

HIV CASE MANAGEMENT FEE SCHEDULE

Provider Specialty 060

251B00000X-040060

Medicaid Maximum Allowable

CODE	MODIFIER	DESCRIPTION	FEE	EFFECTIVE DATE
G9012		Other specified case management services not elsewhere classified	12.96	7/1/2012

Providers should always bill their usual and customary charges.

Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.