

Sandhills Center

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

Procedure Code	Description	Unit	Available to Benefit Plan		LCAS, LCSW,LPC EFFECTIVE 7/1/2018	LPA EFFECTIVE 7/1/2018	Licensed Psychologist EFFECTIVE 7/1/2018	Nurse Specialist EFFECTIVE 7/1/2018	Cert. Nurse Practitioner EFFECTIVE 7/1/2018	Physicians Assistant EFFECTIVE 7/1/2018	Physician EFFECTIVE 7/1/2018
			State (IPRS)	Medicaid							
90785	Interactive Complexity Add On	Event	State	Medicaid	\$ 3.61	\$ 3.61	\$ 4.81	\$ 4.09	\$ 4.09	\$ 3.43	\$ 4.81
90791	Psychiatric Diagnostic Evaluation	Event	State	Medicaid	\$ 114.00	\$ 114.00	\$ 152.02	\$ 129.21	\$ 129.21	\$ 109.58	\$ 152.02
90792	Psychiatric Diagnostic Evaluation with Medical Services	Event	State	Medicaid					\$ 107.76	\$ 90.93	\$ 126.78
90832	Psychotherapy 30 minutes	Time-Limit	State	Medicaid	\$ 47.50	\$ 47.50	\$ 63.32	\$ 53.83	\$ 53.83	\$ 45.59	\$ 63.32
90833	Psychotherapy 30 minutes Add On	Time-Limit	State	Medicaid					\$ 35.97	\$ 30.35	\$ 42.32
90834	Psychotherapy 45 minutes	Time-Limit	State	Medicaid	\$ 61.70	\$ 61.70	\$ 82.26	\$ 69.92	\$ 69.92	\$ 59.02	\$ 82.26
90836	Psychotherapy 45 minutes Add On	Time-Limit	State	Medicaid					\$ 58.44	\$ 49.32	\$ 68.76
90837	Psychotherapy 60 minutes	Time-Limit	State	Medicaid	\$ 90.40	\$ 90.40	\$ 120.53	\$ 102.45	\$ 102.45	\$ 86.43	\$ 120.53
90838	Psychotherapy 60 minutes Add On	Time-Limit	State	Medicaid					\$ 94.38	\$ 79.41	\$ 111.03
90839	Crisis Psychotherapy first 60 minutes	Time-Limit	State	Medicaid	\$ 113.92	\$ 113.92	\$ 151.88	\$ 129.10	\$ 129.10	\$ 151.84	\$ 151.88
90840	Crisis Add For Each Additional 30 Minutes	Time-Limit	State	Medicaid	\$ 95.89	\$ 95.89	\$ 127.86	\$ 108.69	\$ 108.69	\$ 79.30	\$ 127.86
90845	Psychoanalysis	Event	N/A	Medicaid						\$ 84.02	\$ 84.02
90846	Family Therapy w/o patient	Event	State	Medicaid	\$ 65.67	\$ 65.67	\$ 87.57	\$ 74.44	\$ 74.44	\$ 89.36	\$ 89.36
90847	Family Therapy with patient	Event	State	Medicaid	\$ 81.57	\$ 81.57	\$ 108.75	\$ 92.42	\$ 92.42	\$ 110.96	\$ 110.96
90849	Group Ther (Multiple Family)	Event	State	Medicaid	\$ 24.46	\$ 24.46	\$ 32.61	\$ 27.73	\$ 27.73	\$ 33.28	\$ 33.28
90853	Group Ther (Non-mult family)	Event	State	Medicaid	\$ 23.26	\$ 23.26	\$ 31.00	\$ 26.35	\$ 26.35	\$ 31.63	\$ 31.63
Procedure Code	Testing Codes	Unit	Available to Benefit Plan		LPA EFFECTIVE 1/1/2019	Licensed Psychologist EFFECTIVE 1/1/2019	Cert. Nurse Practitioner EFFECTIVE 1/1/2019	Physicians Assistant EFFECTIVE 1/1/2019	Physician EFFECTIVE 1/1/2019		
			State (IPRS)	Medicaid							
96110	Developmental Testing Limited	Event	State	Medicaid	\$ 7.79	\$ 10.40	\$ 10.61	\$ 10.61	\$ 10.61		
96112	Developmental Test Administration	1st Hour	State	Medicaid	\$ 86.23	\$ 114.97	\$ 114.97	\$ 114.97	\$ 114.97		
96113	Dev Test Admin Addtl 30	30 Min	State	Medicaid	\$ 38.48	\$ 51.31	\$ 51.31	\$ 51.31	\$ 51.31		
96116	Neurobehavioral Status Exam	1st Hour	State	Medicaid	\$ 70.53	\$ 94.03			\$ 95.93		
96121	Neuro Exam Addtl hour	hour	State	Medicaid	\$ 52.52	\$ 70.02			\$ 70.02		
96130	Psych Test Eval 1st hour	1st Hour	State	Medicaid	\$ 74.97	\$ 99.96			\$ 99.96		
96131	Psych test Add on	Addtl Hour	State	Medicaid	\$ 57.08	\$ 76.11			\$ 76.11		
96132	Neuropsych Test Eval	1st Hour	State	Medicaid	\$ 83.90	\$ 111.87			\$ 111.87		
96133	Neuropsych Test add on	Addtl Hour	State	Medicaid	\$ 64.01	\$ 85.34			\$ 85.34		
96136	Psych or Neuro tests two or more	1st 30 min	State	Medicaid	\$ 29.50				\$ 39.33		
96137	Psych test two or more add on	Adtl 30 min	State	Medicaid	\$ 27.25				\$ 36.33		
96138	Psych test Tech two or more	1st 30 min		Medicaid	\$ 23.32	\$ 31.09	\$ 31.09	\$ 31.09	\$ 31.09		
96139	Psych test tech two or more addon	Adtl 30 min		Medicaid	\$ 23.32	\$ 31.09	\$ 31.09	\$ 31.09	\$ 31.09		
96146	Psych test Automated	Event		Medicaid		\$ 1.66	\$ 1.66	\$ 1.66	\$ 1.66		
96101	Psychological Testing F-T-F- END DATED 12/31/2018	Hour	State	Medicaid	\$ -	\$ -			\$ -		
96111	Developmental Testing Extended END DATED 12/31/2018	Event	State	Medicaid	\$ -	\$ -			\$ -		
96118	Neuropsychological Testing- END DATED 12/31/2018	Hour	State	Medicaid	\$ -	\$ -			\$ -		

ABA Therapy Rates

New rates in Pink effective 7/1/2019

New Code		Para-Professional	Non-Licensed Qualified Professional	LCSW/BCBA	LPA	Licensed Psychologist
		15 minute Unit	15 minute Unit	15 minute Unit	15 minute Unit	15 minute Unit
97151	Behavior Identification Assessment			50.00	50.00	62.50
97152	Behavior Ident Supporting Assessment			40.63	40.63	40.63
97152	Behavior Ident Supporting Assessment			40.63	40.63	40.63
97153	Adaptive Behavior Treatment by Tech	10.00	15.00	20.00	20.00	22.50
97153	Adaptive Behavior Treatment by Tech	10.00	15.00	20.00	20.00	22.50
97154	Group Adap Bhv Tx by Tech		7.50	10.00	10.00	11.00
97154	Group Adap Bhv Tx by Tech		7.50	10.00	10.00	11.00
97155	Adapt Behavior Tx Phys/QHP			24.00	27.00	31.25
97155	Adapt Behavior Tx Phys/QHP			24.00	27.00	31.25
97156	Family Adapt Bhv Phys/QHP			12.00	13.50	13.50
97157	Multi Fam Adapt Bhv		8.00	10.00	10.00	10.00

ABA Therapy Rates

End dated 6/30/2019

Code	Description	Para-Professional	Non-Licensed Qualified Professional	LCSW/BCBA	LCSW/BCBA	LPA	LPA	Licensed Psychologist	Licensed Psychologist
		EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 11/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 11/1/2018	EFFECTIVE 7/1/2018	EFFECTIVE 11/1/2018
0359T	0359T BEHAVIOR IDENTIFICATION ASSESSMENT			150.00	400.00	150.00	400.00	200.00	500.00
0360T	0360T FOLLOW UP ASSESSMENT			81.25		81.25		81.25	
0361T	0361T FOLLOW UP ASSESS EXT			81.25		81.25		81.25	
0364T	0364T ADAPTIVE BEHAVIOR TREATMENT	20.00	30.00	40.00		40.00		45.00	
0365T	0365T ADAPTIVE BEHAV ADDITIONAL	20.00	30.00	40.00		40.00		45.00	
0366T	0366T Group Adaptive Behavior		15.00	20.00		20.00		22.00	
0367T	0367T Group Adaptive addon		15.00	20.00		20.00		22.00	
0368T	0368T Adaptive Behavior Modification			48.00		54.00		62.50	
0369T	0369T Adaptive Behavior Modification Add			48.00		54.00		62.50	
0370T	0370T Family Adaptive Behavior			48.00		54.00		62.50	

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
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
Evaluation & Management Codes

Code	Description	Unit	Physicians Assistant	Physicians Assistant	Cert. Nurse Practitioner-Specialty 112	Cert. Nurse Practitioner-Specialty 112	Physician	Physician
			End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes	Event	\$ 156.32	\$ 161.01		\$ -	\$ 156.32	\$ 161.01
95970	Electronic Analysis of Implanted Neurostimulator	Event	\$ 48.36	\$ 49.81		\$ -	\$ 48.36	\$ 49.81
95971	Electronic Analysis of Implanted Neurostimulator Simple Spinal Cord	Event	\$ 56.19	\$ 57.87		\$ -	\$ 56.19	\$ 57.87
95972	Electronic Analysis of Implanted Neurostimulator Complex Spinal Cord (1 hr)	Event	\$ 100.34	\$ 103.35		\$ -	\$ 100.34	\$ 103.35
95973	Electronic Analysis of Implanted Neurostimulator Complex Spinal Cord (30 min)	Event	\$ 55.19	\$ 56.85		\$ -	\$ 55.19	\$ 56.85
95974	Electronic Analysis of Implanted Neurostimulator Complex Cranial (1 hr)	Event	\$ 169.93	\$ 175.02		\$ -	\$ 169.93	\$ 175.02
95975	Electronic Analysis of Implanted Neurostimulator Complex Cranial (30 min)	Event	\$ 94.16	\$ 96.98		\$ -	\$ 94.16	\$ 96.98
95978	Electronic Analysis of Implanted Neurostimulator	Event	\$ 201.81	\$ 207.87		\$ -	\$ 201.81	\$ 207.87
95979	Electronic Analysis of Implanted Neurostimulator (30 min)	Event	\$ 90.59	\$ 93.30		\$ -	\$ 90.59	\$ 93.30
96125	Standardized Cognitive Performance Testing	Event	\$ 94.77	\$ 97.61		\$ -	\$ 94.77	\$ 97.61
96127	Brief Emotional/Behavioral Assessment	Event	\$ 2.25	\$ 2.38	\$ 2.25	\$ 2.38	\$ 2.25	\$ 2.38
96150	Physical Health and Behavior Assessment F-T-F (15 min)	15 min	\$ 23.27	\$ 23.97		\$ -	\$ 23.27	\$ 23.97
96151	Physical Health and Behavior Reassessment	15 min	\$ 22.52	\$ 23.20		\$ -	\$ 22.52	\$ 23.20
96372	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Muscular	Event	\$ 20.61	\$ 21.23	\$ 16.70	\$ 17.20	\$ 20.61	\$ 21.23
96373	Therapeutic, Prophylactic, or Diagnostic Injection Intra-Arterial	Event	\$ 17.69	\$ 18.22		\$ -	\$ 17.69	\$ 18.22
96374	Therapeutic, Prophylactic, or Diagnostic Injection Intravenous Push	Event	\$ 52.73	\$ 54.31		\$ -	\$ 52.73	\$ 54.31
96375	Therapeutic, Prophylactic, or Diagnostic Injection Subsequent Intravenous Pus	Event	\$ 22.87	\$ 23.55		\$ -	\$ 22.87	\$ 23.55
99201	Outpatient E&M New Patient F-T-F (10 min)	Event	\$ 40.12	\$ 41.32	\$ 34.10	\$ 35.12	\$ 40.12	\$ 41.32
99202	Outpatient E&M New Patient F-T-F (20 min)	Event	\$ 69.57	\$ 71.66	\$ 59.14	\$ 60.91	\$ 69.57	\$ 71.66
99203	Outpatient E&M New Patient F-T-F (30 min)	Event	\$ 100.79	\$ 103.81	\$ 85.67	\$ 88.25	\$ 100.79	\$ 103.81
99204	Outpatient E&M New Patient F-T-F (45 min)	Event	\$ 156.30	\$ 160.99	\$ 132.85	\$ 136.85	\$ 156.30	\$ 160.99
99205	Outpatient E&M New Patient F-T-F (60 min)	Event	\$ 197.58	\$ 203.51	\$ 167.94	\$ 172.98	\$ 197.58	\$ 203.51
99211	E & M Estab Patient, w/wo MD (approx 5 min)	Event	\$ 20.34	\$ 20.95	\$ 17.29	\$ 17.81	\$ 20.34	\$ 20.95
99212	Outpatient Visit Estab. Minor (10 min)	Event	\$ 40.50	\$ 41.72	\$ 34.43	\$ 35.47	\$ 40.50	\$ 41.72
99213	Outpatient Visit Estab. Moderate (15 min)	Event	\$ 67.64	\$ 69.67	\$ 57.49	\$ 59.21	\$ 67.64	\$ 69.67
99214	Outpatient Visit Estab. Severe (25 min)	Event	\$ 101.92	\$ 104.98	\$ 86.63	\$ 89.23	\$ 101.92	\$ 104.98
99215	Outpatient Visit Estab. Severe (40 min)	Event	\$ 137.84	\$ 141.98	\$ 117.17	\$ 120.67	\$ 137.84	\$ 141.98
99217	Hospital Observation Care - Discharge	Event	\$ 74.14	\$ 76.36	\$ 63.02	\$ 64.91	\$ 74.14	\$ 76.36
99218	Hospital Initial Observation Care Low Complexity	Event	\$ 69.94	\$ 72.04	\$ 59.44	\$ 61.22	\$ 69.94	\$ 72.04
99219	Hospital Initial Observation Care Moderate Complexity	Event	\$ 115.81	\$ 119.28	\$ 98.43	\$ 101.38	\$ 115.81	\$ 119.28
99220	Hospital Initial Observation Care High Complexity	Event	\$ 162.42	\$ 167.29	\$ 138.05	\$ 142.20	\$ 162.42	\$ 167.29
99221	Hospital Initial Care MD (30 mins)	Event	\$ 100.42	\$ 103.43	\$ 85.35	\$ 87.91	\$ 100.42	\$ 103.43
99222	Hospital Initial Care MD (50 mins)	Event	\$ 137.04	\$ 141.15	\$ 116.48	\$ 119.97	\$ 137.04	\$ 141.15
99223	Hospital Initial Care MD (70 mins)	Event	\$ 201.79	\$ 207.84	\$ 171.52	\$ 176.67	\$ 201.79	\$ 207.84
99224	SUBSEQUENT OBSERVATION CARE, TYPICALLY 1			\$ 29.00		\$ 24.66		\$ 29.00
99225	SUBSEQUENT OBSERVATION CARE, TYPICALLY 2			\$ 51.52		\$ 43.79		\$ 51.52
99226	SUBSEQUENT OBSERVATION CARE, TYPICALLY 3			\$ 77.03		\$ 65.48		\$ 77.03
99231	Hospital Subsequent Hospital Care MD Low Complexity (15 min)	Event	\$ 41.47	\$ 42.71	\$ 35.26	\$ 36.32	\$ 41.47	\$ 42.71
99232	Hospital Subsequent Hospital Care MD Moderate Complexity (25 min)	Event	\$ 74.73	\$ 76.97	\$ 63.53	\$ 65.43	\$ 74.73	\$ 76.97
99233	Hospital Subsequent Hospital Care MD High Complexity (35 min)	Event	\$ 107.04	\$ 110.25	\$ 90.98	\$ 93.71	\$ 107.04	\$ 110.25
99234	Hospital Observation/Inpatient Care Low Complexity	Event	\$ 141.66	\$ 145.91	\$ 120.42	\$ 124.02	\$ 141.66	\$ 145.91
99235	Hospital Observation/Inpatient Care Moderate Complexity	Event	\$ 186.09	\$ 191.67	\$ 158.18	\$ 162.92	\$ 186.09	\$ 191.67
99236	Observation/Inpatient Care High Complexity	Event	\$ 231.29	\$ 238.23	\$ 196.60	\$ 202.50	\$ 231.29	\$ 238.23
99238	Hospital Discharge Services (< 30 min)	Event	\$ 73.89	\$ 76.11	\$ 62.80	\$ 64.68	\$ 73.89	\$ 76.11
99239	Hospital Discharge Services (> 30 min)	Event	\$ 107.39	\$ 110.61	\$ 91.27	\$ 94.01	\$ 107.39	\$ 110.61
99241	Outpatient Consultation MD Minor (15 min)	Event	\$ 48.34	\$ 49.79	\$ 41.09	\$ 42.32	\$ 48.34	\$ 49.79
99242	Outpatient Consultation MD Moderate (30 min)	Event	\$ 90.56	\$ 93.28	\$ 76.99	\$ 79.29	\$ 90.56	\$ 93.28
99243	Outpatient Consultation MD Severe (40 min)	Event	\$ 124.54	\$ 128.28	\$ 105.86	\$ 109.04	\$ 124.54	\$ 128.28
99244	Outpatient Consultation MD Severe (60 min)	Event	\$ 184.98	\$ 190.53	\$ 157.24	\$ 161.95	\$ 184.98	\$ 190.53
99245	Outpatient Consultation MD Severe (80 min)	Event	\$ 227.34	\$ 234.17	\$ 193.25	\$ 199.05	\$ 227.34	\$ 234.17
99251	Inpatient Consultation MD Minor (20 min)	Event	\$ 49.36	\$ 50.84	\$ 41.95	\$ 43.22	\$ 49.36	\$ 50.84
99252	Inpatient Consultation MD Low Severity (40 min)	Event	\$ 76.47	\$ 78.77	\$ 65.00	\$ 66.95	\$ 76.47	\$ 78.77
99253	Inpatient Consultation MD Moderate (55 min)	Event	\$ 116.10	\$ 119.58	\$ 98.69	\$ 101.65	\$ 116.10	\$ 119.58
99254	Inpatient Consultation MD Moderate - High Severity (80 min)	Event	\$ 167.93	\$ 172.97	\$ 142.75	\$ 147.03	\$ 167.93	\$ 172.97
99255	Inpatient Consultation MD Moderate - High Severity (110 min)	Event	\$ 204.62	\$ 210.75	\$ 173.93	\$ 179.15	\$ 204.62	\$ 210.75
99281	ER Visit, Minor	Event	\$ 20.59	\$ 21.21	\$ 16.52	\$ 17.02	\$ 20.59	\$ 21.21
99282	ER Visit, Low Severity	Event	\$ 40.06	\$ 41.26	\$ 32.14	\$ 33.10	\$ 40.06	\$ 41.26
99283	ER Visit, Moderate Severity	Event	\$ 62.09	\$ 63.95	\$ 49.81	\$ 51.30	\$ 62.09	\$ 63.95
99284	ER Visit, High Severity	Event	\$ 116.24	\$ 119.73	\$ 93.26	\$ 96.06	\$ 116.24	\$ 119.73
99285	ER visit for the evaluation and management of a patient.	Event	\$ 172.82	\$ 178.00	\$ 138.64	\$ 142.80	\$ 172.82	\$ 178.00
99291	Critical Care-E&M of Critically Ill	Event					\$ 281.22	\$ 289.66
99304	Initial Nursing Facility Care E&M Low Complexity (25 min)	Event	\$ 89.47	\$ 92.15	\$ -	\$ -	\$ 89.47	\$ 92.15
99305	Initial Nursing Facility Care E&M Moderate Complexity (35 min)	Event	\$ 125.09	\$ 128.84	\$ -	\$ -	\$ 125.09	\$ 128.84
99306	Initial Nursing Facility Care E&M High Complexity (45 min)	Event	\$ 160.75	\$ 165.57	\$ -	\$ -	\$ 160.75	\$ 165.57
99307	Subsequent Nursing Facility Care E&M Review of Case (10 min)	Event	\$ 44.16	\$ 45.48	\$ 37.54	\$ 38.66	\$ 44.16	\$ 45.48
99308	Subsequent Nursing Facility Care E&M Low Complexity (15 min)	Event	\$ 67.51	\$ 69.53	\$ 57.38	\$ 59.10	\$ 67.51	\$ 69.53
99309	Subsequent Nursing Facility Care E&M Moderate Complexity (25 min)	Event	\$ 89.55	\$ 92.24	\$ 76.11	\$ 78.39	\$ 89.55	\$ 92.24
99310	Subsequent Nursing Facility Care E&M High Complexity (35 min)	Event	\$ 132.41	\$ 136.38	\$ 112.54	\$ 115.92	\$ 132.41	\$ 136.38
99315	Nursing Facility Discharge Management: (< 30 min)	Event	\$ 64.61	\$ 66.54	\$ 54.91	\$ 56.57	\$ 64.61	\$ 66.54
99316	Nursing Facility Discharge Management: (> 30 min)	Event	\$ 84.41	\$ 86.94	\$ 71.74	\$ 73.90	\$ 84.41	\$ 86.94
99318	Nursing Facility, E&M Low to Moderate Complexity (30 min)	Event	\$ 93.60	\$ 96.42	\$ 79.58	\$ 81.96	\$ 93.60	\$ 96.42
99324	New Patient Domiciliary/Rest Home E&M Low Severity (20 min)	Event	\$ 60.02	\$ 61.82	\$ 51.01	\$ 52.54	\$ 60.02	\$ 61.82
99325	New Patient Domiciliary/Rest Home E&M Low Complexity (30 min)	Event	\$ 87.42	\$ 90.04	\$ 74.31	\$ 76.54	\$ 87.42	\$ 90.04
99326	New Patient Domiciliary/Rest Home E&M Moderate Complexity (45 min)	Event	\$ 144.54	\$ 148.88	\$ 122.86	\$ 126.55	\$ 144.54	\$ 148.88
99327	New Patient Domiciliary/Rest Home E&M High Severity (60 min)	Event	\$ 188.52	\$ 194.18	\$ 160.24	\$ 165.05	\$ 188.52	\$ 194.18
99328	New Patient Domiciliary/Rest Home E&M High Complexity (75 min)	Event	\$ 221.93	\$ 228.59	\$ 188.64	\$ 194.30	\$ 221.93	\$ 228.59
99334	Estab. Patient Domiciliary/Rest Home E&M (15 min)	Event	\$ 61.86	\$ 62.72	\$ 52.58	\$ 54.16	\$ 61.86	\$ 62.72
99335	Estab. Patient Domiciliary/Rest Home E&M Low Complexity (25 min)	Event	\$ 95.82	\$ 98.69	\$ 81.45	\$ 83.89	\$ 95.82	\$ 98.69
99336	Estab. Patient Domiciliary/Rest Home E&M Moderate Complexity (40 min)	Event	\$ 134.94	\$ 138.99	\$ 114.69	\$ 118.14	\$ 134.94	\$ 138.99
99337	Estab. Patient Domiciliary/Rest Home E&M Moderate to High Severity (60 min)	Event	\$ 193.88	\$ 199.70	\$ 164.80	\$ 169.74	\$ 193.88	\$ 199.70
99341	New Patient Home Visit E&M Low Severity (20 min)	Event	\$ 60.02	\$ 61.82	\$ 51.01	\$ 52.54	\$ 60.02	\$ 61.82
99342	New Patient Home Visit E&M Low Complexity (30 min)	Event	\$ 87.42	\$ 90.04	\$ 74.31	\$ 76.54	\$ 87.42	\$ 90.04
99343	New Patient Home Visit E&M Moderate Complexity (45 min)	Event	\$ 140.78	\$ 145.00	\$ 119.67	\$ 123.25	\$ 140.78	\$ 145.00
99344	New Patient Home Visit E&M High Severity (60 min)	Event	\$ 184.82	\$ 190.36	\$ 157.10	\$ 161.81	\$ 184.82	\$ 190.36
99345	New Patient Home Visit E&M High Complexity (75 min)	Event	\$ 222.30	\$ 228.98	\$ 188.96	\$ 194.63	\$ 222.30	\$ 228.98
99347	Estab. Patient Home Visit E&M (15 min)	Event	\$ 58.57	\$ 60.33	\$ 49.78	\$ 51.27	\$ 58.57	\$ 60.33
99348	Estab. Patient Home Visit E&M Low Complexity (25 min)	Event	\$ 88.44	\$ 91.08	\$ 75.17	\$ 77.43	\$ 88.44	\$ 91.08
99349	Estab. Patient Home Visit E&M Moderate Complexity (40 min)	Event	\$ 128.79	\$ 132.64	\$ 109.46	\$ 112.74	\$ 128.79	\$ 132.64
99350	Estab. Patient Home Visit E&M High Complexity (60 min)	Event	\$ 179.54	\$ 184.93	\$ 152.61	\$ 157.19	\$ 179.54	\$ 184.93
99354	Prolonged MD Service w/F-T-F Patient Contact in Office (60 min)	Event	\$ 102.25	\$ 105.32	\$ 86.91	\$ 89.52	\$ 102.25	\$ 105.32
99355	Prolonged MD Service w/F-T-F Patient Contact in Office (30 min)	Event	\$ 101.22	\$ 104.27	\$ 86.04	\$ 88.62	\$ 101.22	\$ 104.27
99356	Prolonged MD Service w/F-T-F Patient Contact Inpatient (60 min)	Event	\$ 93.38	\$ 96.18	\$ 80.05	\$ 82.45	\$ 93.38	\$ 96.18
99357	Prolonged MD Service w/F-T-F Patient Contact Inpatient (30 min)	Event	\$ 94.02	\$ 96.84	\$ 79.92	\$ 82.32	\$ 94.02	\$ 96.84
99406	Smoking and Tobacco use Cessation	Event	\$ 14.42	\$ 14.85		\$ -	\$ 14.42	\$ 14.85
99407	Smoking and Tobacco use Cessation	Event	\$ 27.87	\$ 28.71	\$ 27.87	\$ 28.71	\$ 27.87	\$ 28.71
99408	Alcohol/Substance Abuse Structured Screening	Event	\$ 37.16	\$ 38.27	\$ 37.16	\$ 38.27	\$ 37.16	\$ 38.27

