340.21	3/1/2020
28820		AMPUTATION OF TOE	\$ 267.86	\$ 380.42	3/1/2020
28825		PARTIAL AMPUTATION OF TOE	\$ 305.64	\$ 413.31	3/1/2020
29440		ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$ 26.80	\$ 38.03	3/1/2020
29450		APPLICATION CLUBFOOT CAST, LONG OR SHORT LEG	\$ 96.84	\$ 113.53	3/1/2020
29540		STRAPPING; ANKLE AND/OR FOOT	\$ 25.70	\$ 31.44	3/1/2020
29550		STRAPPING TOES	\$ 24.17	\$ 30.49	3/1/2020
29580		STRAPPING UNNA BOOT	\$ 28.28	\$ 38.36	3/1/2020
29700		REMOVAL/REVISION OF CAST	\$ 27.10	\$ 46.09	3/1/2020
29730		REVISION OF CAST	\$ 35.78	\$ 47.58	3/1/2020
29740		REVISION OF CAST	\$ 52.23	\$ 68.35	3/1/2020
29750		REVISION OF CAST	\$ 59.77	\$ 74.73	3/1/2020
29891		ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$ 522.51	\$ 522.51	3/1/2020
29892		ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$ 534.95	\$ 534.95	3/1/2020
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$ 328.61	\$ 431.38	3/1/2020
29894		ARTHROSCOPY ANKLE SURGICAL	\$ 392.56	\$ 392.56	3/1/2020
29895		ARTHROSCOPY ANKLE SYNOVECTOMY PARTIAL	\$ 379.75	\$ 379.75	3/1/2020
29897		ARTHROSCOPY ANKLE DEBRIDEMENT LIMITED	\$ 397.50	\$ 397.50	3/1/2020
29898		ARTHROSCOPY ANKLE DEBRIDEMENT EXTENSIVE	\$ 444.95	\$ 444.95	3/1/2020
29899		ENDOSCOPIC PLANTAR FASCIOTOMY WITH ANKLE ARTHRODESIS	\$ 800.72	\$ 800.72	3/1/2020
29904		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN	\$ 464.22	\$ 464.22	3/1/2020
29905		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$ 499.31	\$ 499.31	3/1/2020
29906		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$ 525.95	\$ 525.95	3/1/2020
29907		ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$ 645.56	\$ 645.56	3/1/2020
30468		RPR NSL VLV COLLAPSE W/IMPLT	\$ 128.56	\$ 2,262.30	1/1/2021
32408		CORE NDL BX LNG/MED PERQ	\$ 115.96	\$ 720.24	1/1/2021
33741		TAS CONGENITAL CAR ANOMAL	\$ 577.08	\$ 577.08	1/1/2021
33745		TIS CGEN CAR ANOMAL 1ST SHNT	\$ 813.52	\$ 813.52	1/1/2021
33746		TIS CGEN CAR ANOMAL EA ADDL	\$ 320.74	\$ 320.74	1/1/2021
33871		TRANSVRS A-ARCH GRF HYPTRM	\$ 2,851.01	\$ 2,851.01	3/1/2020
33995		INSJ PERQ VAD R HRT VENOUS	\$ 276.10	\$ 276.10	1/1/2021
33997		RMVL PERQ RIGHT HEART VAD	\$ 122.73	\$ 122.73	1/1/2021
34718		EVASC RPR N/A A-ILIAC NDGFT	\$ 1,086.08	\$ 1,086.08	3/1/2020
35703		EXPL N/FLWD SURG LXTR ART	\$ 363.53	\$ 363.53	3/1/2020
36600		WITHDRAWAL OF ARTERIAL BLOOD	\$ 12.66	\$ 24.18	3/1/2020
36620		ESTABLISH ACCESS TO ARTERY	\$ 42.06	\$ 42.06	3/1/2020
36625		ESTABLISH ACCESS TO ARTERY	\$ 86.92	\$ 86.92	3/1/2020
36640		INSERTION CATHETER, ARTERY	\$ 97.13	\$ 97.13	3/1/2020
36908		INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$ 164.22	\$ 2,246.69	3/1/2020
49013		PRPERTL PEL PACK HEMRRG TRMA	\$ 385.34	\$ 385.34	3/1/2020
49014		REEXPLORATION PELVIC WOUND	\$ 318.43	\$ 318.43	3/1/2020
57465		CAM CERVIX UTERI DRG COLP	\$ 32.92	\$ 43.31	1/1/2021
62328		DX LMBR SPI PNXR W/FLUOR/CT	\$ 78.87	\$ 221.73	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
71271		CT THORAX LUNG CANCER SCR C-	\$ 112.29	\$ 112.29	1/1/2021
71271	@5	CT THORAX LUNG CANCER SCR C-	\$ 39.57	\$ 39.57	1/1/2021
73592		X-RAY EXAM OF LEG INFANT	\$ 25.49	\$ 25.49	3/1/2020
73592	26	X-RAY EXAM OF LEG INFANT	\$ 7.66	\$ 7.66	3/1/2020
73592	TC	X-RAY EXAM OF LEG INFANT	\$ 17.83	\$ 17.83	3/1/2020
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 21.12	\$ 21.12	3/1/2020
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 6.61	\$ 6.61	3/1/2020
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 14.49	\$ 14.49	3/1/2020
73610		X-RAY EXAM OF ANKLE	\$ 24.30	\$ 24.30	3/1/2020
73610	26	ANKLE COMPLETE	\$ 7.22	\$ 7.22	3/1/2020
73610	TC	RADIOLOGIC EXAM COMPLETE	\$ 17.10	\$ 17.10	3/1/2020
73615		CONTRAST X-RAY OF ANKLE	\$ 82.27	\$ 82.27	3/1/2020
