

Sandhills Center

Outpatient Behavioral Health Services State IPRS and 1915(b)(c) Medicaid Waiver Reimbursement Rates by Specialty

Effective July 1, 2016

Procedure Code	Description	Unit	Available to Benefit Plan		Provisional License	LCAS	LPA	Licensed Psychologist	LCSW, LPC, LMFT	Nurse Specialist	Cert. Nurse Practitioner	Physicians Assistant	Physician
			State (IPRS)	Medicaid		Specialty 129	Specialty 128	Specialty 109	Specialty 110	Specialty 111	Specialty 112	Specialty 210	Specialty 001
90785	Interactive Complexity Add On	Event	State	Medicaid		\$ 3.50	\$ 3.50	\$ 4.67	\$ 3.50	\$ 3.97	\$ 3.97	\$ 3.33	\$ 4.67
90791	Psychiatric Diagnostic Evaluation	Event	State	Medicaid		\$ 110.68	\$ 110.68	\$ 147.59	\$ 110.68	\$ 125.45	\$ 125.45	\$ 106.39	\$ 147.59
90792	Psychiatric Diagnostic Evaluation with Medical Services	Event	State	Medicaid							\$ 104.62	\$ 88.28	\$ 123.09
90832	Psychotherapy 30 minutes	Time-Limit	State	Medicaid		\$ 46.12	\$ 46.12	\$ 61.48	\$ 46.12	\$ 52.26	\$ 52.26	\$ 44.26	\$ 61.48
90833	Psychotherapy 30 minutes Add On	Time-Limit	State	Medicaid							\$ 34.09	\$ 29.47	\$ 41.09
90834	Psychotherapy 45 minutes	Time-Limit	State	Medicaid		\$ 59.90	\$ 59.90	\$ 79.86	\$ 59.90	\$ 67.88	\$ 67.88	\$ 57.30	\$ 79.86
90836	Psychotherapy 45 minutes Add On	Time-Limit	State	Medicaid							\$ 56.74	\$ 47.88	\$ 66.76
90837	Psychotherapy 60 minutes	Time-Limit	State	Medicaid		\$ 87.77	\$ 87.77	\$ 117.02	\$ 87.77	\$ 99.47	\$ 99.47	\$ 83.91	\$ 117.02
90838	Psychotherapy 60 minutes Add On	Time-Limit	State	Medicaid							\$ 91.63	\$ 77.10	\$ 107.80
90839	Crisis Psychotherapy first 60 minutes	Time-Limit	State	Medicaid		\$ 110.60	\$ 110.60	\$ 147.46	\$ 110.60	\$ 125.34	\$ 125.34	\$ 147.42	\$ 147.46
90840	Crisis Add For Each Additional 30 Minutes	Time-Limit	State	Medicaid		\$ 93.10	\$ 93.10	\$ 124.14	\$ 93.10	\$ 105.52	\$ 105.52	\$ 76.99	\$ 124.14
90845	Psychoanalysis	Event	N/A	Medicaid								\$ 81.57	\$ 81.57
90846	Family Therapy w/o patient	Event	State	Medicaid		\$ 63.76	\$ 63.76	\$ 85.02	\$ 63.76	\$ 72.27	\$ 72.27	\$ 86.76	\$ 86.76
90847	Family Therapy with patient	Event	State	Medicaid		\$ 79.19	\$ 79.19	\$ 105.58	\$ 79.19	\$ 89.73	\$ 89.73	\$ 107.73	\$ 107.73
90849	Group Ther (Multiple Family)	Event	State	Medicaid		\$ 23.75	\$ 23.75	\$ 31.66	\$ 23.75	\$ 26.92	\$ 26.92	\$ 32.31	\$ 32.31
90853	Group Ther (Non-mult family)	Event	State	Medicaid		\$ 22.58	\$ 22.58	\$ 30.10	\$ 22.58	\$ 25.58	\$ 25.58	\$ 30.71	\$ 30.71
96101	Psychological Testing F-T-F	Hour	State	Medicaid			\$ 72.15	\$ 96.19					\$ 98.15
96110	Developmental Testing Limited	Event	State	Medicaid			\$ 7.56	\$ 10.10				\$ 10.30	\$ 10.30
96111	Developmental Testing Extended	Event	State	Medicaid			\$ 93.91	\$ 125.22					\$ 127.78
96116	Neurobehavioral Status Exam	Hour	State	Medicaid			\$ 68.48	\$ 91.29					\$ 93.14
96118	Neuropsychological Testing	Hour	State	Medicaid			\$ 77.20	\$ 102.94					\$ 105.03

Sandhills Center

Non-licensed substance abuse professionals as specified in NC DHHS,
Division of MH/DD/SA, Communication Bulletin #091, May 5, 2008.
This array of services is State Funded Only for Target Population consumers.

Proc. Code	Code Description	Billing Unit	Rate Effective 11/1/2011
YP830	Behavioral Health Assessment	15 min	\$ 13.87
YP831	Behavioral Health Counseling and Therapy	15 min	\$ 19.81
YP832	DMH Outpatient Treatment Group	15 min	\$ 7.30
YP833	DMH Outpatient Tx Family Therapy w/ Client	15 min	\$ 19.81
YP834	DMH Outpatient Tx Family Therapy w/o Client	15 min	\$ 19.81
YP835	Alcohol and/or Drug Services; Group Counseling by Clinician	15 min	\$ 5.12

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STATE FUNDED FEE SCHEDULE

Procedure Code	Description	Unit	Rate
H2014	Developmental Therapy - Prof - Ind	15-min	\$ 8.23
H2014HM	Developmental Therapy - Para Prof - Ind	15-min	\$ 6.01
H2014HQ	Developmental Therapy - Prof - Group	15-min	\$ 2.78
H2014U1	Developmental Therapy - Para Prof - Group	15-min	\$ 2.01
H2034	SA Halfway House	day	**
YA125	Hourly Respite	15-min	\$ 5.00
YA213	Community Respite	event	\$ 150.00
YA230	Psychiatric Residential Treatment Facility	per diem	\$ 391.00
YA308	Peer Support Individual	15-min	\$ 8.14
YA309	Peer Support Group	15-min	\$ 2.71
YA343	Peer Support Hospital Discharge and Diversion	15-min	\$ 10.14
YA345	Jail Diversion	15 min	\$16.50
YA352	Assertive Engagement Qualified Prof	15 min	\$15.00
YA353	Assertive Engagement Assoc/Para Prof	15 min	\$6.00
YA382	CAET School to Work Transition Group	15 min	\$2.27
YA389	Long Term Vocational Support /DD	15 min	\$11.21
YA390	Supported Employment Individual /DD	15 min	\$11.21
YM645	Long Term Support	15 min	\$11.21
YM050	Personal Care	15-min	\$ 3.45
YM580	Day Supports		**
YM645	Long Term Support	15-min	\$ 11.21
YM686	Guardianship	month	\$ 262.50
YM700	Independent Living-MR/MI	per diem	**
YM755	Family Living - High	per diem	\$ 100.00
YM811	Supervised Living - 1 Residential	per diem	**
YM812	Supervised Living - 2 Residential	per diem	\$ 161.99
YM813	Supervised Living - 3 Residential	per diem	\$ 116.15
YM814	Supervised Living - 4 Residential	per diem	\$ 93.17
YM815	Supervised Living - 5 Residential	per diem	\$ 77.67
YM816	Supervised Living - 6 Residential	per diem	\$ 68.83
YP010	Hourly Respite - Individual	15-min	\$ 5.00
YP011	Hourly Respite - Group	15-min	\$ 1.67
YP020	Personal Assistance - Individual	15-min	\$ 4.46
YP021	Personal Assistance - Group	15-min	\$ 1.49
YP230	Assertive Outreach	15-min	\$ 22.66
YP450	Deaf Interpretation	15-min	\$ 15.00
YP485	Facility Based Crisis	per diem	\$ 313.32
YP610	Developmental Day	15-min	\$ 4.74
YP620	Adult Developmental Vocational Program (ADVP)	15-min	\$ 1.57
YP630	Supported Employment - Individual	15-min	\$ 19.02
YP640	Supported Employment - Group	15-min	\$ 2.53
YP650	Community Rehab Prg (Shelter Work)	15-min	\$ 3.71
YP660	Day Activity	15-min	\$ 3.75
YP710	Supervised Living - Low	per diem	\$ 28.92
YP720	Supervised Living - Mod	per diem	\$ 55.11
YP730	Community Respite	per diem	\$ 214.38
YP740	Family Living - Low	per diem	\$ 50.00
YP750	Family Living - Mod	per diem	\$ 52.03
YP760	Group Living - Low	per diem	\$ 55.29
YP770	Group Living - Moderate	per diem	\$ 75.48
YP780	Group Living - High	per diem	\$ 141.51
YP790	Detox - Social Setting	per diem	\$ 118.42
YP820	Inpatient Hospital	per diem	**
YP821	3-Way Hospital Contract	per diem	\$ 750.00
YP851	Public Psychiatry - Administrative Functions	15-min	\$ 25.00
YP852	Public Psychiatry - Consultative Services	15-min	\$ 35.00

** Consumer specific contractual rate

Sandhills Center

Enhanced Mental Health and Substance Abuse Services State IPRS and 1915(b)(c) Medicaid Waiver

Procedure Code	Description	Unit	Rate Effective 7/01/12	New Rate Effective 2/1/2016
H0010	Non-Hosp Medical Detox	per diem	\$ 325.58	
H0012HB	Comm Residential Tx-Adult	per diem	\$ 155.81	
H0013	Medical Comm Residential Tx	per diem	\$ 241.81	
H0014	Ambulatory Detox	15-min	\$ 21.25	
H0015	Alcohol and Drug Services Intensive Outpatient	per diem	\$ 131.56	
H0019UQ	Residential Level III 1-4 beds (Effective 5-3-15 State Only)	per diem	\$ 232.88	\$ 244.52
H0019US	Residential Level III 5+ beds (Effective 5-3-15 State Only)	per diem	\$ 189.75	\$ 199.24
H0019U5	Residential Level IV (Effective 5-3-15 State Only)	per diem	\$ 315.71	\$ 331.50
H0019HQ	Residential Level III 1-4 beds (effective 5/3/2015) Medicaid Only	per diem	\$ 232.88	\$ 244.52
H0019TJ	Residential Level III 5+ beds (effective 5/3/2015) Medicaid Only	per diem	\$ 189.75	\$ 199.24
H0019HK	Residential Level IV 1-4 beds (effective 5/3/2015) Medicaid Only	per diem	\$ 315.71	\$ 331.50
H0019UR	Residential Level IV 5+ beds (effective 5/3/-2015) Medicaid Only	per diem	\$ 315.71	\$ 331.50
H0020	Methadone Administration	event	\$ 16.60	\$ 18.76
H0032	MH/SA Targeted Case Management	per week	\$ 81.25	
H0035	Partial Hospital	event	\$ 132.32	
H0040	Assertive Community Treatment Program (ACTT)	Event	\$ 339.62	
H0046	High Risk Intervention Level I	per diem	\$ 49.75	\$ 52.24
H2011	Mobil Crisis Management	15-min	\$ 33.68	
H2012HA	Day Treatment - Child	per hour	\$ 31.41	
H2015HT	Community Support Team	15-min	\$ 14.50	\$ 16.68
H2017	Psychosocial Rehabilitation	15-min	\$ 2.69	\$ 2.91
H2020	Residential Level 2 Group Home-High Risk	per diem	\$ 126.31	\$ 132.63
H2022	Intensive In-Home	per diem	\$ 258.20	
H2033	Multi-Systemic Therapy	15-min	\$ 43.88	
H2035	SA Comprehensive Outpatient Treatment	1-hr	\$ 45.35	
H2036	Medically Supervised Detox/Crisis Facility	per diem	**	
S5145	Child Foster Care, Therapeutic, Level II	per diem	\$ 88.58	\$ 93.01
S9484	Crisis Intervention (Facility Based Crisis)	1-hr	\$ 15.93	
S9484A	Facility Based Crisis Program-Children and Adolescents	per hour	\$ 15.93	
T1017HE	Targeted Case Management DD	per week	\$ 61.01	
T1023	Diagnostic Assessment	event	\$ 231.30	

** Contractual Rate

Code	Description	Unit	Physicians Assistant End date 6/30/2016	Physicians Assistant Effective 7/1/2016	Cert. Nurse Practitioner Specialty 112 End date 6/30/2016	Cert. Nurse Practitioner- Specialty 112 Effective 7/1/2016	Physician Specialty 001 End date 6/30/2016	Physician Effective 7/1/2016
Q3014GT	TelePsc Site Facility Fee	Event	\$ 21.25	\$ 22.74	\$ 21.25	\$ 22.74	\$ 21.25	\$ 22.74

Sandhills Center					
Innovations Service Rates					
Proc. Code	Code Description	Billing Unit	5% increase-Effective 11/01/2015	New Rate Effective 10/1/2016	New Waiver Rates 11/01/2016
H2011HI	Crisis Intervention and Stabilization Supports	15 min	8.55		
H2015	Community Networking	15 min	5.62		
H2015HQ	Community Networking Group	15m	2.98		
H2015U1	Community Networking - Class/Conf	15 min	Invoice		
H2015U2	Community Networking-Transportation	Invoice	Invoice		
H2016	Residential Supports Level 1	24 hr.	90.84		113.88
H2016U2	Residential Supports Level 1- AFL	24 hr.	96.09		
H2016HI	Residential Supports Level 4	24 hr.	171.58		197.32
H2016HI U2	Residential Supports Level 4-AFL	24 hr.	176.83		
H2025	Supported Employment - Individual	15 min	7.76		
H2025HQ	Supported Employment - Group	15 min	2.00		
H2025TS	Supported Employment-Long Term Follow-up	15 min			7.76
H2025TSHQ	Supported Employment Long Term Follow-up Group	15 min			2.00
S5110	Natural Supports Education	15 min	8.96		
S5111	Natural Supports Educ - Conf	Invoice	Invoice		
S5125	Personal Care	15 min	3.72		
S5150	Respite Care- Community Individual	15 min	3.72		
S5150HQ	Respite Care- Community Group	15 min	2.82		
S5150US	Respite Care- Community Facility	24 hr.	118.65		
S5165	Home Modifications	Invoice	Invoice		
T1005TD	Respite Care Nursing-RN	15 min	9.26		
T1005TE	Respite Care Nursing-LPN	15 min	9.26		
T1015	Intensive In Home Support	15 min	4.98		
T1999	Individual Goods and Services	Invoice	Invoice		
T2013	In Home Skill Building - Individual	15 min	5.62		
T2013HQ	In Home Skill Building - Group	15 min	3.13		
T2013TF	Community Living and Support Indv	15 min			4.71
T2013TFHQ	Community Living and Support Group	15 min			3.10
T2014	Residential Supports Level 2	24 hr.	131.21		156.31
T2014U2	Residential Supports Level 2 - AFL	24 hr.	136.46		
T2020	Residential Supports Level 3	24 hr.	151.40		174.11
T2020U2	Residential Supports Level 3 - AFL	24 hr.	156.65		
T2021	Day Supports-Individual	1 hr	6.44		25.76
T2021HQ	Day Supports-Group	1hr	3.82		15.28
T2025	Specialized Consultative Svc	15 min	26.25	31.25	
T2025ER	Specialized Consultative Svc- PhD level	15 min		37.50	
T2025U1	Financial Supports	Monthly	208.95		
T2025U2	FM Supplies	Invoice	Invoice		
T2025U3	Crisis Behavioral Consultation	15 min	19.69	31.25	
T2027	Day Supports-Developmental Day	1 hr	6.44		25.76
T2029	Assistive Technology: Equip Supplies	Invoice	Invoice		
T2033	Supported Living-Level 1	24 hr.			153.01
T2033HI	Supported Living-Level 2	24 hr.			186.80
T2033TF	Supported Living-Level 3	24 hr.			220.05
T2034	Out of Home Crisis	24 hr.	246.75		
T2038	Community Transition Supports	Invoice	Invoice		
T2039	Vehicle Adaptations	Invoice	Invoice		
T2041	Community Guide/Navigator	Monthly	131.25		
T2041U1	Community Guide/Navigator Training - Employer	15 min	12.34		
** Codes highlighted in Pink are not included in New Waivier					
***Codes change to 1 hour service November 1,2016					