Code	Description	Unit	Physicians Assistant	Physicians Assistant	Cert. Nurse Practitioner-Specialty 112	Cert. Nurse Practitioner-Specialty 112	Physician	Physician
			End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018	End date 6/30/2018	Effective 7/1/2018
Q3014GT	TelePsync Site Facility Fee	Event	\$ 22.74	\$ 23.42	\$ 22.74	\$ 23.42	\$ 22.74	\$ 23.42

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 I/DD	15 min	\$11.21
YA390	Supported Employment Individual I/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	\$ 20.88
YP630 NM	Supported Employment - Individual- No Fidelity	15-min	\$ 16.08
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	
S9484HA	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								
Innovations Service Rates								
Proc. Code	Code Description	Billing Unit	5% Rate increase 11/01/2015	New Rate Effective 10/1/2016	New Waiver Rates 11/01/2016	Rate Increase 7/1/2017	3% Rate increase 7/1/2018	New Waiver Service 4/1/2019
H2011HI	Crisis Intervention and Stabilization Supports	15 min	\$ 8.55				\$ 8.80	
H2015	Community Networking	15 min	\$ 5.62				\$ 5.79	
H2015HQ	Community Networking Group	15m	\$ 2.98				\$ 3.07	
H2015U1	Community Networking - Class/Conf	15 min	Invoice				Invoice	
H2015U2	Community Networking-Transportation	Invoice	Invoice				Invoice	
H2016	Residential Supports Level 1	24 hr.	\$ 90.84		\$ 113.88		\$ 117.30	
H2016HI	Residential Supports Level 4	24 hr.	\$ 171.58		\$ 197.32		\$ 203.24	
H2025	Supported Employment - Individual	15 min	\$ 7.76				\$ 7.99	
H2025HQ	Supported Employment - Group	15 min	\$ 2.00				\$ 2.05	
H2025TS	Supported Employment-Long Term Follow-up	15 min			\$ 7.76		\$ 7.99	
H2025TSH	Supported Employment Long Term Follow-up Group	15 min			\$ 2.00		\$ 2.06	
H2025U2	Supported Employment-Transportation	Invoice					Invoice	
S5110	Natural Supports Education	15 min	\$ 8.96				\$ 9.23	
S5111	Natural Supports Educ - Conf	Invoice	Invoice				Invoice	
S5150	Respite Care- Community Individual	15 min	\$ 3.72				\$ 3.83	
S5150HQ	Respite Care- Community Group	15 min	\$ 2.82				\$ 2.91	
S5150US	Respite Care- Community Facility	24 hr.	\$ 118.65				\$ 122.21	
S5165	Home Modifications	Invoice	Invoice				Invoice	
T1005TD	Respite Care Nursing-RN	15 min	\$ 9.26				\$ 9.54	
T1005TE	Respite Care Nursing-LPN	15 min	\$ 9.26				\$ 9.54	
T1999	Individual Goods and Services	Invoice	Invoice				Invoice	
T2013TF	Community Living and Support Indv	15 min			\$ 4.71	\$ 5.18	\$ 5.34	
T2013TFH	Community Living and Support Group	15 min			\$ 3.10		\$ 3.19	
T2014	Residential Supports Level 2	24 hr.	\$ 131.21		\$ 156.31		\$ 161.00	
T2020	Residential Supports Level 3	24 hr.	\$ 151.40		\$ 174.11		\$ 179.33	
T2021	Day Supports-Individual	1 hr	\$ 6.44		\$ 25.76		\$ 26.53	
T2021HQ	Day Supports-Group	1hr	\$ 3.82		\$ 15.28		\$ 15.74	
T2025	Specialized Consultative Svc	15 min	\$ 26.25	\$ 31.25			\$ 32.19	
T2025ER	Specialized Consultative Svc- PhD level	15 min		\$ 37.50			\$ 38.63	
T2025U1	Financial Supports	Monthly	\$ 208.95				\$ 215.22	
T2025U2	FM Supplies	Invoice	Invoice				Invoice	
T2025U3	Crisis Behavioral Consultation	15 min	\$ 19.69	\$ 31.25			\$ 32.19	
T2025HO	Specialized Consultative Svc-BCBA			\$ 31.25			\$ 32.19	
T2027	Day Supports-Developmental Day	1 hr	\$ 6.44		\$ 25.76		\$ 26.53	
T2029	Assistive Technology: Equip Supplies	Invoice	Invoice				Invoice	
T2033	Supported Living-Level 1	24 hr.			\$ 153.01		\$ 157.60	
T2033HI	Supported Living-Level 2	24 hr.			\$ 186.80		\$ 192.40	
T2033TF	Supported Living-Level 3	24 hr.			\$ 220.05		\$ 226.65	
T2033U1	Supported Living Periodic	15 min						\$ 4.71
T2033U2	Supported Living Transition	15 min						\$ 4.71
T2034	Out of Home Crisis	24 hr.	\$ 246.75				\$ 254.15	
T2038	Community Transition Supports	Invoice	Invoice				Invoice	
T2039	Vehicle Adaptations	Invoice	Invoice				Invoice	
T2041	Community Guide/Navigator	Monthly	\$ 131.25			\$ 150.00	\$ 154.50	
T2041U1	Community Guide/Navigator Training - Employer	15 min	\$ 12.34				\$ 12.71	

Sandhills Center

B-3 Service Rates

Proc. Code	Code Description	Billing Unit	Effective 9-1-16	Effective 10-1-16	Effective 11-1-16	Rate Increase 7-1-17	3% rate increase 7/1/2018	New Waiver Service 4/1/2019
H2023U4	Supported Employment	15 min	\$ 11.21					
H2023U4HE	Supported Employment-MH	15 min	\$ 19.02					
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	\$ 19.02					
H0038U4	Peer Support	15 min	\$ 12.00					
H0038HQU4	Peer Support Group	15 min	\$ 2.71					
H0045HAU4	Individual Respite- Child	15 min	\$ 5.00					
H0045HBU4	Individual Respite- Adult	15 min	\$ 5.00					
H0045HAHQU4	Group Respite-Child	15 min	\$ 3.00					
H0045HBHQU4	Group Respite-Adult	15 min	\$ 3.00					
T1019U4	Personal Care-Individual Support	15 min	\$ 12.00					
T2021U4	Day Supports-Individual	hourly			\$ 25.76		\$ 26.53	
T2021HQU4	Day Supports-Group				\$ 15.28		\$ 15.74	
99241U4	Psychiatric Consultation- approx 15 min	event	\$ 55.00				\$ 56.65	
99242U4	Psychiatric Consultation- approx 30 min	event	\$ 90.00				\$ 92.70	
99244U4	Psychiatric Consultation- approx 60 min	event	\$ 168.00				\$ 173.04	
T2029U4	Assistive Technology: Equip Supplies	Invoice	Invoice				Invoice	
T2041U4	Community Navigator	Monthly	\$ 131.25			150.00	\$ 154.50	
H2015U4	Community Networking	15 min	\$ 5.62				\$ 5.79	
H2015U1U4	Community Networking - Class/Conf	15 min	Invoice				Invoice	
T2038U4	Community Transition Supports	Invoice	Invoice				Invoice	
H2011HIU4	Crisis Intervention and Stabilization Supports	15 min	\$ 8.55				\$ 8.80	
T2034U4	Out of Home Crisis	24 hr.	\$ 246.75				\$ 254.15	
S5165U4	Home Modifications	Invoice	Invoice				Invoice	
T2013TFU4	Community Living and Support Indv	15 min			\$ 4.71	5.18	\$ 5.34	
T2013TFHQU4	Community Living and Support Group	15 min			\$ 3.10		\$ 3.19	
S5110U4	Natural Supports Education	15 min	\$ 8.96				\$ 9.23	
S5111U4	Natural Supports Educ - Conf	Invoice	Invoice				Invoice	
H2016U4	Residential Supports Level 1	24 hr.	\$ 90.84		\$ 113.88		\$ 117.30	
T2014U4	Residential Supports Level 2	24 hr.	\$ 131.21		\$ 156.31		\$ 161.00	
T2020U4	Residential Supports Level 3	24 hr.	\$ 151.40		\$ 174.11		\$ 179.33	
H2016HIU4	Residential Supports Level 4	24 hr.	\$ 171.58		\$ 197.32		\$ 203.24	
S5150U4	Respite Care- Community Individual	15 min	\$ 3.72				\$ 3.83	
S5150HQU4	Respite Care- Community Group	15 min	\$ 2.82				\$ 2.90	
S5150USU4	Respite Care- Community Facility	24 hr.	\$ 118.65				\$ 122.21	
T1005TEU4	Respite Care Nursing-LPN	15 min	\$ 9.26				\$ 9.54	
T1005TDU4	Respite Care Nursing-RN	15 min	\$ 9.26				\$ 9.54	
T2025U4	Specialized Consultative Svc	15 min	\$ 26.25	\$ 31.25			\$ 32.19	
H2025HQU4	Supported Employment - Group	15 min	\$ 2.00				\$ 2.06	
H2025U4	Supported Employment - Individual	15 min	7.76				\$ 7.99	
T2033U4	Supported Living-Level 1	24 hr.			\$ 153.01		\$ 157.60	
T2033HIU4	Supported Living-Level 2	24 hr.			\$ 186.80		\$ 192.40	
T2033TFU4	Supported Living-Level 3	24 hr.			\$ 220.05		\$ 226.65	
T2033U1	Supported Living Periodic	15 min						\$ 4.71
T2033U2	Supported Living Transition	15 min						\$ 4.71
T2039U4	Vehicle Adaptations	Invoice	Invoice				Invoice	