73615	26	CONTRAST X-RAY OF ANKLE	\$ 24.06	\$ 24.06	3/1/2020
73615	TC	CONTRAST X-RAY OF ANKLE	\$ 58.21	\$ 58.21	3/1/2020
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 20.54	\$ 20.54	3/1/2020
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 6.61	\$ 6.61	3/1/2020
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 13.92	\$ 13.92	3/1/2020
73630		X-RAY EXAM OF FOOT	\$ 24.02	\$ 24.02	3/1/2020
73630	26	FOOT COMPLETE	\$ 7.22	\$ 7.22	3/1/2020
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	\$ 16.81	\$ 16.81	3/1/2020
73650		X-RAY EXAM OF HEEL	\$ 20.83	\$ 20.83	3/1/2020
73650	26	OS CALCIS	\$ 6.61	\$ 6.61	3/1/2020
73650	TC	RADIOLOGIC EXAM CALCANEUS	\$ 14.22	\$ 14.22	3/1/2020
73660		X-RAY EXAM OF TOE(S)	\$ 21.34	\$ 21.34	3/1/2020
73660	26	TOES	\$ 5.40	\$ 5.40	3/1/2020
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$ 15.94	\$ 15.94	3/1/2020
74221		X-RAY XM ESOPHAGUS 2CNTRST	\$ 91.98	\$ 91.98	3/1/2020
74363	TC	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$ 180.50	\$ 180.50	3/1/2020
76145		MED PHYSIC DOS EVAL RAD EXPS	\$ 628.82	\$ 628.82	1/1/2021
77072		BONE AGE STUDIES	\$ 18.88	\$ 18.88	3/1/2020
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$ 30.03	\$ 30.03	3/1/2020
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$ 55.03	\$ 55.03	3/1/2020
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR	\$ 79.52	\$ 79.52	3/1/2020
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$ 33.97	\$ 33.97	3/1/2020
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$ 27.51	\$ 27.51	3/1/2020
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	\$ 4.98	\$ 4.98	3/1/2020
90870		ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	\$ 71.97	\$ 113.12	3/1/2020
90935		HEMODIALYSIS PROC. WITH SINGLE PHYSICIAN EVAL.	\$ 55.46	\$ 55.46	3/1/2020
90937		HEMODIALYSIS PROC. REQUIRING REPEATED EVALUATIONS	\$ 91.23	\$ 91.23	3/1/2020
91030		ISOPHAGUS ACID PERFUSION (BERNSTEIN)TEST FOR ESOPH	\$ 108.96	\$ 108.96	3/1/2020
91065		BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY), FRUCTOSE	\$ 51.15	\$ 51.15	3/1/2020
91122		ANORECTAL MANOMETRY	\$ 183.31	\$ 183.31	3/1/2020
92651		AEP HEARING STATUS DETER I&R	\$ 68.11	\$ 68.11	1/1/2021
92652		AEP THRSHLD EST MLT FREQ I&R	\$ 90.20	\$ 90.20	1/1/2021
92653		AEP NEURODIAGNOSTIC I&R	\$ 66.34	\$ 66.34	1/1/2021
92950		HEART-LUNG RESUSCITATION	\$ 147.65	\$ 221.92	3/1/2020
93242		EXT ECG>48HR<7D RECORDING	\$ 11.38	\$ 11.38	1/1/2021
93244		EXT ECG>48HR<7D REV&INTERPJ	\$ 18.86	\$ 18.86	1/1/2021
93246		EXT ECG>7D<15D RECORDING	\$ 11.38	\$ 11.38	1/1/2021
93248		EXT ECG>7D<15D REV&INTERPJ	\$ 20.70	\$ 20.70	1/1/2021
94619		EXERCISE TST BRNCSPSM WO ECG	\$ 55.29	\$ 55.29	1/1/2021
94760		NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$ 2.13	\$ 2.13	3/1/2020
95722		EEG PHY/QHP>36<60 HR W/VEEG	\$ 220.77	\$ 224.64	3/1/2020
95885		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$ 32.42	\$ 32.42	3/1/2020
95886		NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	\$ 51.12	\$ 51.12	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
96900		ULTRAVIOLET LIGHT THERAPY	\$ 15.37	\$ 15.37	3/1/2020
96910		PHOTOCHEMOTHERAPH TAR/ULTRAUIOLET B GOECKERMAN TRE	\$ 49.72	\$ 49.72	3/1/2020
96912		PHOTOCHEMOTHERAPY PSORALENS/ULTRAUIOLET A PUVA	\$ 63.74	\$ 63.74	3/1/2020
97010		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$ 3.78	\$ 3.78	3/1/2020
97012		PHYSICAL MED TREATMENT ONE AREA TRACTION	\$ 12.01	\$ 12.01	3/1/2020
97014		PHYSICAL MED TREATMENT ELECTRICAL STIMULATION	\$ 10.98	\$ 10.98	3/1/2020
97016		PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$ 12.42	\$ 12.42	3/1/2020
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$ 6.39	\$ 6.39	3/1/2020
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$ 14.13	\$ 14.13	3/1/2020
