

Sandhills Center

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

Effective October 1, 2014

Procedure Code	Description	Unit	Available to Benefit Plan		Provisional License	LCAS Specialty 129	LPA Specialty 128	Licensed Psychologist Specialty 109	LCSW, LPC, LMFT Specialty 110	Nurse Specialist Specialty 111	Cert. Nurse Practitioner Specialty 112	Physicians Assistant	Physician Specialty 001
			State (IPRS)	Medicaid									
90785	Interactive Complexity Add On	Event	State	Medicaid		\$ 3.27	\$ 3.27	\$ 4.36	\$ 3.27	\$ 3.71	\$ 3.71	\$ 3.11	\$ 4.36
90791	Psychiatric Diagnostic Evaluation	Event	State	Medicaid		\$ 103.44	\$ 103.44	\$ 137.93	\$ 103.44	\$ 117.24	\$ 117.24	\$ 99.43	\$ 137.93
90792	Psychiatric Diagnostic Evaluation with Medical Services	Event	State	Medicaid							\$ 97.78	\$ 82.50	\$ 115.04
90832	Psychotherapy 30 minutes	Time-Limit	State	Medicaid		\$ 43.10	\$ 43.10	\$ 57.46	\$ 43.10	\$ 48.84	\$ 48.84	\$ 41.36	\$ 57.46
90833	Psychotherapy 30 minutes Add On	Time-Limit	State	Medicaid							\$ 32.64	\$ 27.54	\$ 38.40
90834	Psychotherapy 45 minutes	Time-Limit	State	Medicaid		\$ 55.98	\$ 55.98	\$ 74.64	\$ 55.98	\$ 63.44	\$ 63.44	\$ 53.55	\$ 74.64
90836	Psychotherapy 45 minutes Add On	Time-Limit	State	Medicaid							\$ 53.03	\$ 44.75	\$ 62.39
90837	Psychotherapy 60 minutes	Time-Limit	State	Medicaid		\$ 82.03	\$ 82.03	\$ 109.36	\$ 82.03	\$ 92.96	\$ 92.96	\$ 78.42	\$ 109.36
90838	Psychotherapy 60 minutes Add On	Time-Limit	State	Medicaid							\$ 85.64	\$ 72.06	\$ 100.75
90839	Crisis Psychotherapy first 60 minutes	Time-Limit	State	Medicaid		\$ 103.36	\$ 103.36	\$ 137.81	\$ 103.36	\$ 117.14	\$ 117.14	\$ 137.78	\$ 137.81
90840	Crisis Add For Each Additional 30 Minutes	Time-Limit	State	Medicaid		\$ 87.01	\$ 87.01	\$ 116.02	\$ 87.01	\$ 98.62	\$ 98.62	\$ 71.95	\$ 116.02
90845	Psychoanalysis	Event	N/A	Medicaid								\$ 76.23	\$ 76.23
90846	Family Therapy w/o patient	Event	State	Medicaid		\$ 59.59	\$ 59.59	\$ 79.46	\$ 59.59	\$ 67.54	\$ 67.08	\$ 81.08	\$ 81.08
90847	Family Therapy with patient	Event	State	Medicaid		\$ 74.01	\$ 74.01	\$ 98.67	\$ 74.01	\$ 83.86	\$ 83.30	\$ 100.68	\$ 100.68
90849	Group Ther (Multiple Family)	Event	State	Medicaid		\$ 22.20	\$ 22.20	\$ 29.59	\$ 22.20	\$ 25.16	\$ 24.98	\$ 30.20	\$ 30.20
90853	Group Ther (Non-mult family)	Event	State	Medicaid		\$ 21.10	\$ 21.10	\$ 28.13	\$ 21.10	\$ 23.91	\$ 23.75	\$ 28.70	\$ 28.70
96101	Psychological Testing F-T-F	Hour	State	Medicaid			\$ 57.72	\$ 76.95					\$ 78.52
96110	Developmental Testing Limited	Event	State	Medicaid			\$ 7.07	\$ 9.44					\$ 9.63
96111	Developmental Testing Extended	Event	State	Medicaid			\$ 87.77	\$ 117.03					\$ 119.42
96116	Neurobehavioral Status Exam	Hour	State	Medicaid			\$ 64.00	\$ 85.32					\$ 87.05
96118	Neuropsychological Testing	Hour	State	Medicaid			\$ 72.15	\$ 96.21					\$ 98.16
96372	Therapeutic, Prophylactic, or Dx Injection Intra-Muscular	Event	State	Medicaid							\$ 15.61	\$ 18.74	\$ 18.74

All H-codes end dated 6/30/2015

H0001	Behavioral Health Assessment	15 min	State	Medicaid	\$ 13.87	See the revised DMA Clinical Coverage Policy 8-C
H0004	Behavioral Health Counseling/Therapy	15 min	State	Medicaid	\$ 19.81	
H0004HQ	Outpatient Treatment Group	15 min	State	Medicaid	\$ 7.30	
H0004HR	Outpatient Tx Family Therapy w/Client	15 min	State	Medicaid	\$ 19.81	
H0004HS	Outpatient Tx Family Therapy w/o Client	15 min	State	Medicaid	\$ 19.81	
H0005	Alcohol and/or Drug Group Counseling	15 min	State	Medicaid	\$ 5.12	
H0031	Mental Health Assessment	15 min	State	Medicaid	\$ 13.87	

See the revised DMA Clinical Coverage Policy 8-C

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

Sandhills Center

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	\$ 11.21
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

Sandhills Center

Evaluation & Management Codes

Code	Description	Unit	Physicians Assistant	Cert. Nurse Practitioner	Physician
				Non-Facility Rate Specialty 112	Non-Facility Rate Specialty 001
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purpo	Event	\$ 146.09		\$ 146.09
95970	Electronic Analysis of Implanted Neurostimulator	Event	\$ 45.20		\$ 45.20
95971	Electronic Analysis of Implanted Neurostimulator Simple Spinal C	Event	\$ 52.51		\$ 52.51
95972	Electronic Analysis of Implanted Neurostimulator Complex Spinal	Event	\$ 93.78		\$ 93.78
95973	Electronic Analysis of implanted Neurostimulator Complex Spinal	Event	\$ 51.58		\$ 51.58
95974	Electronic Analysis of Implanted Neurostimulator Complex Crania	Event	\$ 158.81		\$ 158.81
95975	Electronic Analysis of Implanted Neurostimulator Complex Crania	Event	\$ 88.00		\$ 88.00
95978	Electronic Analysis of Implanted Neurostimulator	Event	\$ 188.61		\$ 188.61
95979	Electronic Analysis of Implanted Neurostimulator (30 min)	Event	\$ 84.66		\$ 84.66
96125	Standardized Cognitive Performance Testing	Event	\$ 88.57		\$ 88.57
96150	Physical Health and Behavior Assessment F-T-F (15 min)	15 min	\$ 21.75		\$ 21.75
96151	Physical Health and Behavior Reassessment	15 min	\$ 21.05		\$ 21.05
96372	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Muscular	Event	\$ 19.26		\$ 19.26
96373	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Arterial	Event	\$ 16.53		\$ 16.53
96374	Therapeutic, Prophylactic, or Diagnostic Injection Intravenous Pus	Event	\$ 49.28		\$ 49.28
96375	Therapeutic, Prophylactic, or Diagnostic Injection Subsequent Intra	Event	\$ 21.37		\$ 21.37
99201	Outpatient E&M New Patient F-T-F (10 min)	Event	\$ 37.49	\$ 31.87	\$ 37.49
99202	Outpatient E&M New Patient F-T-F (20 min)	Event	\$ 65.02	\$ 55.27	\$ 65.02
99203	Outpatient E&M New Patient F-T-F (30 min)	Event	\$ 94.20	\$ 80.07	\$ 94.20
99204	Outpatient E&M New Patient F-T-F (45 min)	Event	\$ 146.08	\$ 124.16	\$ 146.08
99205	Outpatient E&M New Patient F-T-F (60 min)	Event	\$ 184.65	\$ 156.96	\$ 184.65
99211	E & M Estab Patient, w/wo MD (approx 5 min)	Event	\$ 19.01	\$ 16.16	\$ 19.01
99212	Outpatient Visit Estab. Minor (10 min)	Event	\$ 37.86	\$ 32.18	\$ 37.86
99213	Outpatient Visit Estab. Moderate (15 min)	Event	\$ 63.21	\$ 53.73	\$ 63.21
99214	Outpatient Visit Estab. Severe (25 min)	Event	\$ 95.25	\$ 80.96	\$ 95.25
99215	Outpatient Visit Estab. Severe (40 min)	Event	\$ 128.82	\$ 109.50	\$ 128.82
99217	Hospital Observation Care - Discharge	Event		\$ 58.90	\$ 69.29
99218	Hospital Initial Observation Care Low Complexity	Event		\$ 55.55	\$ 65.36
99219	Hospital Initial Observation Care Moderate Complexity	Event	\$ 108.23	\$ 91.99	\$ 108.23
99220	Hospital Initial Observation Care High Complexity	Event		\$ 129.02	\$ 151.79
99221	Hospital Initial Care MD (30 mins)	Event	\$ 93.85	\$ 79.77	\$ 93.85
99222	Hospital Initial Care MD (50 mins)	Event	\$ 128.07	\$ 108.86	\$ 128.07
99223	Hospital Initial Care MD (70 mins)	Event	\$ 188.59	\$ 160.30	\$ 188.59
99231	Hospital Subsequent Hospital Care MD Low Complexity (15 min)	Event	\$ 38.76	\$ 32.95	\$ 38.76
99232	Hospital Subsequent Hospital Care MD Moderate Complexity (25	Event	\$ 69.85	\$ 59.37	\$ 69.85
99233	Hospital Subsequent Hospital Care MD High Complexity (35 min)	Event	\$ 100.04	\$ 85.03	\$ 100.04
99234	Hospital Observation/Inpatient Care Low Complexity	Event		\$ 112.54	\$ 132.39
99235	Hospital Observation/Inpatient Care Moderate Complexity	Event		\$ 147.83	\$ 173.92
99236	Observation/Inpatient Care High Complexity	Event		\$ 183.74	\$ 216.16
99238	Hospital Discharge Services (< 30 min)	Event	\$ 69.05	\$ 58.69	\$ 69.05
99239	Hospital Discharge Services (> 30 min)	Event		\$ 85.30	\$ 100.36
99241	Outpatient Consultation MD Minor (15 min)	Event	\$ 45.18	\$ 38.40	\$ 45.18
99242	Outpatient Consultation MD Moderate (30 min)	Event	\$ 84.64	\$ 71.95	\$ 84.64
99243	Outpatient Consultation MD Severe (40 min)	Event	\$ 116.39	\$ 98.93	\$ 116.39
99244	Outpatient Consultation MD Severe (60 min)	Event	\$ 172.88	\$ 146.95	\$ 172.88
99245	Outpatient Consultation MD Severe (80 min)	Event	\$ 212.47	\$ 180.61	\$ 212.47
99251	Inpatient Consultation MD Minor (20 min)	Event	\$ 46.13	\$ 39.21	\$ 46.13
99252	Inpatient Consultation MD Low Severity (40 min)	Event	\$ 71.47	\$ 60.75	\$ 71.47
99253	Inpatient Consultation MD Moderate (55 min)	Event	\$ 108.50	\$ 92.23	\$ 108.50
99254	Inpatient Consultation MD Moderate - High Severity (80 min)	Event	\$ 156.95	\$ 133.41	\$ 156.95
99255	Inpatient Consultation MD Moderate - High Severity (110 min)	Event	\$ 191.23	\$ 162.55	\$ 191.23
99281	ER Visit, Minor	Event	\$ 19.24		\$ 19.24
99282	ER Visit, Low Severity	Event	\$ 37.44		\$ 37.44
99283	ER Visit, Moderate Severity	Event	\$ 58.03		\$ 58.03
99284	ER Visit, High Severity	Event	\$ 108.64		\$ 108.64
99285	ER visit for the evaluation and management of a patient,	Event	\$ 161.51		\$ 161.51
99304	Initial Nursing Facility Care E&M Low Complexity (25 min)	Event			\$ 83.62
99305	Initial Nursing Facility Care E&M Moderate Complexity (35 min)	Event			\$ 116.91