Sandhills Center

B-3 Service Rates

7/1/2017

Proc. Code	Code Description	Billing Unit	Rate	Effective 9-1-16	Effective 10-1-16	Effective 11-1-16
H2023U4	Supported Employment	15 min	\$ 11.21	\$ 11.21		
H2023U4HE	Supported Employment-MH	15 min	\$ 19.02	\$ 19.02		
H2023HQU4	Supported Employment Group	15 min	\$ 2.53	\$ 2.53		
H2026U4	Long Term Supported Employment	15 min	\$ 11.21	\$ 11.21		
H2026U4HE	Long Term Supported Employment--MH	15 min	\$ 19.02	\$ 19.02		
H0038U4	Peer Support	15 min	\$ 12.00	\$ 12.00		
H0038HQU4	Peer Support Group	15 min	\$ 2.71	\$ 2.71		
H0045HAU4	Individual Respite- Child	15 min	\$ 5.00	\$ 5.00		
H0045HBU4	Individual Respite- Adult	15 min	\$ 5.00	\$ 5.00		
H0045HAHQU4	Group Respite-Child	15 min	\$ 3.00	\$ 3.00		
H0045HBHQU4	Group Respite-Adult	15 min	\$ 3.00	\$ 3.00		
T1019U4	Personal Care-Individual Support	15 min	\$ 12.00	\$ 12.00		
99241U4	Psychiatric Consultation- approx 15 min	event	\$ 55.00	\$ 55.00		
99242U4	Psychiatric Consultation- approx 30 min	event	\$ 90.00	\$ 90.00		
99244U4	Psychiatric Consultation- approx 60 min	event	\$ 168.00	\$ 168.00		
T2029U4	Assistive Technology: Equip Supplies	Invoice	Invoice	Invoice		
T2041U4	Community Guide	Monthly	\$ 125.00	\$ 131.25		
H2015U4	Community Networking	15 min	\$ 5.35	\$ 5.62		
H2015U1U4	Community Networking - Class/Conf	15 min	Invoice	Invoice		
T2038U4	Community Transition Supports	Invoice	Invoice	Invoice		
H2011HIU4	Primary Crisis Response	15 min	\$ 8.14	\$ 8.55		
T2034U4	Out of Home Crisis	24 hr.	\$ 235.00	\$ 246.75		
T2021HQU4	Day Supports-Group	1 hr	\$ 3.64	\$ 3.82		15.28
T2021U4	Day Supports-Individual	1 hr	\$ 6.13	\$ 6.44		25.76
T2027U4	Day Supports-Developmental Day	1 hr	\$ 6.13	\$ 6.44		25.76
S5165U4	Home Modifications	Invoice	Invoice	Invoice		
T1015U4	Intensive In Home Support	15 min	\$ 4.74	\$ 4.98		
T2013U4	In Home Skill Building - Individual	15 min	\$ 5.35	\$ 5.62		
T2013HQU4	In Home Skill Building - Group	15 min	\$ 2.98	\$ 3.13		
T2013TFU4	Community Living and Support Indv	15 min				4.71
T2013TFHQU4	Community Living and Support Group	15 min				3.10
S5110U4	Natural Supports Education	15 min	\$ 8.53	\$ 8.96		
S5111U4	Natural Supports Educ - Conf	Invoice	Invoice	Invoice		
S5125U4	Personal Care	15 min	\$ 3.54	\$ 3.72		
H2016U4	Residential Supports Level 1	24 hr.	\$ 86.51	\$ 90.84		
T2014U4	Residential Supports Level 2	24 hr.	\$ 124.96	\$ 131.21		
T2020U4	Residential Supports Level 3	24 hr.	\$ 144.19	\$ 151.40		
H2016HIU4	Residential Supports Level 4	24 hr.	\$ 163.41	\$ 171.58		
S5150U4	Respite Care- Community Individual	15 min	\$ 3.54	\$ 3.72		
S5150HQU4	Respite Care- Community Group	15 min	\$ 2.69	\$ 2.82		
S5150USU4	Respite Care- Community Facility	24 hr.	\$ 113.00	\$ 118.65		
T1005TEU4	Respite Care Nursing-LPN	15 min	\$ 8.82	\$ 9.26		
T1005TDU4	Respite Care Nursing-RN	15 min	\$ 8.82	\$ 9.26		
T2025U4	Specialized Consultative Svc	15 min	\$ 25.00	\$ 26.25	\$ 31.25	
H2025HQU4	Supported Employment - Group	15 min	\$ 1.90	\$ 2.00		
H2025U4	Supported Employment - Individual	15 min	\$ 7.39	7.76		
T2039U4	Vehicle Adaptations	Invoice	Invoice	Invoice		

***Codes change to 1 hour service November 1,2016

**New codes effective 11/1/2016

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3406316	** HOWELL'S-SCOTTHURST I & II	295.09	\$ 309.85	\$ 328.43
3406165	A. JACK WALL GROUP HOME	308.86	\$ 324.30	\$ 343.76
3406174	AIRPORT ROAD GROUP HOME	303.40	\$ 318.57	\$ 337.68
3406395	ANSONVILLE GROUP HOME	302.30	\$ 317.41	\$ 336.45
3416427	ARC/HDS CRAVEN #2 GROUP HOME	302.30	\$ 317.41	\$ 336.45
3416403	ASHLEY HEIGHTS HOME	301.18	\$ 316.24	\$ 335.21
340605J	AVENT FERRY GROUP HOME	303.25	\$ 318.41	\$ 337.51
3406595	AZALEA ST.-IRENE WORTHAM RES.	310.53	\$ 326.06	\$ 345.62
3406373	BELMONT GROUP HOME	310.53	\$ 326.06	\$ 345.62
3406421	BLANCHE DRIVE	303.91	\$ 319.11	\$ 338.26
3406438	BLUE RIDGE HOMES - MADISON	295.18	\$ 309.94	\$ 328.54
3406434	BLUE RIDGE HOMES - SWANNANOA	295.18	\$ 309.94	\$ 328.54
3406352	BON REA DRIVE GROUP HOME	310.53	\$ 326.06	\$ 345.62
3406513	BONNIE LANE	301.18	\$ 316.24	\$ 335.21
3406203	BOST CHILDREN'S CENTER	327.75	\$ 344.14	\$ 364.79
3406525	BOXWOOD	301.18	\$ 316.24	\$ 335.21
3406526	BROOKWOOD	301.18	\$ 316.24	\$ 335.21
340608F	BROOKWOOD GROUP HOME	303.25	\$ 318.41	\$ 337.51
3406527	CANTERBURY ROAD HOME	301.18	\$ 316.24	\$ 335.21
340614T	CAROLINA FARMS #1	308.86	\$ 324.30	\$ 343.76
340614X	CAROLINA FARMS #2	308.86	\$ 324.30	\$ 343.76
340615A	CAROLINA FARMS #3	308.86	\$ 324.30	\$ 343.76
3406187	CAROLINA LIVING AND LEARNING	375.12	\$ 393.88	\$ 417.51
3406144	CATES STREET	304.68	\$ 319.91	\$ 339.11
3416508	CHANDLER ROAD HOME	301.18	\$ 316.24	\$ 335.21
3406432	CHERRYVILLE ICF-MR GROUP HOME	310.53	\$ 326.06	\$ 345.62
340607X	CHESTERFIELD GROUP HOME	310.29	\$ 325.80	\$ 345.35
3406410	CHILES AVENUE	305.64	\$ 320.92	\$ 340.18
3406560	CHRISTY WOODS GROUP HOME	327.75	\$ 344.14	\$ 364.79
3416565	COLLEGE PARK	301.18	\$ 316.24	\$ 335.21
340601E	COMSERV CREEKSIDE GROUP HOME	310.29	\$ 325.80	\$ 345.35
340609H	CORBEL RESIDENTIAL	303.25	\$ 318.41	\$ 337.51
3436402	COUNTRY COVE	301.18	\$ 316.24	\$ 335.21
3406516	COUNTRY MANOR HOME	301.18	\$ 316.24	\$ 335.21
340605Y	COUNTRY VIEW RESIDENTIAL	303.25	\$ 318.41	\$ 337.51
3416194	CRAVEN COUNTY CHILDREN'S GH	302.30	\$ 317.41	\$ 336.45
341610J	CRAVEN COUNTY CHILDREN'S GH #2	302.30	\$ 317.41	\$ 336.45
340604W	GREATER IMAGE- CREST ROAD GROUP HOME	286.36	\$ 300.68	\$ 318.72
3406362	DALMOOR DRIVE GROUP HOME	310.52	\$ 326.05	\$ 345.61
3406514	DAL-WAN HEIGHTS	301.18	\$ 316.24	\$ 335.21
3406476	DARTMOUTH GROUP HOME	303.91	\$ 319.11	\$ 338.26
340609R	DAUGHTRY FIELD ROAD GROUP HOME	303.40	\$ 318.57	\$ 337.68
340602G	DICKENS DRIVE GROUP HOME	310.53	\$ 326.06	\$ 345.62
340610T	DOGWOOD GROUP HOME	310.53	\$ 326.06	\$ 345.62
3416536	DOVE ROAD	301.18	\$ 316.24	\$ 335.21
3416479	EASTBROOK	301.18	\$ 316.24	\$ 335.21
3406452	ECHO FARMS GROUP HOME	296.08	\$ 310.89	\$ 329.54
340605A	ELECTRA DRIVE GROUP HOME	303.91	\$ 319.11	\$ 338.26
340610B	ELLENDALE GROUP HOME	310.29	\$ 325.80	\$ 345.35
3416342	ERWIN # 2	301.18	\$ 316.24	\$ 335.21
3416341	ERWIN GROUP HOME	301.18	\$ 316.24	\$ 335.21

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3406578	CARTER CLINIC-EXTRA SPECIAL CARE	286.36	\$ 300.68	\$ 318.72
3416367	FAN JOY I	301.18	\$ 316.24	\$ 335.21
3406515	FAN JOY II	301.18	\$ 316.24	\$ 335.21
340600R	FLOWE DRIVE GROUP HOME	310.53	\$ 326.06	\$ 345.62
3436562	FOREST BEND GROUP HOME	301.18	\$ 316.24	\$ 335.21
3406477	FOREST CREEK GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416313	FORSYTH CO ICF/MR GROUP HOME	302.30	\$ 317.41	\$ 336.45
3416320	FORSYTH GROUP HOME I	301.18	\$ 316.24	\$ 335.21
3416327	FORSYTH GROUP HOME II	301.18	\$ 316.24	\$ 335.21
340607W	FRANK STREET ICF/MR GROUP HOME	304.68	\$ 319.91	\$ 339.11
3406554	FRANKLIN BLVD GROUP HOME	310.53	\$ 326.06	\$ 345.62
3416216	FRIENDWAY GROUP HOME	303.25	\$ 318.41	\$ 337.51
3406022	GAIL B. HANKS GROUP HOME	310.52	\$ 326.05	\$ 345.61
3406380	GEORGIA COURT	303.91	\$ 319.11	\$ 338.26
3416229	GRANVILLE COUNTY GH	301.18	\$ 316.24	\$ 335.21
3406453	GREENVILLE LOOP GROUP HOME	296.08	\$ 310.89	\$ 329.54
3416152	GUILFORD I	301.18	\$ 316.24	\$ 335.21
3416153	GUILFORD II	301.18	\$ 316.24	\$ 335.21
3416288	GUILFORD III	301.18	\$ 316.24	\$ 335.21
340603X	HARTLAND GROUP HOME	310.29	\$ 325.80	\$ 345.35
3406374	HAYWOOD COUNTY GROUP HOME #3	310.52	\$ 326.05	\$ 345.61
3406511	HEATH AVENUE HOME	301.18	\$ 316.24	\$ 335.21
340608X	HEATHCROFT	303.91	\$ 319.11	\$ 338.26
340603F	HELMSDALE GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406164	HIGHWAY 117 GROUP HOME	303.40	\$ 318.57	\$ 337.68
3406020	HILLTOP HOME	396.62	\$ 416.45	\$ 441.44
3416491	HOFFMAN HOME	301.18	\$ 316.24	\$ 335.21
341607U	HOLLIDAY'S PLACE GROUP HOME	305.11	\$ 320.37	\$ 339.59
341602V	HOLLINGSWOOD HOME	301.18	\$ 316.24	\$ 335.21
3416112	HOLLOWAY STREET HOME	301.18	\$ 316.24	\$ 335.21
3406312	HOLLY STREET HOME	303.40	\$ 318.57	\$ 337.68
340602W	HOLY ANGELS	327.33	\$ 343.70	\$ 364.32
3406448	HOPE MILLS	301.18	\$ 316.24	\$ 335.21
340602H	HORIZONS RC CTR. THE ARCHES	326.28	\$ 342.59	\$ 363.15
3406499	HORIZONS RESIDENTIAL CARE	326.28	\$ 342.59	\$ 363.15
341609E	HOWELL'S-BURTONWOOD	295.09	\$ 309.85	\$ 328.43
3416336	HOWELL'S-CHARLOTTE	274.38	\$ 288.10	\$ 305.39
341610V	HOWELL'S-FOREST HILLS	295.09	\$ 309.85	\$ 328.43
3416585	HOWELL'S- WEST FRIENDLY AVENUE	295.09	\$ 309.85	\$ 328.43
3416471	HOWELL'S-GATEWOOD	295.09	\$ 309.85	\$ 328.43
341604A	HOWELL'S-GREENVILLE (TAR RIVER)	557.37	\$ 585.24	\$ 620.35
341605H	HOWELL'S-HOLDEN ROAD	295.09	\$ 309.85	\$ 328.43
341610W	HOWELL'S-KING GEORGE	295.09	\$ 309.85	\$ 328.43
3416259	HOWELL'S-LAGRANGE	274.38	\$ 288.10	\$ 305.39
3416034	HOWELL'S-LAGRANGE (BEAR CREEK)	275.13	\$ 288.89	\$ 306.22
341609P	HOWELL'S-LAKEVIEW	295.09	\$ 309.85	\$ 328.43
341608H	HOWELL'S-MONROE ROAD	295.09	\$ 309.85	\$ 328.43
341602Z	HOWELL'S-RIDGELY OAK	295.09	\$ 309.85	\$ 328.43
3416279	HOWELL'S-RIVERBEND	274.38	\$ 288.10	\$ 305.39
3416073	HOWELL'S-ROLLINGWOOD	295.09	\$ 309.85	\$ 328.43
3426140	HOWELL'S-SHELBOURNE PLACE	295.09	\$ 309.85	\$ 328.43

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3416193	HOWELL'S-WALNUT CREEK	274.38	\$ 288.10	\$ 305.39
341602J	HOWELL'S-WESTMINISTER	295.09	\$ 309.85	\$ 328.43
3416167	HOWELL'S-WESTRIDGE ROAD	295.09	\$ 309.85	\$ 328.43
3406385	HUNTLEIGH GROUP HOME	303.91	\$ 319.11	\$ 338.26
340603N	IOTLA STREET GROUP HOME	307.07	\$ 322.42	\$ 341.77
340600H	JADE TREE GROUP HOME	310.53	\$ 326.06	\$ 345.62
341602Y	KAREN LANE HOME	302.30	\$ 317.41	\$ 336.45
340604M	KENMORE STREET GROUP HOME	308.40	\$ 323.82	\$ 343.25
341602T	KENWOOD GROUP HOME	310.53	\$ 326.06	\$ 345.62
3406548	KEYWEST CENTER, INC	292.10	\$ 306.71	\$ 325.11
342606W	KONNOAK DRIVE GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406289	LAGRANGE HOME	303.40	\$ 318.57	\$ 337.68
341601B	LAKWOOD	301.18	\$ 316.24	\$ 335.21
3406517	LAURA SPRINGS	301.18	\$ 316.24	\$ 335.21
3406077	LAURELWOOD GROUP HOME	310.29	\$ 325.80	\$ 345.35
340609J	LEAVES	303.91	\$ 319.11	\$ 338.26
3416563	LEE FOREST GROUP HOME	301.18	\$ 316.24	\$ 335.21
3406512	LEWIS FORKS	301.18	\$ 316.24	\$ 335.21
340610R	LIFE/ALBEMARLE GROUP HOME	292.53	\$ 307.16	\$ 325.59
340610Y	LIFE/BEAUFORT HEIGHTS	292.53	\$ 307.16	\$ 325.59
340608W	LIFE/CHEROKEE TRAIL	292.53	\$ 307.16	\$ 325.59
3406459	LIFE/CHERRY LANE	292.53	\$ 307.16	\$ 325.59
340610P	LIFE/CHOWAN GROUP HOME	292.53	\$ 307.16	\$ 325.59
340610N	LIFE/COKE AVENUE	292.53	\$ 307.16	\$ 325.59
3406393	LIFE/DIXON ROAD GROUP HOME	292.53	\$ 307.16	\$ 325.59
3406226	LIFE/EDGEWOOD	292.53	\$ 307.16	\$ 325.59
340601V	LIFE/FOLLY STREET GROUP HOME	292.53	\$ 307.16	\$ 325.59
340606M	LIFE/GREEN TEE LANE GH	292.53	\$ 307.16	\$ 325.59
340606G	LIFE/GREY FOX RUN HOME	292.53	\$ 307.16	\$ 325.59
3416196	LIFE/IDLEWOOD GROUP HOME	292.53	\$ 307.16	\$ 325.59
340612A	LIFE/KING	292.53	\$ 307.16	\$ 325.59
3416323	LIFE/LAKEVIEW	292.53	\$ 307.16	\$ 325.59
3406440	LIFE/LAVENHAM ROAD	292.53	\$ 307.16	\$ 325.59
340601W	LIFE/LOCKWOOD STREET GH	292.53	\$ 307.16	\$ 325.59
340607P	LIFE/LUKE STREET	292.53	\$ 307.16	\$ 325.59
340611Z	LIFE/MACFARLAND	292.53	\$ 307.16	\$ 325.59
340603U	LIFE/MCKEEL LOOP GH	292.53	\$ 307.16	\$ 325.59
340611A	LIFE/MINUTE MAN	292.53	\$ 307.16	\$ 325.59
340606F	LIFE/NINE FOOT ROAD HOME	292.53	\$ 307.16	\$ 325.59
3406441	LIFE/OAKDALE AVENUE	292.53	\$ 307.16	\$ 325.59
340609T	LIFE/OLD ROPER GROUP HOME	292.53	\$ 307.16	\$ 325.59
340603H	LIFE/RAVEN RIDGE GROUP HOME	292.53	\$ 307.16	\$ 325.59
340610A	LIFE/SLATESTONE ROAD	292.53	\$ 307.16	\$ 325.59
340610G	LIFE/TWIN ACRES GROUP HOME	292.53	\$ 307.16	\$ 325.59
3416328	LIFE/WALNUT STREET GROUP HOME	292.53	\$ 307.16	\$ 325.59
3416319	LIFE/WILLIAM STREET GROUP HOME	292.53	\$ 307.16	\$ 325.59
340609U	LIFE/WILSON STREET GROUP HOME	292.53	\$ 307.16	\$ 325.59
3416345	LILLINGTON HOME	301.18	\$ 316.24	\$ 335.21
341602U	LINOAK GROUP HOME	301.18	\$ 316.24	\$ 335.21
340600A	LITTLE RIVER GROUP HOME	310.29	\$ 325.80	\$ 345.35
340611J	LOWER CREEK	310.29	\$ 325.80	\$ 345.35