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$ 4.37	\$ 4.37	3/1/2020
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$ 4.08	\$ 4.08	3/1/2020
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$ 4.99	\$ 4.99	3/1/2020
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 13.44	\$ 13.44	3/1/2020
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 12.20	\$ 12.20	3/1/2020
97035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 9.61	\$ 9.61	3/1/2020
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 20.72	\$ 20.72	3/1/2020
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 23.32	\$ 23.32	3/1/2020
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 23.99	\$ 23.99	3/1/2020
97113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;	\$ 28.28	\$ 28.28	3/1/2020
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 20.42	\$ 20.42	3/1/2020
97124		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$ 18.58	\$ 18.58	3/1/2020
97140		MANUAL THERAPY TECHIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	\$ 21.64	\$ 21.64	3/1/2020
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 69.42	\$ 69.42	3/1/2020
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$ 69.42	\$ 69.42	3/1/2020
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$ 69.42	\$ 69.42	3/1/2020
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 47.03	\$ 47.03	3/1/2020
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$ 67.35	\$ 67.35	3/1/2020
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$ 67.35	\$ 67.35	3/1/2020
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$ 67.35	\$ 67.35	3/1/2020
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$ 44.44	\$ 44.44	3/1/2020
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$ 24.55	\$ 24.55	3/1/2020
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$ 26.52	\$ 47.54	3/1/2020
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$ 35.38	\$ 58.99	3/1/2020
97607		NEG PRESS WND TX <=50 SQ CM	\$ 17.04	\$ 261.39	5/1/2021
97608		NEG PRESS WOUND TX >50 CM	\$ 18.85	\$ 255.09	5/1/2021
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT	\$ 23.89	\$ 23.89	3/1/2020
97760		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 26.39	\$ 26.39	3/1/2020
97761		ORTHOC/PROSTC MGMT SBSQ ENC	\$ 23.61	\$ 23.61	3/1/2020
97763		ORTHOC/PROSTC MGMT SBSQ ENC	\$ 27.72	\$ 27.72	3/1/2020
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	\$ 27.24	\$ 27.24	3/1/2020
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	\$ 27.24	\$ 27.24	3/1/2020
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	\$ 27.24	\$ 27.24	3/1/2020
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	\$ 18.17	\$ 18.17	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	\$ 9.74	\$ 9.74	3/1/2020
99070		SPECIAL SUPPLIES	\$ 9.70	\$ 9.70	3/1/2020
99082		UNUSUAL TRAVEL	\$ 0.85	\$ 0.85	3/1/2020
99175		INDUCED VOMITING	\$ 19.82	\$ 19.82	3/1/2020
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES	\$ 41.30	\$ 57.43	3/1/2020
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$ 62.33	\$ 83.20	3/1/2020
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$ 104.67	\$ 129.02	3/1/2020
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$ 136.21	\$ 163.10	3/1/2020
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$ 7.92	\$ 16.78	3/1/2020
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$ 21.10	\$ 33.44	3/1/2020
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$ 41.29	\$ 55.83	3/1/2020
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$ 63.88	\$ 84.13	3/1/2020
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$ 90.70	\$ 113.79	3/1/2020
99221		INITIAL HOSP. CARE, MINOR. PHYS TIME APPROX 30 MIN	\$ 82.90	\$ 82.90	3/1/2020