PROVIDER NUMBER	PROVIDER NAME	7/1/2017	Increase Effective 7/01/2018
3416427	ARC/HDS CRAVEN #2 GROUP HOME	336.45	346.54
3406362	AUTISM-DALMOOR DRIVE GROUP HOME	345.61	357.48
340602G	AUTISM-DICKENS DRIVE GROUP HOME	345.62	357.49
3406022	AUTISM-GAIL B. HANKS GROUP HOME	345.61	357.48
340600H	AUTISM-JADE TREE GROUP HOME	345.62	357.49
341602T	AUTISM-KENWOOD GROUP HOME	345.62	357.49
340602B	AUTISM-MANTLE COURT GROUP HOME	345.61	357.48
340609A	AUTISM-RAVENDALE DRIVE	345.61	357.48
3406595	AZALEA ST.-IRENE WORTHAM RES.	345.62	355.99
3406373	BELMONT GROUP HOME	345.62	355.99
3406421	BLANCHE DRIVE	338.26	348.41
3406438	BLUE RIDGE HOMES - MADISON	328.54	338.39
3406434	BLUE RIDGE HOMES - SWANNANOVA	328.54	338.39
3406352	BON REA DRIVE GROUP HOME	345.62	355.99
3406525	BOXWOOD	335.21	345.27
3406526	BROOKWOOD	335.21	345.27
3406496	CAROBELL-QUEEN'S POND	360.14	372.44
3406496	CAROBELL-QUEEN'S POND TWO	360.14	372.44
3406050	CARTER CLINIC - KINLAW	318.72	329.78
3406578	CARTER CLINIC-EXTRA SPECIAL CARE	318.72	329.78
3406144	CATES STREET	339.11	349.28
3406432	CHERRYVILLE ICF-MR GROUP HOME	345.62	355.99
340607X	CHESTERFIELD GROUP HOME	345.35	355.71
3406410	CHILES AVENUE	340.18	350.38
3406560	CHRISTY WOODS GROUP HOME	364.79	375.73
3416565	COLLEGE PARK	335.21	345.27
340605J	COMMUNITY INNV-AVENT FERRY GROUP HO	337.51	349.14
340608F	COMMUNITY INNV-BROOKWOOD GROUP HOM	337.51	349.14
340605Y	COMMUNITY INNV-COUNTRY VIEW RESIDEN	337.51	349.14
3416216	COMMUNITY INNV-FRIENDWAY GROUP HOM	337.51	349.14
340603M	COMMUNITY INNV-MIDLAKE RESIDENTIAL	337.51	349.14
340608G	COMMUNITY INNV-PINE RIDGE	337.51	349.14
340601Y	COMMUNITY INNV-STRAWBERRY RESIDENTI	337.51	349.14
340608T	COMMUNITY INNV-TIMBERLEA	337.51	349.14
3416202	COMMUNITY INNV-WESTRIDGE GROUP HOM	337.51	349.14
340601E	COMSERV CREEKSIDE GROUP HOME	345.35	355.71
340609H	CORBEL RESIDENTIAL	337.51	347.64
3436402	COUNTRY COVE	335.21	345.27
3416194	CRAVEN COUNTY CHILDREN'S GH	336.45	346.54
341610J	CRAVEN COUNTY CHILDREN'S GH #2	336.45	346.54
3406514	DAL-WAN HEIGHTS	335.21	345.27
340610T	DOGWOOD GROUP HOME	345.62	355.99
3416536	DOVE ROAD	335.21	345.27
3406452	ECHO FARMS GROUP HOME	329.54	339.43

3406476	EDUCARE-DARTMOUTH GROUP HOME	338.26	348.41
340608X	EDUCARE-HEATHCROFT	338.26	349.91
340603F	EDUCARE-HELMSDALE GROUP HOME	338.26	349.91
3416135	EDUCARE-STARNES GROUP HOME	338.26	349.91
340605A	ELECTRA DRIVE GROUP HOME	338.26	348.41
340610B	ELLEDALE GROUP HOME	345.35	355.71
3406564	FAMILY AFFAIR-SUMMERLYN HOME	327.79	339.12
3416367	FAN JOY I	335.21	345.27
3406515	FAN JOY II	335.21	345.27
340600R	FLOWE DRIVE GROUP HOME	345.62	355.99
	EDUCARE-Lockley Road		349.91
	LIFE-McFarland Group Home		336.86
	NOVA-North Drive Group Home		349.31
	MONARCH-Pilotview Group Home	336.47	348.04
	HORIZONS-THE ATRIUM	363.16	375.54
3406477	FOREST CREEK GROUP HOME	338.26	348.41
3416313	FORSYTH CO ICF/MR GROUP HOME	336.45	346.54
340607W	FRANK STREET ICF/MR GROUP HOME	339.11	349.28
3406554	FRANKLIN BLVD GROUP HOME	345.62	355.99
3406380	GEORGIA COURT	338.26	348.41
3406165	GHA-A. JACK WALL GROUP HOME	343.76	355.57
340614T	GHA-CAROLINA FARMS #1	343.76	355.57
340614X	GHA-CAROLINA FARMS #2	343.76	355.57
340615A	GHA-CAROLINA FARMS #3	343.76	355.57
3406392	GHA-MARIE G. SMITH GROUP HOME	343.76	355.57
3406500	GHA-ROBERT W. THOMPSON GH	343.76	355.57
340604W	GREATER IMAGE- CREST ROAD GROUP HOME	318.72	329.78
340604J	GREATER IMAGE-MOORE CTY HOME FOR A A	318.72	329.78
3406453	GREENVILLE LOOP GROUP HOME	329.54	339.43
340603X	HARTLAND GROUP HOME	345.35	355.71
3406374	HAYWOOD COUNTY GROUP HOME #3	345.61	355.98
3406511	HEATH AVENUE HOME	335.21	345.27
3406020	HILLTOP-HILLTOP HOME	441.44	456.18
341607U	HOLLIDAY'S PLACE GROUP HOME	339.59	349.78
3416112	HOLLOWAY STREET HOME	335.21	345.27
340602W	HOLY ANGELS	364.32	375.25
340602H	HORIZONS RC CTR. THE ARCHES	363.15	375.54
3406499	HORIZONS RESIDENTIAL CARE	363.15	374.04
3406385	HUNTLEIGH GROUP HOME	338.26	348.41
340603N	IOTLA STREET GROUP HOME	341.77	352.02
340604M	KENMORE STREET GROUP HOME	343.25	353.55
3406548	KEYWEST CENTER, INC	325.11	334.86
342606W	KONNOAK DRIVE GROUP HOME	338.26	348.41
3406517	LAURA SPRINGS	335.21	345.27
3406077	LAURELWOOD GROUP HOME	345.35	355.71
340609J	LEAVES	338.26	348.41
3406512	LEWIS FORKS	335.21	345.27

340610R	LIFE/ALBEMARLE GROUP HOME	325.59	336.86
340610Y	LIFE/BEAUFORT HEIGHTS	325.59	336.86
340608W	LIFE/CHEROKEE TRAIL	325.59	336.86
3406459	LIFE/CHERRY LANE	325.59	336.86
340610P	LIFE/CHOWAN GROUP HOME	325.59	336.86
340610N	LIFE/COKE AVENUE	325.59	336.86
3406393	LIFE/DIXON ROAD GROUP HOME	325.59	336.86
3406226	LIFE/EDGEWOOD	325.59	336.86
340601V	LIFE/FOLLY STREET GROUP HOME	325.59	336.86
340606M	LIFE/GREEN TEE LANE GH	325.59	336.86
340606G	LIFE/GREY FOX RUN HOME	325.59	336.86
3416196	LIFE/IDLEWOOD GROUP HOME	325.59	336.86
340612A	LIFE/KING	325.59	336.86
3416323	LIFE/LAKEVIEW	325.59	336.86
3406440	LIFE/LAVENHAM ROAD	325.59	336.86
340601W	LIFE/LOCKWOOD STREET GH	325.59	336.86
340607P	LIFE/LUKE STREET	325.59	336.86
340611Z	LIFE/MACFARLAND	325.59	336.86
340603U	LIFE/MCKEEL LOOP GH	325.59	336.86
340611A	LIFE/MINUTE MAN	325.59	336.86
340606F	LIFE/NINE FOOT ROAD HOME	325.59	336.86
3406441	LIFE/OAKDALE AVENUE	325.59	336.86
340609T	LIFE/OLD ROPER GROUP HOME	325.59	336.86
340603H	LIFE/RAVEN RIDGE GROUP HOME	325.59	336.86
340610A	LIFE/SLATESTONE ROAD	325.59	336.86
340610G	LIFE/TWIN ACRES GROUP HOME	325.59	336.86
3416328	LIFE/WALNUT STREET GROUP HOME	325.59	336.86
3416319	LIFE/WILLIAM STREET GROUP HOME	325.59	336.86
340609U	LIFE/WILSON STREET GROUP HOME	325.59	336.86
341602U	LINOAK GROUP HOME	335.21	345.27
340600A	LITTLE RIVER GROUP HOME	345.35	355.71
340611J	LOWER CREEK	345.35	355.71
3416218	LYNN ROAD HOME	335.21	345.27
3406469	MACON GROUP HOME	341.77	352.02
340611E	MCCORMICK	338.26	348.41
3416493	MEADOWVIEW HOME	336.45	346.54
3406472	MEEKS ROAD ICF-MR GROUP HOME	345.62	355.99
3406305	MICHIGAN STREET HOME	364.79	375.73
340602E	MID STATE HEALTH THOMAS S - DECATUR	318.72	329.78
3406442	MID STATE HEALTH-MY PLACE	318.72	329.78
3406591	MID STATE-NO PLACE LIKE HOME	330.04	341.44
3416132	MINERAL SPRINGS I & II	335.21	345.27
3406018	Monarch - Southridge	337.41	349.03
3406395	MONARCH-ANSONVILLE GROUP HOME	336.45	348.04
341602Y	MONARCH-KAREN LANE HOME	336.45	348.04
3416332	MONARCH-MALLARD LANE CENTER	336.45	348.04
3406481	MONARCH-MOSS SPRINGS GROUP HOME # 2	336.45	348.04

340609X	MONARCH-MT. GILEAD CHILDREN'S HOME	336.45	348.04
3406412	MONARCH-MYRTLEWOOD GROUP HOME	336.45	348.04
343611G	MONARCH-PENCE PLACE	336.45	348.04
340609W	MONTFORD GROUP HOME	343.25	353.55
3406415	MOSS SPRINGS GROUP HOME # 1	336.45	346.54
3416485	MOUNTAIN RIDGE ICF-MR GH	341.68	351.93
3406451	MYRTLE GROVE GROUP HOME	329.54	339.43
3406317	NEW RIVER COTTAGE	345.62	355.99
340611W	NEW STOCK ROAD	328.54	338.39
340601X	NORTHRIDGE GROUP HOME	337.51	347.64
3406174	NOVA-AIRPORT ROAD GROUP HOME	337.68	349.31
340609R	NOVA-DAUGHTRY FIELD ROAD GROUP HOME	337.68	349.31
3406164	NOVA-HIGHWAY 117 GROUP HOME	337.68	349.31
3406312	NOVA-HOLLY STREET HOME	337.68	349.31
3406289	NOVA-LAGRANGE HOME	337.68	349.31
340610M	NOVA-NORWOOD AVENUE GROUP HOME	337.68	349.31
340608V	NOVA-WASHINGTON STREET EAST GROUP HOME	337.68	349.31
3406444	OAK STREET GROUP HOME	345.62	355.99
3416419	OAKDALE	335.21	345.27
3406322	ORA STREET GROUP HOME	343.25	353.55
3416574	PARK AVENUE	335.21	345.27
340609B	PARK DRIVE	338.49	348.64
3406203	PEIDMONT-BOST CHILDREN'S CENTER	364.79	377.23
3416426	PENNY LANE I	335.21	345.27
3416475	PENNY LANE II	335.21	345.27
343601U	PINEBROOK ICF-MR GROUP HOME	335.21	345.27
3406449	PISGAH GROUP HOME	343.25	353.55
3406304	PITT COUNTY GH/AUT	308.20	317.45
3406530	PITT COUNTY GROUP HOME # 2	308.20	317.45
3406541	PITT COUNTY GROUP HOME # 3	308.20	317.45
340610Z	PLAYMORE GROUP HOME	345.35	355.71
3406522	PLEASANT ACRES	335.21	345.27
3406306	RALPH SCOTT GH	345.06	355.42
3406156	RALPH SCOTT GROUP HOMES, #2	345.06	355.42
340600M	RALPH SCOTT/LARAMIE DRIVE	345.06	355.42
340608Z	RALPH SCOTT/ROSEMONT	345.06	355.42
340608J	RALPH SCOTT/VETERANS	345.06	355.42
343609V	RAYSIDE ICF/MR	335.21	345.27
340610U	RES. SERVICES INC./CHRISTOPHER ROAD	331.73	341.68
3406544	RES. SERVICES INC./QUAIL ROOST DRIVE	331.73	341.68
340603P	RES. SERVICES INC./SHADY LAWN	331.73	341.68
3406331	RES. SERVICES INC./SILO	331.73	341.68
3406482	RES. SERVICES INC./W. MAIN (CARRBORO)	331.73	341.68
3406356	RES. SERVICES Retirement Center (Spring Glen)	331.73	341.68
3416585	RHA- WEST FRIENDLY AVENUE	328.43	339.78
3416403	RHA-ASHLEY HEIGHTS HOME	335.21	346.77
3406513	RHA-BONNIE LANE	335.21	346.77

341609E	RHA-BURTONWOOD	328.43	339.78
	RHA-Clear Creek		316.05
	RHA-Fox Run		316.05
	RHA-Guilford IV		357.54
3406527	RHA-CANTERBURY ROAD HOME	335.21	346.77
3416508	RHA-CHANDLER ROAD HOME	335.21	346.77
3416336	RHA-CHARLOTTE	305.39	316.05
3406516	RHA-COUNTRY MANOR HOME	335.21	346.77
3416479	RHA-EASTBROOK	335.21	346.77
3416342	RHA-ERWIN # 2	335.21	346.77
3416341	RHA-ERWIN GROUP HOME	335.21	346.77
3436562	RHA-FOREST BEND GROUP HOME	335.21	346.77
341610V	RHA-FOREST HILLS	328.43	339.78
3416320	RHA-FORSYTH GROUP HOME I	335.21	346.77
3416327	RHA-FORSYTH GROUP HOME II	335.21	346.77
3416471	RHA-GATEWOOD	328.43	339.78
3416229	RHA-GRANVILLE COUNTY GH	335.21	346.77
341604A	RHA-GREENVILLE (TAR RIVER)	620.35	640.46
3416152	RHA-GUILFORD I	335.21	346.77
3416153	RHA-GUILFORD II	335.21	346.77
3416288	RHA-GUILFORD III	335.21	346.77
3416491	RHA-HOFFMAN HOME	335.21	346.77
341605H	RHA-HOLDEN ROAD	328.43	339.78
341602V	RHA-HOLLINGSWOOD HOME	335.21	346.77
3406448	RHA-HOPE MILLS	335.21	346.77
341610W	RHA-KING GEORGE	328.43	339.78
3416259	RHA-LAGRANGE	305.39	316.05
3416034	RHA-LAGRANGE (BEAR CREEK)	306.22	316.91
341609P	RHA-LAKEVIEW	328.43	339.78
341601B	RHA-LAKEWOOD	335.21	346.77
3416563	RHA-LEE FOREST GROUP HOME	335.21	346.77
3416345	RHA-LILLINGTON HOME	335.21	346.77
3416340	RHA-MAGNOLIA DRIVE	335.21	346.77
341608H	RHA-MONROE ROAD	328.43	339.78
3406518	RHA-MYRON PLACE	335.21	346.77
3416375	RHA-OLD FARM ROAD HOME	335.21	346.77
340606Z	RHA-PINEWOOD	335.21	346.77
3416130	RHA-RIDGECREST I & II	335.21	346.77
341602Z	RHA-RIDGELY OAK	328.43	339.78
3416279	RHA-RIVERBEND	305.39	316.05
3416350	RHA-ROCKWELL FACILITY	335.21	346.77
3416073	RHA-ROLLINGWOOD	328.43	339.78
3416561	RHA-SCOTLAND FOREST HOME	335.21	346.77
3406316	RHA-SCOTTHURST I & II	328.43	339.78
3426140	RHA-SHELBOURNE PLACE	328.43	339.78
3406520	RHA-SHERWOOD PARK	335.21	346.77
3406447	RHA-SOUTHERN AVENUE	335.21	346.77

3416555	RHA-STEM ROAD HOME	335.21	346.77
340607A	RHA-STONE RIDGE	335.21	346.77
3416594	RHA-STRICKLAND BRIDGE A & B	335.21	346.77
3416397	RHA-SUNNY HILL	335.21	346.77
3416577	RHA-SUNNY HILL II	335.21	346.77
3416529	RHA-WAKULLA I & II	335.21	346.77
3416193	RHA-WALNUT CREEK	305.39	316.05
341602J	RHA-WESTMINISTER	328.43	339.78
3416167	RHA-WESTRIDGE ROAD	328.43	339.78
3416549	RHA-WILDCAT GROUP HOME	335.21	346.77
3406584	RHA-WILMINGTON ROAD GROUP HOME	335.21	346.77
341602X	RIDGEFIELD HOME	336.45	346.54
340603J	RIVERSIDE RESIDENTIAL	337.51	347.64
3416393	RIVERVIEW	335.21	345.27
340607M	ROANOKE PLACE	337.51	347.64
340602A	ROBERT E. LEE GROUP HOME	328.78	338.64
340602N	ROBIN HOOD GROUP HOME	328.78	338.64
340606U	ROCKWOOD GROUP HOME	338.26	348.41
3406390	ROLLING MEADOWS	338.26	348.41
3406058	RONES CHAPEL ROAD GROUP HOME	337.68	347.81
3406413	ROSE STREET-IRENE WORTHAM	345.62	355.99
3416321	ROSEANNE GROUP HOME	328.78	338.64
3406301	ROUSE'S GROUP HOME	308.47	317.72
340611X	ROUSE'S GROUP HOME #6	308.47	317.72
3406249	SAND RIDGE	360.14	372.44
3406249	SANDRIDGE III	360.14	370.94
3406249	SANDRIDGE IV	360.14	370.94
3406521	SHANNONBROOK	335.21	345.27
3416197	SKILL CREATIONS -BURKE	339.91	351.61
3406347	SKILL CREATIONS-CLINTON	324.08	335.30
3406250	SKILL CREATIONS-COASTAL HOUSE	324.08	335.30
340602P	SKILL CREATIONS-DUPLIN HOUSE	324.08	335.30
340603T	SKILL CREATIONS-EAST	324.08	335.30
3406339	SKILL CREATIONS-GOLDSBORO	324.08	335.30
3406425	SKILL CREATIONS-GREENVILLE	324.08	335.30
3406370	SKILL CREATIONS-KENANSVILLE	324.08	335.30
3406386	SKILL CREATIONS-KINSTON	324.08	335.30
3406133	SKILL CREATIONS-NASH HOUSE I	324.08	335.30
3406065	SKILL CREATIONS-NASH HOUSE II	324.08	335.30
340605G	SKILL CREATIONS-ROANOKE HOUSE	324.08	335.30
3406361	SKILL CREATIONS-SANFORD	324.08	335.30
3406401	SKILL CREATIONS-TARBORO	324.08	335.30
3406234	SKILL CREATIONS-TRIANGLE H I	324.08	335.30
3406243	SKILL CREATIONS-TRIANGLE H II	324.08	335.30
3406416	SKILL CREATIONS-WILSON	324.08	335.30
3406519	SMITH STREET HOME	335.21	345.27
3416324	SMOKY MOUNTAIN	341.77	352.02