Code	Description	Unit	Physicians Assistant	Cert. Nurse Practitioner	Physician
				Non-Facility Rate Specialty 112	Non-Facility Rate Specialty 001
99306	Initial Nursing Facility Care E&M High Complexity (45 min)	Event			\$ 150.23
99307	Subsequent Nursing Facility Care E&M Review of Case (10 min)	Event	\$ 41.27	\$ 35.08	\$ 41.27
99308	Subsequent Nursing Facility Care E&M Low Complexity (15 min)	Event	\$ 63.09	\$ 53.63	\$ 63.09
99309	Subsequent Nursing Facility Care E&M Moderate Complexity (25 min)	Event	\$ 83.69	\$ 71.13	\$ 83.69
99310	Subsequent Nursing Facility Care E&M High Complexity (35 min)	Event	\$ 123.75	\$ 105.18	\$ 123.75
99315	Nursing Facility Discharge Management; (< 30 min)	Event	\$ 60.38	\$ 51.32	\$ 60.38
99316	Nursing Facility Discharge Management; (> 30 min)	Event	\$ 78.89	\$ 67.05	\$ 78.89
99318	Nursing Facility, E&M Low to Moderate Complexity (30 min)	Event	\$ 87.48	\$ 74.37	\$ 87.48
99324	New Patient Domiciliary/Rest Home E&M Low Severity (20 min)	Event	\$ 56.09	\$ 47.67	\$ 56.09
99325	New Patient Domiciliary/Rest Home E&M Low Complexity (30 min)	Event	\$ 81.70	\$ 69.45	\$ 81.70
99326	New Patient Domiciliary/Rest Home E&M Moderate Complexity (45 min)	Event	\$ 135.08	\$ 114.82	\$ 135.08
99327	New Patient Domiciliary/Rest Home E&M High Severity (60 min)	Event	\$ 176.19	\$ 149.76	\$ 176.19
99328	New Patient Domiciliary/Rest Home E&M High Complexity (75 min)	Event	\$ 207.41	\$ 176.30	\$ 207.41
99334	Estab. Patient Domiciliary/Rest Home E&M (15 min)	Event	\$ 57.81	\$ 49.14	\$ 57.81
99335	Estab. Patient Domiciliary/Rest Home E&M Low Complexity (25 min)	Event	\$ 89.55	\$ 76.12	\$ 89.55
99336	Estab. Patient Domiciliary/Rest Home E&M Moderate Complexity (45 min)	Event	\$ 126.11	\$ 107.19	\$ 126.11
99337	Estab. Patient Domiciliary/Rest Home E&M Moderate to High Severity (60 min)	Event	\$ 181.20	\$ 154.02	\$ 181.20
99341	New Patient Home Visit E&M Low Severity (20 min)	Event	\$ 56.09	\$ 47.67	\$ 56.09
99342	New Patient Home Visit E&M Low Complexity (30 min)	Event	\$ 81.70	\$ 69.45	\$ 81.70
99343	New Patient Home Visit E&M Moderate Complexity (45 min)	Event	\$ 131.57	\$ 111.84	\$ 131.57
99344	New Patient Home Visit E&M High Severity (60 min)	Event	\$ 172.73	\$ 146.82	\$ 172.73
99345	New Patient Home Visit E&M High Complexity (75 min)	Event	\$ 207.76	\$ 176.60	\$ 207.76
99347	Estab. Patient Home Visit E&M (15 min)	Event	\$ 54.74	\$ 46.52	\$ 54.74
99348	Estab. Patient Home Visit E&M Low Complexity (25 min)	Event	\$ 82.65	\$ 70.25	\$ 82.65
99349	Estab. Patient Home Visit E&M Moderate Complexity (40 min)	Event	\$ 120.36	\$ 102.30	\$ 120.36
99350	Estab. Patient Home Visit E&M High Complexity (60 min)	Event	\$ 167.79	\$ 142.63	\$ 167.79
99354	Prolonged MD Service w/F-T-F Patient Contact in Office (60 min)	Event	\$ 95.56	\$ 81.22	\$ 95.56
99355	Prolonged MD Service w/F-T-F Patient Contact in Office (30 min)	Event	\$ 94.60	\$ 80.41	\$ 94.60
99356	Prolonged MD Service w/F-T-F Patient Contact Inpatient (60 min)	Event	\$ 87.27	\$ 74.81	\$ 87.27
99357	Prolonged MD Service w/F-T-F Patient Contact Inpatient (30 min)	Event	\$ 87.87	\$ 74.69	\$ 87.87
Q3014GT	TelePsync Site Facility Fee	Event	\$ 21.25	\$ 21.25	\$ 21.25

Sandhills Center

B-3 Service Rates

Proc. Code	Code Description	Billing Unit	Rate
H2023U4	Supported Employment	15 min	\$ 11.21
H2023U4HE	Supported Employment-MH	15 min	\$ 14.22
H2023HQU4	Supported Employment Group	15 min	\$ 2.53
H2026U4	Long Term Supported Employment	15 min	\$ 11.21
H2026U4HE	Long Term Supported Employment--MH	15 min	\$ 14.22
H0038U4	Peer Support	15 min	\$ 12.00
H0038HQU4	Peer Support Group	15 min	\$ 2.71
H0045HAU4	Individual Respite- Child	15 min	\$ 3.88
H0045HBU4	Individual Respite- Adult	15 min	\$ 3.88
H0045HAHQ4	Group Respite-Child	15 min	\$ 3.00
H0045BHHQU4	Group Respite-Child	15 min	\$ 3.00
T1019U4	Personal Care-Individual Support	15 min	\$ 12.00
T2041U4	Community Guide	monthly	\$ 125.00
99241U4	Psychiatric Consultation- approx 15 min	event	\$ 55.00
99242U4	Psychiatric Consultation- approx 30 min	event	\$ 90.00
99244U4	Psychiatric Consultation- approx 60 min	event	\$ 168.00
T2029U4	Assistive Technology: Equip Supplies	Invoice	Invoice
T2041U4	Community Guide	Monthly	\$ 125.00
H2015U4	Community Networking	15 min	\$ 5.35
H2015U1U4	Community Networking - Class/Conf	15 min	Invoice
T2038U4	Community Transition Supports	Invoice	Invoice
H2011HIU4	Primary Crisis Response	15 min	\$ 8.14
T2034U4	Out of Home Crisis	24 hr.	\$ 235.00
T2021HQU4	Day Supports-Group	15 min	\$ 3.64
T2021U4	Day Supports-Individual	15 min	\$ 6.13
T2027U4	Day Supports-Developmental Day	15 min	\$ 6.13
S5165U4	Home Modifications	Invoice	Invoice
T1015U4	Intensive In Home Support	15 min	\$ 4.74
T2013U4	In Home Skill Building - Individual	15 min	\$ 5.35
T2013HQU4	In Home Skill Building - Group	15 min	\$ 2.98
S5110U4	Natural Supports Education	15 min	\$ 8.53
S5111U4	Natural Supports Educ - Conf	Invoice	Invoice
S5125U4	Personal Care	15 min	\$ 3.54
H2016U4	Residential Supports Level 1	24 hr.	\$ 86.51
T2014U4	Residential Supports Level 2	24 hr.	\$ 124.96
T2020U4	Residential Supports Level 3	24 hr.	\$ 144.19
H2016HIU4	Residential Supports Level 4	24 hr.	\$ 163.41
S5150U4	Respite Care- Community Individual	15 min	\$ 3.54
S5150HQU4	Respite Care- Community Group	15 min	\$ 2.69
S5150USU4	Respite Care- Community Facility	24 hr.	\$ 113.00
T1005TEU4	Respite Care Nursing-LPN	15 min	\$ 8.82

T1005TDU4	Respite Care Nursing-RN	15 min	\$ 8.82
T2025U4	Specialized Consultative Svc	15 min	\$ 25.00
H2025HQU4	Supported Employment - Group	15 min	\$ 1.90
H2025U4	Supported Employment - Individual	15 min	\$ 7.39
T2039U4	Vehicle Adaptations	Invoice	Invoice

Sandhills Center				
Innovations Service Rates				
Proc. Code	Code Description	Billing Unit	Rate	5% increase- Effective 11/01/2015
H2011HI	Primary Crisis Response	15 min	\$ 8.14	\$ 8.55
H2015	Community Networking	15 min	\$ 5.35	\$ 5.62
H2015U1	Community Networking - Class/Conf	15 min	Invoice	
H2016	Residential Supports Level 1	24 hr.	\$ 86.51	\$ 90.84
H2016U2	Residential Supports Level 1- AFL	24 hr.	\$ 91.51	\$ 96.09
H2016HI	Residential Supports Level 4	24 hr.	\$ 163.41	\$ 171.58
H2016HI U2	Residential Supports Level 4-AFL	24 hr.	\$ 168.41	\$ 176.83
H2025	Supported Employment - Individual	15 min	\$ 7.39	\$ 7.76
H2025HQ	Supported Employment - Group	15 min	\$ 1.90	\$ 2.00
S5110	Natural Supports Education	15 min	\$ 8.53	\$ 8.96
S5111	Natural Supports Educ - Conf	Invoice	Invoice	
S5125	Personal Care	15 min	\$ 3.54	\$ 3.72
S5150	Respite Care- Community Individual	15 min	\$ 3.54	\$ 3.72
S5150HQ	Respite Care- Community Group	15 min	\$ 2.69	\$ 2.82
S5150US	Respite Care- Community Facility	24 hr.	\$ 113.00	\$ 118.65
S5165	Home Modifications	Invoice	Invoice	
T1005TD	Respite Care Nursing-RN	15 min	\$ 8.82	\$ 9.26
T1005TE	Respite Care Nursing-LPN	15 min	\$ 8.82	\$ 9.26
T1015	Intensive In Home Support	15 min	\$ 4.74	\$ 4.98
T1999	Individual Goods and Services	Invoice	Invoice	
T2013	In Home Skill Building - Individual	15 min	\$ 5.35	\$ 5.62
T2013HQ	In Home Skill Building - Group	15 min	\$ 2.98	\$ 3.13
T2014	Residential Supports Level 2	24 hr.	\$ 124.96	\$ 131.21
T2014U2	Residential Supports Level 2 - AFL	24 hr.	\$ 129.96	\$ 136.46
T2020	Residential Supports Level 3	24 hr.	\$ 144.19	\$ 151.40
T2020U2	Residential Supports Level 3 - AFL	24 hr.	\$ 149.19	\$ 156.65
T2021	Day Supports-Individual	15 min	\$ 6.13	\$ 6.44
T2021HQ	Day Supports-Group	15 min	\$ 3.64	\$ 3.82
T2025	Specialized Consultative Svc	15 min	\$ 25.00	\$ 26.25
T2025U1	Financial Supports	Monthly	\$ 199.00	\$ 208.95
T2025U2	FM Supplies	Invoice	Invoice	
T2025U3	Crisis Behavioral Consultation	15 min	\$ 18.75	\$ 19.69
T2027	Day Supports-Developmental Day	15 min	\$ 6.13	\$ 6.44
T2029	Assistive Technology: Equip Supplies	Invoice	Invoice	
T2034	Out of Home Crisis	24 hr.	\$ 235.00	\$ 246.75
T2038	Community Transition Supports	Invoice	Invoice	
T2039	Vehicle Adaptations	Invoice	Invoice	
T2041	Community Guide	Monthly	\$ 125.00	\$ 131.25
T2041U1	Community Guide Training - Employer	15 min	\$ 11.75	\$ 12.34

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3406316	** HOWELL'S-SCOTTHURST I & II	\$ 281.04	\$ 309.14	\$ 295.09
3406165	A. JACK WALL GROUP HOME	\$ 294.15	\$ 323.56	\$ 308.86
3406174	AIRPORT ROAD GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
3406395	ANSONVILLE GROUP HOME	\$ 287.90	\$ 316.69	\$ 302.30
3416427	ARC/HDS CRAVEN #2 GROUP HOME	\$ 287.90	\$ 316.69	\$ 302.30
3416403	ASHLEY HEIGHTS HOME	\$ 286.83	\$ 315.52	\$ 301.18
340605J	AVENT FERRY GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
3406595	AZALEA ST.-IRENE WORTHAM RES.	\$ 295.75	\$ 325.32	\$ 310.53
3406373	BELMONT GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3406421	BLANCHE DRIVE	\$ 289.44	\$ 318.39	\$ 303.91
3406438	BLUE RIDGE HOMES - MADISON	\$ 281.12	\$ 309.23	\$ 295.18
3406434	BLUE RIDGE HOMES - SWANNANOA	\$ 281.12	\$ 309.23	\$ 295.18
3406352	BON REA DRIVE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3406513	BONNIE LANE	\$ 286.83	\$ 315.52	\$ 301.18
3406203	BOST CHILDREN'S CENTER	\$ 312.14	\$ 343.36	\$ 327.75
3406525	BOXWOOD	\$ 286.83	\$ 315.52	\$ 301.18
3406526	BROOKWOOD	\$ 286.83	\$ 315.52	\$ 301.18
340608F	BROOKWOOD GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
3406527	CANTERBURY ROAD HOME	\$ 286.83	\$ 315.52	\$ 301.18
340614T	CAROLINA FARMS #1	\$ 294.15	\$ 323.56	\$ 308.86
340614X	CAROLINA FARMS #2	\$ 294.15	\$ 323.56	\$ 308.86
340615A	CAROLINA FARMS #3	\$ 294.15	\$ 323.56	\$ 308.86
3406187	CAROLINA LIVING AND LEARNING	\$ 357.25	\$ 392.98	\$ 375.12
3406144	CATES STREET	\$ 290.17	\$ 319.19	\$ 304.68
3416508	CHANDLER ROAD HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406432	CHERRYVILLE ICF-MR GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
340607X	CHESTERFIELD GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
3406410	CHILES AVENUE	\$ 291.09	\$ 320.20	\$ 305.64
3406560	CHRISTY WOODS GROUP HOME	\$ 312.14	\$ 343.36	\$ 327.75
3416565	COLLEGE PARK	\$ 286.83	\$ 315.52	\$ 301.18
340601E	COMSERV CREEKSIDE GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
340609H	CORBEL RESIDENTIAL	\$ 288.81	\$ 317.69	\$ 303.25
3436402	COUNTRY COVE	\$ 286.83	\$ 315.52	\$ 301.18
3406516	COUNTRY MANOR HOME	\$ 286.83	\$ 315.52	\$ 301.18
340605Y	COUNTRY VIEW RESIDENTIAL	\$ 288.81	\$ 317.69	\$ 303.25
3416194	CRAVEN COUNTY CHILDREN'S GH	\$ 287.90	\$ 316.69	\$ 302.30
341610J	CRAVEN COUNTY CHILDREN'S GH #2	\$ 287.90	\$ 316.69	\$ 302.30
340604W	GREATER IMAGE- CREST ROAD GROUP HOME	\$ 272.72	\$ 299.99	\$ 286.36
3406362	DALMOOR DRIVE GROUP HOME	\$ 295.74	\$ 325.31	\$ 310.52
3406514	DAL-WAN HEIGHTS	\$ 286.83	\$ 315.52	\$ 301.18
3406476	DARTMOUTH GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340609R	DAUGHTRY FIELD ROAD GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
340602G	DICKENS DRIVE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
340610T	DOGWOOD GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3416536	DOVE ROAD	\$ 286.83	\$ 315.52	\$ 301.18
3416479	EASTBROOK	\$ 286.83	\$ 315.52	\$ 301.18
3406452	ECHO FARMS GROUP HOME	\$ 281.98	\$ 310.18	\$ 296.08
340605A	ELECTRA DRIVE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340610B	ELLENDALE GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
3416342	ERWIN # 2	\$ 286.83	\$ 315.52	\$ 301.18
3416341	ERWIN GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18