99222		INITIAL HOSP CARE, MODERATE-PHYS TIME APPROX 50 MIN	\$ 113.12	\$ 113.12	3/1/2020
99223		INITIAL HOSP CARE, SEVERE-PHYS TIME APPROX 70 MIN	\$ 166.58	\$ 166.58	3/1/2020
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$ 34.23	\$ 34.23	3/1/2020
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$ 61.69	\$ 61.69	3/1/2020
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$ 88.37	\$ 88.37	3/1/2020
99234		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 116.94	\$ 116.94	3/1/2020
99235		OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 153.62	\$ 153.62	3/1/2020

Podiatry Services Fee Schedule Speciality 048
Taxonomies: 213EP1101X, 213ES0103X, 213ES0131X AND 213E00000X
Fee Schedule effective January 1, 2021

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	\$ 190.93	\$ 190.93	3/1/2020
99238		HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$ 61.00	\$ 61.00	3/1/2020
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$ 88.64	\$ 88.64	3/1/2020
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$ 27.52	\$ 39.90	3/1/2020
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$ 58.07	\$ 74.76	3/1/2020
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$ 80.94	\$ 102.81	3/1/2020
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$ 128.52	\$ 152.70	3/1/2020
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$ 160.33	\$ 187.68	3/1/2020
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$ 40.74	\$ 40.74	3/1/2020
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$ 63.14	\$ 63.14	3/1/2020
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$ 95.85	\$ 95.84	3/1/2020
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$ 138.63	\$ 138.63	3/1/2020
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$ 168.92	\$ 168.92	3/1/2020
99281		ER VISIT, MINOR	\$ 17.00	\$ 17.00	3/1/2020
99282		ER VISIT, LOW SEVERITY	\$ 33.07	\$ 33.07	3/1/2020
99283		ER VISIT, MODERATE SEVERITY	\$ 51.25	\$ 51.25	3/1/2020
99284		ER VISIT, HIGH SEVERITY	\$ 95.96	\$ 95.96	3/1/2020
99304		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 73.86	\$ 73.86	3/1/2020
99306		INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$ 132.70	\$ 132.70	3/1/2020
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 36.45	\$ 36.45	3/1/2020
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 55.72	\$ 55.72	3/1/2020
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 73.92	\$ 73.92	3/1/2020
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$ 109.31	\$ 109.31	3/1/2020
99318		EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	\$ 77.27	\$ 77.27	3/1/2020
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 49.55	\$ 49.55	3/1/2020
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 72.16	\$ 72.16	3/1/2020
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 119.32	\$ 119.32	3/1/2020
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 155.63	\$ 155.63	3/1/2020
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$ 183.21	\$ 183.21	3/1/2020
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 51.07	\$ 51.07	3/1/2020
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 79.11	\$ 79.11	3/1/2020
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 111.39	\$ 111.39	3/1/2020
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$ 160.05	\$ 160.05	3/1/2020
99417		PROLNG OFF/OP E/M EA 15 MIN	\$ 76.18	\$ 80.39	1/1/2021
99360		PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30	\$ 49.85	\$ 49.85	3/1/2020
Q4101		SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$ 28.51	\$ 28.51	3/1/2020
Q4106		SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$ 34.92	\$ 34.92	3/1/2020
Q4186		EPIFIX, PER SQUARE CENTIMETER	\$ 272.42	\$ 272.42	3/1/2020

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