340604Z	SOPHIA B-NORTHSIDE GROUP HOME	338.52	350.18
3406290	SPRINGDALE LANE GROUP HOME	345.62	355.99
3416483	STOKES COUTY ICF HOME	336.45	346.54
340606V	STONEGATE GROUP HOME	338.26	348.41
340608M	SYDNOR STREET GROUP HOME	338.49	348.64
3406407	T. L. C. HOME, INC-SANFORD HOME	359.85	372.15
3406335	TAMMY LYNN CENTER-ADULTS	570.25	587.35
3406504	TAMMY LYNN CENTER-CHILDREN	570.25	587.35
3416150	THOMAS STREET HOME	335.21	345.27
340605W	TROTTERS BLUFF GROUP HOME	337.51	347.64
3406487	TUCKASEEGEE GROUP HOME	345.62	355.99
3416465	TWENTY THIRD STREET	335.21	345.27
3406524	TWIN BROOKS	335.21	345.27
3406187	UNC-CAROLINA LIVING AND LEARNING	417.51	431.54
341604E	VOCA/APPLE VALLEY	338.26	349.91
3406023	VOCA/BASS LAKE GROUP HOME	364.79	377.23
3416365	VOCA/BLAIRFIELD	338.26	349.91
3416085	VOCA/COLLEGE STREET	338.26	349.91
340600J	VOCA/COUNTRY GROUP HOME	338.26	349.91
340600W	VOCA/CREEKWAY	338.26	349.91
3416450	VOCA/DENBUR DRIVE GROUP HOME	338.26	349.91
3406357	VOCA/FREEDOM GROUP HOME	338.26	349.91
340600T	VOCA/GENTRY GROUP HOME	338.26	349.91
340605R	VOCA/GREENWOOD GROUP HOME	338.26	349.91
3406377	VOCA/HARRISBURG GROUP HOME	338.26	349.91
340600G	VOCA/HICKORY GROUP HOME	338.26	349.91
340604P	VOCA/HICKORY II GROUP HOME	338.26	349.91
3416528	VOCA/KIMSEY	338.26	349.91
340606H	VOCA/LAUREL GROUP HOME	338.26	349.91
340605U	VOCA/LAURELWOOD GROUP HOME	338.26	349.91
3406139	VOCA/MALLARD DRIVE	338.26	349.91
340605N	VOCA/MASON GROUP HOME	338.26	349.91
3406264	VOCA/MEADOWOOD	338.26	349.91
3416586	VOCA/NORWICH GROUP HOME	338.26	349.91
3406184	VOCA/OAK GROUP HOME	338.26	349.91
340606P	VOCA/OAKHAVEN GROUP HOME	338.26	349.91
3406532	VOCA/OBIE GROUP HOME	338.26	349.91
340605M	VOCA/OLIVE STREET HOME	338.26	349.91
3406355	VOCA/OTIS GROUP HOME	338.26	349.91
3406429	VOCA/PURSER GROUP HOME	338.26	349.91
340604X	VOCA/ROLLINS GROUP HOME	338.26	349.91
340606N	VOCA/SANDBURG GROUP HOME	338.26	349.91
340605T	VOCA/SECOND ST. GROUP HOME	338.26	349.91
3416333	VOCA/SEVEN OAKS ROAD - DURHAM	338.26	349.91
3406381	VOCA/SIMPSON GROUP HOME	338.26	349.91
340604R	VOCA/SIXTH STREET GROUP HOME	338.26	349.91
3406186	VOCA/ST.JOHN'S CHURCH GH	338.26	349.91

340606R	VOCA/TODDVILLE GROUP HOME	338.26	349.91
3416510	VOCA/WELLBORN	338.26	349.91
340600B	VOCA/WILSON GROUP HOME	338.26	349.91
3406049	VOCA/WOODBRIDGE GROUP HOME	338.26	349.91
340603Y	VOCA/WOODLAND GROUP HOME	338.26	349.91
340603Z	VOCA/YOUNG GROUP HOME	338.26	349.91
3406414	WATSON'S GROUP HOME-Elwell	297.78	306.71
341601Z	WEBSTER CHILDREN'S ICF-MR GH	341.77	352.02
3406523	WENDOVER	335.21	345.27
340602M	WESTSIDE RES. PROGRAM	337.51	349.14
3406118	WILHELM PLACE HOME	364.79	375.73
3406387	WILSON SMITH COTTAGE	341.68	351.93
340609Y	WOODBEND	338.26	348.41
3416126	YADKIN I	335.21	345.27
3416178	YADKIN II & III	335.21	345.27

	Current PRTF Rates	Rates effective 2/1/2016	Effective- 7/01/2017	Effective 1-1-2018	Effective 3/1/2019
In-State PRTFs:					
Eliada - Reynolds Cottage	\$ 434.08	\$ 455.78			
Brynn Marr	\$ 385.55	\$ 404.83	425.07	446.32	
Canyon Hills Treatment Facility	\$ 426.23	\$ 447.54			
Keys of Carolina	\$ 363.55	\$ 381.73			
Old Vineyard Youth Services	\$ 374.44	\$ 393.16			
Alexander - Lion's Den/Hornet's Nest	\$ 387.38	\$ 406.75			
Alexander - Nisbet	\$ 387.38	\$ 406.75			
Alexander - Dickson	\$ 387.38	\$ 406.75			
Alexander - Oak	\$ 387.38	\$ 406.75			
Thompson CFF - Christ Church Cottage	\$ 449.65	\$ 472.13			
Thompson CFF - Kenan Cottage	\$ 450.42	\$ 472.94			
Thompson CFF - Smith Cottage	\$ 450.01	\$ 472.51			
Thompson CFF - Williamson Cottage	\$ 449.02	\$ 471.47			
Yahweh	\$ 435.16	\$ 456.92			
Eliada - Lion's Cottage	\$ 447.75	\$ 470.14			
Eliada - Earle Cottage	\$ 456.00	\$ 478.80			
Strategic Behavioral Health	\$ 516.18	\$ 541.99			
Eliada - Reuter Cottage	\$ 398.88	\$ 418.82			
Nova - Pinewood	\$ 501.62	\$ 526.70			
Nova - Oakwood	\$ 514.89	\$ 540.63			
Youth Focus	\$ 426.04	\$ 447.34			
Eliada - Cummings Cottage	\$ 443.16	\$ 465.32			
Barium Springs	\$ 409.90	\$ 430.40			
Cornerstone Treatment Facility	\$ 434.27	\$ 455.98			
Premier Healthcare Services	\$ 439.92	\$ 461.92			
Alexander - Elm	\$ 403.83	\$ 424.02			
Walker's Group Home PRTF	\$ 471.60	\$ 495.18			
Yahweh Center, Inc.	\$ 508.39	\$ 533.81			
Cornerstone Treatment Facility - Hope Gardens	\$ 443.76	\$ 465.95			
Thompson CFF - Yorke Cottage	\$ 486.34	\$ 510.66			
Thompson CFF - Alphin Cottage	\$ 473.24	\$ 496.90			
Cornerstone Treatment Facility - New Haven	\$ 467.99	\$ 491.39			
Grandfather Home for Children - Campbell	\$ 407.55	\$ 427.93			
Cornerstone Treatment Facility - Crossroads	\$ 473.60	\$ 497.28			
Maplewood Facility	\$ 489.04	\$ 513.49			
Cornerstone Treatment Facility - Willowbrook	\$ 489.75	\$ 514.24			
Grandfather Home for Children - Hickory	\$ 406.93	\$ 427.28			
Grandfather Home for Children - Harris	\$ 408.17	\$ 428.58			
Thompson CFF - 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 Charlotte	\$ 516.18	\$ 541.99			
SBH Wilmington LLC	\$ 516.18	\$ 541.99			
SBH Raleigh LLC	\$ 516.18	\$ 541.99			
	\$ -	\$ -			
Out-of-State PRTFs:					
	\$ -	\$ -			
Youth Villages Inc. (GA)	\$ 361.79	\$ 379.88			
National Deaf Academy (FL)	\$ 597.54	\$ 627.42			
New Hope (SC)	\$ 388.93	\$ 441.00			442.82
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			

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

**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 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable	
			NON-FACILITY RATE	FACILITY RATE
10035		PERQ DEV SOFT TISS 1ST IMAG	\$463.26	\$78.78
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	\$622.88	\$622.88
36415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	\$2.72	\$2.72
36456		PRTL EXCHANGE TRANSFUSE NB	\$96.77	\$96.77
72081		X-RAY EXAM ENTIRE SPI 1 VW	\$33.48	\$33.48
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	\$12.01	\$12.01
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	\$21.48	\$21.48
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$53.61	\$53.61
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	\$14.55	\$14.55
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	\$39.06	\$39.06
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$58.25	\$58.25
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	\$15.85	\$15.85
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	\$42.40	\$42.40
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$69.30	\$69.30
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	\$18.42	\$18.42
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$50.89	\$50.89
72275		EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	\$81.40	\$81.40
72275	26	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	\$29.93	\$29.93

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
72275	TC	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION	\$51.47	\$51.47
73501		X-RAY EXAM HIP UNI 1 VIEW	\$25.77	\$25.77
73501	26	X-RAY EXAM HIP UNI 1 VIEW	\$8.54	\$8.54
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	\$17.23	\$17.23
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	\$35.57	\$35.57
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	\$10.15	\$10.15
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$25.42	\$25.42
73503		X-RAY EXAM HIP UNI 4/> VIEWS	\$44.42	\$44.42
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	\$12.94	\$12.94
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	\$31.48	\$31.48
73521		X-RAY EXAM HIPS BI 2 VIEWS	\$34.36	\$34.36
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	\$10.46	\$10.46
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	\$23.90	\$23.90
73551		X-RAY EXAM OF FEMUR 1	\$23.91	\$23.91
73551	26	X-RAY EXAM OF FEMUR 1	\$7.59	\$7.59
73551	TC	X-RAY EXAM OF FEMUR 1	\$16.32	\$16.32
73552		X-RAY EXAM OF FEMUR 2/>	\$27.90	\$27.90
73552	26	X-RAY EXAM OF FEMUR 2/>	\$8.54	\$8.54
73552	TC	X-RAY EXAM OF FEMUR 2/>	\$19.35	\$19.35
76706		US ABDL AORTA SCREEN AAA	\$81.86	\$81.86
76706	26	US ABDL AORTA SCREEN AAA	\$25.06	\$25.06
76706	TC	US ABDL AORTA SCREEN AAA	\$56.79	\$56.79
78265		GASTRIC EMPTYING IMAG STUDY	\$353.43	\$353.43
78265	26	GASTRIC EMPTYING IMAG STUDY	\$43.51	\$43.51
78265	TC	GASTRIC EMPTYING IMAG STUDY	\$309.92	\$309.92
78266		GASTRIC EMPTYING IMAG STUDY	\$419.10	\$419.10
78266	26	GASTRIC EMPTYING IMAG STUDY	\$48.24	\$48.24

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
78266	TC	GASTRIC EMPTYING IMAG STUDY	\$370.87	\$370.87
78267		UREA BREATH TEST, C-14 (ISOTOPIC); ACQUI	\$9.97	\$9.97
78268		UREA BREATH TEST, C-14; ANALYSIS	\$85.44	\$85.44
78456		ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$267.59	\$267.59
78456	26	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$44.34	\$44.34
78456	TC	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$223.25	\$223.25
80047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$9.93	\$9.93
80048		BASIC METABOLIC PANEL	\$9.99	\$9.99
80050		GENERAL HEALTH SCREEN PANEL	\$11.50	\$11.27
80051		ELECTROLYTE PANEL	\$8.59	\$8.59
80053		COMPREHENSIVE METABOLIC PANEL	\$10.53	\$10.53
80055		OBSTETRIC PANEL	\$28.10	\$28.10
80061		LIPID PROFILE	\$16.70	\$16.70
80069		RENAL FUNCTION PANEL	\$9.99	\$9.99
80074		ACUTE HEPATITIS PANEL	\$58.07	\$58.07
80076		HEPATIC FUNCTION PANEL	\$9.99	\$9.99
80150		AMIKACIN	\$18.78	\$18.78
80155		DRUG ASSAY CAFFEINE	\$17.21	\$17.21
80156		CARBAMAZEPINE; TOTAL	\$18.14	\$18.14
80157		CARBAMAZEPINE; FREE	\$16.51	\$16.51
80158		DRUG ASSAY CYCLOSPORINE	\$22.50	\$22.50
80159		DRUG ASSAY CLOZAPINE	\$22.50	\$22.50
80162		ASSAY OF DIGOXIN TOTAL	\$16.54	\$16.54
80163		ASSAY OF DIGOXIN FREE	\$16.44	\$16.44
80164		ASSAY DIPROPYLACETIC ACD TOT	\$16.70	\$16.70
80165		DIPROPYLACETIC ACID FREE	\$16.58	\$16.58
80168		ETHOSUXIMIDE	\$20.36	\$20.36

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
80169		DRUG ASSAY EVEROLIMUS	\$16.70	\$16.70
80170		GENTAMICIN	\$4.31	\$4.31
80171		DRUG SCREEN QUANT GABAPENTIN	\$16.13	\$16.13
80173		HALOPERIDOL	\$18.14	\$18.14
80175		DRUG SCREEN QUAN LAMOTRIGINE	\$16.13	\$16.13
80176		LIDOCAINE	\$18.30	\$18.30
80177		DRUG SCR N QUAN LEVETIRACETAM	\$16.13	\$16.13
80178		LITHIUM	\$8.24	\$8.24
80180		DRUG SCR N QUAN MYCOPHENOLATE	\$21.97	\$21.97
80183		DRUG SCR N QUANT OXCARBAZEPIN	\$16.13	\$16.13
80184		PHENOBARBITAL	\$14.28	\$14.28
80185		PHENTOIN: TOTAL	\$16.51	\$16.51
80186		PHENTOIN; FREE	\$17.15	\$17.15
80188		PRIMIDONE	\$20.30	\$20.30
80190		PROCAINAMIDE	\$20.87	\$20.87
80192		PROCAINAMIDE: WITH ANTIBODIES	\$20.87	\$20.87
80194		QUINIDINE	\$18.18	\$18.18
80195		SIROLIMUS	\$17.09	\$17.09
80197		TACROLIMUS	\$17.09	\$17.09
80198		THEOPHYLLINE	\$17.63	\$17.63
80199		DRUG SCREEN QUANT TIAGABINE	\$21.97	\$21.97
80200		TOBRAMYCIN	\$20.08	\$20.08
80201		TOPIRAMATE	\$14.86	\$14.86
80202		VANCOMYCIN	\$16.70	\$16.70
80203		DRUG SCREEN QUANT ZONISAMIDE	\$16.13	\$16.13
80299		QUANTITATIVE ASSAY DRUG	\$17.06	\$17.06
80305		DRUG TEST PRSMV DIR OPT OBS	\$13.61	\$13.61

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
80306		DRUG TEST PRSMV INSTRMNT	\$18.51	\$18.51
80307		DRUG TEST PRSMV CHEM ANLYZR	\$72.63	\$72.63
80400		ACTH STIMULATION PANEL;	\$40.63	\$40.63
80402		ACTH STIMULATION PANEL;	\$108.32	\$108.32
80406		ACTH STIMULATION PANEL;	\$97.51	\$97.51
80408		ALDOSTERONE SUPPRESSION EVALUATION PANEL	\$156.37	\$156.37
80410		CALCITONIN STIMULATION PANEL (EG, CALCIU	\$100.09	\$100.09
80412		CORTICOTROPIC RELEASING HORMONE (CRH) ST	\$410.68	\$410.68
80418		COMBINED RAPID ANTERIOR PITUITARY EVALUA	\$719.64	\$719.64
80420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$89.75	\$89.75
80422		GLUCAGON TOLERANCE PANEL;	\$57.42	\$57.42
80424		GLUCAGON TOLERANCE PANEL;	\$62.93	\$62.93
80428		GROWTH HORMONE STIMULATION PANEL (EG, AR	\$83.08	\$83.08
80430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOS	\$97.75	\$97.75
80432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PA	\$137.68	\$137.68
80434		INSULIN TOLERANCE PANEL;	\$126.01	\$126.01
80435		INSULIN TOLERANCE PANEL;	\$128.28	\$128.28
80436		METYRAPONE PANEL	\$113.58	\$113.58
80438		THYROTROPIN RELEASING HORMONE (TRH) STIM	\$60.92	\$60.92
80439		THYROTROPIN RELEASING HORMONE (TRH) STIM	\$81.22	\$81.22
80500		CLINICAL PATHOLOGY CONSULTATION; LIMITED	\$16.88	\$14.90
80502		CLINICAL PATHOLOGY CONSULTATION; COMPREH	\$53.00	\$51.87
80502	26	CLINICAL PATHOLOGY CONSULTATION; COMPREH	\$40.32	\$39.60
81000		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$3.95	\$3.95
81001		URINALYSIS, BY DIP STICK OR TABLET REAGE	\$3.95	\$3.95
81002		URINALYSIS ROUTINE WITHOUT MICROSCOPY	\$3.19	\$3.19
81003		UA, BY DIP STICK OR TABLET; AUTOMATED, W	\$2.80	\$2.80

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
81005		URINE TESTS	\$2.70	\$2.70
81007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT B	\$3.20	\$3.20
81015		MICROSCOPIC URINE EXAM	\$3.78	\$3.78
81020		URINALYSIS ROUTINE 2 OR 3 GLASS TEST	\$4.60	\$4.60
81025		UA PREG. TEST - COLOR COMPARISON METHOD	\$7.88	\$7.88
81050		VOLUME MEASUREMENT FOR TIMED COLLECTION,	\$3.73	\$3.73
81161		DMD (DYSTROPHY)	\$128.42	\$128.42
81240		F2 (PROTHROMBIN, COAGULATION FACTOR II)	\$61.00	\$61.00
81241		F5 (COAGULATION FACTOR V) (EG, HEREDITAR	\$75.75	\$75.75
81256		HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HE	\$81.03	\$81.03
81220		regulator) (eg, cystic	\$506.51	\$506.51
81221		regulator) (eg, cystic	\$88.47	\$88.47
81222		regulator) (eg, cystic	\$395.91	\$395.91
81223		regulator) (eg, cystic	\$454.09	\$454.09
81228		analysis; interrogation of	\$819.00	\$819.00
81229		analysis; interrogation of	\$1,055.60	\$1,055.60
81243		x mental retardation) gene	\$51.91	\$51.91
81244		x mental retardation) gene	\$40.85	\$40.85
81331		polypeptide n and ubiquitin	\$46.47	\$46.47
81507		dna analysis using maternal plasma	\$723.45	\$723.45
82009		ANALYSIS FOR ACETONE OR KETONE BODIES TO	\$5.63	\$5.63
82010		ACETONE OR KETONE BODIES LEVEL	\$10.18	\$10.18
82013		ACETYLCHOLINESTERASE	\$13.93	\$13.93
82016		ACYLCARNITINES; QUALITATIVE, EACH SPECIM	\$17.28	\$17.28
82017		ACYLCARNITINES; QUANTITATIVE, EACH SPECI	\$21.02	\$21.02
82024		ACTH	\$48.13	\$48.13
82030		ADENOSINE; 5' MONOPHOSPHATE, CYCLIC (CYCLIC	\$32.15	\$32.15