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3406578	CARTER CLINIC-EXTRA SPECIAL CARE	\$ 272.72	\$ 299.99	\$ 286.36
3416367	FAN JOY I	\$ 286.83	\$ 315.52	\$ 301.18
3406515	FAN JOY II	\$ 286.83	\$ 315.52	\$ 301.18
340600R	FLOWE DRIVE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3436562	FOREST BEND GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406477	FOREST CREEK GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416313	FORSYTH CO ICF/MR GROUP HOME	\$ 287.90	\$ 316.69	\$ 302.30
3416320	FORSYTH GROUP HOME I	\$ 286.83	\$ 315.52	\$ 301.18
3416327	FORSYTH GROUP HOME II	\$ 286.83	\$ 315.52	\$ 301.18
340607W	FRANK STREET ICF/MR GROUP HOME	\$ 290.17	\$ 319.19	\$ 304.68
3406554	FRANKLIN BLVD GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3416216	FRIENDWAY GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
3406022	GAIL B. HANKS GROUP HOME	\$ 295.74	\$ 325.31	\$ 310.52
3406380	GEORGIA COURT	\$ 289.44	\$ 318.39	\$ 303.91
3416229	GRANVILLE COUNTY GH	\$ 286.83	\$ 315.52	\$ 301.18
3406453	GREENVILLE LOOP GROUP HOME	\$ 281.98	\$ 310.18	\$ 296.08
3416152	GUILFORD I	\$ 286.83	\$ 315.52	\$ 301.18
3416153	GUILFORD II	\$ 286.83	\$ 315.52	\$ 301.18
3416288	GUILFORD III	\$ 286.83	\$ 315.52	\$ 301.18
340603X	HARTLAND GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
3406374	HAYWOOD COUNTY GROUP HOME #3	\$ 295.74	\$ 325.31	\$ 310.52
3406511	HEATH AVENUE HOME	\$ 286.83	\$ 315.52	\$ 301.18
340608X	HEATHCROFT	\$ 289.44	\$ 318.39	\$ 303.91
340603F	HELMSDALE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406164	HIGHWAY 117 GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
3406020	HILLTOP HOME	\$ 377.73	\$ 415.50	\$ 396.62
3416491	HOFFMAN HOME	\$ 286.83	\$ 315.52	\$ 301.18
341607U	HOLLIDAY'S PLACE GROUP HOME	\$ 290.58	\$ 319.64	\$ 305.11
341602V	HOLLINGSWOOD HOME	\$ 286.83	\$ 315.52	\$ 301.18
3416112	HOLLOWAY STREET HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406312	HOLLY STREET HOME	\$ 288.95	\$ 317.85	\$ 303.40
340602W	HOLY ANGELS	\$ 311.74	\$ 342.91	\$ 327.33
3406448	HOPE MILLS	\$ 286.83	\$ 315.52	\$ 301.18
340602H	HORIZONS RC CTR. THE ARCHES	\$ 310.74	\$ 341.81	\$ 326.28
3406499	HORIZONS RESIDENTIAL CARE	\$ 310.74	\$ 341.81	\$ 326.28
341609E	HOWELL'S-BURTONWOOD	\$ 281.04	\$ 309.14	\$ 295.09
3416336	HOWELL'S-CHARLOTTE	\$ 261.31	\$ 287.44	\$ 274.38
341610V	HOWELL'S-FOREST HILLS	\$ 281.04	\$ 309.14	\$ 295.09
3416585	HOWELL'S-FRIENDLY AVENUE	\$ 281.04	\$ 309.14	\$ 295.09
3416471	HOWELL'S-GATEWOOD	\$ 281.04	\$ 309.14	\$ 295.09
341604A	HOWELL'S-GREENVILLE (TAR RIVER)	\$ 530.83	\$ 583.91	\$ 557.37
341605H	HOWELL'S-HOLDEN ROAD	\$ 281.04	\$ 309.14	\$ 295.09
341610W	HOWELL'S-KING GEORGE	\$ 281.04	\$ 309.14	\$ 295.09
3416259	HOWELL'S-LAGRANGE	\$ 261.31	\$ 287.44	\$ 274.38
3416034	HOWELL'S-LAGRANGE (BEAR CREEK)	\$ 262.03	\$ 288.24	\$ 275.13
341609P	HOWELL'S-LAKEVIEW	\$ 281.04	\$ 309.14	\$ 295.09
341608H	HOWELL'S-MONROE ROAD	\$ 281.04	\$ 309.14	\$ 295.09
341602Z	HOWELL'S-RIDGELY OAK	\$ 281.04	\$ 309.14	\$ 295.09
3416279	HOWELL'S-RIVERBEND	\$ 261.31	\$ 287.44	\$ 274.38
3416073	HOWELL'S-ROLLINGWOOD	\$ 281.04	\$ 309.14	\$ 295.09
3426140	HOWELL'S-SHELBOURNE PLACE	\$ 281.04	\$ 309.14	\$ 295.09

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3416193	HOWELL'S-WALNUT CREEK	\$ 261.31	\$ 287.44	\$ 274.38
341602J	HOWELL'S-WESTMINISTER	\$ 281.04	\$ 309.14	\$ 295.09
3416167	HOWELL'S-WESTRIDGE ROAD	\$ 281.04	\$ 309.14	\$ 295.09
3406385	HUNTLEIGH GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340603N	IOTLA STREET GROUP HOME	\$ 292.44	\$ 321.69	\$ 307.07
340600H	JADE TREE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
341602Y	KAREN LANE HOME	\$ 287.90	\$ 316.69	\$ 302.30
340604M	KENMORE STREET GROUP HOME	\$ 293.71	\$ 323.09	\$ 308.40
341602T	KENWOOD GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3406548	KEYWEST CENTER, INC	\$ 278.19	\$ 306.01	\$ 292.10
342606W	KONNOAK DRIVE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406289	LAGRANGE HOME	\$ 288.95	\$ 317.85	\$ 303.40
341601B	LAKESWOOD	\$ 286.83	\$ 315.52	\$ 301.18
3406517	LAURA SPRINGS	\$ 286.83	\$ 315.52	\$ 301.18
3406077	LAURELWOOD GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
340609J	LEAVES	\$ 289.44	\$ 318.39	\$ 303.91
3416563	LEE FOREST GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406512	LEWIS FORKS	\$ 286.83	\$ 315.52	\$ 301.18
340610R	LIFE/ALBEMARLE GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340610Y	LIFE/BEAUFORT HEIGHTS	\$ 278.60	\$ 306.46	\$ 292.53
340608W	LIFE/CHEROKEE TRAIL	\$ 278.60	\$ 306.46	\$ 292.53
3406459	LIFE/CHERRY LANE	\$ 278.60	\$ 306.46	\$ 292.53
340610P	LIFE/CHOWAN GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340610N	LIFE/COKE AVENUE	\$ 278.60	\$ 306.46	\$ 292.53
3406393	LIFE/DIXON ROAD GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
3406226	LIFE/EDGEWOOD	\$ 278.60	\$ 306.46	\$ 292.53
340601V	LIFE/FOLLY STREET GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340606M	LIFE/GREEN TEE LANE GH	\$ 278.60	\$ 306.46	\$ 292.53
340606G	LIFE/GREY FOX RUN HOME	\$ 278.60	\$ 306.46	\$ 292.53
3416196	LIFE/IDLEWOOD GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340612A	LIFE/KING	\$ 278.60	\$ 306.46	\$ 292.53
3416323	LIFE/LAKEVIEW	\$ 278.60	\$ 306.46	\$ 292.53
3406440	LIFE/LAVENHAM ROAD	\$ 278.60	\$ 306.46	\$ 292.53
340601W	LIFE/LOCKWOOD STREET GH	\$ 278.60	\$ 306.46	\$ 292.53
340607P	LIFE/LUKE STREET	\$ 278.60	\$ 306.46	\$ 292.53
340611Z	LIFE/MACFARLAND	\$ 278.60	\$ 306.46	\$ 292.53
340603U	LIFE/MCKEEL LOOP GH	\$ 278.60	\$ 306.46	\$ 292.53
340611A	LIFE/MINUTE MAN	\$ 278.60	\$ 306.46	\$ 292.53
340606F	LIFE/NINE FOOT ROAD HOME	\$ 278.60	\$ 306.46	\$ 292.53
3406441	LIFE/OAKDALE AVENUE	\$ 278.60	\$ 306.46	\$ 292.53
340609T	LIFE/OLD ROPER GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340603H	LIFE/RAVEN RIDGE GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340610A	LIFE/SLATESTONE ROAD	\$ 278.60	\$ 306.46	\$ 292.53
340610G	LIFE/TWIN ACRES GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
3416328	LIFE/WALNUT STREET GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
3416319	LIFE/WILLIAM STREET GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
340609U	LIFE/WILSON STREET GROUP HOME	\$ 278.60	\$ 306.46	\$ 292.53
3416345	LILLINGTON HOME	\$ 286.83	\$ 315.52	\$ 301.18
341602U	LINOAK GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
340600A	LITTLE RIVER GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
340611J	LOWER CREEK	\$ 295.51	\$ 325.07	\$ 310.29

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3416218	LYNN ROAD HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406469	MACON GROUP HOME	\$ 292.44	\$ 321.69	\$ 307.07
3416340	MAGNOLIA DRIVE	\$ 286.83	\$ 315.52	\$ 301.18
3416332	MALLARD LANE CENTER	\$ 287.90	\$ 316.69	\$ 302.30
340602B	MANTLE COURT GROUP HOME	\$ 295.74	\$ 325.31	\$ 310.52
3406392	MARIE G. SMITH GROUP HOME	\$ 294.15	\$ 323.56	\$ 308.86
340611E	MCCORMICK	\$ 289.44	\$ 318.39	\$ 303.91
3416493	MEADOWVIEW HOME	\$ 287.90	\$ 316.69	\$ 302.30
3406472	MEEKS ROAD ICF-MR GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3406305	MICHIGAN STREET HOME	\$ 312.14	\$ 343.36	\$ 327.75
340603M	MIDLAKE RESIDENTIAL	\$ 288.81	\$ 317.69	\$ 303.25
3416132	MINERAL SPRINGS I & II	\$ 286.83	\$ 315.52	\$ 301.18
3406018	Monarch - Southridge	\$ 288.71	\$ 317.58	\$ 303.15
3406018	Monarch - Southridge	\$ 288.71	\$ 317.58	\$ 303.15
340609W	MONTFORD GROUP HOME	\$ 293.71	\$ 323.09	\$ 308.40
340604J	GREATER IMAGE-MOORE CTY HOME FOR A ADULTS	\$ 272.72	\$ 299.99	\$ 286.36
3406415	MOSS SPRINGS GROUP HOME # 1	\$ 287.90	\$ 316.69	\$ 302.30
3406481	MOSS SPRINGS GROUP HOME # 2	\$ 287.90	\$ 316.69	\$ 302.30
3416485	MOUNTAIN RIDGE ICF-MR GH	\$ 292.37	\$ 321.60	\$ 306.99
340609X	MT. GILEAD CHILDREN'S HOME	\$ 287.90	\$ 316.69	\$ 302.30
3406442	MID STATE HEALTH-MY PLACE	\$ 272.72	\$ 299.99	\$ 286.36
3406518	MYRON PLACE	\$ 286.83	\$ 315.52	\$ 301.18
3406451	MYRTLE GROVE GROUP HOME	\$ 281.98	\$ 310.18	\$ 296.08
3406412	MYRTLEWOOD GROUP HOME	\$ 287.90	\$ 316.69	\$ 302.30
3406317	NEW RIVER COTTAGE	\$ 295.75	\$ 325.32	\$ 310.53
340611W	NEW STOCK ROAD	\$ 281.12	\$ 309.23	\$ 295.17
3406591	NO PLACE LIKE HOME	\$ 282.41	\$ 310.65	\$ 296.53
340601X	NORTHRIDGE GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
340604Z	NORTHSIDE GROUP HOME	\$ 289.66	\$ 318.63	\$ 304.15
340610M	NOVA-NORWOOD AVENUE GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
3406444	OAK STREET GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3416419	OAKDALE	\$ 286.83	\$ 315.52	\$ 301.18
3416375	OLD FARM ROAD HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406322	ORA STREET GROUP HOME	\$ 293.71	\$ 323.09	\$ 308.40
3416574	PARK AVENUE	\$ 286.83	\$ 315.52	\$ 301.18
340609B	PARK DRIVE	\$ 289.63	\$ 318.60	\$ 304.12
343611G	PENCE PLACE	\$ 287.90	\$ 316.69	\$ 302.30
3416426	PENNY LANE I	\$ 286.83	\$ 315.52	\$ 301.18
3416475	PENNY LANE II	\$ 286.83	\$ 315.52	\$ 301.18
340608G	PINE RIDGE	\$ 288.81	\$ 317.69	\$ 303.25
343601U	PINEBROOK ICF-MR GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
340606Z	PINEWOOD	\$ 286.83	\$ 315.52	\$ 301.18
3406449	PISGAH GROUP HOME	\$ 293.71	\$ 323.09	\$ 308.40
3406304	PITT COUNTY GH/AUT	\$ 263.73	\$ 290.10	\$ 276.91
3406530	PITT COUNTY GROUP HOME # 2	\$ 263.73	\$ 290.10	\$ 276.91
3406541	PITT COUNTY GROUP HOME # 3	\$ 263.73	\$ 290.10	\$ 276.91
340610Z	PLAYMORE GROUP HOME	\$ 295.51	\$ 325.07	\$ 310.29
3406522	PLEASANT ACRES	\$ 286.83	\$ 315.52	\$ 301.18
3406496	QUEEN'S POND	\$ 308.16	\$ 338.98	\$ 323.57
3406496	QUEEN'S POND TWO	\$ 308.16	\$ 338.98	\$ 323.57
3406306	RALPH SCOTT GH	\$ 295.26	\$ 324.79	\$ 310.03