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3416218	LYNN ROAD HOME	301.18	\$ 316.24	\$ 335.21
3406469	MACON GROUP HOME	307.07	\$ 322.42	\$ 341.77
3416340	MAGNOLIA DRIVE	301.18	\$ 316.24	\$ 335.21
3416332	MALLARD LANE CENTER	302.30	\$ 317.41	\$ 336.45
340602B	MANTLE COURT GROUP HOME	310.52	\$ 326.05	\$ 345.61
3406392	MARIE G. SMITH GROUP HOME	308.86	\$ 324.30	\$ 343.76
340611E	MCCORMICK	303.91	\$ 319.11	\$ 338.26
3416493	MEADOWVIEW HOME	302.30	\$ 317.41	\$ 336.45
3406472	MEEKS ROAD ICF-MR GROUP HOME	310.53	\$ 326.06	\$ 345.62
3406305	MICHIGAN STREET HOME	327.75	\$ 344.14	\$ 364.79
340603M	MIDLAKE RESIDENTIAL	303.25	\$ 318.41	\$ 337.51
3416132	MINERAL SPRINGS I & II	301.18	\$ 316.24	\$ 335.21
3406018	Monarch - Southridge	303.15	\$ 318.31	\$ 337.41
3406018	Monarch - Southridge	303.15	\$ 318.31	\$ 337.41
340609W	MONTFORD GROUP HOME	308.40	\$ 323.82	\$ 343.25
340604J	GREATER IMAGE-MOORE CTY HOME FOR A ADULTS	286.36	\$ 300.68	\$ 318.72
3406415	MOSS SPRINGS GROUP HOME # 1	302.30	\$ 317.41	\$ 336.45
3406481	MOSS SPRINGS GROUP HOME # 2	302.30	\$ 317.41	\$ 336.45
3416485	MOUNTAIN RIDGE ICF-MR GH	306.99	\$ 322.34	\$ 341.68
340609X	MT. GILEAD CHILDREN'S HOME	302.30	\$ 317.41	\$ 336.45
3406442	MID STATE HEALTH-MY PLACE	286.36	\$ 300.68	\$ 318.72
3406518	MYRON PLACE	301.18	\$ 316.24	\$ 335.21
3406451	MYRTLE GROVE GROUP HOME	296.08	\$ 310.89	\$ 329.54
3406412	MYRTLEWOOD GROUP HOME	302.30	\$ 317.41	\$ 336.45
3406317	NEW RIVER COTTAGE	310.53	\$ 326.06	\$ 345.62
340611W	NEW STOCK ROAD	295.18	\$ 309.94	\$ 328.54
3406591	NO PLACE LIKE HOME	296.53	\$ 311.36	\$ 330.04
340601X	NORTHRIDGE GROUP HOME	303.25	\$ 318.41	\$ 337.51
340604Z	NORTHSIDE GROUP HOME	304.15	\$ 319.36	\$ 338.52
340610M	NOVA-NORWOOD AVENUE GROUP HOME	303.40	\$ 318.57	\$ 337.68
3406444	OAK STREET GROUP HOME	310.53	\$ 326.06	\$ 345.62
3416419	OAKDALE	301.18	\$ 316.24	\$ 335.21
3416375	OLD FARM ROAD HOME	301.18	\$ 316.24	\$ 335.21
3406322	ORA STREET GROUP HOME	308.40	\$ 323.82	\$ 343.25
3416574	PARK AVENUE	301.18	\$ 316.24	\$ 335.21
340609B	PARK DRIVE	304.12	\$ 319.33	\$ 338.49
343611G	PENCE PLACE	302.30	\$ 317.41	\$ 336.45
3416426	PENNY LANE I	301.18	\$ 316.24	\$ 335.21
3416475	PENNY LANE II	301.18	\$ 316.24	\$ 335.21
340608G	PINE RIDGE	303.25	\$ 318.41	\$ 337.51
343601U	PINEBROOK ICF-MR GROUP HOME	301.18	\$ 316.24	\$ 335.21
340606Z	PINEWOOD	301.18	\$ 316.24	\$ 335.21
3406449	PISGAH GROUP HOME	308.40	\$ 323.82	\$ 343.25
3406304	PITT COUNTY GH/AUT	276.91	\$ 290.76	\$ 308.20
3406530	PITT COUNTY GROUP HOME # 2	276.91	\$ 290.76	\$ 308.20
3406541	PITT COUNTY GROUP HOME # 3	276.91	\$ 290.76	\$ 308.20
340610Z	PLAYMORE GROUP HOME	310.29	\$ 325.80	\$ 345.35
3406522	PLEASANT ACRES	301.18	\$ 316.24	\$ 335.21
3406496	QUEEN'S POND	323.57	\$ 339.75	\$ 360.14
3406496	QUEEN'S POND TWO	323.57	\$ 339.75	\$ 360.14
3406306	RALPH SCOTT GH	310.03	\$ 325.53	\$ 345.06

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3406156	RALPH SCOTT GROUP HOMES, #2	310.03	\$ 325.53	\$ 345.06
340600M	RALPH SCOTT/LARAMIE DRIVE	310.03	\$ 325.53	\$ 345.06
340608Z	RALPH SCOTT/ROSEMONT	310.03	\$ 325.53	\$ 345.06
340608J	RALPH SCOTT/VETERANS	310.03	\$ 325.53	\$ 345.06
340609A	RAVENDALE DRIVE	310.52	\$ 326.05	\$ 345.61
343609V	RAYSIDE ICF/MR	301.18	\$ 316.24	\$ 335.21
340610U	RES. SERVICES INC./CHRISTOPHER ROAD	298.05	\$ 312.95	\$ 331.73
3406544	RES. SERVICES INC./QUAIL ROOST DRIVE	298.05	\$ 312.95	\$ 331.73
340603P	RES. SERVICES INC./SHADY LAWN	298.05	\$ 312.95	\$ 331.73
3406331	RES. SERVICES INC./SILO	298.05	\$ 312.95	\$ 331.73
3406482	RES. SERVICES INC./W. MAIN (CARRBORO)	298.05	\$ 312.95	\$ 331.73
3406356	RES. SERVICES Retirement Center (Spring Glen)	298.05	\$ 312.95	\$ 331.73
3416130	RIDGECREST I & II	301.18	\$ 316.24	\$ 335.21
341602X	RIDGEFIELD HOME	302.30	\$ 317.41	\$ 336.45
340603J	RIVERSIDE RESIDENTIAL	303.25	\$ 318.41	\$ 337.51
3416393	RIVERVIEW	301.18	\$ 316.24	\$ 335.21
340607M	ROANOKE PLACE	303.25	\$ 318.41	\$ 337.51
340602A	ROBERT E. LEE GROUP HOME	295.40	\$ 310.17	\$ 328.78
3406500	ROBERT W. THOMPSON GH	308.86	\$ 324.30	\$ 343.76
340602N	ROBIN HOOD GROUP HOME	295.40	\$ 310.17	\$ 328.78
3416350	ROCKWELL FACILITY	301.18	\$ 316.24	\$ 335.21
340606U	ROCKWOOD GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406390	ROLLING MEADOWS	303.91	\$ 319.11	\$ 338.26
3406058	RONES CHAPEL ROAD GROUP HOME	303.40	\$ 318.57	\$ 337.68
3406413	ROSE STREET-IRENE WORTHAM	310.53	\$ 326.06	\$ 345.62
3416321	ROSEANNE GROUP HOME	295.40	\$ 310.17	\$ 328.78
3406301	ROUSE'S GROUP HOME	277.15	\$ 291.01	\$ 308.47
340611X	ROUSE'S GROUP HOME #6	277.15	\$ 291.01	\$ 308.47
3406249	SAND RIDGE	323.57	\$ 339.75	\$ 360.14
3406249	SANDRIDGE III	323.57	\$ 339.75	\$ 360.14
3406249	SANDRIDGE IV	323.57	\$ 339.75	\$ 360.14
3416561	SCOTLAND FOREST HOME	301.18	\$ 316.24	\$ 335.21
3406521	SHANNONBROOK	301.18	\$ 316.24	\$ 335.21
3406520	SHERWOOD PARK	301.18	\$ 316.24	\$ 335.21
3416197	SKILL CREATIONS -BURKE	305.40	\$ 320.67	\$ 339.91
3406347	SKILL CREATIONS-CLINTON	291.18	\$ 305.74	\$ 324.08
3406250	SKILL CREATIONS-COASTAL HOUSE	291.18	\$ 305.74	\$ 324.08
340602P	SKILL CREATIONS-DUPLIN HOUSE	291.18	\$ 305.74	\$ 324.08
340603T	SKILL CREATIONS-EAST	291.18	\$ 305.74	\$ 324.08
3406339	SKILL CREATIONS-GOLDSBORO	291.18	\$ 305.74	\$ 324.08
3406425	SKILL CREATIONS-GREENVILLE	291.18	\$ 305.74	\$ 324.08
3406370	SKILL CREATIONS-KENANSVILLE	291.18	\$ 305.74	\$ 324.08
3406386	SKILL CREATIONS-KINSTON	291.18	\$ 305.74	\$ 324.08
3406133	SKILL CREATIONS-NASH HOUSE I	291.18	\$ 305.74	\$ 324.08
3406065	SKILL CREATIONS-NASH HOUSE II	291.18	\$ 305.74	\$ 324.08
340605G	SKILL CREATIONS-ROANOKE HOUSE	291.18	\$ 305.74	\$ 324.08
3406361	SKILL CREATIONS-SANFORD	291.18	\$ 305.74	\$ 324.08
3406401	SKILL CREATIONS-TARBORO	291.18	\$ 305.74	\$ 324.08
3406234	SKILL CREATIONS-TRIANGLE H I	291.18	\$ 305.74	\$ 324.08
3406243	SKILL CREATIONS-TRIANGLE H II	291.18	\$ 305.74	\$ 324.08
3406416	SKILL CREATIONS-WILSON	291.18	\$ 305.74	\$ 324.08

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3406519	SMITH STREET HOME	301.18	\$ 316.24	\$ 335.21
3416324	SMOKY MOUNTAIN	307.07	\$ 322.42	\$ 341.77
3406447	SOUTHERN AVENUE	301.18	\$ 316.24	\$ 335.21
3406290	SPRINGDALE LANE GROUP HOME	310.53	\$ 326.06	\$ 345.62
3416135	STARNES GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416555	STEM ROAD HOME	301.18	\$ 316.24	\$ 335.21
3416483	STOKES COUTY ICF HOME	302.30	\$ 317.41	\$ 336.45
340607A	STONE RIDGE	301.18	\$ 316.24	\$ 335.21
340606V	STONEGATE GROUP HOME	303.91	\$ 319.11	\$ 338.26
340601Y	STRAWBERRY RESIDENTIAL	303.25	\$ 318.41	\$ 337.51
3416594	STRICKLAND BRIDGE A & B	301.18	\$ 316.24	\$ 335.21
3406564	SUMMERLYN HOME	294.51	\$ 309.24	\$ 327.79
3416397	SUNNY HILL	301.18	\$ 316.24	\$ 335.21
3416577	SUNNY HILL II	301.18	\$ 316.24	\$ 335.21
340608M	SYDNOR STREET GROUP HOME	304.12	\$ 319.33	\$ 338.49
3406407	T. L. C. HOME, INC	323.31	\$ 339.48	\$ 359.85
3406335	TAMMY LYNN CENTER-ADULTS	512.35	\$ 537.97	\$ 570.25
3406504	TAMMY LYNN CENTER-CHILDREN	512.35	\$ 537.97	\$ 570.25
340602E	MID STATE HEALTH THOMAS S - DECATUR	286.36	\$ 300.68	\$ 318.72
3406050	THOMAS S - KINLAW	286.36	\$ 300.68	\$ 318.72
3416150	THOMAS STREET HOME	301.18	\$ 316.24	\$ 335.21
340608T	TIMBERLEA	303.25	\$ 318.41	\$ 337.51
340605W	TROTTERS BLUFF GROUP HOME	303.25	\$ 318.41	\$ 337.51
3406487	TUCKASEEGEE GROUP HOME	310.53	\$ 326.06	\$ 345.62
3416465	TWENTY THIRD STREET	301.18	\$ 316.24	\$ 335.21
3406524	TWIN BROOKS	301.18	\$ 316.24	\$ 335.21
341604E	VOCA/APPLE VALLEY	303.91	\$ 319.11	\$ 338.26
3406023	VOCA/BASS LAKE GROUP HOME	327.75	\$ 344.14	\$ 364.79
3416365	VOCA/BLAIRFIELD	303.91	\$ 319.11	\$ 338.26
3416085	VOCA/COLLEGE STREET	303.91	\$ 319.11	\$ 338.26
340600J	VOCA/COUNTRY GROUP HOME	303.91	\$ 319.11	\$ 338.26
340600W	VOCA/CREEKWAY	303.91	\$ 319.11	\$ 338.26
3416450	VOCA/DENBUR DRIVE GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406357	VOCA/FREEDOM GROUP HOME	303.91	\$ 319.11	\$ 338.26
340600T	VOCA/GENTRY GROUP HOME	303.91	\$ 319.11	\$ 338.26
340605R	VOCA/GREENWOOD GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406377	VOCA/HARRISBURG GROUP HOME	303.91	\$ 319.11	\$ 338.26
340600G	VOCA/HICKORY GROUP HOME	303.91	\$ 319.11	\$ 338.26
340604P	VOCA/HICKORY II GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416528	VOCA/KIMSEY	303.91	\$ 319.11	\$ 338.26
340606H	VOCA/LAUREL GROUP HOME	303.91	\$ 319.11	\$ 338.26
340605U	VOCA/LAURELWOOD GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406139	VOCA/MALLARD DRIVE	303.91	\$ 319.11	\$ 338.26
340605N	VOCA/MASON GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406264	VOCA/MEADOWOOD	303.91	\$ 319.11	\$ 338.26
3416586	VOCA/NORWICH GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406184	VOCA/OAK GROUP HOME	303.91	\$ 319.11	\$ 338.26
340606P	VOCA/OAKHAVEN GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406532	VOCA/OBIE GROUP HOME	303.91	\$ 319.11	\$ 338.26
340605M	VOCA/OLIVE STREET HOME	303.91	\$ 319.11	\$ 338.26
3406355	VOCA/OTIS GROUP HOME	303.91	\$ 319.11	\$ 338.26