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
82040		ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD	\$6.17	\$6.17
82042		ALBUMIN; URINE OR OTHER SOURCE, QUANTITA	\$6.45	\$6.45
82043		ALBUMIN; URINE, MICR, QUANTITATIVE	\$7.21	\$7.21
82044		ALBUMIN; URINE, MICRO, SEMIQUANTITATIVE	\$3.57	\$3.57
82045		ALBUMIN; ISCHEMIA MODIFIED	\$42.30	\$42.30
82075		ALCOHOL BREATH	\$15.01	\$15.01
82085		ALDOLASE	\$12.09	\$12.09
82088		ALDOSTERONE	\$50.78	\$50.78
82103		ALPHA-1-ANTITRYPSIN; TOTAL	\$16.74	\$16.74
82104		ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$18.01	\$18.01
82105		ALPHA-FETOPROTEIN SERUM	\$20.90	\$20.90
82106		ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$20.90	\$20.90
82107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION	\$80.25	\$80.25
82108		ALUMINUM	\$31.75	\$31.75
82120		AMINES, VAGINAL FLUID, QUALITATIVE	\$4.68	\$4.68
82127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH S	\$17.28	\$17.28
82128		AMINO ACIDS; MULTIPLE, QUALITATIVE, EACH	\$17.28	\$17.28
82131		AMINO ACIDS; SINGLE, QUANTITATIVE, EACH	\$21.02	\$21.02
82135		AMINOLEVULINIC ACID DELTA	\$20.51	\$20.51
82136		AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTIT	\$21.02	\$21.02
82139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUAN	\$21.02	\$21.02
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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
82163		ANGIOTENSIN II	\$25.58	\$25.58
82164		ANGIOTENSIN I (ACE)	\$18.18	\$18.18
82172		APOLIPOPROTEIN, EACH	\$19.31	\$19.31
82175		ARSENIC	\$23.64	\$23.64
82180		ASCORBIC ACID	\$12.32	\$12.32
82190		ATOMIC ABSORPTION SPECTROSCOPY, EACH	\$18.58	\$18.58
82232		BETA-2 MICROGLOBULIN	\$20.17	\$20.17
82239		BILE ACIDS; TOTAL	\$20.30	\$20.30
82240		BILE ACIDS; CHOLYLGLYCINE	\$20.30	\$20.30
82247		BILIRUBIN; TOTAL	\$6.26	\$6.26
82248		BILIRUBIN; DIRECT	\$6.26	\$6.26
82252		BILIRUBIN FECES QUALITATIVE	\$5.66	\$5.66
82261		BIOTINIDASE, EACH SPECIMEN	\$21.02	\$21.02
82270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.05	\$4.05
82271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.05	\$4.05
82272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (E	\$4.05	\$4.05
82274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETER	\$19.82	\$19.82
82286		BRADYKININ	\$8.58	\$8.58
82300		CADMIUM	\$28.83	\$28.83
82306		CALCIFEDIOL (25-OH VITAMIN D-3)	\$36.89	\$36.89
82308		CALCITONIN	\$33.36	\$33.36
82310		CALCIUM; TOTAL	\$6.42	\$6.42
82330		CALCIUM; IONIZED	\$17.02	\$17.02
82331		CALCIUM AFTER CALCIUM INFUSION TEST	\$6.45	\$6.45
82340		CALCIUM URINE QUANTITATIVE TIMED SPECIME	\$6.49	\$6.49
82355		CALCULUS; QUALITATIVE ANALYSIS	\$14.42	\$14.42
82360		CALCULUS QUANTITATIVE CHEMICAL	\$16.04	\$16.04

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
82657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED	\$22.50	\$22.50
82658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED	\$22.50	\$22.50
82664		ELECTROPHORETIC TECH	\$42.81	\$42.81
82668		ERYTHROPOIETIN	\$23.42	\$23.42
82670		ESTRADIOL	\$29.67	\$29.67
82671		ESTROGENS FRACTIONATED BLOOD	\$40.25	\$40.25
82672		ESTROGENS TOTAL BLOOD	\$27.02	\$27.02
82677		ESTRIOL	\$30.14	\$30.14
82679		ESTRONE	\$31.11	\$31.11
82693		ETHYLENE GLYCOL	\$17.29	\$17.29
82696		ETIOCHOLANOLONE	\$29.38	\$29.38
82705		FECAL FAT SCREEN	\$6.34	\$6.34
82710		FAT OR LIPIDS, FECES; QUANTITATIVE	\$20.93	\$20.93
82715		FECAL FAT	\$21.45	\$21.45
82725		FATTY ACIDS, NONESTERIFIED	\$16.59	\$16.59
82726		VERY LONG CHAIN FATTY ACIDS	\$22.50	\$22.50
82728		FERRITIN SPECIFY METHOD	\$16.97	\$16.97
82731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRET	\$80.25	\$80.25
82735		FLUORIDE	\$23.11	\$23.11
82746		FOLIC ACID	\$18.32	\$18.32
82747		FOLIC ACID; RBC	\$18.78	\$18.78
82757		FRUCTOSE SEMEN	\$21.62	\$21.62
82759		GALACTORINASE RBC	\$26.76	\$26.76
82760		GALACTOSE	\$13.95	\$13.95
82775		GALACTOSE-1-PHOSDHATE URIDYL TRANSFERASE	\$26.24	\$26.24
82776		GALACTOSE 1 PHOSPHATE URIDYL TRANSFERASE	\$10.45	\$10.45
82784		GAMMA GLOBULIN	\$11.58	\$11.58

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
82785		GAMMAGLOBULIN; IGE	\$20.52	\$20.52
82787		GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES	\$9.99	\$9.99
82800		OXYGEN SATURATION PH ONLY	\$8.00	\$8.00
82803		GASES, BLOOD, ANY COMBINATION OF PH, PCO	\$24.12	\$24.12
82805		GASES, BLOOD, ANY COMBINATION OF PH, PCO	\$35.36	\$35.36
82810		GASES, BLOOD, O2 SATURATION ONLY, BY DIR	\$10.88	\$10.88
82820		HEMOGLOBIN - OXYGEN AFFINITY	\$12.45	\$12.45
82930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PE	\$6.84	\$6.84
82938		GASTRIN AFTER SECRETIN STIMULATION	\$22.05	\$22.05
82941		GASTRIN	\$21.97	\$21.97
82943		GLUCAGON	\$17.81	\$17.81
82945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$4.89	\$4.89
82946		GLUCAGON TOLERANCE TEST	\$18.78	\$18.78
82947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REA	\$4.89	\$4.89
82948		GLUCOSE BLOOD STICK TEST	\$3.95	\$3.95
82950		GLUCOSE POST GLUCOSE DOSE	\$5.92	\$5.92
82951		GLUCOSE TOLERANCE	\$16.04	\$16.04
82952		GLUCOSE TOLERANCE TEST EACH ASSIT BEYOND	\$4.89	\$4.89
82955		GLUCOSE 6 PHOSPHATE DEHYDROGENASE	\$5.80	\$5.80
82960		GLUCOSE 6 PHOSPHATE DEHYDROGENASE SCREEN	\$7.56	\$7.56
82962		BLOOD GLUCOSE BY MONITORING DEVICE	\$2.92	\$2.92
82963		GLUCOSIDASE BETA	\$26.76	\$26.76
82965		GLUTAMATE DEHYDROGENASE	\$9.63	\$9.63
82977		G G T	\$8.97	\$8.97
82978		GLUTATIONE LEVEL AND STABILITY	\$17.76	\$17.76
82979		GLUTATHIONE REDUCTASE RBC	\$8.58	\$8.58
82985		GLYCATED PROTEIN	\$18.78	\$18.78

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMO	\$23.16	\$23.16
83002		LUTEINIZING HORMONE (LH)	\$23.08	\$23.08
83003		GROWTH STIMULATING HORMONE	\$20.77	\$20.77
83009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS	\$83.93	\$83.93
83010		HAPTOGLOBIN	\$15.68	\$15.68
83012		HAPTOGLOBIN PHENOTYPES ELECTROPHORESIS	\$21.42	\$21.42
83013		HELICOBACTER PYLORI; BREATH TEST ANALYSI	\$83.93	\$83.93
83014		HELICOBACTER PYLORI; DRUG ADMINISTRATION	\$9.79	\$9.79
83015		HEAVY METAL QUAL ANY ANAL	\$23.46	\$23.46
83018		HEAVY METAL QUANT EACH NES	\$27.36	\$27.36
83020		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$15.66	\$15.66
83020	26	HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$15.17	\$15.17
83021		HEMOGLOBIN FRACTIONATION AND QUANTITATIO	\$22.50	\$22.50
83026		HEMOGLOBIN; BY COPPER SULFATE METHOD	\$2.94	\$2.94
83030		HEMOGLOBIN F(FETAL) CHEMICAL	\$10.31	\$10.31
83033		HEMOGLOBIN; F (FETAL), QUALITATIVE	\$7.43	\$7.43
83036		HEMOGLOBIN; GLYCOSYLATED (A1C)	\$12.09	\$12.09
83045		METHEMOGLOBIN	\$6.18	\$6.18
83050		METHEMOGLOBIN QUANTITATIVE	\$9.12	\$9.12
83051		METHEMOGLOBIN PLASMA	\$9.10	\$9.10
83060		SULFHEMOGLOBIN QUANTITATIVE	\$10.31	\$10.31
83065		HEMOGLOBIN THERMOLABILE	\$8.58	\$8.58
83068		HEMOGLOBIN UNSTABLESCREEN	\$3.59	\$3.59
83069		HEMOGLOBIN URINE	\$4.91	\$4.91
83070		HEMOSIDERIN	\$0.69	\$0.69
83080		B-HEXOSAMINIDASE, EACH ASSAY	\$21.02	\$21.02
83088		HISTAMINE	\$36.80	\$36.80

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
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
83500		HYDROXYPROLINE FREE	\$28.22	\$28.22
83505		HYDROXYPROLINE TOTAL	\$30.28	\$30.28
83516		IMMUNOASSAY FOR ANALYTE OTHER THAN INFEC	\$14.28	\$14.28
83518		IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIB	\$9.53	\$9.53
83519		IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY R	\$16.84	\$16.84
83520		IMMUNOASSAY ANALYTE; NOT OTHERWISE SPECI	\$16.13	\$16.13
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
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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
83661		FETAL LUNG MATURITY ASSESSMENT; LECITHIN	\$27.39	\$27.39
83662		L/S RATIO	\$23.57	\$23.57
83663		FETAL LUNG MATURITY ASSESSMENT; FLUORESC	\$23.57	\$23.57
83664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR	\$23.57	\$23.57
83670		LEUCINE AMINOPEPTIDASE (LAP)	\$11.42	\$11.42
83690		LIPASE	\$8.58	\$8.58
83695		LIPOPROTEIN (A)	\$16.13	\$16.13
83700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPA	\$14.02	\$14.02
83701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRAC	\$30.93	\$30.93
83704		LIPOPROTEIN BLD QUAN PART	\$34.68	\$34.68
83718		LIPOPROTEIN, DIRECT MEASUREMENT; (HDL CH	\$10.20	\$10.20
83719		LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT	\$14.50	\$14.50
83721		LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHO	\$11.89	\$11.89
83727		LUTEINIZING RELEASING FACTOR (LRH)	\$21.42	\$21.42
83735		MAGNESIUM	\$8.35	\$8.35
83775		MALATE DEHYDROGENASE	\$9.18	\$9.18
83785		MANGANESE BLOOD OR URINE	\$30.64	\$30.64
83789		MASS SPECTROMETRY QUAL/QUAN	\$22.50	\$22.50
83825		MERCURY, QUANTITATIVE	\$20.27	\$20.27
83835		METHANEPHRINES	\$21.11	\$21.11
83857		METHEMALBUMIN	\$13.39	\$13.39
83861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEG	\$5.17	\$5.17
83864		MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$24.81	\$24.81
83872		MUCIN SYNOVIAL FLUID	\$7.30	\$7.30
83873		MYELIN BASIC PROTEIN, CEREBROSPINAL FLUI	\$21.44	\$21.44
83874		MYOGLOBIN	\$16.09	\$16.09
83876		MYELOPEROXIDASE (MPO)	\$16.87	\$16.87

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
83880		NATRIURETIC PEPTIDE	\$42.30	\$42.30
83883		NEPHELOMETRY, EACH ANALYTE	\$16.94	\$16.94
83885		NICKEL	\$30.53	\$30.53
83915		5 NUCLEOTIDASE	\$13.90	\$13.90
83916		OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)	\$25.05	\$25.05
83918		ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH	\$20.51	\$20.51
83919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIME	\$20.51	\$20.51
83921		ORGANIC ACID, SINGLE, QUANTITATIVE	\$20.51	\$20.51
83930		OSMOLALITY BLOOD	\$8.24	\$8.24
83935		OSMOLALITY	\$8.49	\$8.49
83937		OSTEOCALCIN (BONE G1A PROTEIN)	\$35.48	\$35.48
83945		OXALATE	\$16.04	\$16.04
83950		ONCOPROTEIN, HER-2/NEU	\$80.25	\$80.25
83951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMB	\$83.87	\$83.87
83970		PARATHORMONE	\$51.43	\$51.43
83986		PH BODY FLUID EXCEPT BLOOD	\$4.46	\$4.46
83993		CALPROTECTIN, FECAL	\$24.45	\$24.45
84030		PHENYLALANINE (PKU), BLOOD	\$6.86	\$6.86
84035		PHENYLKETONES, QUALITATIVE	\$4.56	\$4.56
84060		PHOSPHATASE ACID	\$9.20	\$9.20
84066		PHOSPHATASE ACID; PROSTATIC	\$12.04	\$12.04
84075		PHOSPHATASE ALKALINE	\$6.45	\$6.45
84078		PHOSPHATASE ALKALINE BLOOD HEAT STABLE	\$9.09	\$9.09
84080		ALKALINE PHOSPHATASE ISOENZYME	\$18.42	\$18.42
84081		PHOSPHATYDYLGLYCEROL	\$20.59	\$20.59
84085		PHOSPHOGLUCONAT6 6-DEHYDROGENASE RBC	\$8.40	\$8.40
84087		PHOSPHOHEXOSE ISOMERASE	\$12.86	\$12.86

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
84100		PHOSPHORUS INORGANIC (PHOSPHATE)	\$5.91	\$5.91
84105		PHOSPHORUS (PHOSPHATE) URINE	\$6.45	\$6.45
84106		PORPHOBILINOGEN	\$5.34	\$5.34
84110		PORPHOBILINOGEN URINE QUANTITATIVE	\$10.53	\$10.53
84112		PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1)	\$80.83	\$80.83
84119		PORPHYRINS QUALITATIVE	\$10.73	\$10.73
84120		PORPHYRINS, URINE; QUANTITATION AND FRAC	\$18.33	\$18.33
84126		PROPHYRINS FECES QUANITATIVE	\$31.74	\$31.74
84132		POTASSIUM SERUM	\$5.72	\$5.72
84133		POTASSIUM URINE	\$5.36	\$5.36
84134		PREALBUMIN	\$18.18	\$18.18
84135		PREGNANEDIOL	\$23.83	\$23.83
84138		PREGNANETRIOL	\$23.60	\$23.60
84140		PREGNENOLONE	\$24.94	\$24.94
84143		17-HYDROXPREGNENOLONE	\$28.44	\$28.44
84144		PROGESTERONE	\$26.00	\$26.00
84145		PROCALCITONIN (PCT)	\$24.75	\$24.75
84146		PROLACTIN	\$24.15	\$24.15
84150		PROSTAGLANDIN, EACH	\$31.11	\$31.11
84152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEX	\$22.92	\$22.92
84153		PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	\$22.92	\$22.92
84154		PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$22.92	\$22.92
84155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$4.57	\$4.57
84156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$4.57	\$4.57
84157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY;	\$4.57	\$4.57
84160		PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SO	\$6.45	\$6.45
84163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (P	\$10.90	\$10.90

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
84165		PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$13.33	\$13.33
84165	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$14.90	\$14.90
84166		PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$22.23	\$22.23
84166	26	PROTEIN; ELECTROPHORETIC FRACTIONATION A	\$14.90	\$14.90
84181		PROTEIN; WESTERN BLOT, W REPORT & INTERP	\$14.65	\$14.65
84181	26	PROTEIN; WESTERN BLOT, W REPORT & INTERP	\$14.90	\$14.90
84182		PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	\$14.65	\$14.65
84182	26	PROTEIN; IMMUNO PROBE FOR BAND ID, EACH	\$15.37	\$15.37
84202		PROTOPORPHYRIN RBC QUANTITATIVE	\$17.89	\$17.89
84203		PROTOPORPHYRIN RBC SCREEN	\$10.73	\$10.73
84206		PROINSULIN	\$22.20	\$22.20
84207		PYRIDOXINE VITAMINE B-6	\$35.01	\$35.01
84210		PYRUVATE	\$13.52	\$13.52
84220		PYRUVATE KINASE	\$11.75	\$11.75
84228		QUININE	\$14.50	\$14.50
84233		RECEPTOR ASSAY ESTROGEN (ESTRADIOL)	\$80.25	\$80.25
84234		RECEPTOR ASSAY PROGESTERONE	\$80.83	\$80.83
84235		RECEPTOR ASSAY ENDOCRINE NOT ESTROGEN OR	\$65.21	\$65.21
84238		RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY R	\$45.56	\$45.56
84244		RENIN	\$27.40	\$27.40
84252		RIBOFLAVIN	\$25.22	\$25.22
84255		SELENIUM	\$31.81	\$31.81
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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
84300		SODIUM URINE	\$6.06	\$6.06
84302		SODIUM; OTHER SOURCE	\$6.06	\$6.06
84305		SOMATOMEDIN	\$17.28	\$17.28
84307		SOMATOSTATIN	\$17.28	\$17.28
84311		SPECTROPHOMETRY, NOT ELSEWHERE SPECIFIED	\$8.71	\$8.71
84315		SPECIFIC GRAVITY CEXCE PT URINE	\$3.13	\$3.13
84375		SUGAR CHOMATOGRAPHIC TLC/PAPER CHOMATOGA	\$24.42	\$24.42
84376		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	\$6.86	\$6.86
84377		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	\$6.86	\$6.86
84378		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	\$14.36	\$14.36
84379		SUGARS (MON-, DI, AND OLIGOSACCHARIDES);	\$14.36	\$14.36
84392		SULFATE, URINE	\$5.92	\$5.92
84402		TESTOSTERONE; FREE	\$31.72	\$31.72
84403		TESTOSTERONE; TOTAL	\$32.17	\$32.17
84410		TESTOSTERONE BIOAVAILABLE	\$32.17	\$32.17
84425		THIAMINE	\$26.46	\$26.46
84430		THIOCYANATE	\$7.18	\$7.18
84431		THROMBOXANE METABOLITE(S), INCLUDING THR	\$16.53	\$16.53
84432		THYROGLOBULIN	\$20.01	\$20.01
84436		THYROXINE; TOTAL	\$7.18	\$7.18
84437		THYROXINE; REQUIRING ELUTION (EG, NEONAT	\$8.07	\$8.07
84439		THYROXINE; FREE	\$11.24	\$11.24
84442		TBG BY RIA	\$18.42	\$18.42
84443		TSH	\$20.31	\$20.31
84445		THYROID STIMULATING IMMUNE GLOBULINS (TS	\$63.37	\$63.37
84446		VITAMIN E	\$17.67	\$17.67
84449		TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$22.43	\$22.43