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3406156	RALPH SCOTT GROUP HOMES, #2	\$ 295.26	\$ 324.79	\$ 310.03
340600M	RALPH SCOTT/LARAMIE DRIVE	\$ 295.26	\$ 324.79	\$ 310.03
340608Z	RALPH SCOTT/ROSEMONT	\$ 295.26	\$ 324.79	\$ 310.03
340608J	RALPH SCOTT/VETERANS	\$ 295.26	\$ 324.79	\$ 310.03
340609A	RAVENDALE DRIVE	\$ 295.74	\$ 325.31	\$ 310.52
343609V	RAYSIDE ICF/MR	\$ 286.83	\$ 315.52	\$ 301.18
340610U	RES. SERVICES INC./CHRISTOPHER ROAD	\$ 283.86	\$ 312.25	\$ 298.05
3406544	RES. SERVICES INC./QUAIL ROOST DRIVE	\$ 283.86	\$ 312.25	\$ 298.05
340603P	RES. SERVICES INC./SHADY LAWN	\$ 283.86	\$ 312.25	\$ 298.05
3406331	RES. SERVICES INC./SILO	\$ 283.86	\$ 312.25	\$ 298.05
3406482	RES. SERVICES INC./W. MAIN (CARRBORO)	\$ 283.86	\$ 312.25	\$ 298.05
3406356	RES. SERVICES Retirement Center (Spring Glen)	\$ 283.86	\$ 312.25	\$ 298.05
3416130	RIDGECREST I & II	\$ 286.83	\$ 315.52	\$ 301.18
341602X	RIDGEFIELD HOME	\$ 287.90	\$ 316.69	\$ 302.30
340603J	RIVERSIDE RESIDENTIAL	\$ 288.81	\$ 317.69	\$ 303.25
3416393	RIVERVIEW	\$ 286.83	\$ 315.52	\$ 301.18
340607M	ROANOKE PLACE	\$ 288.81	\$ 317.69	\$ 303.25
340602A	ROBERT E. LEE GROUP HOME	\$ 281.33	\$ 309.46	\$ 295.40
3406500	ROBERT W. THOMPSON GH	\$ 294.15	\$ 323.56	\$ 308.86
340602N	ROBIN HOOD GROUP HOME	\$ 281.33	\$ 309.46	\$ 295.40
3416350	ROCKWELL FACILITY	\$ 286.83	\$ 315.52	\$ 301.18
340606U	ROCKWOOD GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406390	ROLLING MEADOWS	\$ 289.44	\$ 318.39	\$ 303.91
3406058	RONES CHAPEL ROAD GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
3406413	ROSE STREET-IRENE WORTHAM	\$ 295.75	\$ 325.32	\$ 310.53
3416321	ROSEANNE GROUP HOME	\$ 281.33	\$ 309.46	\$ 295.40
3406301	ROUSE'S GROUP HOME	\$ 263.95	\$ 290.34	\$ 277.15
340611X	ROUSE'S GROUP HOME #6	\$ 263.95	\$ 290.34	\$ 277.15
3406249	SAND RIDGE	\$ 308.16	\$ 338.98	\$ 323.57
3406249	SANDRIDGE III	\$ 308.16	\$ 338.98	\$ 323.57
3406249	SANDRIDGE IV	\$ 308.16	\$ 338.98	\$ 323.57
3416561	SCOTLAND FOREST HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406521	SHANNONBROOK	\$ 286.83	\$ 315.52	\$ 301.18
3406520	SHERWOOD PARK	\$ 286.83	\$ 315.52	\$ 301.18
3416197	SKILL CREATIONS -BURKE	\$ 290.86	\$ 319.94	\$ 305.40
3406347	SKILL CREATIONS-CLINTON	\$ 277.31	\$ 305.04	\$ 291.18
3406250	SKILL CREATIONS-COASTAL HOUSE	\$ 277.31	\$ 305.04	\$ 291.18
340602P	SKILL CREATIONS-DUPLIN HOUSE	\$ 277.31	\$ 305.04	\$ 291.18
340603T	SKILL CREATIONS-EAST	\$ 277.31	\$ 305.04	\$ 291.18
3406339	SKILL CREATIONS-GOLDSBORO	\$ 277.31	\$ 305.04	\$ 291.18
3406425	SKILL CREATIONS-GREENVILLE	\$ 277.31	\$ 305.04	\$ 291.18
3406370	SKILL CREATIONS-KENANSVILLE	\$ 277.31	\$ 305.04	\$ 291.18
3406386	SKILL CREATIONS-KINSTON	\$ 277.31	\$ 305.04	\$ 291.18
3406133	SKILL CREATIONS-NASH HOUSE I	\$ 277.31	\$ 305.04	\$ 291.18
3406065	SKILL CREATIONS-NASH HOUSE II	\$ 277.31	\$ 305.04	\$ 291.18
340605G	SKILL CREATIONS-ROANOKE HOUSE	\$ 277.31	\$ 305.04	\$ 291.18
3406361	SKILL CREATIONS-SANFORD	\$ 277.31	\$ 305.04	\$ 291.18
3406401	SKILL CREATIONS-TARBORO	\$ 277.31	\$ 305.04	\$ 291.18
3406234	SKILL CREATIONS-TRIANGLE H I	\$ 277.31	\$ 305.04	\$ 291.18
3406243	SKILL CREATIONS-TRIANGLE H II	\$ 277.31	\$ 305.04	\$ 291.18
3406416	SKILL CREATIONS-WILSON	\$ 277.31	\$ 305.04	\$ 291.18

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3406519	SMITH STREET HOME	\$ 286.83	\$ 315.52	\$ 301.18
3416324	SMOKY MOUNTAIN	\$ 292.44	\$ 321.69	\$ 307.07
3406447	SOUTHERN AVENUE	\$ 286.83	\$ 315.52	\$ 301.18
3406290	SPRINGDALE LANE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3416135	STARNES GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416555	STEM ROAD HOME	\$ 286.83	\$ 315.52	\$ 301.18
3416483	STOKES COUTY ICF HOME	\$ 287.90	\$ 316.69	\$ 302.30
340607A	STONE RIDGE	\$ 286.83	\$ 315.52	\$ 301.18
340606V	STONEGATE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340601Y	STRAWBERRY RESIDENTIAL	\$ 288.81	\$ 317.69	\$ 303.25
3416594	STRICKLAND BRIDGE A & B	\$ 286.83	\$ 315.52	\$ 301.18
3406564	SUMMERLYN HOME	\$ 280.48	\$ 308.53	\$ 294.51
3416397	SUNNY HILL	\$ 286.83	\$ 315.52	\$ 301.18
3416577	SUNNY HILL II	\$ 286.83	\$ 315.52	\$ 301.18
340608M	SYDNOR STREET GROUP HOME	\$ 289.63	\$ 318.60	\$ 304.12
3406407	T. L. C. HOME, INC	\$ 307.91	\$ 338.70	\$ 323.31
3406335	TAMMY LYNN CENTER-ADULTS	\$ 487.96	\$ 536.75	\$ 512.35
3406504	TAMMY LYNN CENTER-CHILDREN	\$ 487.96	\$ 536.75	\$ 512.35
340602E	MID STATE HEALTH THOMAS S - DECATUR	\$ 272.72	\$ 299.99	\$ 286.36
3406050	THOMAS S - KINLAW	\$ 272.72	\$ 299.99	\$ 286.35
3416150	THOMAS STREET HOME	\$ 286.83	\$ 315.52	\$ 301.18
340608T	TIMBERLEA	\$ 288.81	\$ 317.69	\$ 303.25
340605W	TROTTERS BLUFF GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
3406487	TUCKASEEGEE GROUP HOME	\$ 295.75	\$ 325.32	\$ 310.53
3416465	TWENTY THIRD STREET	\$ 286.83	\$ 315.52	\$ 301.18
3406524	TWIN BROOKS	\$ 286.83	\$ 315.52	\$ 301.18
341604E	VOCA/APPLE VALLEY	\$ 289.44	\$ 318.39	\$ 303.91
3406023	VOCA/BASS LAKE GROUP HOME	\$ 312.14	\$ 343.36	\$ 327.75
3416365	VOCA/BLAIRFIELD	\$ 289.44	\$ 318.39	\$ 303.91
3416085	VOCA/COLLEGE STREET	\$ 289.44	\$ 318.39	\$ 303.91
340600J	VOCA/COUNTRY GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340600W	VOCA/CREEKWAY	\$ 289.44	\$ 318.39	\$ 303.91
3416450	VOCA/DENBUR DRIVE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406357	VOCA/FREEDOM GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340600T	VOCA/GENTRY GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340605R	VOCA/GREENWOOD GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406377	VOCA/HARRISBURG GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340600G	VOCA/HICKORY GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340604P	VOCA/HICKORY II GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416528	VOCA/KIMSEY	\$ 289.44	\$ 318.39	\$ 303.91
340606H	VOCA/LAUREL GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340605U	VOCA/LAURELWOOD GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406139	VOCA/MALLARD DRIVE	\$ 289.44	\$ 318.39	\$ 303.91
340605N	VOCA/MASON GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406264	VOCA/MEADOWOOD	\$ 289.44	\$ 318.39	\$ 303.91
3416586	VOCA/NORWICH GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406184	VOCA/OAK GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340606P	VOCA/OAKHAVEN GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406532	VOCA/OBIE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340605M	VOCA/OLIVE STREET HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406355	VOCA/OTIS GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91

PROVIDER NUMBER	PROVIDER NAME	Current Rate- enddate 9/30/2015	October thru December 2015	Effective 1/1/2016
3406429	VOCA/PURSER GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340604X	VOCA/ROLLINS GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340606N	VOCA/SANDBURG GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340605T	VOCA/SECOND ST. GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416333	VOCA/SEVEN OAKS ROAD - DURHAM	\$ 289.44	\$ 318.39	\$ 303.91
3406381	VOCA/SIMPSON GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340604R	VOCA/SIXTH STREET GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406186	VOCA/ST.JOHN'S CHURCH GH	\$ 289.44	\$ 318.39	\$ 303.91
340606R	VOCA/TODDVILLE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416510	VOCA/WELLBORN	\$ 289.44	\$ 318.39	\$ 303.91
340600B	VOCA/WILSON GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3406049	VOCA/WOODBRIDGE GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340603Y	VOCA/WOODLAND GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
340603Z	VOCA/YOUNG GROUP HOME	\$ 289.44	\$ 318.39	\$ 303.91
3416529	WAKULLA I & II	\$ 286.83	\$ 315.52	\$ 301.18
340608V	WASHINGTON STREET EAST GROUP HOME	\$ 288.95	\$ 317.85	\$ 303.40
3406414	WATSON'S GROUP HOME-Elwell	\$ 254.80	\$ 280.27	\$ 267.54
341601Z	WEBSTER CHILDREN'S ICF-MR GH	\$ 292.44	\$ 321.69	\$ 307.07
3406523	WENDOVER	\$ 286.83	\$ 315.52	\$ 301.18
3416202	WESTRIDGE GROUP HOME	\$ 288.81	\$ 317.69	\$ 303.25
340602M	WESTSIDE RES. PROGRAM	\$ 288.81	\$ 317.69	\$ 303.25
3416549	WILDCAT GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406118	WILHELM PLACE HOME	\$ 312.14	\$ 343.36	\$ 327.75
3406584	WILMINGTON ROAD GROUP HOME	\$ 286.83	\$ 315.52	\$ 301.18
3406387	WILSON SMITH COTTAGE	\$ 292.37	\$ 321.60	\$ 306.99
340609Y	WOODBEND	\$ 289.44	\$ 318.39	\$ 303.91
3416126	YADKIN I	\$ 286.83	\$ 315.52	\$ 301.18
3416178	YADKIN II & III	\$ 286.83	\$ 315.52	\$ 301.18

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
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 - Merancas 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 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

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 01/01/2015

Medicaid Maximum Allowable

Code	Modifier	Description	Facility	Non-Facility
27438		arthroplasty patella w/prosthesis	\$622.88	\$622.88
36415		collection of venous blood by venipuncture	\$2.72	\$2.72
72275	26	epidurography, radiological supervision and interpretati	\$29.93	\$29.93
72275	TC	epidurography, radiological supervision and interpretati	\$51.47	\$51.47
72275		epidurography, radiological supervision and interpretati	\$81.40	\$81.40
78267		urea breath test, c-14; acquisition for analysis	\$9.97	\$9.97
78268		urea breath test, c-14; analysis	\$85.44	\$85.44
78456	26	acute venous thrombosis imaging, peptide	\$44.34	\$44.34
78456	TC	acute venous thrombosis imaging, peptide	\$223.25	\$223.25
78456		acute venous thrombosis imaging, peptide	\$267.59	\$267.59
80047		basic metabolic panel (calcium, ionized)	\$27.01	\$27.01
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 profile	\$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
80156		carbamazepine; total	\$18.14	\$18.14
80157		carbamazepine; free	\$16.51	\$16.51
80158		cyclosporine	\$22.50	\$22.50
80162		digoxin	\$16.54	\$16.54
80163		assay of digoxin free	\$16.44	\$16.44
80164		dipropylacetic acid	\$16.70	\$16.70
80165		dipropylacetic acid free	\$16.58	\$16.58
80168		ethosuximide	\$20.36	\$20.36
80170		gentamicin	\$4.31	\$4.31
80173		haloperidol	\$18.14	\$18.14
80176		lidocaine	\$18.30	\$18.30
80178		lithium	\$8.24	\$8.24
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
80200		tobramycin	\$20.08	\$20.08

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
80201		topiramate	\$14.86	\$14.86
80202		vancomycin	\$16.70	\$16.70
80299		quantitation of drug, not elsewhere specified	\$17.06	\$17.06
80300		drug screen non tlc devices	\$18.12	\$18.12
80301		drug screen class list a	\$18.12	\$18.12
80302		drug screen prsmptv 1 class	\$22.37	\$22.37
80303		drug screen one/mult class	\$22.90	\$22.90
80304		drug screen one/mult class	\$22.37	\$22.37
80320		drug screen quantalcohols	\$13.47	\$13.47
80321		alcohols biomarkers 1or 2	\$13.47	\$13.47
80322		alcohols biomarkers 3/more	\$13.47	\$13.47
80323		alkaloids nos	\$37.41	\$37.41
80324		drug screen amphetamines 1/2	\$19.37	\$19.37
80325		amphetamines 3or 4	\$19.37	\$19.37
80326		amphetamines 5 or more	\$19.37	\$19.37
80327		anabolic steroid 1 or 2	\$32.16	\$32.16
80328		anabolic steroid 3 or more	\$32.16	\$32.16
80329		analgesics non-opioid 1 or 2	\$25.22	\$25.22
80330		analgesics non-opioid 3-5	\$25.22	\$25.22
80331		analgesics non-opioid 6/more	\$25.22	\$25.22
80332		antidepressants class 1 or 2	\$22.37	\$22.37
80333		antidepressants class 3-5	\$22.37	\$22.37
80334		antidepressants class 6/more	\$22.37	\$22.37
80335		antidepressant tricyclic 1/2	\$20.30	\$20.30
80336		antidepressant tricyclic 3-5	\$20.30	\$20.30
80337		tricyclic & cyclicals 6/more	\$20.30	\$20.30
80338		antidepressant not specified	\$22.37	\$22.37
80339		antiepileptics nos 1-3	\$18.04	\$18.04
80340		antiepileptics nos 4-6	\$18.04	\$18.04
80341		antiepileptics nos 7/more	\$18.04	\$18.04
80342		antipsychotics nos 1-3	\$22.90	\$22.90
80343		antipsychotics nos 4-6	\$22.90	\$22.90
80344		antipsychotics nos 7/more	\$22.90	\$22.90
80345		drug screening barbiturates	\$14.28	\$14.28
80346		benzodiazepines1-12	\$23.04	\$23.04
80347		benzodiazepines 13 or more	\$23.04	\$23.04
80348		drug screening buprenorphine	\$24.25	\$24.25
80349		cannabinoids natural	\$22.37	\$22.37
80350		cannabinoids synthetic 1-3	\$22.37	\$22.37
80351		cannabinoids synthetic 4-6	\$22.37	\$22.37
80352		cannabinoid synthetic 7/more	\$22.37	\$22.37
80353		drug screening cocaine	\$18.87	\$18.87
80354		drug screening fentanyl	\$24.25	\$24.25
80355		gabapentin non-blood	\$16.42	\$16.42
80356		heroin metabolite	\$24.25	\$24.25
80357		ketamine and norketamine	\$22.37	\$22.37
80358		drug screening methadone	\$20.34	\$20.34
80359		methylenedioxyamphetamines	\$19.37	\$19.37
80360		methylphenidate	\$22.37	\$22.37
80361		opiates 1 or more	\$24.25	\$24.25
80362		opioids & opiate analogs 1/2	\$24.25	\$24.25
80363		opioids & opiate analogs 3/4	\$24.25	\$24.25
80364		opioid & opiate analog 5/more	\$24.25	\$24.25