PROVIDER NUMBER	PROVIDER NAME	Effective 1/1/2016	Effective 7/1/2016	Effective 7/1/2017
3406429	VOCA/PURSER GROUP HOME	303.91	\$ 319.11	\$ 338.26
340604X	VOCA/ROLLINS GROUP HOME	303.91	\$ 319.11	\$ 338.26
340606N	VOCA/SANDBURG GROUP HOME	303.91	\$ 319.11	\$ 338.26
340605T	VOCA/SECOND ST. GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416333	VOCA/SEVEN OAKS ROAD - DURHAM	303.91	\$ 319.11	\$ 338.26
3406381	VOCA/SIMPSON GROUP HOME	303.91	\$ 319.11	\$ 338.26
340604R	VOCA/SIXTH STREET GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406186	VOCA/ST.JOHN'S CHURCH GH	303.91	\$ 319.11	\$ 338.26
340606R	VOCA/TODDVILLE GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416510	VOCA/WELLBORN	303.91	\$ 319.11	\$ 338.26
340600B	VOCA/WILSON GROUP HOME	303.91	\$ 319.11	\$ 338.26
3406049	VOCA/WOODBRIDGE GROUP HOME	303.91	\$ 319.11	\$ 338.26
340603Y	VOCA/WOODLAND GROUP HOME	303.91	\$ 319.11	\$ 338.26
340603Z	VOCA/YOUNG GROUP HOME	303.91	\$ 319.11	\$ 338.26
3416529	WAKULLA I & II	301.18	\$ 316.24	\$ 335.21
340608V	WASHINGTON STREET EAST GROUP HOME	303.40	\$ 318.57	\$ 337.68
3406414	WATSON'S GROUP HOME-Elwell	267.54	\$ 280.92	\$ 297.78
341601Z	WEBSTER CHILDREN'S ICF-MR GH	307.07	\$ 322.42	\$ 341.77
3406523	WENDOVER	301.18	\$ 316.24	\$ 335.21
3416202	WESTRIDGE GROUP HOME	303.25	\$ 318.41	\$ 337.51
340602M	WESTSIDE RES. PROGRAM	303.25	\$ 318.41	\$ 337.51
3416549	WILDCAT GROUP HOME	301.18	\$ 316.24	\$ 335.21
3406118	WILHELM PLACE HOME	327.75	\$ 344.14	\$ 364.79
3406584	WILMINGTON ROAD GROUP HOME	301.18	\$ 316.24	\$ 335.21
3406387	WILSON SMITH COTTAGE	306.99	\$ 322.34	\$ 341.68
340609Y	WOODBEND	303.91	\$ 319.11	\$ 338.26
3416126	YADKIN I	301.18	\$ 316.24	\$ 335.21
3416178	YADKIN II & III	301.18	\$ 316.24	\$ 335.21

PRTF Rates as of 11/29/2012

	Current PRTF Rates	Rates effective 2/1/2016
In-State PRTFs:		
Eliada - Reynolds Cottage	\$ 434.08	\$ 455.78
Brynn Marr	\$ 385.55	\$ 404.83
Canyon Hills Treatment Facility	\$ 426.23	\$ 447.54
Keys of Carolina	\$ 363.55	\$ 381.73
Old Vineyard Youth Services	\$ 374.44	\$ 393.16
Alexander - Lion's Den/Hornet's Nest	\$ 387.38	\$ 406.75
Alexander - Nisbet	\$ 387.38	\$ 406.75
Alexander - Dickson	\$ 387.38	\$ 406.75
Alexander - Oak	\$ 387.38	\$ 406.75
Thompson CFF - Christ Church Cottage	\$ 449.65	\$ 472.13
Thompson CFF - Kenan Cottage	\$ 450.42	\$ 472.94
Thompson CFF - Smith Cottage	\$ 450.01	\$ 472.51
Thompson CFF - Williamson Cottage	\$ 449.02	\$ 471.47
Yahweh	\$ 435.16	\$ 456.92
Eliada - Lion's Cottage	\$ 447.75	\$ 470.14
Eliada - Earle Cottage	\$ 456.00	\$ 478.80
Strategic Behavioral Health	\$ 516.18	\$ 541.99
Eliada - Reuter Cottage	\$ 398.88	\$ 418.82
Nova - Pinewood	\$ 501.62	\$ 526.70
Nova - Oakwood	\$ 514.89	\$ 540.63
Youth Focus	\$ 426.04	\$ 447.34
Eliada - Cummings Cottage	\$ 443.16	\$ 465.32
Barium Springs	\$ 409.90	\$ 430.40
Cornerstone Treatment Facility	\$ 434.27	\$ 455.98
Premier Healthcare Services	\$ 439.92	\$ 461.92
Alexander - Elm	\$ 403.83	\$ 424.02
Walker's Group Home PRTF	\$ 471.60	\$ 495.18
Yahweh Center, Inc.	\$ 508.39	\$ 533.81
Cornerstone Treatment Facility - Hope Gardens	\$ 443.76	\$ 465.95
Thompson CFF - Yorke Cottage	\$ 486.34	\$ 510.66
Thompson CFF - Alphin Cottage	\$ 473.24	\$ 496.90
Cornerstone Treatment Facility - New Haven	\$ 467.99	\$ 491.39
Grandfather Home for Children - Campbell	\$ 407.55	\$ 427.93
Cornerstone Treatment Facility - Crossroads	\$ 473.60	\$ 497.28
Maplewood Facility	\$ 489.04	\$ 513.49
Cornerstone Treatment Facility - Willowbrook	\$ 489.75	\$ 514.24
Grandfather Home for Children - Hickory	\$ 406.93	\$ 427.28
Grandfather Home for Children - Harris	\$ 408.17	\$ 428.58
Thompson CFF - Meranzas Cottage	\$ 432.61	\$ 454.24
Thompson CFF - Peace Cottage	\$ 430.71	\$ 452.25
Barium Springs - Sullivan Home	\$ 423.35	\$ 444.52
The Children's Home, Inc.	\$ 418.38	\$ 439.30
Cornerstone Treatment Facility - Jackson Springs	\$ 550.81	\$ 578.35
SBH Charlotte	\$ 516.18	\$ 541.99
SBH Wilmington LLC	\$ 516.18	\$ 541.99
SBH Raleigh LLC	\$ 516.18	\$ 541.99
		\$ -
Out-of-State PRTFs:		
Youth Villages Inc. (GA)	\$ 361.79	\$ 379.88
National Deaf Academy (FL)	\$ 597.54	\$ 627.42
New Hope (SC)	\$ 388.93	\$ 408.37
Devereux (GA)	\$ 333.50	\$ 350.18
Inner Harbour (Rockmart, GA)	\$ 325.00	\$ 341.25
Three Rivers (SC)	\$ 342.15	\$ 359.26
Benedictine (MD)	\$ 629.70	\$ 661.19
Palmetto Pines Summerville (SC)	\$ 342.15	\$ 359.26
Palmetto Pee Dee Behavioral Health (SC)	\$ 337.69	\$ 354.57
Springbrook BHS (SC)	\$ 367.04	\$ 385.39
Devereux (FL)	\$ 343.84	\$ 361.03
The Hughes Center (VA)	\$ 409.90	\$ 430.40
The Pines - Crawford (VA)	\$ 359.65	\$ 377.63
The Pines - Kempsville (VA)	\$ 359.65	\$ 377.63
The Pines - Brighton (VA)	\$ 359.65	\$ 377.63
Norris Academy, aka Camelot (TN)	\$ 456.00	\$ 478.80
Change Academy of Lake Ozark, aka CALO (MO)	\$ 364.00	\$ 382.20
Hampton (SC)	\$ 391.88	\$ 411.47
Acadia Village (TN)	\$ 450.00	\$ 472.50
Venice (SC)	\$ 391.88	\$ 411.47
York Place Episcopal Church Home for Children (SC)	\$ 318.65	\$ 334.58
Cooper Village (NE)	\$ 249.65	\$ 262.13
Barry Robinson Center (VA)	\$ 409.90	\$ 430.40
Jasper Mountain (OR)	\$ 302.00	\$ 317.10
Cedar Crest Hospital and RTC (TX)	\$ 301.46	\$ 316.53
Lighthouse Care Center of Conway (SC)	\$ 309.71	\$ 325.20
Carolina Children's Home (SC)	\$ 291.00	\$ 305.55

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Laboratory Fee Schedule
Provider Specialty 069

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 DMA Web site.

EFFECTIVE 01/01/2016

PROCEDURE CODE	MODIFIER	DESCRIPTION	Medicaid Maximum Allowable	
			FACILITY	NON- FACILITY
10035		PERQ DEV SOFT TISS 1ST IMAG	78.78	463.26
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	622.88	622.88
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	2.72	2.72
72081		X-RAY EXAM ENTIRE SPI 1 VW	33.48	33.48
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	12.01	12.01
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	21.48	21.48
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	53.61	53.61
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	14.55	14.55
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	39.06	39.06
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	58.25	58.25
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	15.85	15.85
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	42.40	42.40
72084		X-RAY EXAM ENTIRE SPI 6/> VW	69.30	69.30
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	18.42	18.42
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	50.89	50.89
72275		EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	81.40	81.40

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72275	26	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	29.93	29.93
72275	TC	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	51.47	51.47
73501		X-RAY EXAM HIP UNI 1 VIEW	25.77	25.77
73501	26	X-RAY EXAM HIP UNI 1 VIEW	8.54	8.54
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	17.23	17.23
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	35.57	35.57
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	10.15	10.15
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	25.42	25.42
73503		X-RAY EXAM HIP UNI 4/> VIEWS	44.42	44.42
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	12.94	12.94
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	31.48	31.48
73521		X-RAY EXAM HIPS BI 2 VIEWS	34.36	34.36
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	10.46	10.46
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	23.90	23.90
73551		X-RAY EXAM OF FEMUR 1	23.91	23.91
73551	26	X-RAY EXAM OF FEMUR 1	7.59	7.59
73551	TC	X-RAY EXAM OF FEMUR 1	16.32	16.32
73552		X-RAY EXAM OF FEMUR 2/>	27.90	27.90
73552	26	X-RAY EXAM OF FEMUR 2/>	8.54	8.54
73552	TC	X-RAY EXAM OF FEMUR 2/>	19.35	19.35
78265		GASTRIC EMPTYING IMAG STUDY	353.43	353.43
78265	26	GASTRIC EMPTYING IMAG STUDY	43.51	43.51
78265	TC	GASTRIC EMPTYING IMAG STUDY	309.92	309.92
78266		GASTRIC EMPTYING IMAG STUDY	419.10	419.10
78266	26	GASTRIC EMPTYING IMAG STUDY	48.24	48.24
78266	TC	GASTRIC EMPTYING IMAG STUDY	370.87	370.87
78267		UREA BREATH TEST, C-14 (ISOTOPIC); ACQUI	9.97	9.97
78268		UREA BREATH TEST, C-14; ANALYSIS	85.44	85.44
78456		ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	267.59	267.59
78456	26	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	44.34	44.34

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78456	TC	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	223.25	223.25
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	9.93	9.93
80048		BASIC METABOLIC PANEL	9.99	9.99
80050		GENERAL HEALTH SCREEN PANEL	11.27	11.50
80051		ELECTROLYTE PANEL	8.59	8.59
80053		COMPREHENSIVE METABOLIC PANEL	10.53	10.53
80055		OBSTETRIC PANEL	28.10	28.10
80061		LIPID PROFILE	16.70	16.70
80069		RENAL FUNCTION PANEL	9.99	9.99
80074		ACUTE HEPATITIS PANEL	58.07	58.07
80076		HEPATIC FUNCTION PANEL	9.99	9.99
80150		AMIKACIN	18.78	18.78
80155		DRUG ASSAY CAFFEINE	17.21	17.21
80156		CARBAMAZEPINE; TOTAL	18.14	18.14
80157		CARBAMAZEPINE; FREE	16.51	16.51
80158		DRUG ASSAY CYCLOSPORINE	22.50	22.50
80159		DRUG ASSAY CLOZAPINE	22.50	22.50
80162		ASSAY OF DIGOXIN TOTAL	16.54	16.54
80163		ASSAY OF DIGOXIN FREE	16.44	16.44
80164		ASSAY DIPROPYLACETIC ACD TOT	16.70	16.70
80165		DIPROPYLACETIC ACID FREE	16.58	16.58
80168		ETHOSUXIMIDE	20.36	20.36
80169		DRUG ASSAY EVEROLIMUS	16.70	16.70
80170		GENTAMICIN	4.31	4.31
80171		DRUG SCREEN QUANT GABAPENTIN	16.13	16.13
80173		HALOPERIDOL	18.14	18.14
80175		DRUG SCREEN QUAN LAMOTRIGINE	16.13	16.13
80176		LIDOCAINE	18.30	18.30
80177		DRUG SCR N QUAN LEVETIRACETAM	16.13	16.13
80178		LITHIUM	8.24	8.24

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80180		DRUG SCR N QUAN MYCOPHENOLATE	21.97	21.97
80183		DRUG SCR N QUANT OXCARBAZEPIN	16.13	16.13
80184		PHENOBARBITAL	14.28	14.28
80185		PHENTOIN: TOTAL	16.51	16.51
80186		PHENTOIN; FREE	17.15	17.15
80188		PRIMIDONE	20.30	20.30
80190		PROCAINAMIDE	20.87	20.87
80192		PROCAINAMIDE: WITH ANTIBODIES	20.87	20.87
80194		QUINIDINE	18.18	18.18
80195		SIROLIMUS	17.09	17.09
80197		TACROLIMUS	17.09	17.09
80198		THEOPHYLLINE	17.63	17.63
80199		DRUG SCREEN QUANT TIAGABINE	21.97	21.97
80200		TOBRAMYCIN	20.08	20.08
80201		TOPIRAMATE	14.86	14.86
80202		VANCOMYCIN	16.70	16.70
80203		DRUG SCREEN QUANT ZONISAMIDE	16.13	16.13
80299		QUANTITATIVE ASSAY DRUG	17.06	17.06
80400		ACTH STIMULATION PANEL;	40.63	40.63
80402		ACTH STIMULATION PANEL;	108.32	108.32
80406		ACTH STIMULATION PANEL;	97.51	97.51
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL	156.37	156.37
80410		CALCITONIN STIMULATION PANEL (EG, CALCIU	100.09	100.09
80412		CORTICOTROPIC RELEASING HORMONE (CRH) ST	410.68	410.68
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUA	719.64	719.64
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	89.75	89.75
80422		GLUCAGON TOLERANCE PANEL;	57.42	57.42
80424		GLUCAGON TOLERANCE PANEL;	62.93	62.93
80428		GROWTH HORMONE STIMULATION PANEL (EG, AR	83.08	83.08
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOS	97.75	97.75

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80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PA	137.68	137.68
80434		INSULIN TOLERANCE PANEL;	126.01	126.01
80435		INSULIN TOLERANCE PANEL;	128.28	128.28
80436		METYRAPONE PANEL	113.58	113.58
80438		THYROTROPIN RELEASING HORMONE (TRH) STIM	60.92	60.92
80439		THYROTROPIN RELEASING HORMONE (TRH) STIM	81.22	81.22
80500		CLINICAL PATHOLOGY CONSULTATION; LIMITED	14.9	16.88
80502		CLINICAL PATHOLOGY CONSULTATION; COMPREH	51.87	53.00
80502	26	CLINICAL PATHOLOGY CONSULTATION; COMPREH	39.6	40.32
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	3.95	3.95
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	3.95	3.95
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	3.19	3.19
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	2.80	2.80
81005		URINE TESTS	2.70	2.70
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	3.20	3.20
81015		MICROSCOPIC URINE EXAM	3.78	3.78
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	4.60	4.60
81025		UA PREG. TEST - COLOR COMPARISON METHOD	7.88	7.88
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	3.73	3.73
81220		cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic	***	***
81221		cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic	***	***
81222		cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic	***	***
81223		cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic	***	***
81228		cytogenomic constitutional (genome-wide) microarray analysis; interrogation of	***	***
81229		cytogenomic constitutional (genome-wide) microarray analysis; interrogation of	***	***
81240		F2 (PROTHROMBIN, COAGULATION FACTOR II)	61.00	61.00
81241		F5 (COAGULATION FACTOR V) (EG, HEREDITAR	75.75	75.75
81243		fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene	***	***
81244		fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene	***	***
81256		HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HE	81.03	81.03

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81331		snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin	***	***
81507		dna analysis using maternal plasma	***	***
82009		ANALYSIS FOR ACETONE OR KETONE BODIES TO	5.63	5.63
82010		ACETONE OR KETONE BODIES LEVEL	10.18	10.18
82013		ACETYLCHOLINESTERASE	13.93	13.93
82016		ACYLCARNITINES; QUALITATIVE, EACH SPECIM	17.28	17.28
82017		ACYLCARNITINES; QUANTITATIVE, EACH SPECI	21.02	21.02
82024		ACTH	48.13	48.13
82030		ADENOSINE; 5' MONOPHOSPHATE, CYCLIC (CYCLIC	32.15	32.15
82040		ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	6.17	6.17
82042		ALBUMIN; URINE OR OTHER SOURCE, QUANTITA	6.45	6.45
82043		ALBUMIN; URINE, MICR, QUANTITATIVE	7.21	7.21
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	3.57	3.57
82045		ALBUMIN; ISCHEMIA MODIFIED	42.30	42.30
82075		ALCOHOL BREATH	15.01	15.01
82085		ALDOLASE	12.09	12.09
82088		ALDOSTERONE	50.78	50.78
82103		ALPHA-1-ANTITRYPSIN; TOTAL	16.74	16.74
82104		ALPHA-1-ANTITRYPSIN; PHENOTYPE	18.01	18.01
82105		ALPHA-FETOPROTEIN SERUM	20.90	20.90
82106		ALPHA-FETOPROTEIN; AMNIOTIC FLUID	20.90	20.90
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION	80.25	80.25
82108		ALUMINUM	31.75	31.75
82120		AMINES, VAGINAL FLUID, QUALITATIVE	4.68	4.68
82127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH S	17.28	17.28
82128		AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH	17.28	17.28
82131		AMINO ACIDS; SINGLE, QUANTITATIVE, EACH	21.02	21.02
82135		AMINOLEVULINIC ACID DELTA	20.51	20.51
82136		AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTIT	21.02	21.02
82139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUAN	21.02	21.02