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
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	\$10.90	\$10.90
85002		BLEEDING TIME	\$5.61	\$5.61
85004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC	\$8.07	\$8.07
85007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$4.29	\$4.29
85008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	\$4.29	\$4.29
85009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COU	\$4.63	\$4.63
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	\$2.95	\$2.95
85014		BLOOD COUNT; HEMATOCRIT (HCT)	\$2.95	\$2.95
85018		BLOOD COUNT; HEMOGLOBIN (HGB)	\$2.95	\$2.95
85025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (\$9.68	\$9.68
85027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (\$8.07	\$8.07
85032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROC	\$5.36	\$5.36
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	\$3.74	\$3.74
85044		BLOOD COUNT; RETICULOCYTE, MANUAL	\$5.36	\$5.36
85045		BLOOD COUNT; RETICULOCYTE, AUTOMATED	\$4.99	\$4.99
85046		BLOOD COUNT; RETICULOCYTES, AUTOMATED, I	\$6.96	\$6.96
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	\$3.17	\$3.17
85049		BLOOD COUNT; PLATELET, AUTOMATED	\$5.58	\$5.58
85055		RETICULATED PLATELET ASSAY	\$33.36	\$33.36

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
85060		BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	\$18.38	\$18.38
85060	26	BLOOD SMEAR, PERIPHERAL, INTERP BY PHYSI	\$13.22	\$13.22
85097		BONE MARROW, SMEAR INTERPRETATION	\$69.07	\$38.26
85097	26	BONE MARROW, SMEAR INTERPRETATION	\$59.81	\$29.78
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		BLOOC CLOT FACTOR V TEST	\$21.99	\$21.99
85230		CLOTTING FACTOR VII	\$22.31	\$22.31
85240		CLOTTING FACTOR VIII ONE STAGE	\$22.31	\$22.31
85244		CLOTTING; FACTOR VIII RELATED ANTIGEN	\$25.44	\$25.44
85245		CLOTTING; FACTOR 8	\$28.59	\$28.59
85246		CLOTTING; FACTOR 8, VW FACTOR ANTIGEN	\$28.59	\$28.59
85247		CLOTTING; FACTOR 8, MULTIMETRIC ANALYSIS	\$28.59	\$28.59
85250		CLOTTING FACTOR IX	\$23.73	\$23.73
85260		CLOTTING FACTOR X	\$22.31	\$22.31
85270		CLOTTING FACTOR XI	\$22.31	\$22.31
85280		CLOTTING FACTOR XII	\$24.12	\$24.12
85290		CLOTTING FACTOR XIII	\$20.36	\$20.36
85291		CLOTTING FACTOR XIII FIBRIN STABILIZING	\$11.07	\$11.07
85292		CLOTTING; FACTOR II PREKALLIKREIN ASSAY	\$23.60	\$23.60
85293		CLOTTING; FACTOR II MOLECULAR WEIGHT ASS	\$23.60	\$23.60
85300		CLOTTING INHIBITORS OR ANTICOAGULANTS AN	\$14.76	\$14.76
85301		CLOTTING INHIBITORS; ANTITHROMBIN III, A	\$13.48	\$13.48
85302		CLOTTING INHIBITORS OR ANTICOAGULANTS; P	\$14.98	\$14.98
85303		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN	\$17.23	\$17.23

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
85305		CLOTTING INHIBITORS OR ANTICOAGULANTS; P	\$14.45	\$14.45
85306		CLOTTING INHIBITORS OR ANTICOAG; PROTEIN	\$17.81	\$17.81
85307		ACTIVATED PROTEIN C (APC) RESISTANCE ASS	\$17.81	\$17.81
85335		FACTOR INHIBITOR TEST	\$16.04	\$16.04
85337		THROMBOMODULIN	\$12.99	\$12.99
85345		COAGULATION TIME	\$5.36	\$5.36
85347		COAGULATION TIME OTHER METHODS	\$5.30	\$5.30
85348		COAGULATION TIME OTHER METHODS	\$4.64	\$4.64
85360		EUGLOBULIN LYSIS	\$10.47	\$10.47
85362		FIBRIN DEGREDATION PRODUCTS	\$8.58	\$8.58
85370		FDP; QUANTITATIVE	\$11.48	\$11.48
85378		FIBRIN DEGRADATION PRODUCTS, D-DIMER; QU	\$8.89	\$8.89
85379		FDP, D-DIMER; QUANTITATIVE	\$11.48	\$11.48
85380		FIBRIN DEGRADATION PRODUCTS, D-DIMER; UL	\$11.48	\$11.48
85384		FIBRINOGEN; ACTIVITY	\$10.58	\$10.58
85385		FIBRINOGEN; ANTIGEN	\$10.58	\$10.58
85390		FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	\$6.44	\$6.44
85390	26	FIBRINOLYSINS OR COAGULOPATHY SCREEN, IN	\$15.17	\$15.17
85396		COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BL	\$15.47	\$15.47
85397		COAGULATION AND FIBRINOLYSIS, FUNCTIONAL	\$29.88	\$29.88
85400		FIBRINOLYTIC MECHANISMS PLASMIN	\$11.03	\$11.03
85410		FIBRINOLYTIC MECHANISMS ANTIPLASMIN	\$9.60	\$9.60
85415		FIBRINOLYTIC FACTORS & INHIBITORS	\$21.42	\$21.42
85420		FIBRINOLYTIC MECHANISMS PLASMINOGEN	\$8.14	\$8.14
85421		PLASMINOGEN, ANTIGENIC ASSAY	\$12.69	\$12.69
85441		HEINZ BODIES DIRECT	\$5.24	\$5.24
85445		HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZ	\$8.49	\$8.49

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
85460		HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATER	\$9.39	\$9.39
85461		HEMOGLOBIN FETAL	\$8.26	\$8.26
85475		HEMOLYSIN, ACID	\$9.39	\$9.39
85520		HEPARIN ASSAY	\$16.31	\$16.31
85525		HEPARIN NEUTRALIZATION	\$14.76	\$14.76
85530		HEPARIN-PROTAMINE TOLERANCE TEST	\$17.67	\$17.67
85536		IRON STAIN, PERIPHERAL BLOOD	\$8.07	\$8.07
85540		LEUKOCYTE ALKALINE PHOSPHATASE	\$10.72	\$10.72
85547		RBC FRAGILITY	\$5.11	\$5.11
85549		MURAMIDASE	\$23.37	\$23.37
85555		OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$8.33	\$8.33
85557		OSMOTIC FRAGILITY INCUBATED QUANTITATIVE	\$16.64	\$16.64
85576		PLATELET; AGGREGATION (IN VITRO), EACH A	\$26.76	\$26.76
85576	26	PLATELET; AGGREGATION (IN VITRO), EACH A	\$15.17	\$15.17
85597		PLATELET NEUTRALIZATION	\$22.40	\$22.40
85598		PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL P	\$22.56	\$22.56
85610		PROTHROMBIN TIME	\$4.90	\$4.90
85611		PROTHROMBIN TIME	\$4.91	\$4.91
85612		RUSSELL VIPER VENOM TIME (INCLUDES VENOM	\$11.93	\$11.93
85613		RUSSELL VIPOR VENOM TIME; DULUTED	\$11.93	\$11.93
85635		REPTILASE TEST	\$12.27	\$12.27
85651		SEDIMENTATION RATE, ERYTHROCYTE, NON-AUT	\$4.42	\$4.42
85652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	\$3.36	\$3.36
85660		SICKLING RBC REDUCTION SLIDE METHOD	\$6.88	\$6.88
85670		THROMBIN TIME PLASMA	\$7.19	\$7.19
85675		THROMBIN TIME TITER	\$8.55	\$8.55
85705		THROMBOPLASTIN INHIBITION; TISSUE	\$12.00	\$12.00

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
85730		PTT	\$7.48	\$7.48
85732		THROMBOPLASTIN TIME, PARTIAL (PTT); SUBS	\$8.07	\$8.07
85810		VISCOSITY	\$12.63	\$12.63
86000		AGGLUTINS FEBRILE EA	\$8.69	\$8.69
86001		ALLERGEN SPECIFIC IGG QUANTITATIVE OR SE	\$6.51	\$6.51
86003		ALLERGEN SPECIFIC IGE; QUANTITATIVE OR S	\$6.51	\$6.51
86005		ALLERGEN SPECIFIC IGE; QUALITATIVE, MULT	\$9.94	\$9.94
86008		ALLG SPEC IGE RECOMB EA	\$20.15	\$20.15
86021		ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBO	\$18.76	\$18.76
86022		ANTIBODY IDENTIFICATION PLATELET ANTIBOD	\$22.88	\$22.88
86023		ANTIBODY ID PLATELET ASSOCIATED IMMUNOGL	\$15.51	\$15.51
86038		ANTINUCLEAR ANTIBODIES (ANA);	\$15.06	\$15.06
86039		ANA; TITER	\$13.92	\$13.92
86060		ASO TITER	\$9.09	\$9.09
86063		ANTISTREPTOLYSIN SCREEN	\$7.19	\$7.19
86077		BLOOD BANK SERVICES; EVALUATION OF IRREG	\$40.04	\$38.35
86077	26	BLOOD BANK SERVICES; EVALUATION OF IRREG	\$30.40	\$29.17
86078		BLOOD BANK IRREGULAR ANTIB INVESTIGATION	\$40.61	\$38.35
86078	26	BLOOD BANK IRREGULAR ANTIB INVESTIGATION	\$31.06	\$29.44
86079		BLOOD BANK AUTHORIZATION FOR DEVIATION S	\$40.89	\$38.63
86079	26	BLOOD BANK AUTHORIZATION FOR DEVIATION S	\$30.68	\$29.26
86140		CRP	\$6.45	\$6.45
86141		C-REACTIVE PROTEIN; HIGH SENSITIVITY (HS	\$16.13	\$16.13
86146		BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$18.08	\$18.08
86147		CARDIOLIPIN ANTIBODY EA IG	\$18.08	\$18.08
86148		ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) A	\$18.60	\$18.60
86155		CHEMOTHAXIS ASSAY SPECIFY METHOD	\$19.91	\$19.91

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86156		COLD AGGLUTININ; SCREEN	\$8.00	\$8.00
86157		COLD AGGULTININ; TITER	\$8.00	\$8.00
86160		COMPLEMENT; ANTIGEN, EACH COMPONENT	\$14.96	\$14.96
86161		COMPLEMENT; FUNCTIONAL ACTIVITY, EACH	\$14.96	\$14.96
86162		COMPLEMENT TOTAL	\$25.31	\$25.31
86171		COMPLEMENT FIXATION TEST, EACH	\$12.49	\$12.49
86200		CYCLIC CITRULLINATED PEPTIDE (CCP), ANTI	\$16.13	\$16.13
86215		ASH TITER	\$16.50	\$16.50
86225		DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NA	\$17.12	\$17.12
86226		DNA ANTIBODY; SINGLE STRANDED	\$15.09	\$15.09
86235		EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	\$22.34	\$22.34
86255		FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$15.01	\$15.01
86255	26	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY	\$15.17	\$15.17
86256		FLOURESCENT ANTIBODY TITER	\$15.01	\$15.01
86256	26	FLOURESCENT ANTIBODY TITER	\$15.17	\$15.17
86277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$19.61	\$19.61
86280		HEMAGGLUTINATION INHIBITON	\$10.20	\$10.20
86294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATI	\$24.44	\$24.44
86300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	\$25.92	\$25.92
86301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	\$25.92	\$25.92
86304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITAT	\$25.92	\$25.92
86308		HETEROPHILE ANTIBODIES; SCREENING	\$6.45	\$6.45
86309		HETEROPHILE ANTIBODIES; TITER	\$8.07	\$8.07
86310		HETEROPHILE ABSORPTION	\$9.18	\$9.18
86316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANT	\$25.92	\$25.92
86317		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$18.08	\$18.08
86318		IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBOD	\$16.13	\$16.13

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86320		IMMUNOELECTROPHORESIS; SERUM	\$27.93	\$27.93
86320	26	IMMUNOELECTROPHORESIS; SERUM	\$15.17	\$15.17
86325		IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	\$27.86	\$27.86
86325	26	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG,	\$14.90	\$14.90
86327		IMMUNOELECTROPHORESIS SERUM EACH SPECIME	\$28.27	\$28.27
86327	26	IMMUNOELECTROPHORESIS SERUM EACH SPECIME	\$17.46	\$17.46
86329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	\$17.49	\$17.49
86331		GEL DIFFUSION QUALITATIVE OUCHTERLONY	\$14.14	\$14.14
86332		IMMUNE COMPLEX ASSAY	\$30.37	\$30.37
86334		IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$27.83	\$27.83
86334	26	IMMUNOFIXATION ELECTROPHORESIS; SERUM	\$15.17	\$15.17
86335		IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$36.56	\$36.56
86335	26	IMMUNOFIXATION ELECTROPHORESIS; OTHER FL	\$14.90	\$14.90
86336		INHIBIN A	\$20.95	\$20.95
86337		INSULIN ANTIBODIES	\$26.69	\$26.69
86340		INTRINSIC FACTOR ANTIBODIES	\$18.78	\$18.78
86341		ISLET CELL ANTIBODY	\$16.74	\$16.74
86344		LEUKOCYTE PHAGOCYTOSIS	\$9.96	\$9.96
86353		LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYT	\$61.08	\$61.08
86355		B CELLS, TOTAL COUNT	\$47.00	\$47.00
86356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (\$33.36	\$33.36
86357		NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$47.00	\$47.00
86359		T CELLS;	\$47.00	\$47.00
86360		T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INC	\$58.55	\$58.55
86361		T CELLS; ABSOLUTE CD4 COUNT	\$33.36	\$33.36
86367		STEM CELLS (IE, CD34), TOTAL COUNT	\$47.00	\$47.00
86376		MICROSOMAL ANTIBODIES (EG, THRYOID OR LI	\$17.27	\$17.27

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86382		NEUTRALIZATION TEST VIRAL	\$21.06	\$21.06
86384		NBT TEST	\$14.19	\$14.19
86403		PARTICLE AGGLUTINATION; SCREEN, EACH ANT	\$12.70	\$12.70
86406		PARTICLE AGGLUTINATION;	\$13.26	\$13.26
86430		RHEUMATOID FACTOR; QUALITATIVE	\$7.08	\$7.08
86431		RHEUMATOID FACTOR; QUANTITATIVE	\$7.08	\$7.08
86480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$77.22	\$77.22
86481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNIT	\$77.78	\$77.78
86485		SKIN TEAT; CANDIDA	\$6.20	\$6.20
86486		SKIN TEST; UNLISTED ANTIGEN, EACH	\$3.78	\$3.78
86490		SENSITIVITY TEST COCCIDIOIDOMYCOSIS	\$5.19	\$5.19
86510		SENSITIVITY TEST HISTOPLASMOIS	\$5.19	\$5.19
86580		SENSITIVITY TEST TUBERCULOSIS	\$5.48	\$5.48
86590		STREPTOKINASE ANTIBODY	\$13.74	\$13.74
86592		SYPHILIS, PRECIPITATION OR FLOCCULATION	\$5.31	\$5.31
86593		SYPHILLIS PRECIPITATION FLOCCULATION TES	\$5.50	\$5.50
86602		ANTIBODY; ACTINOMYCES	\$12.68	\$12.68
86603		ANTIBODY; ADENOVIRUS	\$15.89	\$15.89
86606		ANTIBODY; ASPIRGILLUS	\$15.89	\$15.89
86609		ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECI	\$15.89	\$15.89
86611		ANTIBODY; BARTONELLA	\$12.68	\$12.68
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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86625		ANTIBODY; CAMPYLOBACTOR	\$9.39	\$9.39
86628		ANTIBODY; CANDIDA	\$14.14	\$14.14
86631		ANTIBODY; CHLAMYDIA	\$14.73	\$14.73
86632		ANTIBODY; CHLAMIDA, IGM	\$15.82	\$15.82
86635		ANTIBODY, 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; FRACISELLA TULARENSIS	\$12.96	\$12.96
86671		ANTIBODY; FUNGUS	\$15.28	\$15.28
86674		ANTIBODY; GIARDIA LAMBLIA	\$18.08	\$18.08
86677		ANTIBODY; HELICOBACTER PYLOUI	\$18.08	\$18.08
86682		ANTIBODY; HELMINTH	\$16.20	\$16.20
86684		ANTIBODY; HEMOPHILUS INFLUENZA	\$18.08	\$18.08
86687		HTLV-I ANTIBODY	\$10.46	\$10.46
86688		HTLV-II ANTIBODY	\$14.65	\$14.65

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86689		HTLV/HIV CONFIRMJ ANTIBODY	\$24.13	\$24.13
86692		ANTOBODY; HEPATITIS, DELTA AGENT	\$18.08	\$18.08
86694		ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC	\$17.90	\$17.90
86695		ANTIBODY; HERPES SIMPLEX. TYPE I	\$16.43	\$16.43
86696		ANTIBODY; HERPES SIMPLEX, TYPE 2	\$24.13	\$24.13
86698		ANTOBODY; HISTOPLASM	\$15.57	\$15.57
86701		ANTIBODY; HIV-1	\$11.06	\$11.06
86702		ANTIBODY; HIV-2	\$14.65	\$14.65
86703		ANTIBODY; HIV-1 & HIV-2, SINGLE ASSAY	\$14.65	\$14.65
86704		HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL	\$14.50	\$14.50
86705		HEPATITIS B CORE ANTIBODY (HBCAB); IGM A	\$14.66	\$14.66
86706		HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$13.39	\$13.39
86707		HEPATITIS BE ANTIBODY (HBEAB)	\$14.42	\$14.42
86708		HEPATITIS A ANTIBODY	\$15.44	\$15.44
86709		HEPATITIS A ANTIBODY (HAAB); IGM ANTIBOD	\$14.02	\$14.02
86710		ANTIBODY, INFLUENZA VIRUS	\$16.90	\$16.90
86711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM	\$17.61	\$17.61
86713		ANTIBODY; LEGIONELLA	\$19.07	\$19.07
86717		ANTIBODY; LEISHMANIA	\$10.45	\$10.45
86720		ANTIBODY; LEPTOSPIRA	\$12.29	\$12.29
86723		ANTIBODY; LISTERIA MONOCYTOGENES	\$16.43	\$16.43
86727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$15.89	\$15.89
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