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
80365		drug screening oxycodone	\$24.25	\$24.25
80366		drug screening pregabalin	\$22.37	\$22.37
80367		drug screening propoxyphene	\$24.25	\$24.25
80368		sedative hypnotics	\$22.37	\$22.37
80369		skeletal muscle relaxant 1/2	\$22.37	\$22.37
80370		skel musc relaxant 3 or more	\$22.37	\$22.37
80371		stimulants synthetic	\$22.37	\$22.37
80372		drug screening tapentadol	\$24.25	\$24.25
80373		drug screening tramadol	\$24.25	\$24.25
80374		stereoisomer analysis	\$22.37	\$22.37
80375		drug/substance nos 1-3	\$22.37	\$22.37
80376		drug/substance nos 4-6	\$22.37	\$22.37
80377		drug/substance nos 7/more	\$24.25	\$24.25
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 (eg, saline ir	\$156.37	\$156.37
80410		calcitonin stimulation panel (eg, calcium, pentagastrin)	\$100.09	\$100.09
80412		corticotropic releasing hormone (crh) stimulation panel	\$410.68	\$410.68
80418		combined rapid anterior pituitary evaluation panel	\$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, arginine infusior	\$83.08	\$83.08
80430		growth hormone suppression panel (glucose administr	\$97.75	\$97.75
80432		insulin-induced c-peptide suppression panel	\$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) stimulation panel;	\$60.92	\$60.92
80439		thyrotropin releasing hormone (trh) stimulation panel;	\$81.22	\$81.22
80500		clinical pathology consultation; limited	\$14.90	\$16.88
80502	26	clinical pathology consultation , comprehensive	\$39.60	\$40.32
80502		clinical pathology consultation; comprehensive	\$51.87	\$53.00
81000		urinalysis, by dip stick or tablet reagent for bilirubin, glu	\$3.95	\$3.95
81001		urinalysis, by dip stick or tablet reagent for bilirubin, glu	\$3.95	\$3.95
81002		urinalysis routine without microscopy	\$3.19	\$3.19
81003		ua, by dip stick or tablet; automated, wo micro	\$2.80	\$2.80
81005		urine tests	\$2.70	\$2.70
81007		urinalysis; bacteriuria screen, except by culture or dipst	\$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, each	\$3.73	\$3.73
82009		acetone qualitative	\$5.63	\$5.63
82010		laboratory services,analysis	\$10.18	\$10.18
82013		acetylcholinesterase	\$13.93	\$13.93
82016		acylcarnitines; qualitative, each specimen	\$17.28	\$17.28
82017		acylcarnitines; quantitative, each specimen (for carnitin	\$21.02	\$21.02
82024		acth	\$48.13	\$48.13
82030		adenosine;5' monophosphate,cyclic (cyclic amp)	\$32.15	\$32.15
82040		albumin serum	\$6.17	\$6.17
82042		albumin; urine or other source, quantitative, each speci	\$6.45	\$6.45

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 isoform and total	\$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 specimen	\$17.28	\$17.28
82128		amino acids; multiple, qualitative, each specimen	\$17.28	\$17.28
82131		amino acids; single, quantitative, each specimen	\$21.02	\$21.02
82135		aminolevulinic acid delta	\$20.51	\$20.51
82136		amino acids, 2 to 5 amino acids, quantitative, each spe	\$21.02	\$21.02
82139		amino acids, 6 or more amino acids, quantitative, each	\$21.02	\$21.02
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; cholyglycine	\$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 (eg, guaiac), qualit	\$4.05	\$4.05
82271		blood, occult, by peroxidase activity (eg, guaiac), qualit	\$4.05	\$4.05
82272		blood, occult, by peroxidase activity (eg, guaiac), qualit	\$4.05	\$4.05
82274		blood, occult, by fecal hemoglobin determination by imi	\$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
82340		calcium urine quantitative timed specimen	\$6.49	\$6.49
82355		calculus; qualitative analysis	\$14.42	\$14.42
82360		calculus quantitative chemical	\$16.04	\$16.04
82365		calculus quantitative infrared spectroscopy	\$16.06	\$16.06

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 qualitativ	\$7.47	\$7.47
82378		carcinoembryonic antigen (cea)	\$23.64	\$23.64
82379		carnitine (total and free), quantitative, each specimen	\$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		chondruite b sulfate quantitative	\$25.73	\$25.73
82486		chromatography, qualitative; column (eg, gas liquid or l	\$22.50	\$22.50
82487		chromatography paper	\$19.88	\$19.88
82488		chromatography paper 2 dimensional	\$26.62	\$26.62
82489		chromatography thin layer	\$23.04	\$23.04
82491		chromatography, quantitative, column (eg, gas liquid or	\$22.50	\$22.50
82492		chromatography, quantitative, column (eg, gas liquid or	\$22.50	\$22.50
82495		chromium	\$25.27	\$25.27
82507		citric acid	\$34.64	\$34.64
82523		collagen cross links, any method	\$18.27	\$18.27
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
82541		column chromatography/mass spectrometry (eg, gc/ms	\$22.50	\$22.50
82542		column chromatography/mass spectrometry (eg, gc/ms	\$22.50	\$22.50
82543		column chromatography/mass spectrometry (eg, gc/ms	\$22.50	\$22.50
82544		column chromatography/mass spectrometry (eg, gc/ms	\$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-quantitative (eg, cryoc	\$8.07	\$8.07
82600		cyanide	\$24.18	\$24.18
82607		cyanocobalamin (vitamin b-12)	\$18.78	\$18.78
82608		cyanocobalamin unsaturated binding capacity	\$17.85	\$17.85

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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, qualitative or semi-qu	\$14.28	\$14.28
82657		enzyme activity in blood cells, cultured cells, or tissue, i	\$22.50	\$22.50
82658		enzyme activity in blood cells, cultured cells, or tissue, i	\$22.50	\$22.50
82664		electrophoretic tech	\$42.81	\$42.81
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 secretions, semi-quanti	\$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;qual	\$26.24	\$26.24
82776		galactose 1 phosphate uridyl transferase quantitat	\$10.45	\$10.45
82784		gamma globulin	\$11.58	\$11.58
82785		gammaglobulin; ige	\$20.52	\$20.52
82787		gammaglobulin; immunoglobulin subclasses, (igg1, 2, :	\$9.99	\$9.99
82800		oxygen saturation ph only	\$8.00	\$8.00
82803		gases, blood, any combination of ph, pco2, po2, co2, h	\$24.12	\$24.12
82805		gases, blood, any combination of ph, pco2, po2, co2, h	\$35.36	\$35.36
82810		gases, blood, o2 saturation only, by direct measuremer	\$10.88	\$10.88
82820		hemoglobin - oxygen affinity	\$12.45	\$12.45
82930		gastric acid analysis, includes ph if performed, each sp	\$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 reagent strip)	\$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

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
82952		glucose tolerance test each assit beyond 3 spec	\$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		glutathione 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 hormone (fsh)	\$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 for urease activi	\$83.93	\$83.93
83010		haptoglobin	\$15.68	\$15.68
83012		haptoglobin phenotypes electrophoresis	\$21.42	\$21.42
83013		helicobacter pylori; analysis for urease activity, non-rad	\$83.93	\$83.93
83014		helicobacter pylori, breath test analysis; drug administr	\$9.79	\$9.79
83015		heavy metal screen	\$23.46	\$23.46
83018		heavy metal; quantitative, each	\$27.36	\$27.36
83020	26	hemoglobin fractionation and quantitation; electrophore	\$15.17	\$15.17
83020		hemoglobin fractionation and quantitation; electrophore	\$15.66	\$15.66
83021		hemoglobin fractionation and quantitation; chromatograp	\$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 infectious agent ar	\$14.28	\$14.28
83518		immunoassay for analyte other than antibody or infectio	\$9.53	\$9.53
83519		immunoassay, analyte, quantitative; by radiopharmace	\$16.84	\$16.84
83520		immunoassay analyte; not otherwise specified	\$16.13	\$16.13
83525		insulin; total	\$14.25	\$14.25
83527		insulin;	\$15.77	\$15.77
83528		intrinsic factor level	\$19.82	\$19.82
83540		iron	\$8.08	\$8.08

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 qualitative	\$6.86	\$6.86
83655		lead	\$15.08	\$15.08
83661		fetal lung maturity assessment; lecithin sphingomyelin r	\$27.39	\$27.39
83662		l/s ratio	\$23.57	\$23.57
83663		fetal lung maturity assessment; fluorescence polarizati	\$23.57	\$23.57
83664		fetal lung maturity assessment; lamellar body density	\$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 separation and quanti	\$14.02	\$14.02
83701		lipoprotein, blood; high resolution fractionation and qua	\$30.93	\$30.93
83718		lipoprotein, direct measurement; (hdl cholesterol)	\$10.20	\$10.20
83719		lipoprotein, direct measurement; direct measurement, v	\$14.50	\$14.50
83721		lipoprotein, direct measurement; direct measurement, l	\$11.89	\$11.89
83727		luteinizing releasing factor (lrh)	\$21.42	\$21.42
83735		magnesium	\$8.35	\$8.35
83775		malate dehydrogenase	\$9.18	\$9.18
83785		manganese blood or urine	\$30.64	\$30.64
83788		mass spectrometry and tandem mass spectrometry (m	\$22.50	\$22.50
83789		mass spectrometry and tandem mass spectrometry (m	\$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 integrated collection ar	\$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 fluid	\$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 specimen	\$20.51	\$20.51
83919		organic acids; qualitative, each specimen	\$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-prothrombin (dcp)	\$83.87	\$83.87

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
83970		parathormone	\$51.43	\$51.43
83986		ph body fluid except blood	\$4.46	\$4.46
83992		phencyclidine	\$18.32	\$18.32
83993		calprotectin, fecal	\$24.45	\$24.45
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		phosphatidyglycerol	\$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), cervicovagin	\$80.83	\$80.83
84119		porphyrins qualitative	\$10.73	\$10.73
84120		porphyrins, urine; quantitation and fractionation	\$18.33	\$18.33
84126		prophyrins feces quantitative	\$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-hydroxypregnenolone	\$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
84152		prostate specific antigen (psa); complexed (direct mea:	\$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 refractometry	\$4.57	\$4.57
84156		protein, total, except by refractometry; urine	\$4.57	\$4.57
84157		protein, total, except by refractometry; other source (eg	\$4.57	\$4.57
84160		protein, total, by refractometry, any source	\$6.45	\$6.45
84163		pregnancy-associated plasma protein-a (papp-a)	\$10.90	\$10.90
84165	26	protein electrophoresis	\$14.90	\$14.90
84165		protein electrophoresis	\$13.33	\$13.33
84166	26	protein; electrophoretic fractionation and quantitation, c	\$14.90	\$14.90
84166		protein; electrophoretic fractionation and quantitation, c	\$22.23	\$22.23
84181	26	protein; western blot, with report and interpretation	\$14.90	\$14.90
84181		protein; western blot, w report & interp	\$14.65	\$14.65
84182	26	protein;immuno probe for band id, each	\$15.37	\$15.37
84182		protein; immuno probe for band id, each	\$14.65	\$14.65
84202		protoporphyrin rbc quantitative	\$17.89	\$17.89
84203		protoporphyrin rbc screen	\$10.73	\$10.73
84206		proinsulin	\$22.20	\$22.20

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 progester	\$65.21	\$65.21
84238		receptor assay; non-endocrine (specify receptor)	\$45.56	\$45.56
84244		renin	\$27.40	\$27.40
84252		riboflavin	\$25.22	\$25.22
84255		selenium	\$31.81	\$31.81
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 phy	\$24.42	\$24.42
84376		sugars (mon-, di, and oligosaccharides); single qualitat	\$6.86	\$6.86
84377		sugars (mon-, di, and oligosaccharides); multiple qualit	\$6.86	\$6.86
84378		sugars (mon-, di, and oligosaccharides); single quantita	\$14.36	\$14.36
84379		sugars (mon-, di, and oligosaccharides); multiple quant	\$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 thromboxane if p	\$16.53	\$16.53
84432		thyroglobulin	\$20.01	\$20.01
84436		thyroxine; total	\$7.18	\$7.18
84437		thyroxine; requiring elution (eg, neonatal)	\$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 (tsi)	\$63.37	\$63.37
84446		vitamin e	\$17.67	\$17.67
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 thyroid hormone bi	\$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

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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, reagent strip test)	\$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
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 chain	\$10.90	\$10.90
85002		bleeding time	\$5.61	\$5.61
85004		blood count; automated differential wbc count	\$8.07	\$8.07
85007		blood count diff wbc count	\$4.29	\$4.29
85008		blood count; blood smear, microscopic examination wit	\$4.29	\$4.29
85009		differential wbc count	\$4.63	\$4.63
85013		blood count; spun microhematocrit	\$2.95	\$2.95
85014		blood count; other than spun hematocrit	\$2.95	\$2.95
85018		hemoglobin	\$2.95	\$2.95
85025		blood count hemogram/platelet count auto/auto comp	\$9.68	\$9.68
85027		blood count hemogram automated w platelet count	\$8.07	\$8.07
85032		blood count; manual cell count (erythrocyte, leukocyte,	\$5.36	\$5.36
85041		rbc	\$3.74	\$3.74
85044		reticulocyte count	\$5.36	\$5.36
85045		blood count, reticulocyte count, flow cytometry	\$4.99	\$4.99
85046		blood count; reticulocytes, automated, including one or	\$6.96	\$6.96
85048		wbc	\$3.17	\$3.17
85049		blood count; platelet, automated	\$5.58	\$5.58
85055		reticulated platelet assay	\$33.36	\$33.36
85060	26	blood smear, peripheral, interp by physician	\$13.22	\$13.22
85060		blood smear, peripheral, interp by physician	\$18.38	\$18.38
85097	26	bone marrow, smear interpretation	\$29.78	\$59.81
85097		bone marrow, smear interpretation	\$38.26	\$69.07
85130		chromogenic substrate assay	\$14.82	\$14.82
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