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82140		AMMONIA	18.16	18.16
82143		AMNIOTIC FLUID SCAN	8.58	8.58
82150		AMYLASE	8.08	8.08
82154		ANDROSTANEDIOL GLUCURONIDE	35.93	35.93
82157		ANDROSTENEDIONE	36.48	36.48
82160		ANDROSTERONE	31.16	31.16
82163		ANGIOTENSIN II	25.58	25.58
82164		ANGIOTENSIN I (ACE)	18.18	18.18
82172		APOLIPOPROTEIN, EACH	19.31	19.31
82175		ARSENIC	23.64	23.64
82180		ASCORBIC ACID	12.32	12.32
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH	18.58	18.58
82232		BETA-2 MICROGLOBULIN	20.17	20.17
82239		BILE ACIDS; TOTAL	20.30	20.30
82240		BILE ACIDS; CHOLYLGLYCINE	20.30	20.30
82247		BILIRUBIN; TOTAL	6.26	6.26
82248		BILIRUBIN; DIRECT	6.26	6.26
82252		BILIRUBIN FECES QUALITATIVE	5.66	5.66
82261		BIOTINIDASE, EACH SPECIMEN	21.02	21.02
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.05	4.05
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.05	4.05
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	4.05	4.05
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	19.82	19.82
82286		BRADYKININ	8.58	8.58
82300		CADMIUM	28.83	28.83
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	36.89	36.89
82308		CALCITONIN	33.36	33.36
82310		CALCIUM; TOTAL	6.42	6.42
82330		CALCIUM; IONIZED	17.02	17.02
82331		CALCIUM AFTER CALCIUM INFUSION TEST	6.45	6.45

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82340		CALCIUM URINE QUANTITATIVE TIMED SPECIME	6.49	6.49
82355		CALCULUS; QUALITATIVE ANALYSIS	14.42	14.42
82360		CALCULUS QUANTITATIVE CHEMICAL	16.04	16.04
82365		CALCULUS QUANTITATIVE INFRARED SPECTROSC	16.06	16.06
82370		CALCULUS QUANTITATIVE X-RAY DEFRACTION	15.61	15.61
82373		CARBOHYDRATE DEFICIENT TRANSFERRIN	22.50	22.50
82374		CARBON DIOXIDE	6.10	6.10
82375		LABORATORY SERVICES, ANALYSIS	13.79	13.79
82376		CARBON DIOX COMB PARCARB MUNO QUALITATI	7.47	7.47
82378		CARCINOEMBRYONIC ANTIGEN (CEA)	23.64	23.64
82379		CARNITINE (TOTAL AND FREE), QUANTITATIVE	21.02	21.02
82380		CAROTENE	11.50	11.50
82382		CATECHOLAMINES; TOTAL URINE	21.42	21.42
82383		CATECHOLAMINES BLOOD	31.22	31.22
82384		CATECHOLAMINES FRACTIONATED	31.46	31.46
82387		CATHEPSIN-D	17.28	17.28
82390		CERULOPLASMIN	13.39	13.39
82397		CHEMILUMINESCENT ASSAY	17.28	17.28
82415		CHLORAMPHENICOL	15.79	15.79
82435		CHLORIDE, SERUM	5.72	5.72
82436		CHLORIDE, URINE	6.26	6.26
82438		CHLORIDE; OTHER SOURCE	6.10	6.10
82441		CHLORINATRD HYDROCARBONNS SCREEN	7.48	7.48
82465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	5.42	5.42
82480		CHOLINESTERASE	7.16	7.16
82482		CHOLINESTERASE	5.73	5.73
82485		CHONDRUITINE B SULFATE QUANTITATIVE	25.73	25.73
82495		CHROMIUM	25.27	25.27
82507		CITRIC ACID	34.64	34.64
82523		COLLAGEN CROSS LINKS, ANY METHOD	18.27	18.27

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82525		COPPER	15.46	15.46
82528		CORTICOSTERONE	28.05	28.05
82530		CORTISOL; FREE	20.83	20.83
82533		CORTISOL; TOTAL	20.32	20.32
82540		CREATINE	5.78	5.78
82542		COL CHROMOTOGRAPHY QUAL/QUAN	22.50	22.50
82550		CREATINE KINASE (CK), (CPK); TOTAL	8.11	8.11
82552		CPK ISOENZYME (QUALITATIVE)	16.69	16.69
82553		CPK; MB FRACTION ONLY	14.39	14.39
82554		CPK; ISOFORMS	14.79	14.79
82565		CREATININE; BLOOD	6.39	6.39
82570		CREATININE; OTHER SOURCE	6.45	6.45
82575		CREATININE CLEARANCE	11.77	11.77
82585		CRYOFIBRINOGEN	10.68	10.68
82595		CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTI	8.07	8.07
82600		CYANIDE	24.18	24.18
82607		CYANOCOBALAMIN (VITAMIN B-12)	18.78	18.78
82608		CYANOCOBALAMIN UNSATURATED BINDING CAPAC	17.85	17.85
82610		CYSTATIN C	16.94	16.94
82615		CYSTINE	10.17	10.17
82626		DEHYDROEPIANDROSTERONE (DHEA)	31.49	31.49
82627		DHEA-S	27.70	27.70
82633		DEOXYCORTICOSTERONE	38.59	38.59
82634		DEOXYCORTISOL, 11-	36.48	36.48
82638		DIBUCAINE NUMBER	15.26	15.26
82652		DIHYDROXYVITAMIN D	47.96	47.96
82656		ELASTASE, PANCREATIC (EL-1), FECAL, QUAL	14.28	14.28
82657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED	22.50	22.50
82658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED	22.50	22.50
82664		ELECTROPHORETIC TECH	42.81	42.81

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82668		ERYTHROPOIETIN	23.42	23.42
82670		ESTRADIOL	29.67	29.67
82671		ESTROGENS FRACTIONATED BLOOD	40.25	40.25
82672		ESTROGENS TOTAL BLOOD	27.02	27.02
82677		ESTRIOL	30.14	30.14
82679		ESTRONE	31.11	31.11
82693		ETHYLENE GLYCOL	17.29	17.29
82696		ETIOCHOLANOLONE	29.38	29.38
82705		FECAL FAT SCREEN	6.34	6.34
82710		FAT OR LIPIDS, FECES; QUANTITATIVE	20.93	20.93
82715		FECAL FAT	21.45	21.45
82725		FATTY ACIDS, NONESTERIFIED	16.59	16.59
82726		VERY LONG CHAIN FATTY ACIDS	22.50	22.50
82728		FERRITIN SPECIFY METHOD	16.97	16.97
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRET	80.25	80.25
82735		FLUORIDE	23.11	23.11
82746		FOLIC ACID	18.32	18.32
82747		FOLIC ACID; RBC	18.78	18.78
82757		FRUCTOSE SEMEN	21.62	21.62
82759		GALACTORINASE RBC	26.76	26.76
82760		GALACTOSE	13.95	13.95
82775		GALACTOSE-1-PHOSDHATE URIDYL TRANSFERASE	26.24	26.24
82776		GALACTOSE 1 PHOSPHATE URIDYL TRANSFERASE	10.45	10.45
82784		GAMMA GLOBULIN	11.58	11.58
82785		GAMMAGLOBULIN; IGE	20.52	20.52
82787		GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES	9.99	9.99
82800		OXYGEN SATURATION PH ONLY	8.00	8.00
82803		GASES, BLOOD, ANY COMBINATION OF PH, PCO	24.12	24.12
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO	35.36	35.36
82810		GASES, BLOOD, O2 SATURATION ONLY, BY DIR	10.88	10.88

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82820		HEMOGLOBIN - OXYGEN AFFINITY	12.45	12.45
82930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PE	6.84	6.84
82938		GASTRIN AFTER SECRETIN STIMULATION	22.05	22.05
82941		GASTRIN	21.97	21.97
82943		GLUCAGON	17.81	17.81
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	4.89	4.89
82946		GLUCAGON TOLERANCE TEST	18.78	18.78
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	4.89	4.89
82948		GLUCOSE BLOOD STICK TEST	3.95	3.95
82950		GLUCOSE POST GLUCOSE DOSE	5.92	5.92
82951		GLUCOSE TOLERANCE	16.04	16.04
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	4.89	4.89
82955		GLUCOSE 6 PHOSPHATE DEHYDROGENASE	5.80	5.80
82960		GLUCOSE 6 PHOSPHATE DEHYDROGENASE SCREEN	7.56	7.56
82962		BLOOD GLUCOSE BY MONITORING DEVICE	2.92	2.92
82963		GLUCOSIDASE BETA	26.76	26.76
82965		GLUTAMATE DEHYDROGENASE	9.63	9.63
82977		G G T	8.97	8.97
82978		GLUTATIONE LEVEL AND STABILITY	17.76	17.76
82979		GLUTATHIONE REDUCTASE RBC	8.58	8.58
82985		GLYCATED PROTEIN	18.78	18.78
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	23.16	23.16
83002		LUTEINIZING HORMONE (LH)	23.08	23.08
83003		GROWTH STIMULATING HORMONE	20.77	20.77
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	83.93	83.93
83010		HAPTOGLOBIN	15.68	15.68
83012		HAPTOGLOBIN PHENOTYPES ELECTROPHORESIS	21.42	21.42
83013		HELICOBACTER PYLORI; BREATH TEST ANALYSI	83.93	83.93
83014		HELICOBACTER PYLORI; DRUG ADMINISTRATION	9.79	9.79
83015		HEAVY METAL SCREEN	23.46	23.46

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83018		HEAVY METAL; QUANTITATIVE, EACH	27.36	27.36
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	15.66	15.66
83020	26	HEMOGLOBIN FRACTIONATION AND QUANTITATIO	15.17	15.17
83021		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	22.50	22.50
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	2.94	2.94
83030		HEMOGLOBIN F(FETAL) CHEMICAL	10.31	10.31
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	7.43	7.43
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	12.09	12.09
83045		METHEMOGLOBIN	6.18	6.18
83050		METHEMOGLOBIN QUANTITATIVE	9.12	9.12
83051		METHEMOGLOBIN PLASMA	9.10	9.10
83060		SULFHEMOGLOBIN QUANTITATIVE	10.31	10.31
83065		HEMOGLOBIN THERMOLABILE	8.58	8.58
83068		HEMOGLOBIN UNSTABLESCREEN	3.59	3.59
83069		HEMOGLOBIN URINE	4.91	4.91
83070		HEMOSIDERIN	0.69	0.69
83080		B-HEXOSAMINIDASE, EACH ASSAY	21.02	21.02
83088		HISTAMINE	36.80	36.80
83090		HOMOCYSTINE	21.02	21.02
83150		HOMOVANILLIC ACID (HVA)	24.12	24.12
83491		HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	21.82	21.82
83497		5 HIAA QUALITATIVE	16.06	16.06
83498		HYDROXYPROGESTERONE, 17-D	33.84	33.84
83499		HYDROXYPROGESTERONE 20	31.41	31.41
83500		HYDROXYPROLINE FREE	28.22	28.22
83505		HYDROXYPROLINE TOTAL	30.28	30.28
83516		IMMUNOASSAY FOR ANALYTE OTHER THAN INFEC	14.28	14.28
83518		IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIB	9.53	9.53
83519		IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY R	16.84	16.84
83520		IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECI	16.13	16.13

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83525		INSULIN; TOTAL	14.25	14.25
83527		INSULIN;	15.77	15.77
83528		INTRINSCIC FACTOR LEVEL	19.82	19.82
83540		IRON	8.08	8.08
83550		IBC	10.89	10.89
83570		IDH	11.03	11.03
83582		KETOGENIC STEROIDS; FRACTIONATION	17.66	17.66
83586		KETOSTEROIDS, 17- (17-KS); TOTAL	15.95	15.95
83593		KETOSTEROIDS, 17- (17-KS); FRACTIONATION	32.77	32.77
83605		LACTATES	13.31	13.31
83615		LACTATE DEHYDROGENASE (LD), (LDH)	7.53	7.53
83625		LDH ISOENZYMES	11.59	11.59
83630		LACTOFERRIN, FECAL; QUALITATIVE	25.56	25.56
83632		LACTOGEN, HUMAN PLACENTAL (HPL)	25.19	25.19
83633		LACTOSE URINE QUALITAITIVE	6.86	6.86
83655		LEAD	15.08	15.08
83661		FETAL LUNG MATURITY ASSESSMENT; LECITHIN	27.39	27.39
83662		L/S RATIO	23.57	23.57
83663		FETAL LUNG MATURITY ASSESSMENT; FLUORESC	23.57	23.57
83664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR	23.57	23.57
83670		LEUCINE AMINOPEPTIDASE (LAP)	11.42	11.42
83690		LIPASE	8.58	8.58
83695		LIPOPROTEIN (A)	16.13	16.13
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	14.02	14.02
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	30.93	30.93
83704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPO	34.68	34.68
83718		LIPOPROTEIN, DIRECT MEASUREMENT; (HDL CH	10.20	10.20
83719		LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT	14.50	14.50
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	11.89	11.89
83727		LUTEINIZING RELEASING FACTOR (LRH)	21.42	21.42

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83735		MAGNESIUM	8.35	8.35
83775		MALATE DEHYDROGENASE	9.18	9.18
83785		MANGANESE BLOOD OR URINE	30.64	30.64
83789		MASS SPECTROMETRY QUAL/QUAN	22.50	22.50
83825		MERCURY, QUANTITATIVE	20.27	20.27
83835		METHANEPHRINES	21.11	21.11
83857		METHEMALBUMIN	13.39	13.39
83861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEG	5.17	5.17
83864		MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	24.81	24.81
83872		MUCIN SYNOVIAL FLUID	7.30	7.30
83873		MYELIN BASIC PROTEIN, CEREBROSPINAL FLUI	21.44	21.44
83874		MYOGLOBIN	16.09	16.09
83876		MYELOPEROXIDASE (MPO)	16.87	16.87
83880		NATRIURETIC PEPTIDE	42.30	42.30
83883		NEPHELOMETRY, EACH ANALYTE	16.94	16.94
83885		NICKEL	30.53	30.53
83915		5 NUCLEOTIDASE	13.90	13.90
83916		OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	25.05	25.05
83918		ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH	20.51	20.51
83919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIME	20.51	20.51
83921		ORGANIC ACID, SINGLE, QUANTITATIVE	20.51	20.51
83930		OSMOLALITY BLOOD	8.24	8.24
83935		OSMOLALITY	8.49	8.49
83937		OSTEOCALCIN (BONE G1A PROTEIN)	35.48	35.48
83945		OXALATE	16.04	16.04
83950		ONCOPROTEIN, HER-2/NEU	80.25	80.25
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	83.87	83.87
83970		PARATHORMONE	51.43	51.43
83986		PH BODY FLUID EXCEPT BLOOD	4.46	4.46
83993		CALPROTECTIN, FECAL	24.45	24.45

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84030		PHENYLALANINE (PKU), BLOOD	6.86	6.86
84035		PHENYLKETONES, QUALITATIVE	4.56	4.56
84060		PHOSPHATASE ACID	9.20	9.20
84061		PHOSPHATASE ACID; FORENSIC EXAM	9.86	9.86
84066		PHOSPHATASE ACID; PROSTATIC	12.04	12.04
84075		PHOSPHATASE ALKALINE	6.45	6.45
84078		PHOSPHATASE ALKALINE BLOOD HEAT STABLE	9.09	9.09
84080		ALKALINE PHOSPHATASE ISOENZYME	18.42	18.42
84081		PHOSPHATYDYLGLYCEROL	20.59	20.59
84085		PHOSPHOGLUCONAT6 6-DEHYDROGENASE RBC	8.40	8.40
84087		PHOSPHOHEXOSE ISOMERASE	12.86	12.86
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	5.91	5.91
84105		PHOSPHORUS (PHOSPHATE) URINE	6.45	6.45
84106		PORPHOBILINOGEN	5.34	5.34
84110		PORPHOBILINOGEN URINE QUANTITATIVE	10.53	10.53
84112		PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1)	80.83	80.83
84119		PORPHYRINS QUALITATIVE	10.73	10.73
84120		PORPHYRINS, URINE; QUANTITATION AND FRAC	18.33	18.33
84126		PROPHYRINS FECES QUANITATIVE	31.74	31.74
84132		POTASSIUM SERUM	5.72	5.72
84133		POTASSIUM URINE	5.36	5.36
84134		PREALBUMIN	18.18	18.18
84135		PREGNANEDIOL	23.83	23.83
84138		PREGNANETRIOL	23.60	23.60
84140		PREGNENOLONE	24.94	24.94
84143		17-HYDROXPREGNENOLONE	28.44	28.44
84144		PROGESTERONE	26.00	26.00
84145		PROCALCITONIN (PCT)	24.75	24.75
84146		PROLACTIN	24.15	24.15
84150		PROSTAGLANDIN, EACH	31.11	31.11