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86750		ANTIBODY; MALARIA	\$16.43	\$16.43
86753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECI	\$10.45	\$10.45
86756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$16.06	\$16.06
86757		ANTIBODY; RICKETTSIA	\$24.13	\$24.13
86759		ANTIBODY; ROTAVIRUS	\$15.89	\$15.89
86762		ANTIBODY; RUBELLA	\$17.90	\$17.90
86765		ANTIBODY; RUBEOLA	\$16.05	\$16.05
86768		ANTIBODY; SALMONELLA	\$16.43	\$16.43
86771		ANTIBODY; SHIGELLA	\$16.43	\$16.43
86774		ANTIBODY; TETANUS	\$18.08	\$18.08
86777		ANTIBODY; TOXOPLASMA	\$17.90	\$17.90
86778		ANTIBODY; TOXOPLASMA, IGM	\$17.94	\$17.94
86780		TREPONEMA PALLIDUM	\$16.91	\$16.91
86784		ANTIBODY; TRICHINELLA	\$15.65	\$15.65
86787		ANTIBODY; VARICELLA-ZOSTER	\$16.05	\$16.05
86788		ANTIBODY; WEST NILE VIRUS, IGM	\$18.08	\$18.08
86789		ANTIBODY; WEST NILE VIRUS	\$17.90	\$17.90
86790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$16.05	\$16.05
86793		ANTIBODY; YERSINIA	\$16.43	\$16.43
86794		ZIKA VIRUS IGM ANTIBODY	\$18.93	\$18.93
86800		THYROGLOBULIN ANTIBODY	\$19.82	\$19.82
86803		HEPATITIS C ANTIBODY;	\$17.79	\$17.79
86804		HEPATITIS C ANTIBODY; CONFIRMATORY TEST	\$14.75	\$14.75
86805		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/	\$65.15	\$65.15
86806		LYMPHOCYTOTOXICITY ASSAY, VISUAL XM; W/O	\$59.30	\$59.30
86807		SERUM SCREENING FOR CYTOTOXIC PRA; STAND	\$49.30	\$49.30
86808		SERUM SCREENING FOR CYTOTOXIC PRA; QUICK	\$36.99	\$36.99

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86812		TISSUE TYPING HLA TYPING A,B, OR C SINGL	\$32.15	\$32.15
86813		TISSUE TYPING HLA TYPING A,B, &/OR C MUL	\$72.26	\$72.26
86816		HLA TYPING; DR/DQ, SINGLE ANTIGEN	\$34.71	\$34.71
86817		HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	\$80.21	\$80.21
86821		TISSUE TYPING LYMPNOCYTE CULTURE MIXED (\$70.34	\$70.34
86825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$102.60	\$102.60
86826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH	\$34.20	\$34.20
86828		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$48.51	\$48.51
86829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$36.39	\$36.39
86830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$98.25	\$98.25
86831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$84.22	\$84.22
86832		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$154.41	\$154.41
86833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$140.37	\$140.37
86834		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$435.15	\$435.15
86835		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYT	\$393.04	\$393.04
86850		ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQ	\$14.51	\$14.51
86860		ANTIBODY ELUTION, EACH ELUTION	\$14.20	\$14.20
86870		ANTIBODY ID, EACH PANEL FOR EACH SERUM T	\$25.63	\$25.63
86880		COOMBS TEST; DIRECT, EACH ANTISERUM	\$6.69	\$6.69
86885		ANTI HUMAN GLOBULIN TEST INDIRECT, QUALIT	\$7.12	\$7.12
86886		COOMBS TEST, INDIRECT TITER, EACH ANTISE	\$6.45	\$6.45
86900		BLOOD TYPING SEROLOGIC ABO	\$3.71	\$3.71
86901		BLOOD TYPING SEROLOGIC RH(D)	\$3.71	\$3.71
86902		BLOOD TYPING; ANTIGEN TESTING OF DONOR B	\$4.80	\$4.80
86904		BLOOD TYPING; ANTIGEN SCREENING, PER UNI	\$11.84	\$11.84
86905		BLOOD TYPING; RBC ANTIGENS, EACH	\$4.76	\$4.76
86906		BLD TYPING SEROLOGIC RH PHNT	\$9.66	\$9.66

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
86940		HEMOLYSINS/AGGLUTININS, AUTO, SCREEN, EA	\$10.22	\$10.22
86941		HEMOLYSINS/ AGGLUTININS, EACH; INCUBATED	\$15.09	\$15.09
87003		ANIMAL INNOCULATION SMALL ANIMAL W/OBSER	\$20.97	\$20.97
87015		CONCENTRATION (ANY TYPE), FOR INFECTIOUS	\$8.32	\$8.32
87040		CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH	\$12.86	\$12.86
87045		CULTURE, BACTERIAL; STOOL, AEROBIC, WITH	\$11.75	\$11.75
87046		CULTURE, BACTERIAL; STOOL, AEROBIC, ADDI	\$11.75	\$11.75
87070		CULTURE, BACTERIAL; ANY OTHER SOURCE EXC	\$10.73	\$10.73
87071		CULTURE, BACTERIAL; QUANTITATIVE, AEROBI	\$11.75	\$11.75
87073		CULTURE, BACTERIAL; QUANTITATIVE, ANAERO	\$11.75	\$11.75
87075		CULTURE, BACTERIAL; ANY SOURCE, EXCEPT B	\$11.79	\$11.79
87076		CULTURE, BACTERIAL; ANAEROBIC ISOLATE, A	\$10.06	\$10.06
87077		CULTURE, BACTERIAL; AEROBIC ISOLATE, ADD	\$10.06	\$10.06
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANIS	\$7.18	\$7.18
87084		CULTURE W COLONY ESTIMATION FROM DENSITY	\$10.73	\$10.73
87086		CULTURE, BACTERIAL; QUANTITATIVE COLONY	\$10.05	\$10.05
87088		CULTURE, BACTERIAL; WITH ISOLATION AND P	\$10.08	\$10.08
87101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION	\$9.60	\$9.60
87102		CULTURE FUNGI ISOLATION OTHER SOURCE	\$10.47	\$10.47
87103		BLOOD CULTURE FOR FUNGI	\$11.24	\$11.24
87106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATIO	\$12.86	\$12.86
87107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATIO	\$12.86	\$12.86
87109		CULTURE MYCOPLASM ANY SOURCE	\$19.18	\$19.18
87110		CULTURE, CHLAMYDIA, ANY SOURCE	\$24.41	\$24.41
87116		CULTURE, TUBERCLE OR OTHER ACID-FAST BAC	\$13.47	\$13.47
87118		CULTURE, MYCOBACTERIAL, DEFINITIVE IDENT	\$13.63	\$13.63
87140		CULTURE, TYPING; IMMUNOFLUORESCENT METHO	\$6.95	\$6.95

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87143		CULTURE, TYPING; GAS LIQUID CHROMATOGRAP	\$15.61	\$15.61
87147		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTH	\$6.45	\$6.45
87149		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$24.99	\$24.99
87150		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$31.32	\$31.32
87152		CULTURE, TYPING; IDENTIFICATION BY PULSE	\$6.52	\$6.52
87153		CULTURE, TYPING; IDENTIFICATION BY NUCLE	\$75.58	\$75.58
87158		CULTURE TYPING OTHER METHODS	\$6.52	\$6.52
87164		DARKFIELD EXAMINATION	\$7.89	\$7.89
87164	26	DARKFIELD EXAMINATION	\$14.90	\$14.90
87166		DARK FIELD EXAM ANY SOURCE W/O COLLECTIO	\$14.07	\$14.07
87168		MACROSCOPIC EXAMINATION; ARTHROPOD	\$4.75	\$4.75
87169		MACROSCOPIC EXAMINATION; PARASITE	\$4.75	\$4.75
87172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$4.75	\$4.75
87176		HOMOGENIZATION, TISSUE, FOR CULTURE	\$7.33	\$7.33
87177		OVA AND PARASITES	\$11.08	\$11.08
87181		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$5.92	\$5.92
87184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$8.58	\$8.58
87185		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$5.92	\$5.92
87186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$10.77	\$10.77
87187		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$12.92	\$12.92
87188		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$8.27	\$8.27
87190		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AG	\$7.05	\$7.05
87197		SERUM BACTERICIDAL TITER	\$18.72	\$18.72
87205		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$5.31	\$5.31
87206		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$6.69	\$6.69
87207		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$7.47	\$7.47
87207	26	SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$15.17	\$15.17

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87209		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$22.39	\$22.39
87210		SMEAR, PRIMARY SOURCE WITH INTERPRETATIO	\$4.75	\$4.75
87220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPL	\$5.31	\$5.31
87230		TISSUE CULTURE LYMPHOCYTE	\$24.61	\$24.61
87250		VIRUS ISOLATION; INOCULATION OF EMBRYONA	\$20.30	\$20.30
87252		VIRUS ISOLATION; TISSUE CULTURE INOCULAT	\$20.30	\$20.30
87253		VIRUS ISOLATION; TISSUE CULTURE, ADDITIO	\$20.30	\$20.30
87254		VIRUS ISOLATION; CENTRIFUGE ENHANCED (SH	\$20.30	\$20.30
87255		VIRUS ISOLATION; INCLUDING IDENTIFICATIO	\$30.45	\$30.45
87260		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87265		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87267		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87269		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87270		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87271		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87272		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87273		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87274		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87275		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87276		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87278		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87279		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87280		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87281		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87283		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87285		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28
87290		INFECTIOUS AGENT ANTIGEN DETECTION BY DI	\$14.28	\$14.28

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87299		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87300		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87301		ADENOVIRUS AG IA	\$14.28	\$14.28
87305		ASPERGILLUS AG IA	\$14.28	\$14.28
87320		CHYLM D TRACH AG IA	\$14.28	\$14.28
87324		CLOSTRIDIUM AG IA	\$14.28	\$14.28
87327		CRYPTOCOCCUS NEOFORM AG IA	\$14.28	\$14.28
87328		CRYPTOSPORIDIUM AG IA	\$14.28	\$14.28
87329		GIARDIA AG IA	\$14.28	\$14.28
87332		CYTOMEGALOVIRUS AG IA	\$14.28	\$14.28
87335		E COLI 0157 AG IA	\$14.28	\$14.28
87336		ENTAMOEB HIST DISPR AG IA	\$14.28	\$14.28
87337		ENTAMOEB HIST GROUP AG IA	\$14.28	\$14.28
87338		HPYLORI STOOL IA	\$17.92	\$17.92
87339		H PYLORI AG IA	\$14.28	\$14.28
87340		HEPATITIS B SURFACE AG IA	\$11.59	\$11.59
87341		HEPATITIS B SURFACE AG IA	\$11.59	\$11.59
87350		HEPATITIS BE AG IA	\$13.79	\$13.79
87380		HEPATITIS DELTA AG IA	\$20.46	\$20.46
87385		HISTOPLASMA CAPSUL AG IA	\$14.28	\$14.28
87389		INFECTIOUS AGENT ANTIGEN DETECTION BY EN	\$29.92	\$29.92
87390		HIV-1 AG IA	\$21.98	\$21.98
87391		HIV-2 AG IA	\$21.98	\$21.98
87400		INFLUENZA A/B AG IA	\$14.28	\$14.28
87420		RESP SYNCYTIAL AG IA	\$14.28	\$14.28
87425		ROTAVIRUS AG IA	\$14.28	\$14.28
87427		SHIGA-LIKE TOXIN AG IA	\$14.28	\$14.28

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87430		STREP A AG IA	\$14.28	\$14.28
87449		AG DETECT NOS IA MULT	\$14.28	\$14.28
87450		AG DETECT NOS IA SINGLE	\$9.53	\$9.53
87451		AG DETECT POLYVAL IA MULT	\$9.53	\$9.53
87471		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87472		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87475		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87476		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87480		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87481		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87482		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87483		CNS DNA AMP PROBE TYPE 12-25	\$245.96	\$245.96
87485		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87486		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87487		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87490		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87491		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87492		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87493		CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AM	\$31.32	\$31.32
87495		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87496		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87497		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87498		DETECTION TEST FOR ENTEROVIRUS (INTESTIN	\$30.56	\$30.56
87500		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87501		INFLUENZA DNA AMP PROB 1+	\$35.95	\$35.95
87502		INFLUENZA DNA AMP PROBE	\$66.72	\$66.72
87503		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$11.58	\$11.57

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
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 AC	\$24.99	\$24.99
87511		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87512		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87516		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87517		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87520		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87521		DETECTION TEST FOR; HEPATITIS C VIRUS	\$30.56	\$30.56
87522		DETECTION TEST FOR; HEPATITIS C VIRUS	\$40.58	\$40.58
87525		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87526		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87527		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87528		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87529		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87530		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87531		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87532		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87533		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87534		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87535		DETECTION TEST FOR HIV-1 VIRUS	\$30.56	\$30.56
87536		DETECTION TEST FOR HIV-1 VIRUS	\$66.24	\$66.24
87537		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87538		DETECTION TEST FOR HIV-2 VIRUS	\$30.56	\$30.56
87539		DETECTION TEST FOR HIV-2 VIRUS	\$40.58	\$40.58
87540		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87541		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87542		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87550		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87551		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87552		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87555		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87556		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87557		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87560		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87561		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87562		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87580		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87581		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87582		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87590		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87591		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87592		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87623		HPV LOW-RISK TYPES	\$30.38	\$30.38
87624		HPV HIGH-RISK TYPES	\$30.38	\$30.38
87625		HPV TYPES 16 & 18 ONLY	\$30.38	\$30.38
87631		RESP VIRUS 3-5 TARGETS	\$87.77	\$87.77
87632		RESP VIRUS 6-11 TARGETS	\$132.97	\$132.97
87633		RESP VIRUS 12-25 TARGETS	\$245.96	\$245.96
87634		RSV DNA/RNA AMP PROBE	\$78.86	\$78.86
87640		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87641		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87650		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87651		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87652		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87653		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87660		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87661		TRICHOMONAS VAGINALIS AMPLIF	\$29.84	\$29.84
87662		ZIKA VIRUS DNA/RNA AMP PROBE	\$57.65	\$57.65
87797		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$24.99	\$24.99
87798		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$30.56	\$30.56
87799		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$40.58	\$40.58
87800		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$49.97	\$49.97
87801		INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$61.10	\$61.10
87802		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87803		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87804		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87806		HIV ANTIGEN W/HIV ANTIBODIES	\$29.34	\$29.34
87807		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87808		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87809		INFECTIOUS AGENT ANTIGEN DETECTION BY IM	\$14.28	\$14.28
87810		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$14.28	\$14.28
87850		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$14.28	\$14.28
87880		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$14.28	\$14.28
87899		INFECTIOUS AGENT DETECTION BY IMMUNOASSA	\$14.28	\$14.28
87900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHE	\$101.49	\$101.49
87901		ANALYSIS TEST FOR HIV-1 VIRUS	\$97.26	\$97.26
87902		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NU	\$97.26	\$97.26
87903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY N	\$339.12	\$339.12
87904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY N	\$20.30	\$20.30

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
87905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHE	\$16.59	\$16.59
87906		ANALYSIS TEST FOR HIV-1 VIRUS	\$48.98	\$48.98
87910		ANALYSIS TEST FOR CYTOMEGALOVIRUS	\$95.67	\$95.67
87912		ANALYSIS TEST FOR HEPATITIS B VIRUS	\$95.67	\$95.67
88104		BODY FLUID CYTOLOGY	\$48.41	\$48.41
88104	26	BODY FLUID CYTOLOGY	\$22.59	\$22.59
88104	TC	BODY FLUID CYTOLOGY	\$25.82	\$25.82
88106		CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	\$60.00	\$60.00
88106	26	CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	\$22.59	\$22.59
88106	TC	CYTOPATHOLOGY FILTER METHOD ONLY WITH IN	\$37.41	\$37.41
88108		CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	\$56.89	\$56.89
88108	26	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	\$22.59	\$22.59
88108	TC	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE,	\$34.31	\$34.31
88112		CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	\$81.20	\$81.20
88112	26	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	\$46.33	\$46.33
88112	TC	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANC	\$34.87	\$34.87
88120		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$370.06	\$370.06
88120	26	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$43.37	\$43.37
88120	TC	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$326.60	\$326.60
88121		CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$312.54	\$312.54
88121	26	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$38.55	\$38.55
88121	TC	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG	\$273.99	\$273.99
88125		CYTOPATHOLOGY FORENSIC	\$17.09	\$17.09
88125	26	CYTOPATHOLOGY FORENSIC	\$10.68	\$10.68
88125	TC	CYTOPATHOLOGY FORENSIC	\$6.41	\$6.41
88130		BUCCAL SMEAR	\$18.75	\$18.75
88130	26	BUCCAL SMEAR	\$19.71	\$19.71

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88140		SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	\$9.96	\$9.96
88140	26	SEX CHROMATIN IDENT PERIPH BLOOD SMEAR	\$10.05	\$10.05
88141		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$21.98	\$21.98
88142		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$25.24	\$25.24
88143		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$25.24	\$25.24
88147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$13.16	\$13.16
88148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINA	\$13.16	\$13.16
88150		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88152		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88155		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$7.47	\$7.47
88160		CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	\$40.92	\$40.92
88160	26	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	\$20.19	\$20.19
88160	TC	CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE;	\$20.74	\$20.74
88161		CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	\$42.62	\$42.62
88161	26	CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	\$19.90	\$19.90
88161	TC	CYTOPATHOLOGY PREPARATION SCREEN/INTERPR	\$22.72	\$22.72
88162		CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	\$61.78	\$61.78
88162	26	CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	\$30.87	\$30.87
88162	TC	CYTOPATHOLOGY 5 SLIDES &/OR MULTIPLE STA	\$30.91	\$30.91
88164		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88165		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88166		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88167		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGIN	\$13.16	\$13.16
88172		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$41.72	\$41.72
88172	26	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$24.37	\$24.37
88172	TC	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$17.35	\$17.35