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 screen sol	\$11.07	\$11.07
85292		clotting; factor ii prekallikrein assay	\$23.60	\$23.60
85293		clotting; factor ii molecular weight assay	\$23.60	\$23.60
85300		clotting inhibitors or anticoagulants antithrombin	\$14.76	\$14.76
85301		clotting inhibitors; antithrombin iii, antigen ass	\$13.48	\$13.48
85302		clotting inhibitors or anticoagulants; protein c, antigen	\$14.98	\$14.98
85303		clotting inhibitors or anticoag; protein c	\$17.23	\$17.23
85305		clotting inhibitors or anticoagulants; protein s, total	\$14.45	\$14.45
85306		clotting inhibitors or anticoag; protein s free	\$17.81	\$17.81
85307		activated protein c (apc) resistance assay	\$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
85360		euglobulin lysis	\$10.47	\$10.47
85362		fibrin degradation products	\$8.58	\$8.58
85370		fdp; quantitative	\$11.48	\$11.48
85378		fdp, d-dimer; semiquantitative	\$8.89	\$8.89
85379		fdp, d-dimer; quantitative	\$11.48	\$11.48
85380		fibrin degradation products, d-dimer; ultrasensitive (eg,	\$11.48	\$11.48
85384		fibrinogen; activity	\$10.58	\$10.58
85385		fibrinogen; antigen	\$10.58	\$10.58
85390	26	fibrinolysins or coagulopathy screen, interpretation and	\$15.17	\$15.17
85390		fibrinolysins or coagulopathy screen, interpretation and	\$6.44	\$6.44
85396		coagulation/fibrinolysis assay, whole blood (eg, viscoel	\$15.47	\$15.47
85397		coagulation and fibrinolysis, functional activity, not othe	\$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 phenylhydrazine	\$8.49	\$8.49
85460		hemoglobin or rbc, fetal, for fetomaternal hemorrhage	\$9.39	\$9.39
85461		hemoglobin or rbc, fetal, for fetomaternal hemorrhage	\$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

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
85549		muramidase	\$23.37	\$23.37
85555		osmotic fragility, rbc; uncubated	\$8.33	\$8.33
85557		osmotic fragility incubated quantitative	\$16.64	\$16.64
85576	26	platelet; aggregation (in vitro), each agent	\$15.17	\$15.17
85576		platelet; aggregation (in vitro), each agent	\$26.76	\$26.76
85597		platelet neutralization	\$22.40	\$22.40
85598		phospholipid neutralization; hexagonal phospholipid	\$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); undiluted	\$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-automated	\$4.42	\$4.42
85652		sedimentation rate, erythrocyte; automated	\$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); substitution, plasma fi	\$8.07	\$8.07
85810		viscosity	\$12.63	\$12.63
86000		agglutins febrile ea	\$8.69	\$8.69
86001		allergen specific igg quantitative or semiquantitative, ea	\$6.51	\$6.51
86003		allergen specific ige; quantitative or semiquantitative, e	\$6.51	\$6.51
86005		allergen specific ige; qualitative, multiallergen screen (c	\$9.94	\$9.94
86021		antibody identification leukocyte antibodies	\$18.76	\$18.76
86022		antibody identification platelet antibodies	\$22.88	\$22.88
86023		antibody id platelet associated immunoglobulin	\$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
86077	26	blood bank services; evaluation of irregular antib	\$29.17	\$30.40
86077		blood bank services; evaluation of irregular antib	\$38.35	\$40.04
86078	26	blood bank irregular antib investigation of transf	\$29.44	\$31.06
86078		blood bank irregular antib investigation of transf	\$38.35	\$40.61
86079	26	blood bank authorization for deviation stand proce	\$29.26	\$30.68
86079		blood bank authorization for deviation stand proce	\$38.63	\$40.89
86140		crp	\$6.45	\$6.45
86141		c-reactive protein; high sensitivity (hscrp)	\$16.13	\$16.13
86146		beta 2 glycoprotein i antibody, each	\$18.08	\$18.08
86147		cardiolipin (phospholipid) antibody, each ig class	\$18.08	\$18.08
86148		anti-phosphatidylserine (phospholipid) antibody	\$18.60	\$18.60
86155		chemothaxis assay specify method	\$19.91	\$19.91
86156		cold agglutinin; screen	\$8.00	\$8.00
86157		cold agglutinin; 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 antigen	\$11.15	\$11.15
86200		cyclic citrullinated peptide (ccp), antibody	\$16.13	\$16.13
86215		ash titer	\$16.50	\$16.50

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
86225		deoxyribonucleic acid (dna) antibody; native or double	\$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	26	fluorescent noninfectious agent antibody; screen, each	\$15.17	\$15.17
86255		fluorescent noninfectious agent antibody; screen, each	\$15.01	\$15.01
86256	26	fluorescent antibody titer	\$15.17	\$15.17
86256		fluorescent antibody titer	\$15.01	\$15.01
86277		growth hormone, human (hgh), antibody	\$19.61	\$19.61
86280		hemagglutination inhibitor	\$10.20	\$10.20
86294		immunoassay for tumor antigen, qualitative or semiquantitative	\$24.44	\$24.44
86300		immunoassay for tumor antigen, quantitative; ca 15-3 (\$25.92	\$25.92
86301		immunoassay for tumor antigen, quantitative; ca 19-9	\$25.92	\$25.92
86304		immunoassay for tumor antigen, quantitative; ca 125	\$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 antigen, quantitative	\$25.92	\$25.92
86317		immunoassay for infectious agent antibody, quantitative	\$18.08	\$18.08
86318		immunoassay for infectious agent antibody, qualitative	\$16.13	\$16.13
86320	26	immuno-electrophoresis; serum	\$15.17	\$15.17
86320		immuno-electrophoresis; serum	\$27.93	\$27.93
86325	26	immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid)	\$14.90	\$14.90
86325		immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid)	\$27.86	\$27.86
86327	26	immuno-electrophoresis, serum each specimen plate	\$17.46	\$17.46
86327		immuno-electrophoresis serum each specimen plate	\$28.27	\$28.27
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	26	immunofixation electrophoresis	\$15.17	\$15.17
86334		immunofixation electrophoresis	\$27.83	\$27.83
86335	26	immunofixation electrophoresis; other fluids with concentration	\$14.90	\$14.90
86335		immunofixation electrophoresis; other fluids with concentration	\$36.56	\$36.56
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 (phytohemagglutinin) or concanavalin	\$61.08	\$61.08
86355		b cells, total count	\$47.00	\$47.00
86356		mononuclear cell antigen, quantitative (eg, flow cytometry)	\$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, including ratio	\$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, thyroid or liver-kidney), each	\$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 antibody	\$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

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
86480		tuberculosis test, cell mediated immunity measurement	\$77.22	\$77.22
86481		tuberculosis test, cell mediated immunity measurement	\$77.78	\$77.78
86485		skin test; 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 tests	\$5.31	\$5.31
86593		syphilis precipitation flocculation test quantitative	\$5.50	\$5.50
86602		antibody; actinomyces	\$12.68	\$12.68
86603		antibody; adenovirus	\$15.89	\$15.89
86606		antibody; aspergillus	\$15.89	\$15.89
86609		antibody; bacterium, not elsewhere specified	\$15.89	\$15.89
86611		antibody; bartonella	\$12.68	\$12.68
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; campylobacter	\$9.39	\$9.39
86628		antibody; candida	\$14.14	\$14.14
86631		antibody; chlamydia	\$14.73	\$14.73
86632		antibody; chlamydia, igm	\$15.82	\$15.82
86635		antibody, coccidioides	\$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; francisella tularensis	\$12.96	\$12.96
86671		antibody; fungus	\$15.28	\$15.28
86674		antibody; giardia lamblia	\$18.08	\$18.08
86677		antibody; helicobacter pylori	\$18.08	\$18.08
86682		antibody; helminth	\$16.20	\$16.20
86684		antibody; hemophilus influenza	\$18.08	\$18.08
86687		antibody; htlv i	\$10.46	\$10.46
86688		antibody; htlv-it	\$14.65	\$14.65
86689		htlv i, antibody detection; confirmatory test	\$24.13	\$24.13
86692		antibody; hepatitis, delta agent	\$18.08	\$18.08
86694		antibody; herpes simplex, non-specific type test	\$17.90	\$17.90
86695		antibody; herpes simplex. type i	\$16.43	\$16.43
86696		antibody; herpes simplex, type 2	\$24.13	\$24.13

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
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 antibody	\$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 (haab), total	\$15.44	\$15.44
86709		hepatitis a antibody (haab); igm antibody	\$14.02	\$14.02
86710		antibody, influenza virus	\$16.90	\$16.90
86711		antibody; jc (john cunningham) virus	\$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
86747		antibody; parvovirus	\$18.08	\$18.08
86750		antibody; malaria	\$16.43	\$16.43
86753		antibody; protozoa, not elsewhere speci fied	\$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 (eg, immunoblot)	\$14.75	\$14.75
86805		lymphocytotoxicity assay, visual xm; w/ titration	\$65.15	\$65.15
86806		lymphocytotoxicity assay, visual xm; w/o titration	\$59.30	\$59.30
86807		serum screening for cytotoxic pra; standard method	\$49.30	\$49.30
86808		serum screening for cytotoxic pra; quick method	\$36.99	\$36.99
86812		tissue typing hla typing a,b, or c single antigen	\$32.15	\$32.15
86813		tissue typing hla typing a,b, &/or c mult antigens	\$72.26	\$72.26
86816		hla typing; dr/dq, single antigen	\$34.71	\$34.71
86817		hla typing; dr/dq, multiple antigens	\$80.21	\$80.21

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
86821		tissue typing lymphocyte culture mixed (mlc)	\$70.34	\$70.34
86822		tissue typing lymphocyte culture primed (plc)	\$45.54	\$45.54
86825		human leukocyte antigen (hla) crossmatch, non-cytop	\$102.60	\$102.60
86826		human leukocyte antigen (hla) crossmatch, non-cytop	\$34.20	\$34.20
86828		antibody to human leukocyte antigens (hla), solid phase	\$48.51	\$48.51
86829		antibody to human leukocyte antigens (hla), solid phase	\$36.39	\$36.39
86830		antibody to human leukocyte antigens (hla), solid phase	\$98.25	\$98.25
86831		antibody to human leukocyte antigens (hla), solid phase	\$84.22	\$84.22
86832		antibody to human leukocyte antigens (hla), solid phase	\$154.41	\$154.41
86833		antibody to human leukocyte antigens (hla), solid phase	\$140.37	\$140.37
86834		antibody to human leukocyte antigens (hla), solid phase	\$435.15	\$435.15
86835		antibody to human leukocyte antigens (hla), solid phase	\$393.04	\$393.04
86850		antibody screen, rbc, each serum technique	\$14.51	\$14.51
86860		antibody elution, each elution	\$14.20	\$14.20
86870		antibody id, each panel for each serum technique	\$25.63	\$25.63
86880		coombs test; direct, each antiserum	\$6.69	\$6.69
86885		antihuman globulin test indirect, qualitative each antise	\$7.12	\$7.12
86886		coombs test, indirect titer, each antiserum	\$6.45	\$6.45
86900		blood typing; abo	\$3.71	\$3.71
86901		blood typing; rh (d)	\$3.71	\$3.71
86902		blood typing; antigen testing of donor blood using reag	\$4.80	\$4.80
86904		blood typing; antigen screening, per unit screened	\$11.84	\$11.84
86905		blood typing; rbc antigens, each	\$4.76	\$4.76
86906		blood typing; rh phenotyping, complete	\$9.66	\$9.66
86940		hemolysins/agglutinins, auto, screen, each	\$10.22	\$10.22
86941		hemolysins/ agglutinins, each; incubated	\$15.09	\$15.09
87003		animal inoculation small animal w/observation and	\$20.97	\$20.97
87015		concentration (any type), for infectious agents	\$8.32	\$8.32
87040		culture, bacterial; blood, with isolation and presumptive	\$12.86	\$12.86
87045		culture, bacterial; feces, with isolation and preliminary c	\$11.75	\$11.75
87046		culture, bacterial; stool, additional pathogens, isolation	\$11.75	\$11.75
87070		culture, bacterial; any other source except urine, blood	\$10.73	\$10.73
87071		culture, bacterial; quantitative, aerobic with isolation an	\$11.75	\$11.75
87073		culture, bacterial; quantitative, anaerobic with isolation	\$11.75	\$11.75
87075		culture, bacterial; any source, anaerobic with isolation a	\$11.79	\$11.79
87076		culture, bacterial; anaerobic isolate, additional methods	\$10.06	\$10.06
87077		culture, bacterial; aerobic isolate, additional methods re	\$10.06	\$10.06
87081		culture, presumptive, pathogenic organisms, screening	\$7.18	\$7.18
87084		culture w colony estimation from density chart inc	\$10.73	\$10.73
87086		culture, bacterial; quantitative colony count, urine	\$10.05	\$10.05
87088		culture, bacterial; with isolation and presumptive identif	\$10.08	\$10.08
87101		culture, fungi (mold or yeast) isolation, with presumptiv	\$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 identification, each organism; y	\$12.86	\$12.86
87107		culture, fungi, definitive identification, each organism; n	\$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 bacilli (eg, tb, afb, m	\$13.47	\$13.47
87118		culture, mycobacterial, definitive identification, each isc	\$13.63	\$13.63
87140		culture, typing; immunofluorescent method, each antis	\$6.95	\$6.95
87143		culture, typing; gas liquid chromatography (glc) or high	\$15.61	\$15.61
87147		culture, typing; immunologic method, other than immur	\$6.45	\$6.45