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84152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEX	22.92	22.92
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	22.92	22.92
84154		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	22.92	22.92
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	4.57	4.57
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	4.57	4.57
84157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	4.57	4.57
84160		PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SO	6.45	6.45
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (P	10.90	10.90
84165		PROTEIN; ELECTROPHORETIC FRACTIONATION A	13.33	13.33
84165	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	14.90	14.90
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION A	22.23	22.23
84166	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	14.90	14.90
84181		PROTEIN; WESTERN BLOT, W REPORT & INTERP	14.65	14.65
84181	26	PROTEIN; WESTERN BLOT, W REPORT & INTERP	14.90	14.90
84182		PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	14.65	14.65
84182	26	PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	15.37	15.37
84202		PROTOPORPHYRIN RBC QUANTITATIVE	17.89	17.89
84203		PROTOPORPHYRIN RBC SCREEN	10.73	10.73
84206		PROINSULIN	22.20	22.20
84207		PYRIDOXINE VITAMINE B-6	35.01	35.01
84210		PYRUVATE	13.52	13.52
84220		PYRUVATE KINASE	11.75	11.75
84228		QUININE	14.50	14.50
84233		RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	80.25	80.25
84234		RECEPTOR ASSAY PROGESTERONE	80.83	80.83
84235		RECEPTOR ASSAY ENDOCRINE NOT ESTROGEN OR	65.21	65.21
84238		RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY R	45.56	45.56
84244		RENIN	27.40	27.40
84252		RIBOFLAVIN	25.22	25.22
84255		SELENIUM	31.81	31.81

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84260		SEROTONIN	20.30	20.30
84270		SHBG	27.08	27.08
84275		SIALIC ACID	16.74	16.74
84285		SILICA	29.34	29.34
84295		SODIUM BLOOD	6.00	6.00
84300		SODIUM URINE	6.06	6.06
84302		SODIUM; OTHER SOURCE	6.06	6.06
84305		SOMATOMEDIN	17.28	17.28
84307		SOMATOSTATIN	17.28	17.28
84311		SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	8.71	8.71
84315		SPECIFIC GRAVITY CEXCE PT URINE	3.13	3.13
84375		SUGAR CHOMATOGRAPHIC TLC/PAPER CHOMATOGA	24.42	24.42
84376		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	6.86	6.86
84377		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	6.86	6.86
84378		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	14.36	14.36
84379		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	14.36	14.36
84392		SULFATE, URINE	5.92	5.92
84402		TESTOSTERONE; FREE	31.72	31.72
84403		TESTOSTERONE; TOTAL	32.17	32.17
84425		THIAMINE	26.46	26.46
84430		THIOCYANATE	7.18	7.18
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	16.53	16.53
84432		THYROGLOBULIN	20.01	20.01
84436		THYROXINE; TOTAL	7.18	7.18
84437		THYROXINE; REQUIRING ELUTION (EG, NEONAT	8.07	8.07
84439		THYROXINE; FREE	11.24	11.24
84442		TBG BY RIA	18.42	18.42
84443		TSH	20.31	20.31
84445		THYROID STIMULATING IMMUNE GLOBULINS (TS	63.37	63.37
84446		VITAMIN E	17.67	17.67

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84449		TRANSCORTIN (CORTISOL BINDING GLOBULIN)	22.43	22.43
84450		TRANSFERASE; ASPARTATE AMINO (AST) (SGOT	6.44	6.44
84460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	6.60	6.60
84466		TRANSFERRIN	15.91	15.91
84478		TRIGLYCERIDES	7.17	7.17
84479		THYROID HORMONE (T3 OR T4) UPTAKE OR THY	7.43	7.43
84480		TRIIODOTHYRONINE T3; TOTAL (TT-3)	17.67	17.67
84481		TRIDOTHYRONINE (T-3); FREE	21.11	21.11
84482		T-3; REVERSE	19.64	19.64
84484		TROPONIN, QUANTITATIVE	12.26	12.26
84485		TRYPSIN DUODENAL FLUID	9.36	9.36
84488		TRYPSIN; FECES, QUALITATIVE	9.09	9.09
84490		TRYPSIN FECES QUANTITATIVE	9.48	9.48
84510		TYROSINE	12.96	12.96
84512		TROPONIN, QUALITATIVE	7.75	7.75
84520		UREA NITROGEN; QUANTITATIVE	4.91	4.91
84525		UREA NITROGEN; SEMIQUANTITATIVE (EG, REA	4.68	4.68
84540		LABORATORY SERVICES, ANALYSIS	5.92	5.92
84545		UREA CLEARANCE	7.18	7.18
84550		URIC ACID; BLOOD	5.63	5.63
84560		URIC ACID; OTHER SOURCE	5.92	5.92
84577		FECAL UROBILINOGEN QUANTITATIVE	15.54	15.54
84578		UROBILINOGEN QUALITATIVE	2.92	2.92
84580		UROBILINOGEN URINE QUANTITATIVE	8.85	8.85
84583		UROBILINOGEN URINE SEMIQUANTITATIVE	6.26	6.26
84585		UMA	19.32	19.32
84586		VASOACTIVE INTESTINAL PEPTIDE (VIP)	19.91	19.91
84588		VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	42.30	42.30
84590		VITAMIN A	14.45	14.45
84597		VITAMIN K	17.08	17.08

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84600		VOLATILES	17.35	17.35
84620		D-XYLOSE TOLERANCE	14.76	14.76
84630		ZINC	14.19	14.19
84681		C-PEPTIDE ANY METHOD	19.80	19.80
84702		GONADOTROPIN CHORIONIC QUANTITATIVE	10.90	10.90
84703		GONADOTROPIN CHORIONIC QUALITATIVE	9.36	9.36
84704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA	10.90	10.90
85002		BLEEDING TIME	5.61	5.61
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	8.07	8.07
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	4.29	4.29
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	4.29	4.29
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	4.63	4.63
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	2.95	2.95
85014		BLOOD COUNT; HEMATOCRIT (HCT)	2.95	2.95
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	2.95	2.95
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (9.68	9.68
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (8.07	8.07
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	5.36	5.36
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	3.74	3.74
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	5.36	5.36
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	4.99	4.99
85046		BLOOD COUNT; RETICULOCYTES, AUTOMATED, I	6.96	6.96
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.17	3.17
85049		BLOOD COUNT; PLATELET, AUTOMATED	5.58	5.58
85055		RETICULATED PLATELET ASSAY	33.36	33.36
85060		BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	18.38	18.38
85060	26	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	13.22	13.22
85097		BONE MARROW, SMEAR INTERPRETATION	38.26	69.07
85097	26	BONE MARROW, SMEAR INTERPRETATION	29.78	59.81
85130		CHROMOGENIC SUBSTRATE ASSAY	14.82	14.82

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85170		CLOT RETRACTION	4.51	4.51
85175		CLOT LYSIS TIME WHOLE BLOOD DILUTION	5.66	5.66
85210		CLOTTING FACTOR II PROTHROMBIN SPECIFIC	16.18	16.18
85220		CLOTTING FACTOR V LABILE FACTOR	21.99	21.99
85230		CLOTTING FACTOR VII	22.31	22.31
85240		CLOTTING FACTOR VIII ONE STAGE	22.31	22.31
85244		CLOTTING; FACTOR VIII RELATED ANTIGEN	25.44	25.44
85245		CLOTTING; FACTOR 8	28.59	28.59
85246		CLOTTING; FACTOR 8, VW FACTOR ANTIGEN	28.59	28.59
85247		CLOTTING; FACTOR 8, MULTIMETRIC ANALYSIS	28.59	28.59
85250		CLOTTING FACTOR IX	23.73	23.73
85260		CLOTTING FACTOR X	22.31	22.31
85270		CLOTTING FACTOR XI	22.31	22.31
85280		CLOTTING FACTOR XII	24.12	24.12
85290		CLOTTING FACTOR XIII	20.36	20.36
85291		CLOTTING FACTOR XIII FIBRIN STABILIZING	11.07	11.07
85292		CLOTTING; FACTOR II PREKALLIKREIN ASSAY	23.60	23.60
85293		CLOTTING; FACTOR II MOLECULAR WEIGHT ASS	23.60	23.60
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS AN	14.76	14.76
85301		CLOTTING INHIBITORS; ANTITHROMBIN III, A	13.48	13.48
85302		CLOTTING INHIBITORS OR ANTICOAGULANTS; P	14.98	14.98
85303		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN	17.23	17.23
85305		CLOTTING INHIBITORS OR ANTICOAGULANTS; P	14.45	14.45
85306		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN	17.81	17.81
85307		ACTIVATED PROTEIN C (APC) RESISTANCE ASS	17.81	17.81
85335		FACTOR INHIBITOR TEST	16.04	16.04
85337		THROMBOMODULIN	12.99	12.99
85345		COAGULATION TIME	5.36	5.36
85347		COAGULATION TIME OTHER METHODS	5.30	5.30
85348		COAGULATION TIME OTHER METHODS	4.64	4.64

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85360		EUGLOBULIN LYSIS	10.47	10.47
85362		FIBRIN DEGRADATION PRODUCTS	8.58	8.58
85370		FDP; QUANTITATIVE	11.48	11.48
85378		FIBRIN DEGRADATION PRODUCTS, D-DIMER; QU	8.89	8.89
85379		FDP, D-DIMER; QUANTITATIVE	11.48	11.48
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	11.48	11.48
85384		FIBRINOGEN; ACTIVITY	10.58	10.58
85385		FIBRINOGEN; ANTIGEN	10.58	10.58
85390		FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	6.44	6.44
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	15.17	15.17
85396		COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BL	15.47	15.47
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	29.88	29.88
85400		FIBRINOLYTIC MECHANISMS PLASMIN	11.03	11.03
85410		FIBRINOLYTIC MECHANISMS ANTIPLASMIN	9.60	9.60
85415		FIBRINOLYTIC FACTORS & INHIBITORS	21.42	21.42
85420		FIBRINOLYTIC MECHANISMS PLASMINOGEN	8.14	8.14
85421		PLASMINOGEN, ANTIGENIC ASSAY	12.69	12.69
85441		HEINZ BODIES DIRECT	5.24	5.24
85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZ	8.49	8.49
85460		HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATER	9.39	9.39
85461		HEMOGLOBIN FETAL	8.26	8.26
85475		HEMOLYSIN, ACID	9.39	9.39
85520		HEPARIN ASSAY	16.31	16.31
85525		HEPARIN NEUTRALIZATION	14.76	14.76
85530		HEPARIN-PROTAMINE TOLERANCE TEST	17.67	17.67
85536		IRON STAIN, PERIPHERAL BLOOD	8.07	8.07
85540		LEUKOCYTE ALKALINE PHOSPHATASE	10.72	10.72
85547		RBC FRAGILITY	5.11	5.11
85549		MURAMIDASE	23.37	23.37
85555		OSMOTIC FRAGILITY, RBC; UNINCUBATED	8.33	8.33

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85557		OSMOTIC FRAGILITY INCUBATED QUANTITATIVE	16.64	16.64
85576		PLATELET; AGGREGATION (IN VITRO), EACH A	26.76	26.76
85576	26	PLATELET; AGGREGATION (IN VITRO), EACH A	15.17	15.17
85597		PLATELET NEUTRALIZATION	22.40	22.40
85598		PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL P	22.56	22.56
85610		PROTHROMBIN TIME	4.90	4.90
85611		PROTHROMBIN TIME	4.91	4.91
85612		RUSSELL VIPER VENOM TIME (INCLUDES VENOM	11.93	11.93
85613		RUSSELL VIPOR VENOM TIME; DULUTED	11.93	11.93
85635		REPTILASE TEST	12.27	12.27
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUT	4.42	4.42
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	3.36	3.36
85660		SICKLING RBC REDUCTION SLIDE METHOD	6.88	6.88
85670		THROMBIN TIME PLASMA	7.19	7.19
85675		THROMBIN TIME TITER	8.55	8.55
85705		THROMBOPLASTIN INHIBITION; TISSUE	12.00	12.00
85730		PTT	7.48	7.48
85732		THROMBOPLASTIN TIME, PARTIAL (PTT); SUBS	8.07	8.07
85810		VISCOSITY	12.63	12.63
86000		AGGLUTINS FEBRILE EA	8.69	8.69
86001		ALLERGEN SPECIFIC IGG QUANTITATIVE OR SE	6.51	6.51
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR S	6.51	6.51
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULT	9.94	9.94
86021		ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBO	18.76	18.76
86022		ANTIBODY IDENTIFICATION PLATELET ANTIBOD	22.88	22.88
86023		ANTIBODY ID PLATELET ASSOCIATED IMMUNOGL	15.51	15.51
86038		ANTINUCLEAR ANTIBODIES (ANA);	15.06	15.06
86039		ANA; TITER	13.92	13.92
86060		ASO TITER	9.09	9.09
86063		ANTISTREPTOLYSIN SCREEN	7.19	7.19

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86077		BLOOD BANK SERVICES; EVALUATION OF IRREG	38.35	40.04
86077	26	BLOOD BANK SERVICES; EVALUATION OF IRREG	29.17	30.40
86078		BLOOD BANK IRREGULAR ANTIB INVESTIGATION	38.35	40.61
86078	26	BLOOD BANK IRREGULAR ANTIB INVESTIGATION	29.44	31.06
86079		BLOOD BANK AUTHORIZATION FOR DEVIATION S	38.63	40.89
86079	26	BLOOD BANK AUTHORIZATION FOR DEVIATION S	29.26	30.68
86140		CRP	6.45	6.45
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	16.13	16.13
86146		BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	18.08	18.08
86147		CARDIOLIPIN ANTIBODY EA IG	18.08	18.08
86148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) A	18.60	18.60
86155		CHEMOTHAXIS ASSAY SPECIFY METHOD	19.91	19.91
86156		COLD AGGLUTININ; SCREEN	8.00	8.00
86157		COLD AGGULTININ; TITER	8.00	8.00
86160		COMPLEMENT; ANTIGEN, EACH COMPONENT	14.96	14.96
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH	14.96	14.96
86162		COMPLEMENT TOTAL	25.31	25.31
86171		COMPLEMENT FIXATION TEST, EACH	12.49	12.49
86185		COUNTERIMMUNOELECTROPHORESIS, EACH ANTIG	11.15	11.15
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	16.13	16.13
86215		ASH TITER	16.50	16.50
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NA	17.12	17.12
86226		DNA ANTIBODY; SINGLE STRANDED	15.09	15.09
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	22.34	22.34
86243		FC RECEPTOR	25.58	25.58
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	15.01	15.01
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	15.17	15.17
86256		FLOURESCENT ANTIBODY TITER	15.01	15.01
86256	26	FLOURESCENT ANTIBODY TITER	15.17	15.17
86277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY	19.61	19.61

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86280		HEMAGGLUTINATION INHIBITON	10.20	10.20
86294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATI	24.44	24.44
86300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	25.92	25.92
86301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	25.92	25.92
86304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	25.92	25.92
86308		HETEROPHILE ANTIBODIES; SCREENING	6.45	6.45
86309		HETEROPHILE ANTIBODIES; TITER	8.07	8.07
86310		HETEROPHILE ABSORPTION	9.18	9.18
86316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANT	25.92	25.92
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	18.08	18.08
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	16.13	16.13
86320		IMMUNOELECTROPHORESIS; SERUM	27.93	27.93
86320	26	IMMUNOELECTROPHORESIS; SERUM	15.17	15.17
86325		IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	27.86	27.86
86325	26	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	14.90	14.90
86327		IMMUNOELECTROPHORESIS SERUM EACH SPECIME	28.27	28.27
86327	26	IMMUNOELECTROPHORESIS SERUM EACH SPECIME	17.46	17.46
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	17.49	17.49
86331		GEL DIFFUSION QUALITATIVE OUCHTERLONY	14.14	14.14
86332		IMMUNE COMPLEX ASSAY	30.37	30.37
86334		IMMUNOFIXATION ELECTROPHORESIS; SERUM	27.83	27.83
86334	26	IMMUNOFIXATION ELECTROPHORESIS; SERUM	15.17	15.17
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	36.56	36.56
86335	26	IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	14.90	14.90
86336		INHIBIN A	20.95	20.95
86337		INSULIN ANTIBODIES	26.69	26.69
86340		INTRINSIC FACTOR ANTIBODIES	18.78	18.78
86341		ISLET CELL ANTIBODY	16.74	16.74
86344		LEUKOCYTE PHAGOCYTOSIS	9.96	9.96
86353		LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYT	61.08	61.08