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88173		EVALUATION OF FINE NEEDLE ASPIRATE INTER	\$105.73	\$105.73
88173	26	EVALUATION OF FINE NEEDLE ASPIRATE INTER	\$56.15	\$56.15
88173	TC	EVALUATION OF FINE NEEDLE ASPIRATE INTER	\$49.57	\$49.57
88174		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$26.62	\$26.62
88175		CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY	\$32.38	\$32.38
88177		CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$22.85	\$22.85
88177	26	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$17.72	\$17.72
88177	TC	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE	\$5.15	\$5.15
88182		FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	\$80.28	\$80.28
88182	26	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	\$29.19	\$29.19
88182	TC	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYS	\$51.08	\$51.08
88184		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$61.16	\$61.16
88185		FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMI	\$36.29	\$36.29
88187		FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 M	\$53.34	\$53.34
88188		FLOW CYTOMETRY, INTERPRETATION; 9 TO 15	\$65.68	\$65.68
88189		FLOW CYTOMETRY, INTERPRETATION; 16 OR MO	\$83.88	\$83.88
88230		TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	\$145.16	\$145.16
88230	26	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	\$118.75	\$118.75
88230	TC	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD	\$38.98	\$38.98
88233		TISSUE CULTURE, SKIN	\$175.35	\$175.35
88233	26	TISSUE CULTURE, SKIN	\$143.63	\$143.63
88233	TC	TISSUE CULTURE, SKIN	\$47.29	\$47.29
88235		TISSUE CULTURE, PLACENTA	\$183.48	\$183.48
88235	26	TISSUE CULTURE, PLACENTA	\$150.33	\$150.33
88235	TC	TISSUE CULTURE, PLACENTA	\$49.51	\$49.51
88237		TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$157.38	\$157.38
88237	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$128.81	\$128.81

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88237	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$42.35	\$42.35
88239		TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$183.82	\$183.82
88239	26	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$150.61	\$150.61
88239	TC	TISSUE CULTURE FOR NEOPLASTIC DISORDERS;	\$49.61	\$49.61
88245		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$185.47	\$185.47
88245	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$151.98	\$151.98
88245	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$50.06	\$50.06
88248		CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$215.78	\$215.78
88248	26	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$176.95	\$176.95
88248	TC	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROM	\$58.39	\$58.39
88261		CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	\$220.22	\$220.22
88261	26	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	\$180.60	\$180.60
88261	TC	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KA	\$59.60	\$59.60
88262		CHROMOSOME ANALYSIS OPTION III	\$155.30	\$155.30
88262	26	CHROMOSOME ANALYSIS OPTION III	\$127.11	\$127.11
88262	TC	CHROMOSOME ANALYSIS OPTION III	\$41.77	\$41.77
88263		CHROMOSOME ANALYSIS	\$187.25	\$187.25
88263	26	CHROMOSOME ANALYSIS	\$153.44	\$153.44
88263	TC	CHROMOSOME ANALYSIS	\$50.55	\$50.55
88264		CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$155.30	\$155.30
88264	26	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$127.11	\$127.11
88264	TC	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$41.77	\$41.77
88267		CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	\$223.99	\$223.99
88267	26	CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	\$183.72	\$183.72
88267	TC	CHROMOSOME ANALYSIS AMNIOTIC FLUID 1-4 C	\$60.64	\$60.64
88269		CHROMOSOME ANALYSIS AMNIONIC FLUID	\$207.24	\$207.24
88269	26	CHROMOSOME ANALYSIS AMNIONIC FLUID	\$169.91	\$169.91

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88269	TC	CHROMOSOME ANALYSIS AMNIONIC FLUID	\$56.04	\$56.04
88271		MOLECULAR CYTOGENETICS; DNA PROBE, EACH	\$18.03	\$18.03
88271	26	MOLECULAR CYTOGENETICS; DNA PROBE, EACH	\$13.97	\$13.97
88271	TC	MOLECULAR CYTOGENETICS; DNA PROBE, EACH	\$4.06	\$4.06
88272		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$33.36	\$33.36
88272	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$26.61	\$26.61
88272	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$8.27	\$8.27
88273		MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$40.03	\$40.03
88273	26	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$32.10	\$32.10
88273	TC	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN S	\$10.10	\$10.10
88274		MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$43.37	\$43.37
88274	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$34.85	\$34.85
88274	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$11.03	\$11.03
88275		MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$50.04	\$50.04
88275	26	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$40.35	\$40.35
88275	TC	MOLECULAR CYTOGENETICS; INTERPHASE IN SI	\$12.86	\$12.86
88280		CHROM ANALYSIS ADDITIONAL KAROTYPING	\$31.27	\$31.27
88280	26	CHROM ANALYSIS ADDITIONAL KAROTYPING	\$24.88	\$24.88
88280	TC	CHROM ANALYSIS ADDITIONAL KAROTYPING	\$7.70	\$7.70
88283		BANDING FOR CHROMOSOME ANALYSIS	\$24.00	\$24.00
88283	26	BANDING FOR CHROMOSOME ANALYSIS	\$18.88	\$18.88
88283	TC	BANDING FOR CHROMOSOME ANALYSIS	\$5.70	\$5.70
88285		CHROM ANAL ADDITIONAL CELLS COUNTED	\$23.67	\$23.67
88285	26	CHROM ANAL ADDITIONAL CELLS COUNTED	\$18.62	\$18.62
88285	TC	CHROM ANAL ADDITIONAL CELLS COUNTED	\$5.61	\$5.61
88289		HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	\$42.26	\$42.26
88289	26	HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	\$33.94	\$33.94

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88289	TC	HIGH RESOLUTION FOR CHROMOSOME ANALYSIS	\$10.72	\$10.72
88291		CYTOGENETICS AND MOLECULAR CYTOGENETICS,	\$23.33	\$23.33
88300		EXAM OF SURGICAL SPECIMEN	\$18.09	\$18.09
88300	26	EXAM OF SURGICAL SPECIMEN	\$3.49	\$3.49
88300	TC	EXAM OF SURGICAL SPECIMEN	\$14.61	\$14.61
88302		SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	\$37.91	\$37.91
88302	26	SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	\$5.30	\$5.30
88302	TC	SURG PATHOLOGY GROSS MICROSCOPIC EXAM ID	\$32.61	\$32.61
88304		LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$48.29	\$48.29
88304	26	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$8.90	\$8.90
88304	TC	LEVEL III - SURGICAL PATHOLOGY, GROSS AN	\$39.39	\$39.39
88305		LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$82.50	\$82.50
88305	26	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$30.57	\$30.57
88305	TC	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND	\$51.93	\$51.93
88307		LEVEL V - SURGICAL PATHOLOGY, GROSS AND	\$165.38	\$165.38
88307	26	LEVEL V - SURGICAL PATHOLOGY, GROSS AND	\$65.01	\$65.01
88307	TC	LEVEL V - SURGICAL PATHOLOGY, GROSS AND	\$100.37	\$100.37
88309		SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	\$249.95	\$249.95
88309	26	SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	\$112.26	\$112.26
88309	TC	SURGICAL PATHOLOGY SEVEN OR MORE BLOCKS	\$137.68	\$137.68
88311		SURGICAL PATHOLOGY DECALCIFICATION PROCE	\$14.50	\$14.50
88311	26	SURGICAL PATHOLOGY DECALCIFICATION PROCE	\$9.79	\$9.79
88311	TC	SURGICAL PATHOLOGY DECALCIFICATION PROCE	\$4.71	\$4.71
88312		SPECIAL STAINS (LIST SEPARATELY IN ADDIT	\$77.57	\$77.57
88312	26	SPECIAL STAINS (LIST SEPARATELY IN ADDIT	\$21.69	\$21.69
88312	TC	SPECIAL STAINS (LIST SEPARATELY IN ADDIT	\$55.87	\$55.87
88313		SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	\$56.33	\$56.33

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88313	26	SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	\$9.51	\$9.51
88313	TC	SPECIAL STAINS GROUP 11 ALL OTHER SPECIA	\$46.82	\$46.82
88314		HISTOCHEMICAL STAINING WITH FROZEN SECTI	\$69.08	\$69.08
88314	26	HISTOCHEMICAL STAINING WITH FROZEN SECTI	\$18.38	\$18.38
88314	TC	HISTOCHEMICAL STAINING WITH FROZEN SECTI	\$50.70	\$50.70
88319		HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	\$107.69	\$107.69
88319	26	HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	\$21.38	\$21.38
88319	TC	HISTOCHEMISTRY TO IDENTIFY ENZYME CONSTI	\$86.31	\$86.31
88321		CONSULTATION ON TISSUE EXAM	\$71.69	\$64.91
88323		CONS REPORT REFERRED MATERIAL REQ PREPAR	\$114.37	\$114.37
88323	26	CONS REPORT REFERRED MATERIAL REQ PREPAR	\$70.45	\$70.45
88323	TC	CONS REPORT REFERRED MATERIAL REQ PREPAR	\$43.91	\$43.91
88325		COMPREHENSIVE REVIEW RECORDS SLIDES W/RE	\$152.36	\$100.92
88329		OPERATING ROOM CONSULTATION	\$39.51	\$27.36
88331		PATHOLOGY CONSULTATION DURING SURGERY; F	\$71.55	\$71.55
88331	26	PATHOLOGY CONSULTATION DURING SURGERY; F	\$49.00	\$49.00
88331	TC	PATHOLOGY CONSULTATION DURING SURGERY; F	\$22.54	\$22.54
88332		CONS DURING SURG EACH ADD FROZ SECT SAME	\$32.09	\$32.09
88332	26	CONS DURING SURG EACH ADD FROZ SECT SAME	\$24.07	\$24.07
88332	TC	CONS DURING SURG EACH ADD FROZ SECT SAME	\$8.02	\$8.02
88333		PATHOLOGY CONSULTATION DURING SURGERY; C	\$73.26	\$73.26
88333	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$49.03	\$49.03
88333	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$24.23	\$24.23
88334		PATHOLOGY CONSULTATION DURING SURGERY; C	\$44.28	\$44.28
88334	26	PATHOLOGY CONSULTATION DURING SURGERY; C	\$29.48	\$29.48
88334	TC	PATHOLOGY CONSULTATION DURING SURGERY; C	\$14.81	\$14.81
88341		IMMUNOHISTO ANTB ADDL SLIDE	\$52.73	\$52.73

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	\$17.68	\$17.68
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	\$35.05	\$35.05
88342		IMMUNOHISTO ANTB 1ST STAIN	\$78.38	\$78.38
88342	26	IMMUNOHISTO ANTB 1ST STAIN	\$33.91	\$33.91
88342	TC	IMMUNOHISTO ANTB 1ST STAIN	\$44.48	\$44.48
88344		IMMUNOHISTO ANTIBODY SLIDE	\$91.87	\$91.87
88344	26	IMMUNOHISTO ANTIBODY SLIDE	\$32.50	\$32.50
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	\$59.37	\$59.37
88346		IMMUNOFLUOR ANTB 1ST STAIN	\$78.68	\$78.68
88346	26	IMMUNOFLUOR ANTB 1ST STAIN	\$34.50	\$34.50
88346	TC	IMMUNOFLUOR ANTB 1ST STAIN	\$44.20	\$44.20
88348		ELECTRON MICROSCOPY DIAGNOSTIC	\$486.19	\$486.19
88348	26	ELECTRON MICROSCOPY DIAGNOSTIC	\$60.87	\$60.87
88348	TC	ELECTRON MICROSCOPY DIAGNOSTIC	\$425.32	\$425.32
88350		IMMUNOFLUOR ANTB ADDL STAIN	\$62.47	\$62.47
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	\$25.48	\$25.48
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	\$36.99	\$36.99
88355		MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$188.22	\$188.22
88355	26	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$71.45	\$71.45
88355	TC	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	\$116.77	\$116.77
88356		MORPHOMETRIC ANALYSIS NERVE	\$229.64	\$229.64
88356	26	MORPHOMETRIC ANALYSIS NERVE	\$114.10	\$114.10
88356	TC	MORPHOMETRIC ANALYSIS NERVE	\$115.54	\$115.54
88358		MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	\$61.44	\$61.44
88358	26	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	\$37.19	\$37.19
88358	TC	MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PL	\$24.25	\$24.25
88360		MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$94.80	\$94.80

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88360	26	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$44.10	\$44.10
88360	TC	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTO	\$50.70	\$50.70
88361		MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	\$119.06	\$119.06
88361	26	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	\$47.31	\$47.31
88361	TC	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTO	\$71.74	\$71.74
88362		NERVE TEASING PREPARATION	\$206.86	\$206.86
88362	26	NERVE TEASING PREPARATION	\$87.27	\$87.27
88362	TC	NERVE TEASING PREPARATION	\$119.59	\$119.59
88364		INSITU HYBRIDIZATION (FISH)	\$76.17	\$76.17
88364	26	INSITU HYBRIDIZATION (FISH)	\$22.06	\$22.06
88364	TC	INSITU HYBRIDIZATION (FISH)	\$54.12	\$54.12
88365		TISSUE IN SITU HYBRIDIZATION, INTERP. AN	\$123.27	\$123.27
88365	26	TISSUE IN SITU HYBRIDIZATION, INTERP. AN	\$47.42	\$47.42
88365	TC	TISSUE IN SITU HYBRIDIZATION, INTERP. AN	\$75.85	\$75.85
88366		INSITU HYBRIDIZATION (FISH)	\$117.72	\$117.72
88366	26	INSITU HYBRIDIZATION (FISH)	\$51.17	\$51.17
88366	TC	INSITU HYBRIDIZATION (FISH)	\$66.55	\$66.55
88367		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$187.90	\$187.90
88367	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$50.78	\$50.78
88367	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$137.11	\$137.11
88368		MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$165.80	\$165.80
88368	26	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$53.56	\$53.56
88368	TC	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZA	\$112.24	\$112.24
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	\$57.93	\$57.93
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	\$20.40	\$20.40
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	\$37.54	\$37.54
88371	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	\$14.90	\$14.90

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
88372	26	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	\$14.90	\$14.90
88372	TC	PROTEIN ANALYSIS OF TISSUE BY WESTERN BL	\$15.21	\$15.21
88373		M/PHMTRC Alys ISHQUNT/SEMIQ	\$47.22	\$47.22
88373	26	M/PHMTRC Alys ISHQUNT/SEMIQ	\$17.15	\$17.15
88373	TC	M/PHMTRC Alys ISHQUNT/SEMIQ	\$30.07	\$30.07
88374		M/PHMTRC Alys ISHQUNT/SEMIQ	\$160.19	\$160.19
88374	26	M/PHMTRC Alys ISHQUNT/SEMIQ	\$36.71	\$36.71
88374	TC	M/PHMTRC Alys ISHQUNT/SEMIQ	\$123.48	\$123.48
88377		M/PHMTRC Alys ISHQUNT/SEMIQ	\$168.35	\$168.35
88377	26	M/PHMTRC Alys ISHQUNT/SEMIQ	\$53.44	\$53.44
88377	TC	M/PHMTRC Alys ISHQUNT/SEMIQ	\$114.91	\$114.91
88387		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$24.69	\$24.69
88387	26	MACROSCOPIC EXAMINATION, DISSECTION, AND	\$19.88	\$19.88
88387	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND	\$4.80	\$4.80
88388		MACROSCOPIC EXAMINATION, DISSECTION, AND	\$14.75	\$14.75
88388	26	MACROSCOPIC EXAMINATION, DISSECTION, AND	\$12.39	\$12.39
88388	TC	MACROSCOPIC EXAMINATION, DISSECTION, AND	\$2.36	\$2.36
88720		BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$6.29	\$6.29
88738		HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUT	\$6.41	\$6.41
88740		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$6.54	\$6.54
88741		HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS	\$6.54	\$6.54
89049		CAFFEINE HALOTHANE CONTRACTURE TEST (CHC	\$164.77	\$53.56
89050		CELL COUNT, MISCELLANEOUS BODY FLUIDS (E	\$5.90	\$5.90
89051		SYNOVIAL FLUID DIFF	\$6.49	\$6.49
89055		LEUKOCYTE ASSESSMENT FECAL	\$5.31	\$5.31
89060		CRYSTAL ID, SYNOVIAL FLUID	\$8.91	\$8.91
89125		FAT STAIN, FECES, URINE, OR RESPIRATORY	\$5.38	\$5.38

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
89160		MEAT FIBERS FECES	\$4.60	\$4.60
89190		NASAL SMEAR FOR EOSINOPHILS	\$5.80	\$5.80
89300		SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY	\$11.10	\$11.10
89310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT	\$10.45	\$10.45
89320		SEMEN ANALYSIS COMPLETE	\$15.01	\$15.01
89325		SPERM AGGLUTINATION WITH ANTIBODY TITER	\$13.30	\$13.30
92537		CALORIC VSTBLR TEST W/REC	\$35.78	\$35.78
92537	26	CALORIC VSTBLR TEST W/REC	\$28.55	\$28.55
92537	TC	CALORIC VSTBLR TEST W/REC	\$7.22	\$7.22
92538		CALORIC VSTBLR TEST W/REC	\$18.17	\$18.17
92538	26	CALORIC VSTBLR TEST W/REC	\$14.28	\$14.28
92538	TC	CALORIC VSTBLR TEST W/REC	\$3.89	\$3.89
94010		SPIROMETRY, INCLUDING GRAPHIC RECORD, TO	\$25.84	\$25.84
97164		PT RE-EVAL EST PLAN CARE	\$48.36	\$48.36
97165		OT EVAL LOW COMPLEX 30 MIN	\$69.25	\$69.25
97166		OT EVAL MOD COMPLEX 45 MIN	\$69.25	\$69.25
97167		OT EVAL HIGH COMPLEX 60 MIN	\$69.25	\$69.25
97168		OT RE-EVAL EST PLAN CARE	\$45.69	\$45.69
99195		THERAPEUTIC PHLEBOTOMY	\$54.94	\$54.94
G0328		COLORECTAL CANCER SCREENING; FECAL OCCUL	\$19.96	\$19.96
G0416		PROSTATE BIOPSY, ANY MTHD	\$499.46	\$499.46
G0480		DRUG TEST DEF 1-7 CLASSES	\$72.75	\$72.75
G0481		DRUF TEST DEF 8-14 CLASSES	\$111.92	\$111.92
G0482		DRUF TEST DEF 15-21 CLASSES	\$151.09	\$151.09
G0483		DRUF TEST DEF 22 OR MORE DRUG CLASSES	\$195.86	\$195.86

REPORT: RS04354-R1354 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDEPENDENT LAB FEE SCHEDULE AS OF: 07/01/2018

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	NON-FACILITY RATE	FACILITY RATE
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.				