

**HIV CASE MANAGEMENT FEE SCHEDULE
Provider Specialty 060**

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

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

CODE	MODIFIER	DESCRIPTION	Medicaid Maximum Allowable	EFFECTIVE DATE
			FEE	
G9012		Other specified case management services not elsewhere classified	12.87	11/1/2011
G9012		Other specified case management services not elsewhere classified	13.22	09/1/2010