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86355		B CELLS, TOTAL COUNT	47.00	47.00
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (33.36	33.36
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	47.00	47.00
86359		T CELLS;	47.00	47.00
86360		T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INC	58.55	58.55
86361		T CELLS; ABSOLUTE CD4 COUNT	33.36	33.36
86367		STEM CELLS (IE, CD34), TOTAL COUNT	47.00	47.00
86376		MICROSOMAL ANTIBODIES (EG, THRYOID OR LI	17.27	17.27
86378		MIGRATION INHIBITORY FACTOR TEST	24.53	24.53
86382		NEUTRALIZATION TEST VIRAL	21.06	21.06
86384		NBT TEST	14.19	14.19
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	12.70	12.70
86406		PARTICLE AGGLUTINATION;	13.26	13.26
86430		RHEUMATOID FACTOR; QUALITATIVE	7.08	7.08
86431		RHEUMATOID FACTOR; QUANTITATIVE	7.08	7.08
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	77.22	77.22
86481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	77.78	77.78
86485		SKIN TEAT; CANDIDA	6.20	6.20
86486		SKIN TEST; UNLISTED ANTIGEN, EACH	3.78	3.78
86490		SENSITIVITY TEST COCCIDIOIDOMYCOSIS	5.19	5.19
86510		SENSITIVITY TEST HISTOPLASMOSIS	5.19	5.19
86580		SENSITIVITY TEST TUBERCULOSIS	5.48	5.48
86590		STREPTOKINASE ANTIBODY	13.74	13.74
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	5.31	5.31
86593		SYPHILLIS PRECIPITATION FLOCCULATION TES	5.50	5.50
86602		ANTIBODY; ACTINOMYCES	12.68	12.68
86603		ANTIBODY; ADENOVIRUS	15.89	15.89
86606		ANTIBODY; ASPIRGILLUS	15.89	15.89
86609		ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECI	15.89	15.89
86611		ANTIBODY; BARTONELLA	12.68	12.68

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86612		ANTIBODY; BLASTOMYCES	15.89	15.89
86615		ANTIBODY; BORDETELLA	16.43	16.43
86617		ANTIBODY;	14.75	14.75
86618		ANTIBODY; LYME DISEASE	18.08	18.08
86619		ANTIBODY; BORRELIA	16.67	16.67
86622		ANTIBODY; BRUCELLA	9.39	9.39
86625		ANTIBODY; CAMPYLOBACTOR	9.39	9.39
86628		ANTIBODY; CANDIDA	14.14	14.14
86631		ANTIBODY; CHLAMYDIA	14.73	14.73
86632		ANTIBODY; CHLAMIDA, IGM	15.82	15.82
86635		ANTIBODY, COCCIDIIOIDES	14.30	14.30
86638		ANTIBODY; Q FEVER	15.11	15.11
86641		ANTIBODY; CRYPTOCOCCUS	17.96	17.96
86644		ANTIBODY; CMV	17.90	17.90
86645		ANTIBODY; CMV, IGM	18.08	18.08
86648		ANTIBODY; DIPHTHERIA	18.08	18.08
86651		ANTIBODY; ENCEPHALITIS, CALIFORNIA	16.43	16.43
86652		ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	16.43	16.43
86653		ANTIBODY; ENCEPHALITIS ST, LOUIS	16.43	16.43
86654		ANTIBODY; ENCEPHALITIS WESTERN EQUINE	16.43	16.43
86658		ANTIBODY; ENTEROVIRUS	15.89	15.89
86663		ANTIBODY; EPSTEIN-BARR, EARLY ANTIGEN	16.35	16.35
86664		ANTIBODY; EPSTEIN-BARR, NUCLEAR ANTIGEN	18.08	18.08
86665		ANTIBODY; EPSTEIN-BARR VIRAL CAPSID	20.25	20.25
86666		ANTIBODY; EHRlichia	12.68	12.68
86668		ANTIBODY; FRACISELLA TULARENSIS	12.96	12.96
86671		ANTIBODY; FUNGUS	15.28	15.28
86674		ANTIBODY; GIARDIA LAMBLIA	18.08	18.08
86677		ANTIBODY; HELICOBACTER PYLOUI	18.08	18.08
86682		ANTIBODY; HELMINTH	16.20	16.20

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86684		ANTIBODY; HEMOPHILUS INFLUENZA	18.08	18.08
86687		HTLV-I ANTIBODY	10.46	10.46
86688		HTLV-II ANTIBODY	14.65	14.65
86689		HTLV/HIV CONFIRMJ ANTIBODY	24.13	24.13
86692		ANTOBODY; HEPATITIS, DELTA AGENT	18.08	18.08
86694		ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC	17.90	17.90
86695		ANTIBODY; HERPES SIMPLEX. TYPE I	16.43	16.43
86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	24.13	24.13
86698		ANTOBODY; HISTOPLASM	15.57	15.57
86701		ANTIBODY; HIV-1	11.06	11.06
86702		ANTIBODY; HIV-2	14.65	14.65
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	14.65	14.65
86704		HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	14.50	14.50
86705		HEPATITIS B CORE ANTIBODY (HBCAB); IGM A	14.66	14.66
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	13.39	13.39
86707		HEPATITIS BE ANTIBODY (HBEAB)	14.42	14.42
86708		HEPATITIS A ANTIBODY	15.44	15.44
86709		HEPATITIS A ANTIBODY (HAAB); IGM ANTIBOD	14.02	14.02
86710		ANTIBODY, INFLUENZA VIRUS	16.90	16.90
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	17.61	17.61
86713		ANTIBODY; LEGIONELLA	19.07	19.07
86717		ANTIBODY; LEISHMANIA	10.45	10.45
86720		ANTIBODY; LEPTOSPIRA	12.29	12.29
86723		ANTIBODY; LISTERIA MONOCYTOGENES	16.43	16.43
86727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	15.89	15.89
86729		ANTIBODY; LYMPHOGRANULOMA VENERUM	14.89	14.89
86732		ANTIBODY; MUCORMYCOSIS	16.43	16.43
86735		ANTIBODY; MUMPS	16.26	16.26
86738		ANTIBODY; MYCOPLASMA	16.50	16.50
86744		ANTIBODY; NOCARDIA	16.43	16.43

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86747		ANTIBODY; PARVOVIRUS	18.08	18.08
86750		ANTIBODY; MALARIA	16.43	16.43
86753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECI	10.45	10.45
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	16.06	16.06
86757		ANTIBODY; RICKETTSIA	24.13	24.13
86759		ANTIBODY; ROTAVIRUS	15.89	15.89
86762		ANTIBODY; RUBELLA	17.90	17.90
86765		ANTIBODY; RUBEOLA	16.05	16.05
86768		ANTIBODY; SALMONELLA	16.43	16.43
86771		ANTIBODY; SHIGELLA	16.43	16.43
86774		ANTIBODY; TETANUS	18.08	18.08
86777		ANTIBODY; TOXOPLASMA	17.90	17.90
86778		ANTIBODY; TOXOPLASMA, IGM	17.94	17.94
86780		TREPONEMA PALLIDUM	16.91	16.91
86784		ANTIBODY; TRICHINELLA	15.65	15.65
86787		ANTIBODY; VARICELLA-ZOSTER	16.05	16.05
86788		ANTIBODY; WEST NILE VIRUS, IGM	18.08	18.08
86789		ANTIBODY; WEST NILE VIRUS	17.90	17.90
86790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	16.05	16.05
86793		ANTIBODY; YERSINIA	16.43	16.43
86800		THYROGLOBULIN ANTIBODY	19.82	19.82
86803		HEPATITIS C ANTIBODY;	17.79	17.79
86804		HEPATITIS C ANTIBODY; CONFIRMATORY TEST	14.75	14.75
86805		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/	65.15	65.15
86806		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/O	59.30	59.30
86807		SERUM SCREENING FOR CYTOTOXIC PRA; STAND	49.30	49.30
86808		SERUM SCREENING FOR CYTOTOXIC PRA; QUICK	36.99	36.99
86812		TISSUE TYPING HLA TYPING A,B, OR C SINGL	32.15	32.15
86813		TISSUE TYPING HLA TYPING A,B, &/OR C MUL	72.26	72.26
86816		HLA TYPING; DR/DQ, SINGLE ANTIGEN	34.71	34.71

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86817		HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	80.21	80.21
86821		TISSUE TYPING LYMPNOCYTE CULTURE MIXED (70.34	70.34
86822		TISSUE TYPING LYMPHOCYTE CULTURE PRIMED	45.54	45.54
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	102.60	102.60
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	34.20	34.20
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	48.51	48.51
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	36.39	36.39
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	98.25	98.25
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	84.22	84.22
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	154.41	154.41
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	140.37	140.37
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	435.15	435.15
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	393.04	393.04
86850		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQ	14.51	14.51
86860		ANTIBODY ELUTION, EACH ELUTION	14.20	14.20
86870		ANTIBODY ID, EACH PANEL FOR EACH SERUM T	25.63	25.63
86880		COOMBS TEST; DIRECT, EACH ANTISERUM	6.69	6.69
86885		ANTI HUMAN GLOBULIN TEST INDIRECT, QUALIT	7.12	7.12
86886		COOMBS TEST, INDIRECT TITER, EACH ANTISE	6.45	6.45
86900		BLOOD TYPING SEROLOGIC ABO	3.71	3.71
86901		BLOOD TYPING SEROLOGIC RH(D)	3.71	3.71
86902		BLOOD TYPING; ANTIGEN TESTING OF DONOR B	4.80	4.80
86904		BLOOD TYPING; ANTIGEN SCREENING, PER UNI	11.84	11.84
86905		BLOOD TYPING; RBC ANTIGENS, EACH	4.76	4.76
86906		BLD TYPING SEROLOGIC RH PHNT	9.66	9.66
86940		HEMOLYSINS/AGGLUTININS, AUTO, SCREEN, EA	10.22	10.22
86941		HEMOLYSINS/ AGGLUTININS, EACH; INCUBATED	15.09	15.09
87003		ANIMAL INNOCULATION SMALL ANIMAL W/OBSER	20.97	20.97
87015		CONCENTRATION (ANY TYPE), FOR INFECTIOUS	8.32	8.32
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH	12.86	12.86

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87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	11.75	11.75
87046		CULTURE, BACTERIAL; STOOL, AEROBIC, ADDI	11.75	11.75
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	10.73	10.73
87071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBI	11.75	11.75
87073		CULTURE, BACTERIAL; QUANTITATIVE, ANAERO	11.75	11.75
87075		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT B	11.79	11.79
87076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, A	10.06	10.06
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	10.06	10.06
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	7.18	7.18
87084		CULTURE W COLONY ESTIMATION FROM DENSITY	10.73	10.73
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	10.05	10.05
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	10.08	10.08
87101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION	9.60	9.60
87102		CULTURE FUNGI ISOLATION OTHER SOURCE	10.47	10.47
87103		BLOOD CULTURE FOR FUNGI	11.24	11.24
87106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATIO	12.86	12.86
87107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATIO	12.86	12.86
87109		CULTURE MYCOPLASM ANY SOURCE	19.18	19.18
87110		CULTURE, CHLAMYDIA, ANY SOURCE	24.41	24.41
87116		CULTURE, TUBERCLE OR OTHER ACID-FAST BAC	13.47	13.47
87118		CULTURE, MYCOBACTERIAL, DEFINITIVE IDENT	13.63	13.63
87140		CULTURE, TYPING; IMMUNOFLUORESCENT METHO	6.95	6.95
87143		CULTURE, TYPING; GAS LIQUID CHROMATOGRAP	15.61	15.61
87147		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTH	6.45	6.45
87149		CULTURE, TYPING; IDENTIFICATION BY NUCLE	24.99	24.99
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	31.32	31.32
87152		CULTURE, TYPING; IDENTIFICATION BY PULSE	6.52	6.52
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	75.58	75.58
87158		CULTURE TYPING OTHER METHODS	6.52	6.52
87164		DARKFIELD EXAMINATION	7.89	7.89

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87164	26	DARKFIELD EXAMINATION	14.90	14.90
87166		DARK FIELD EXAM ANY SOURCE W/O COLLECTIO	14.07	14.07
87168		MACROSCOPIC EXAMINATION; ARTHROPOD	4.75	4.75
87169		MACROSCOPIC EXAMINATION; PARASITE	4.75	4.75
87172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	4.75	4.75
87176		HOMOGENIZATION, TISSUE, FOR CULTURE	7.33	7.33
87177		OVA AND PARASITES	11.08	11.08
87181		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	5.92	5.92
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	8.58	8.58
87185		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	5.92	5.92
87186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	10.77	10.77
87187		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	12.92	12.92
87188		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	8.27	8.27
87190		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	7.05	7.05
87197		SERUM BACTERICIDAL TITER	18.72	18.72
87205		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	5.31	5.31
87206		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	6.69	6.69
87207		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	7.47	7.47
87207	26	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	15.17	15.17
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	22.39	22.39
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	4.75	4.75
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	5.31	5.31
87230		TISSUE CULTURE LYMPHOCYTE	24.61	24.61
87250		VIRUS ISOLATION; INOCULATION OF EMBRYONA	20.30	20.30
87252		VIRUS ISOLATION; TISSUE CULTURE INOCULAT	20.30	20.30
87253		VIRUS ISOLATION; TISSUE CULTURE, ADDITIO	20.30	20.30
87254		VIRUS ISOLATION; CENTRIFUGE ENHANCED (SH	20.30	20.30
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	30.45	30.45
87260		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87265		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28

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87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87269		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87270		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87272		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87273		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87274		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87277		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87278		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87279		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87280		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87281		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87283		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87285		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87290		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	14.28	14.28
87299		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87300		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87301		ADENOVIRUS AG IA	14.28	14.28
87305		ASPERGILLUS AG IA	14.28	14.28
87320		CHYLMD TRACH AG IA	14.28	14.28
87324		CLOSTRIDIUM AG IA	14.28	14.28
87327		CRYPTOCOCCUS NEOFORM AG IA	14.28	14.28
87328		CRYPTOSPORIDIUM AG IA	14.28	14.28
87329		GIARDIA AG IA	14.28	14.28
87332		CYTOMEGALOVIRUS AG IA	14.28	14.28
87335		E COLI 0157 AG IA	14.28	14.28
87336		ENTAMOEB HIST DISPR AG IA	14.28	14.28
87337		ENTAMOEB HIST GROUP AG IA	14.28	14.28

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87338		HPYLORI STOOL IA	17.92	17.92
87339		H PYLORI AG IA	14.28	14.28
87340		HEPATITIS B SURFACE AG IA	11.59	11.59
87341		HEPATITIS B SURFACE AG IA	11.59	11.59
87350		HEPATITIS BE AG IA	13.79	13.79
87380		HEPATITIS DELTA AG IA	20.46	20.46
87385		HISTOPLASMA CAPSUL AG IA	14.28	14.28
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	29.92	29.92
87390		HIV-1 AG IA	21.98	21.98
87391		HIV-2 AG IA	21.98	21.98
87400		INFLUENZA A/B AG IA	14.28	14.28
87420		RESP SYNCYTIAL AG IA	14.28	14.28
87425		ROTAVIRUS AG IA	14.28	14.28
87427		SHIGA-LIKE TOXIN AG IA	14.28	14.28
87430		STREP A AG IA	14.28	14.28
87449		AG DETECT NOS IA MULT	14.28	14.28
87450		AG DETECT NOS IA SINGLE	9.53	9.53
87451		AG DETECT POLYVAL IA MULT	9.53	9.53
87470		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87471		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87472		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87475		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87476		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87477		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87481		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87482		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87485		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87486		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87487		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58

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87490		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87492		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	31.32	31.32
87495		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87496		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87497		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87498		DETECTION TEST FOR ENTEROVIRUS (INTESTIN	30.56	30.56
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87501		INFLUENZA DNA AMP PROB 1+	35.95	35.95
87502		INFLUENZA DNA AMP PROBE	66.72	66.72
87503		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	11.57	11.58
87505		INFECT AGENT DETECTION GI	88.67	88.67
87506		IADNA-DNA/RNA PROBE TQ 6-11	134.33	134.33
87507		IADNA-DNA/RNA PROBE TQ 12-25	248.48	248.48
87510		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87511		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87512		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87515		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87516		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87517		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87520		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87521		DETECTION TEST FOR; HEPATITIS C VIRUS	30.56	30.56
87522		DETECTION TEST FOR; HEPATITIS C VIRUS	40.58	40.58
87525		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87526		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87527		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87528		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87529		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87530		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58

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87531		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87532		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87533		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87534		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87535		DETECTION TEST FOR HIV-1 VIRUS	30.56	30.56
87536		DETECTION TEST FOR HIV-1 VIRUS	66.24	66.24
87537		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87538		DETECTION TEST FOR HIV-2 VIRUS	30.56	30.56
87539		DETECTION TEST FOR HIV-2 VIRUS	40.58	40.58
87540		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87541		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87542		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87550		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87551		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87552		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87555		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87556		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87557		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87560		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87561		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87562		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87580		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87581		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87582		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87590		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87592		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87623		HPV LOW-RISK TYPES	30.38	30.38
87624		HPV HIGH-RISK TYPES	30.38	30.38
87625		HPV TYPES 16 & 18 ONLY	30.38	30.38