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
87149		culture, typing; identification by nucleic acid probe	\$24.99	\$24.99
87150		culture, typing; identification by nucleic acid (dna or rna	\$31.32	\$31.32
87152		culture, typing; identification by pulse field gel typing	\$6.52	\$6.52
87153		culture, typing; identification by nucleic acid sequencing	\$75.58	\$75.58
87158		culture typing other methods	\$6.52	\$6.52
87164	26	darkfield examination	\$14.90	\$14.90
87164		darkfield examination	\$7.89	\$7.89
87166		dark field exam any source w/o collection	\$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 agent; agar dilution	\$5.92	\$5.92
87184		susceptibility studies, antimicrobial agent; disk method,	\$8.58	\$8.58
87185		susceptibility studies, antimicrobial agent; enzyme dete	\$5.92	\$5.92
87186		susceptibility studies, antimicrobial agent; microdilution	\$10.77	\$10.77
87187		susceptibility studies, antimicrobial agent; microdilution	\$12.92	\$12.92
87188		susceptibility studies, antimicrobial agent; macrobroth c	\$8.27	\$8.27
87190		susceptibility studies, antimicrobial agent; mycobacteria	\$7.05	\$7.05
87197		serum bactericidal titer	\$18.72	\$18.72
87205		smear, primary source with interpretation; gram or gien	\$5.31	\$5.31
87206		smear, primary source with interpretation; fluorescent a	\$6.69	\$6.69
87207	26	smear, primary source with interpretation; special stain	\$15.17	\$15.17
87207		smear, primary source with interpretation; special stain	\$7.47	\$7.47
87209		smear, primary source with interpretation; complex spe	\$22.39	\$22.39
87210		smear, primary source with interpretation; wet mount fc	\$4.75	\$4.75
87220		tissue examination by koh slide of samples from skin, l	\$5.31	\$5.31
87230		tissue culture lymphocyte	\$24.61	\$24.61
87250		virus isolation; inoculation of embryonated eggs, or sm	\$20.30	\$20.30
87252		virus isolation; tissue culture inoculation, observation, a	\$20.30	\$20.30
87253		virus isolation; tissue culture, additional studies or defir	\$20.30	\$20.30
87254		virus isolation; shell vial, includes identification with imr	\$20.30	\$20.30
87255		virus isolation; including identification by non-immunolo	\$30.45	\$30.45
87260		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87265		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87267		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87269		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87270		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87271		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87272		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87273		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87274		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87275		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87276		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87277		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87278		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87279		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87280		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87281		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87283		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87285		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28
87290		infectious agent antigen detection by direct fluorescent	\$14.28	\$14.28

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
87299		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87300		infectious agent antigen detection by immunofluoresce	\$14.28	\$14.28
87301		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87305		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87320		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87324		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87327		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87328		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87329		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87332		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87335		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87336		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87337		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87338		infectious agent antigen detection by enzyme immunoæ	\$17.92	\$17.92
87339		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87340		infectious agent antigen detection by enzyme immunoæ	\$11.59	\$11.59
87341		infectious agent antigen detection by enzyme immunoæ	\$11.59	\$11.59
87350		infectious agent antigen detection by enzyme immunoæ	\$13.79	\$13.79
87380		infectious agent antigen detection by enzyme immunoæ	\$20.46	\$20.46
87385		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87389		infectious agent antigen detection by enzyme immunoæ	\$29.92	\$29.92
87390		infectious agent antigen detection by enzyme immunoæ	\$21.98	\$21.98
87391		infectious agent antigen detection by enzyme immunoæ	\$21.98	\$21.98
87400		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87420		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87425		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87427		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87430		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87449		infectious agent antigen detection by enzyme immunoæ	\$14.28	\$14.28
87450		infectious agent antigen detection by enzyme immunoæ	\$9.53	\$9.53
87451		infectious agent antigen detection by enzyme immunoæ	\$9.53	\$9.53
87470		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87471		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87472		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87475		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87476		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87477		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87480		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87481		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87482		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87485		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87486		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87487		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87490		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87491		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87492		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87493		clostridium difficile, toxin gene(s), amplified probe tech	\$31.32	\$31.32
87495		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87496		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87497		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87498		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87500		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87501		infectious agent detection by nucleic acid (dna or rna);	\$35.95	\$35.95

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
87502		infectious agent detection by nucleic acid (dna or rna);	\$66.72	\$66.72
87503		infectious agent detection by nucleic acid (dna or rna);	\$11.57	\$11.58
87505		nfct 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 acid (dna or rna);	\$24.99	\$24.99
87511		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87512		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87515		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87516		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87517		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87520		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87521		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87522		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87525		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87526		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87527		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87528		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87529		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87530		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87531		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87532		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87533		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87534		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87535		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87536		infectious agent detection by nucleic acid (dna or rna);	\$66.24	\$66.24
87537		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87538		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87539		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87540		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87541		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87542		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87550		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87551		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87552		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87555		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87556		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87557		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87560		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87561		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87562		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87580		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87581		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87582		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87590		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87591		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87592		infectious agent detection by nucleic acid (dna or rna);	\$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
87631		infectious agent detection by nucleic acid (dna or rna);	\$87.77	\$87.77
87632		infectious agent detection by nucleic acid (dna or rna);	\$132.97	\$132.97
87633		infectious agent detection by nucleic acid (dna or rna);	\$245.96	\$245.96

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
87640		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87641		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87650		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87651		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87652		infectious agent detection by nucleic acid (dna or rna);	\$40.58	\$40.58
87653		infectious agent detection by nucleic acid (dna or rna);	\$30.56	\$30.56
87660		infectious agent detection by nucleic acid (dna or rna);	\$24.99	\$24.99
87797		infectious agent detection by nucleic acid (dna or rna),	\$24.99	\$24.99
87798		infectious agent detection by nucleic acid (dna or rna),	\$30.56	\$30.56
87799		infectious agent detection by nucleic acid (dna or rna),	\$40.58	\$40.58
87800		infectious agent detection by nucleic acid (dna or rna),	\$49.97	\$49.97
87801		infectious agent detection by nucleic acid (dna or rna),	\$61.10	\$61.10
87802		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87803		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87804		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87806		hiv antigen w/hiv antibodies	\$29.34	\$29.34
87807		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87808		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87809		infectious agent antigen detection by immunoassay wit	\$14.28	\$14.28
87810		infectious agent detection by immunoassay with direct	\$14.28	\$14.28
87850		infectious agent detection by immunoassay with direct	\$14.28	\$14.28
87880		infectious agent detection by immunoassay with direct	\$14.28	\$14.28
87899		infectious agent detection by immunoassay with direct	\$14.28	\$14.28
87900		infectious agent drug susceptibility phenotype predictio	\$101.49	\$101.49
87901		infectious agent genotype analysis by nucleic acid (dna	\$97.26	\$97.26
87902		infectious agent genotype analysis by nucleic acid (dna	\$97.26	\$97.26
87903		infectious agent phenotype analysis by nucleic acid (dn	\$339.12	\$339.12
87904		infectious agent phenotype analysis by nucleic acid (dn	\$20.30	\$20.30
87905		infectious agent enzymatic activity other than virus (eg,	\$16.59	\$16.59
87906		infectious agent genotype analysis by nucleic acid (dna	\$48.98	\$48.98
87910		infectious agent genotype analysis by nucleic acid (dna	\$95.67	\$95.67
87912		infectious agent genotype analysis by nucleic acid (dna	\$95.67	\$95.67
88104	26	cytopathology, fld, wash or brush, excpt cerv or vag	\$22.59	\$22.59
88104	TC	cytopathology, fld, wash or brush, excpt cerv or vag	\$25.82	\$25.82
88104		cytopathology, fld, wash or brush, excpt cerv or vag	\$48.41	\$48.41
88106	26	cytopathology filter method only with interpretati	\$22.59	\$22.59
88106	TC	cytopthlgy, fld, wash or brush, expt cer or vag fltme	\$37.41	\$37.41
88106		cytopathology filter method only with interpretati	\$60.00	\$60.00
88108	26	cytopathology, concentration technique, smears and in	\$22.59	\$22.59
88108	TC	cytopathology, concentration technique, smears and in	\$34.31	\$34.31
88108		cytopathology, concentration technique, smears and in	\$56.89	\$56.89
88112	26	cytopathology, selective cellular enhancement techniqu	\$46.33	\$46.33
88112	TC	cytopathology, selective cellular enhancement techniqu	\$34.87	\$34.87
88112		cytopathology, selective cellular enhancement techniqu	\$81.20	\$81.20
88120	26	cytopathology, in situ hybridization (eg, fish), urinary tra	\$43.37	\$43.37
88120	TC	cytopathology, in situ hybridization (eg, fish), urinary tra	\$326.60	\$326.60
88120		cytopathology, in situ hybridization (eg, fish), urinary tra	\$370.06	\$370.06
88121	26	cytopathology, in situ hybridization (eg, fish), urinary tra	\$38.55	\$38.55
88121	TC	cytopathology, in situ hybridization (eg, fish), urinary tra	\$273.99	\$273.99
88121		cytopathology, in situ hybridization (eg, fish), urinary tra	\$312.54	\$312.54
88125	26	cytopathology forensic	\$10.68	\$10.68
88125	TC	cytopathology, forensic	\$6.41	\$6.41
88125		cytopathology forensic	\$17.09	\$17.09

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
88130	26	buccal smear	\$19.71	\$19.71
88130		buccal smear	\$18.75	\$18.75
88140	26	sex chromatin ident periph blood smear	\$10.05	\$10.05
88140		sex chromatin ident periph blood smear	\$9.96	\$9.96
88141		cytopathology, cervical or vaginal (any reporting system)	\$21.98	\$21.98
88142		cytopathology, cervical or vaginal (any reporting system)	\$25.24	\$25.24
88143		cytopathology, cervical or vaginal (any reporting system)	\$25.24	\$25.24
88147		cytopathology smears, cervical or vaginal; screening by	\$13.16	\$13.16
88148		cytopathology smears, cervical or vaginal; screening by	\$13.16	\$13.16
88150		cytopathology, slides, cervical or vaginal; manual screening	\$13.16	\$13.16
88152		cytopathology, slides, cervical or vaginal; with manual screening	\$13.16	\$13.16
88153		cytopathology, slides, cervical or vaginal; with manual screening	\$13.16	\$13.16
88154		cytopathology, slides, cervical or vaginal; with manual screening	\$13.16	\$13.16
88155		cytopathology, slides, cervical or vaginal, definitive diagnosis	\$7.47	\$7.47
88160	26	cytopathology, smears, any other source; screening analysis	\$20.19	\$20.19
88160	TC	cytopathology, smears, any other source; screening analysis	\$20.74	\$20.74
88160		cytopathology, smears, any other source; screening analysis	\$40.92	\$40.92
88161	26	cytopathology, any other source; prep, screen & interpret	\$19.90	\$19.90
88161	TC	cytopathology, any other source; prep, screen & interpret	\$22.72	\$22.72
88161		cytopathology, any other source; prep, screen & interpret	\$42.62	\$42.62
88162	26	cytopathology, extend study involving over 5 slides &/or multiple stains	\$30.87	\$30.87
88162	TC	cytopathology, extend study involving over 5 slides &/or multiple stains	\$30.91	\$30.91
88162		cytopathology 5 slides &/or multiple stains	\$61.78	\$61.78
88164		cytopathology, slides, cervical or vaginal (the Bethesda method)	\$13.16	\$13.16
88165		cytopathology, slides, cervical or vaginal (the Bethesda method)	\$13.16	\$13.16
88166		cytopathology, slides, cervical or vaginal (the Bethesda method)	\$13.16	\$13.16
88167		cytopathology, slides, cervical or vaginal (the Bethesda method)	\$13.16	\$13.16
88172	26	cytopathology, evaluation of fine needle aspirate; immediate	\$24.37	\$24.37
88172	TC	cytopathology, evaluation of fine needle aspirate; immediate	\$17.35	\$17.35
88172		cytopathology, evaluation of fine needle aspirate; immediate	\$41.72	\$41.72
88173	26	evaluation of fine needle aspirate; interpretation & report	\$56.15	\$56.15
88173	TC	evaluation of fine needle aspirate; interpretation & report	\$49.57	\$49.57
88173		evaluation of fine needle aspirate; interpretation & report	\$105.73	\$105.73
88174		cytopathology, cervical or vaginal (any reporting system)	\$26.62	\$26.62
88175		cytopathology, cervical or vaginal (any reporting system)	\$32.38	\$32.38
88177	26	cytopathology, evaluation of fine needle aspirate; immediate	\$17.72	\$17.72
88177	TC	cytopathology, evaluation of fine needle aspirate; immediate	\$5.15	\$5.15
88177		cytopathology, evaluation of fine needle aspirate; immediate	\$22.85	\$22.85
88182	26	flow cytometry (DNA analysis)	\$29.19	\$29.19
88182	TC	cell cycle or DNA analysis	\$51.08	\$51.08
88182		cell cycle or DNA analysis	\$80.28	\$80.28
88184		flow cytometry, cell surface, cytoplasmic, or nuclear markers	\$61.16	\$61.16
88185		flow cytometry, cell surface, cytoplasmic, or nuclear markers	\$36.29	\$36.29
88187		flow cytometry, interpretation; 2 to 8 markers	\$53.34	\$53.34
88188		flow cytometry, interpretation; 9 to 15 markers	\$65.68	\$65.68
88189		flow cytometry, interpretation; 16 or more markers	\$83.88	\$83.88
88230	26	tissue culture for non-neoplastic disease	\$118.75	\$118.75
88230	TC	tissue culture for non-neoplastic disease	\$38.98	\$38.98
88230		tissue culture for non-neoplastic disease	\$145.16	\$145.16
88233	26	tissue culture, skin	\$143.63	\$143.63
88233	TC	tissue culture, skin	\$47.29	\$47.29
88233		tissue culture, skin	\$175.35	\$175.35
88235	26	tissue culture, placenta	\$150.33	\$150.33