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87631		RESP VIRUS 3-5 TARGETS	87.77	87.77
87632		RESP VIRUS 6-11 TARGETS	132.97	132.97
87633		RESP VIRUS 12-25 TARGETS	245.96	245.96
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87661		TRICHOMONAS VAGINALIS AMPLIF	29.84	29.84
87797		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	24.99	24.99
87798		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	30.56	30.56
87799		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	40.58	40.58
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	49.97	49.97
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	61.10	61.10
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87806		HIV ANTIGEN W/HIV ANTIBODIES	29.34	29.34
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	14.28	14.28
87810		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	14.28	14.28
87850		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	14.28	14.28
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	14.28	14.28
87899		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	14.28	14.28
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	101.49	101.49
87901		ANALYSIS TEST FOR HIV-1 VIRUS	97.26	97.26
87902		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NU	97.26	97.26

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87903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY N	339.12	339.12
87904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY N	20.30	20.30
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	16.59	16.59
87906		ANALYSIS TEST FOR HIV-1 VIRUS	48.98	48.98
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	95.67	95.67
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	95.67	95.67
88104		BODY FLUID CYTOLOGY	48.41	48.41
88104	26	BODY FLUID CYTOLOGY	22.59	22.59
88104	TC	BODY FLUID CYTOLOGY	25.82	25.82
88106		CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	60.00	60.00
88106	26	CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	22.59	22.59
88106	TC	CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	37.41	37.41
88108		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	56.89	56.89
88108	26	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	22.59	22.59
88108	TC	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	34.31	34.31
88112		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	81.20	81.20
88112	26	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	46.33	46.33
88112	TC	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	34.87	34.87
88120		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	370.06	370.06
88120	26	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	43.37	43.37
88120	TC	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	326.60	326.60
88121		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	312.54	312.54
88121	26	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	38.55	38.55
88121	TC	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	273.99	273.99
88125		CYTOPATHOLOGY FORENSIC	17.09	17.09
88125	26	CYTOPATHOLOGY FORENSIC	10.68	10.68
88125	TC	CYTOPATHOLOGY FORENSIC	6.41	6.41
88130		BUCCAL SMEAR	18.75	18.75
88130	26	BUCCAL SMEAR	19.71	19.71
88140		SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	9.96	9.96

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88140	26	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	10.05	10.05
88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	21.98	21.98
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	25.24	25.24
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	25.24	25.24
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	13.16	13.16
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	13.16	13.16
88150		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88152		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88155		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	7.47	7.47
88160		CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	40.92	40.92
88160	26	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	20.19	20.19
88160	TC	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	20.74	20.74
88161		CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	42.62	42.62
88161	26	CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	19.90	19.90
88161	TC	CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	22.72	22.72
88162		CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	61.78	61.78
88162	26	CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	30.87	30.87
88162	TC	CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	30.91	30.91
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	13.16	13.16
88172		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	41.72	41.72
88172	26	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	24.37	24.37
88172	TC	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	17.35	17.35
88173		EVALUATION OF FINE NEEDLE ASPIRATE INTER	105.73	105.73
88173	26	EVALUATION OF FINE NEEDLE ASPIRATE INTER	56.15	56.15
88173	TC	EVALUATION OF FINE NEEDLE ASPIRATE INTER	49.57	49.57

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88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	26.62	26.62
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	32.38	32.38
88177		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	22.85	22.85
88177	26	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	17.72	17.72
88177	TC	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	5.15	5.15
88182		FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	80.28	80.28
88182	26	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	29.19	29.19
88182	TC	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	51.08	51.08
88184		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	61.16	61.16
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	36.29	36.29
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 M	53.34	53.34
88188		FLOW CYTOMETRY, INTERPRETATION; 9 TO 15	65.68	65.68
88189		FLOW CYTOMETRY, INTERPRETATION; 16 OR MO	83.88	83.88
88230		TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	145.16	145.16
88230	26	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	118.75	118.75
88230	TC	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	38.98	38.98
88233		TISSUE CULTURE, SKIN	175.35	175.35
88233	26	TISSUE CULTURE, SKIN	143.63	143.63
88233	TC	TISSUE CULTURE, SKIN	47.29	47.29
88235		TISSUE CULTURE, PLACENTA	183.48	183.48
88235	26	TISSUE CULTURE, PLACENTA	150.33	150.33
88235	TC	TISSUE CULTURE, PLACENTA	49.51	49.51
88237		TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	157.38	157.38
88237	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	128.81	128.81
88237	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	42.35	42.35
88239		TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	183.82	183.82
88239	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	150.61	150.61
88239	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	49.61	49.61
88245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	185.47	185.47
88245	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	151.98	151.98

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88245	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	50.06	50.06
88248		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	215.78	215.78
88248	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	176.95	176.95
88248	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	58.39	58.39
88261		CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	220.22	220.22
88261	26	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	180.60	180.60
88261	TC	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	59.60	59.60
88262		CHROMOSOME ANALYSIS OPTION III	155.30	155.30
88262	26	CHROMOSOME ANALYSIS OPTION III	127.11	127.11
88262	TC	CHROMOSOME ANALYSIS OPTION III	41.77	41.77
88263		CHROMOSOME ANALYSIS	187.25	187.25
88263	26	CHROMOSOME ANALYSIS	153.44	153.44
88263	TC	CHROMOSOME ANALYSIS	50.55	50.55
88264		CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	155.30	155.30
88264	26	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	127.11	127.11
88264	TC	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	41.77	41.77
88267		CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	223.99	223.99
88267	26	CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	183.72	183.72
88267	TC	CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	60.64	60.64
88269		CHROMOSOME ANALYSIS AMNIONIC FLUID	207.24	207.24
88269	26	CHROMOSOME ANALYSIS AMNIONIC FLUID	169.91	169.91
88269	TC	CHROMOSOME ANALYSIS AMNIONIC FLUID	56.04	56.04
88271		MOLECULAR CYTOGENETICS; DNA PROBE, EACH	18.03	18.03
88271	26	MOLECULAR CYTOGENETICS; DNA PROBE, EACH	13.97	13.97
88271	TC	MOLECULAR CYTOGENETICS; DNA PROBE, EACH	4.06	4.06
88272		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	33.36	33.36
88272	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	26.61	26.61
88272	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	8.27	8.27
88273		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	40.03	40.03
88273	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	32.10	32.10

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88273	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	10.10	10.10
88274		MOLECULAR CYTOGENETICS; INTERPHASE IN SI	43.37	43.37
88274	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	34.85	34.85
88274	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	11.03	11.03
88275		MOLECULAR CYTOGENETICS; INTERPHASE IN SI	50.04	50.04
88275	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	40.35	40.35
88275	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	12.86	12.86
88280		CHROM ANALYSIS ADDITIONAL KAROTYPING	31.27	31.27
88280	26	CHROM ANALYSIS ADDITIONAL KAROTYPING	24.88	24.88
88280	TC	CHROM ANALYSIS ADDITIONAL KAROTYPING	7.70	7.70
88283		BANDING FOR CHROMOSOME ANALYSIS	24.00	24.00
88283	26	BANDING FOR CHROMOSOME ANALYSIS	18.88	18.88
88283	TC	BANDING FOR CHROMOSOME ANALYSIS	5.70	5.70
88285		CHROM ANAL ADDITIONAL CELLS COUNTED	23.67	23.67
88285	26	CHROM ANAL ADDITIONAL CELLS COUNTED	18.62	18.62
88285	TC	CHROM ANAL ADDITIONAL CELLS COUNTED	5.61	5.61
88289		HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	42.26	42.26
88289	26	HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	33.94	33.94
88289	TC	HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	10.72	10.72
88291		CYTOGENETICS AND MOLECULAR CYTOGENETICS,	23.33	23.33
88300		EXAM OF SURGICAL SPECIMEN	18.09	18.09
88300	26	EXAM OF SURGICAL SPECIMEN	3.49	3.49
88300	TC	EXAM OF SURGICAL SPECIMEN	14.61	14.61
88302		SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	37.91	37.91
88302	26	SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	5.30	5.30
88302	TC	SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	32.61	32.61
88304		LEVEL III - SURGICAL PATHOLOGY, GROSS AN	48.29	48.29
88304	26	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	8.90	8.90
88304	TC	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	39.39	39.39
88305		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	82.50	82.50

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88305	26	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	30.57	30.57
88305	TC	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	51.93	51.93
88307		LEVEL V - SURGICAL PATHOLOGY, GROSS AND	165.38	165.38
88307	26	LEVEL V - SURGICAL PATHOLOGY, GROSS AND	65.01	65.01
88307	TC	LEVEL V - SURGICAL PATHOLOGY, GROSS AND	100.37	100.37
88309		SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	249.95	249.95
88309	26	SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	112.26	112.26
88309	TC	SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	137.68	137.68
88311		SURGICAL PATHOLOGY DECALCIFICATION PROCE	14.50	14.50
88311	26	SURGICAL PATHOLOGY DECALCIFICATION PROCE	9.79	9.79
88311	TC	SURGICAL PATHOLOGY DECALCIFICATION PROCE	4.71	4.71
88312		SPECIAL STAINS (LIST SEPARATELY IN ADDIT	77.57	77.57
88312	26	SPECIAL STAINS (LIST SEPARATELY IN ADDIT	21.69	21.69
88312	TC	SPECIAL STAINS (LIST SEPARATELY IN ADDIT	55.87	55.87
88313		SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	56.33	56.33
88313	26	SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	9.51	9.51
88313	TC	SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	46.82	46.82
88314		HISTOCHEMICAL STAINING WITH FROZEN SECTI	69.08	69.08
88314	26	HISTOCHEMICAL STAINING WITH FROZEN SECTI	18.38	18.38
88314	TC	HISTOCHEMICAL STAINING WITH FROZEN SECTI	50.70	50.70
88319		HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	107.69	107.69
88319	26	HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	21.38	21.38
88319	TC	HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	86.31	86.31
88321		CONSULTATION ON TISSUE EXAM	64.91	71.69
88323		CONS REPORT REFERRED MATERIAL REQ PREPAR	114.37	114.37
88323	26	CONS REPORT REFERRED MATERIAL REQ PREPAR	70.45	70.45
88323	TC	CONS REPORT REFERRED MATERIAL REQ PREPAR	43.91	43.91
88325		COMPREHENSIVE REVIEW RECORDS SLIDES W/RE	100.92	152.36
88329		OPERATING ROOM CONSULTATION	27.36	39.51
88331		PATHOLOGY CONSULTATION DURING SURGERY; F	71.55	71.55

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88331	26	PATHOLOGY CONSULTATION DURING SURGERY; F	49.00	49.00
88331	TC	PATHOLOGY CONSULTATION DURING SURGERY; F	22.54	22.54
88332		CONS DURING SURG EACH ADD FROZ SECT SAME	32.09	32.09
88332	26	CONS DURING SURG EACH ADD FROZ SECT SAME	24.07	24.07
88332	TC	CONS DURING SURG EACH ADD FROZ SECT SAME	8.02	8.02
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	73.26	73.26
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	49.03	49.03
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	24.23	24.23
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	44.28	44.28
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	29.48	29.48
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	14.81	14.81
88341		IMMUNOHISTO ANT B ADDL SLIDE	52.73	52.73
88341	26	IMMUNOHISTO ANT B ADDL SLIDE	17.68	17.68
88341	TC	IMMUNOHISTO ANT B ADDL SLIDE	35.05	35.05
88342		IMMUNOHISTO ANT B 1ST STAIN	78.38	78.38
88342	26	IMMUNOHISTO ANT B 1ST STAIN	33.91	33.91
88342	TC	IMMUNOHISTO ANT B 1ST STAIN	44.48	44.48
88344		IMMUNOHISTO ANTIBODY SLIDE	91.87	91.87
88344	26	IMMUNOHISTO ANTIBODY SLIDE	32.50	32.50
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	59.37	59.37
88346		IMMUNOFLUOR ANT B 1ST STAIN	78.68	78.68
88346	26	IMMUNOFLUOR ANT B 1ST STAIN	34.50	34.50
88346	TC	IMMUNOFLUOR ANT B 1ST STAIN	44.20	44.20
88348		ELECTRON MICROSCOPY DIAGNOSTIC	486.19	486.19
88348	26	ELECTRON MICROSCOPY DIAGNOSTIC	60.87	60.87
88348	TC	ELECTRON MICROSCOPY DIAGNOSTIC	425.32	425.32
88350		IMMUNOFLUOR ANT B ADDL STAIN	62.47	62.47
88350	26	IMMUNOFLUOR ANT B ADDL STAIN	25.48	25.48
88350	TC	IMMUNOFLUOR ANT B ADDL STAIN	36.99	36.99
88355		MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	188.22	188.22

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88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	71.45	71.45
88355	TC	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	116.77	116.77
88356		MORPHOMETRIC ANALYSIS NERVE	229.64	229.64
88356	26	MORPHOMETRIC ANALYSIS NERVE	114.10	114.10
88356	TC	MORPHOMETRIC ANALYSIS NERVE	115.54	115.54
88358		MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	61.44	61.44
88358	26	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	37.19	37.19
88358	TC	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	24.25	24.25
88360		MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	94.80	94.80
88360	26	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	44.10	44.10
88360	TC	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	50.70	50.70
88361		MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	119.06	119.06
88361	26	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	47.31	47.31
88361	TC	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	71.74	71.74
88362		NERVE TEASING PREPARATION	206.86	206.86
88362	26	NERVE TEASING PREPARATION	87.27	87.27
88362	TC	NERVE TEASING PREPARATION	119.59	119.59
88364		INSITU HYBRIDIZATION (FISH)	76.17	76.17
88364	26	INSITU HYBRIDIZATION (FISH)	22.06	22.06
88364	TC	INSITU HYBRIDIZATION (FISH)	54.12	54.12
88365		TISSUE IN SITU HYBRIDIZATION, INTERP. AN	123.27	123.27
88365	26	TISSUE IN SITU HYBRIDIZATION, INTERP. AN	47.42	47.42
88365	TC	TISSUE IN SITU HYBRIDIZATION, INTERP. AN	75.85	75.85
88366		INSITU HYBRIDIZATION (FISH)	117.72	117.72
88366	26	INSITU HYBRIDIZATION (FISH)	51.17	51.17
88366	TC	INSITU HYBRIDIZATION (FISH)	66.55	66.55
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	187.90	187.90
88367	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	50.78	50.78
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	137.11	137.11
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	165.80	165.80

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88368	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	53.56	53.56
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	112.24	112.24
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	57.93	57.93
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	20.40	20.40
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	37.54	37.54
88371	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	14.90	14.90
88372	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	14.90	14.90
88372	TC	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	15.21	15.21
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	47.22	47.22
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	17.15	17.15
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	30.07	30.07
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	160.19	160.19
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	36.71	36.71
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	123.48	123.48
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	168.35	168.35
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	53.44	53.44
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	114.91	114.91
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	24.69	24.69
88387	26	MACROSCOPIC EXAMINATION, DISSECTION, AND	19.88	19.88
88387	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND	4.80	4.80
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	14.75	14.75
88388	26	MACROSCOPIC EXAMINATION, DISSECTION, AND	12.39	12.39
88388	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND	2.36	2.36
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	6.29	6.29
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	6.41	6.41
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	6.54	6.54
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	6.54	6.54
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	53.56	164.77
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (E	5.90	5.90
89051		SYNOVIAL FLUID DIFF	6.49	6.49

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89055		LEUKOCYTE ASSESSMENT FECAL	5.31	5.31
89060		CRYSTAL ID, SYNOVIAL FLUID	8.91	8.91
89125		FAT STAIN, FECES, URINE, OR RESPIRATORY	5.38	5.38
89160		MEAT FIBERS FECES	4.60	4.60
89190		NASAL SMEAR FOR EOSINOPHILS	5.80	5.80
89300		SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY	11.10	11.10
89310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT	10.45	10.45
89320		SEMEN ANALYSIS COMPLETE	15.01	15.01
89325		SPERM AGGLUTINATION WITH ANTIBODY TITER	13.30	13.30
92537		CALORIC VSTBLR TEST W/REC	35.78	35.78
92537	26	CALORIC VSTBLR TEST W/REC	28.55	28.55
92537	TC	CALORIC VSTBLR TEST W/REC	7.22	7.22
92538		CALORIC VSTBLR TEST W/REC	18.17	18.17
92538	26	CALORIC VSTBLR TEST W/REC	14.28	14.28
92538	TC	CALORIC VSTBLR TEST W/REC	3.89	3.89
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	25.84	25.84
99195		THERAPEUTIC PHLEBOTOMY	54.94	54.94
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	19.96	19.96
G0416		PROSTATE BIOPSY, ANY MTHD	499.46	499.46
G0477		DRUG TEST PRESUMP OPTICAL	13.52	13.52
G0478		DRUG TEST PRESUMP OPT INST	18.03	18.03
G0479		DRUG TEST PRESUMP NOT OPT	72.12	72.12
G0480		DRUG TEST DEF 1-7 CLASSES	72.75	72.75
G0481		DRUG TEST DEF 8-14 CLASSES	111.92	111.92
G0482		DRUG TEST DEF 15-21 CLASSES	151.09	151.09
G0483		DRUG TEST DEF 22 OR MORE DRUG CLASSES	195.86	195.86

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

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*** reimbursed 60% of billed amount

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