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
88235	TC	tissue culture, placenta	\$49.51	\$49.51
88235		tissue culture, placenta	\$183.48	\$183.48
88237	26	tissue culture for neoplastic disorders; bone marrow, bl	\$128.81	\$128.81
88237	TC	tissue culture for neoplastic disorders; bone marrow, bl	\$42.35	\$42.35
88237		tissue culture for neoplastic disorders; bone marrow, bl	\$157.38	\$157.38
88239	26	tissue culture for neoplastic disorders; solid tumor	\$150.61	\$150.61
88239	TC	tissue culture for neoplastic disorders; solid tumor	\$49.61	\$49.61
88239		tissue culture for neoplastic disorders; solid tumor	\$183.82	\$183.82
88245	26	chromosome analysis for breakage syndromes; baselir	\$151.98	\$151.98
88245	TC	chromosome analysis for breakage syndromes; baselir	\$50.06	\$50.06
88245		chromosome analysis for breakage syndromes; baselir	\$185.47	\$185.47
88248	26	chromosome analysis for breakage syndromes; baselir	\$176.95	\$176.95
88248	TC	chromosome analysis for breakage syndromes; baselir	\$58.39	\$58.39
88248		chromosome analysis for breakage syndromes; baselir	\$215.78	\$215.78
88261	26	chromosome analysis; count 5 cells, 1 karyotype, with l	\$180.60	\$180.60
88261	TC	chromosome analysis; count 5 cells, 1 karyotype, with l	\$59.60	\$59.60
88261		chromosome analysis; count 5 cells, 1 karyotype, with l	\$220.22	\$220.22
88262	26	chromosome analysis, count 15-20 cells, 2 karyotypes	\$127.11	\$127.11
88262	TC	chromosome analysis, count 15-20 cells, 2 karyotypes	\$41.77	\$41.77
88262		chromosome analysis, option iii	\$155.30	\$155.30
88263	26	chromosome analysis	\$153.44	\$153.44
88263	TC	chromosome analysis	\$50.55	\$50.55
88263		chromosome analysis	\$187.25	\$187.25
88264	26	chromosome analysis; analyze 20-25 cells	\$127.11	\$127.11
88264	TC	chromosome analysis; analyze 20-25 cells	\$41.77	\$41.77
88264		chromosome analysis; analyze 20-25 cells	\$155.30	\$155.30
88267	26	chromosome analysis, amniotic fluid or chorioic villus, '	\$183.72	\$183.72
88267	TC	chromosome analysis, amniotic fluid or chorioic villus, '	\$60.64	\$60.64
88267		chromosome analysis, amniotic fluid or chorioic villus, '	\$223.99	\$223.99
88269	26	chromosome analysis, amniotic fluid cells, count cells f	\$169.91	\$169.91
88269	TC	chromosome analysis, amniotic fluid cells, count cells f	\$56.04	\$56.04
88269		chromosome analysis, amniotic fluid	\$207.24	\$207.24
88271	26	molecular cytogenetics; dna probe, each (eg, fish)	\$13.97	\$13.97
88271	TC	molecular cytogenetics; dna probe, each (eg, fish)	\$4.06	\$4.06
88271		molecular cytogenetics; dna probe, each (eg, fish)	\$18.03	\$18.03
88272	26	molecular cytogenetics; in situ hybridization, analyze 3-	\$26.61	\$26.61
88272	TC	molecular cytogenetics; in situ hybridization, analyze 3-	\$8.27	\$8.27
88272		molecular cytogenetics; in situ hybridization, analyze 3-	\$33.36	\$33.36
88273	26	molecular cytogenetics; in situ hybridization, analyze 10	\$32.10	\$32.10
88273	TC	molecular cytogenetics; in situ hybridization, analyze 10	\$10.10	\$10.10
88273		molecular cytogenetics; in situ hybridization, analyze 10	\$40.03	\$40.03
88274	26	molecular cytogenetics; interphase in situ hybridization.	\$34.85	\$34.85
88274	TC	molecular cytogenetics; interphase in situ hybridization.	\$11.03	\$11.03
88274		molecular cytogenetics; interphase in situ hybridization.	\$43.37	\$43.37
88275	26	molecular cytogenetics; interphase in situ hybridization.	\$40.35	\$40.35
88275	TC	molecular cytogenetics; interphase in situ hybridization.	\$12.86	\$12.86
88275		molecular cytogenetics; interphase in situ hybridization.	\$50.04	\$50.04
88280	26	chrom analysis additional karotyping	\$24.88	\$24.88
88280	TC	chrom analysis additional karotyping	\$7.70	\$7.70
88280		chrom analysis additional karotyping	\$31.27	\$31.27
88283	26	banding for chromosome analysis	\$18.88	\$18.88
88283	TC	banding for chromosome analysis	\$5.70	\$5.70
88283		banding for chromosome analysis	\$24.00	\$24.00

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
88285	26	chromosome analysis, additional cells counted	\$18.62	\$18.62
88285	TC	chromosome analysis, additional cells counted	\$5.61	\$5.61
88285		chromosome analysis, additional cells counted, each s	\$23.67	\$23.67
88289	26	chromosome analysis, additional high resolution study	\$33.94	\$33.94
88289	TC	chromosome analysis, additional high resolution study	\$10.72	\$10.72
88289		high resolution for chromosome analysis	\$42.26	\$42.26
88291		cytogenetics and molecular cytogenetics, interpretation	\$23.33	\$23.33
88300	26	level i-surgical pathology, gross exam only	\$3.49	\$3.49
88300	TC	level i-surgical pathology, gross exam only	\$14.61	\$14.61
88300		level i-surgical pathology, gross exam only	\$18.09	\$18.09
88302	26	level ii-surgical pathology, grossµ exam	\$5.30	\$5.30
88302	TC	level ii-surgical pathology, grossµ exam	\$32.61	\$32.61
88302		level ii-surgical pathology, grossµ exam	\$37.91	\$37.91
88304	26	level iii - surgical pathology, gross and microscopic exa	\$8.90	\$8.90
88304	TC	level iii - surgical pathology, gross and microscopic exa	\$39.39	\$39.39
88304		level iii - surgical pathology, gross and microscopic exa	\$48.29	\$48.29
88305	26	level iv - surgical pathology, gross and microscopic exa	\$30.57	\$30.57
88305	TC	level iv - surgical pathology, gross and microscopic exa	\$51.93	\$51.93
88305		level iv - surgical pathology, gross and microscopic exa	\$82.50	\$82.50
88307	26	level v - surgical pathology, gross and microscopic exa	\$65.01	\$65.01
88307	TC	level v - surgical pathology, gross and microscopic exa	\$100.37	\$100.37
88307		level v - surgical pathology, gross and microscopic exa	\$165.38	\$165.38
88309	26	level vi-surgicla pathology, gross & micro exam	\$112.26	\$112.26
88309	TC	level vi-surgicla pathology, gross & micro exam	\$137.68	\$137.68
88309		surgical pathology seven or more blocks	\$249.95	\$249.95
88311	26	decalcification procedure	\$9.79	\$9.79
88311	TC	decalcification procedure	\$4.71	\$4.71
88311		decalcification procedure	\$14.50	\$14.50
88312	26	special stains; group i for microorganisms, each	\$21.69	\$21.69
88312	TC	special stains; group i for microorganisms, each	\$55.87	\$55.87
88312		special stains; group i for microorganisms, each	\$77.57	\$77.57
88313	26	group ii, all other,excpt immunocytochem &immunope	\$9.51	\$9.51
88313	TC	group ii, all other,excpt immunocytochem &immunope	\$46.82	\$46.82
88313		group ii, all other,excpt immunocytochem &immunope	\$56.33	\$56.33
88314	26	histochemical staining with frozen section	\$18.38	\$18.38
88314	TC	group ii, histochemical staining w/frozen section	\$50.70	\$50.70
88314		histochemical staining with frozen section	\$69.08	\$69.08
88319	26	histochemistry emzyme costituents (each)	\$21.38	\$21.38
88319	TC	determinative histochemistry or cytochemistry/enzyme	\$86.31	\$86.31
88319		determinative histochemistry or cytochemistry/enzyme	\$107.69	\$107.69
88321		consultation on tissue exam	\$64.91	\$71.69
88323	26	cons report referred material reg preparation slid	\$70.45	\$70.45
88323	TC	consult & report on referred mat' req.prep of sld	\$43.91	\$43.91
88323		consult & report on referred mat' req.prep of sld	\$114.37	\$114.37
88325		comprehensive review records slides w/report	\$100.92	\$152.36
88329		operating room consultation	\$27.36	\$39.51
88331	26	pathology consultation during surgery; first tissue block	\$49.00	\$49.00
88331	TC	pathology consultation during surgery; first tissue block	\$22.54	\$22.54
88331		pathology consultation during surgery; first tissue block	\$71.55	\$71.55
88332	26	pathlgy consult dur. surg; ea add tis blk w/frz sc	\$24.07	\$24.07
88332	TC	pathlgy consult dur. surg; ea add tis blk w/frz sc	\$8.02	\$8.02
88332		pathlgy consult dur. surg; ea add tis blk w/frz sc	\$32.09	\$32.09
88333	26	pathology consultation during surgery; cytologic examir	\$49.03	\$49.03

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
88333	TC	pathology consultation during surgery; cytologic examir	\$24.23	\$24.23
88333		pathology consultation during surgery; cytologic examir	\$73.26	\$73.26
88334	26	pathology consultation during surgery; cytologic examir	\$29.48	\$29.48
88334	TC	pathology consultation during surgery; cytologic examir	\$14.81	\$14.81
88334		pathology consultation during surgery; cytologic examir	\$44.28	\$44.28
88342	26	immunocytochemistry each antibody	\$33.91	\$33.91
88342	TC	immunocytochemistry each antibody	\$44.48	\$44.48
88342		immunocytochemistry each antibody	\$78.38	\$78.38
88346	26	immunofluorescent stdy, ea. antibdy; direct method	\$34.50	\$34.50
88346	TC	immunofluorescent stdy, ea. antibdy; direct method	\$44.20	\$44.20
88346		immunofluorescent stdy, ea. antibdy; direct method	\$78.68	\$78.68
88347	26	immunofluorescent study indirect method	\$33.08	\$33.08
88347	TC	immunofluorescent study indirect method	\$29.50	\$29.50
88347		immunofluorescent study indirect method	\$62.57	\$62.57
88348	26	electron microscopy diagnostic	\$60.87	\$60.87
88348	TC	electron microscopy diagnostic	\$425.32	\$425.32
88348		electron microscopy diagnostic	\$486.19	\$486.19
88355	26	morphometric analysis skeletal muscle	\$71.45	\$71.45
88355	TC	morphometric analysis skeletal muscle	\$116.77	\$116.77
88355		morphometric analysis skeletal muscle	\$188.22	\$188.22
88356	26	morphometric analysis nerve	\$114.10	\$114.10
88356	TC	morphometric analysis nerve	\$115.54	\$115.54
88356		morphometric analysis nerve	\$229.64	\$229.64
88358	26	morphometric analysis of tumor	\$37.19	\$37.19
88358	TC	morphometric analysis of tumor	\$24.25	\$24.25
88358		morphometric analysis of tumor	\$61.44	\$61.44
88360	26	morphometric analysis, tumor immunohistochemistry (c	\$44.10	\$44.10
88360	TC	morphometric analysis, tumor immunohistochemistry (c	\$50.70	\$50.70
88360		morphometric analysis, tumor immunohistochemistry (c	\$94.80	\$94.80
88361	26	morphometric analysis; tumor immunohistochemistry (c	\$47.31	\$47.31
88361	TC	morphometric analysis; tumor immunohistochemistry (c	\$71.74	\$71.74
88361		morphometric analysis; tumor immunohistochemistry (c	\$119.06	\$119.06
88362	26	nerve teasing preparation	\$87.27	\$87.27
88362	TC	nerve teasing preparation	\$119.59	\$119.59
88362		nerve teasing preparation	\$206.86	\$206.86
88365	26	tissue in situ hybridization, interpretation and report	\$47.42	\$47.42
88365	TC	tissue in situ hybridization, interpretation and report	\$75.85	\$75.85
88365		tissue in situ hybridization, interpretation and report	\$123.27	\$123.27
88367	26	morphometric analysis, in situ hybridization, (quantitati	\$50.78	\$50.78
88367	TC	morphometric analysis, in situ hybridization, (quantitati	\$137.11	\$137.11
88367		morphometric analysis, in situ hybridization, (quantitati	\$187.90	\$187.90
88368	26	morphometric analysis, in situ hybridization, (quantitati	\$53.56	\$53.56
88368	TC	morphometric analysis, in situ hybridization, (quantitati	\$112.24	\$112.24
88368		morphometric analysis, in situ hybridization, (quantitati	\$165.80	\$165.80
88371	26	protein analysis of tissue by western blot w/interpretatic	\$14.90	\$14.90
88372	26	protein analysis of tissue by western blot, immunologic	\$14.90	\$14.90
88372	TC	protein analysis of tissue by western blot, immunologic	\$15.21	\$15.21
88387	26	macroscopic examination, dissection, and preparation	\$19.88	\$19.88
88387	TC	macroscopic examination, dissection, and preparation	\$4.80	\$4.80
88387		macroscopic examination, dissection, and preparation	\$24.69	\$24.69
88388	26	macroscopic examination, dissection, and preparation	\$12.39	\$12.39
88388	TC	macroscopic examination, dissection, and preparation	\$2.36	\$2.36
88388		macroscopic examination, dissection, and preparation	\$14.75	\$14.75

Code	Modifier	Description	Medicaid Maximum Allowable	
			Facility	Non-Facility
88720		bilirubin, total, transcutaneous	\$6.29	\$6.29
88738		hemoglobin (hgb), quantitative, transcutaneous	\$6.41	\$6.41
88740		hemoglobin, quantitative, transcutaneous, per day; carl	\$6.54	\$6.54
88741		hemoglobin, quantitative, transcutaneous, per day; met	\$6.54	\$6.54
89050		cell count, miscellaneous body fluids (eg, cerebrospina	\$5.90	\$5.90
89051		synovial fluid diff	\$6.49	\$6.49
89055		leukocyte assessment, fecal, qualitative or semiquantit	\$5.31	\$5.31
89060		crystal id, synovial fluid	\$8.91	\$8.91
89125		fat stain, feces, urine, or respiratory secretions	\$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 of sperm incl	\$11.10	\$11.10
89310		semen analysis; motility and count (not including huhne	\$10.45	\$10.45
89320		semen analysis complete	\$15.01	\$15.01
89325		sperm agglutination with antibody titer	\$13.30	\$13.30
94010		spirometry, including graphic record, total and timed vit	\$25.84	\$25.84
99195		therapeutic phlebotomy	\$54.94	\$54.94
G0328		colorectal cancer screening; fecal occult blood test, imr	\$19.96	\$19.96
G0416		surgical pathology, gross and microscopic examination	\$499.46	\$499.46
G0431		drug screen, qualitative; multiple drug classes by high c	\$91.26	\$91.26
G0434		drug screen, other than chromatographic; any number	\$18.26	\$18.26

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