



# North Carolina Department of Public Safety

## Prisons

Roy Cooper, Governor  
Erik A. Hooks, Secretary

Timothy D. Moose, Chief Deputy Secretary  
Todd E. Ishee, Commissioner of Prisons

### MEMORANDUM

**TO:** Joint Legislative Oversight Committee on Justice and Public Safety

**FROM:** Erik A. Hooks, Secretary *EAH*  
Todd E. Ishee, Commissioner of Prisons *Todd E. Ishee*

**RE:** Updated Medical Services Schedule of Charges for Safekeepers

**DATE:** December 30, 2019

Pursuant to Session Law 2019-171, section 2.(b), the Department of Public Safety shall submit a report on the updated medical services schedule of charges as required in subsection 2(a) of Session Law 2019-171 to the Joint Legislative Oversight Committee on Justice and Public Safety.

Subsection 2.(a) of Session Law 2019-171, amends Article 2 of N.C.G.S. Chapter 148 and directs that *the Department shall update the medical services schedule of charges assessed to counties for the provision of health care services to county prisoners housed in the State prison system pursuant to safekeeping orders under G.S. 162-39. In updating the schedule of charges, at a minimum, the Department shall consider the actual rate for services provided and current established Medicaid rates for respective services. The schedule of charges shall be updated annually and shall be included in the Department's policies and procedures.*

The Department of Public Safety has recently updated the medical services schedule of charges. Effective January 1, 2020, the attached schedule of charges will be assessed to counties for the provision of health care services to county prisoners housed in the State prison system pursuant to safekeeping orders. Current Medicaid rates were considered when establishing the attached rates for medical services.

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**Schedule of Charges for Medical Services Provided to Safekeepers  
(Effective January 1, 2020)**

Test	CPT	Current Charge	NC Medicaid Rate as of 11/08/2019 Phy Serv	NC Medicaid Rate as of 01/01/2019 Dental Serv; Opth Serv	Notes
Amylase	82150	\$8.10	\$7.99		
BHCG	84703	\$6.00	\$9.26		
CBC	85025	\$13.96	\$9.58		
CXR	71020	\$60.00	CXR 4 views=71048, \$34.29		TC and 26
Chlamydia	87210	\$4.10	\$4.70		
Dental Consult	D09310	\$25.00		Oral Eval=D0120, \$26.96	
Dental Clinic	DEN 90000	\$40.00		Comprehensive Eval=D0150, \$46.65	
Dental Oral Surg	ORA 90001	\$150.00		Surg Compl=D7241, \$242.62	
Creatine	82565	\$6.20	\$6.32		
Cytopathology	88160	\$17.00	\$40.51		TC and 26
Doctor	MDQ 90000	\$50.00	See below		
EKG	93000	\$57.00	\$16.34		
Extraction	D07110	\$39.50		Extraction, Primary=D7111, \$53.91	
FNP-Prenatal	59420	\$35.00	See below		
Follow-Up	90641	\$45.00	See below		
GC DNA	87070	\$10.50	\$10.62		
Glucose	82947	\$5.30	\$4.84		
Hep B	86287	\$10.00	Hep B Core Antibody=86704, \$14.50		Medicaid no longer recognizes 86287
Hep Panel	80059	\$32.00	Hep Panel=80074, \$58.07		Medicaid no longer recognizes 80059
HIV	86312	\$13.32	Antibody; HIV-1, HIV2=86703, \$14.65		Medicaid no longer recognizes 86312
ID Clinic	ID 90000	\$78.20	See below		
Initial Physical	90015	\$101.50	See below		
Lab Services	91000	\$58.68	Venipuncture= 36415, \$2.70		Medicaid no longer recognizes 91000
Lipid Panel	80061	\$16.00	\$16.53		
Nurse Assessment	239	\$5.00	Nurse Visit=99211, \$7.70		
Optometry	OPT 90000	\$30.00	Eye Exam/Tx Int=92002, \$34.68		
Panoramic X-ray	D0330	\$55.50		\$61.95	
Pap Smear	87206	\$7.50	\$6.63		
Periapical X-ray	D0220	\$11.50		\$15.60	
Phy Extender	PAC 90000	\$40.00	See below		
PPD / TB Test	86580	\$4.10	\$5.42		
Prothrombin / PT INR	85610	\$6.10	\$4.85		
Psychological Exam	PSY 020P	\$70.00	Psych Assmt=96130, \$94.19		



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RPR/Syphilis	86592	\$5.60	\$5.26		
Reception Screening	D0110	\$43.50			Medicaid no longer recognizes D0110
Rubella Virus	86762	\$12.50	\$17.72		
Sickle Cell	85660	\$7.00	\$6.81		
Stool Culture	87045	\$10.50	\$11.63		
Streptococcus Culture	87040	\$13.70	\$12.73		
Throat Culture	33060	\$10.50	Infect Agent Det =87880, \$14.28		Medicaid no longer recognizes 33060
Thyroid Panel	80070	\$9.50	Thyroxine=84436, \$7.11; TSH=84443, \$20.10; T3/T4=84479, \$7.35		Medicaid no longer recognizes 80070
Toxoplasma	86660	\$11.20	Toxoplasma antibody=86777, \$17.72		Medicaid no longer recognizes 86660
AUA / Urinalysis	81000	\$4.40	\$3.91		
Urine Culture	87088	\$12.72	\$9.98		
X-ray - Finger	73140	\$45.00	\$21.85		TC and 26
X-ray - KUB	74020	\$96.50	X-ray Abd 3+views=74021, \$31.85		TC and 26; Medicaid no longer recognizes 74020
X-ray - Pelvic	72190	\$58.50	\$30.25		TC and 26
X-ray - Other		\$58.00	UTO - need spec code		
X-ray - Shoulder	73030	\$58.00	\$22.90		TC and 26
PT Evaluation	97001	\$75.00	PT Eval=97163, \$67.46		Medicaid no longer recognizes 97001
PT Therapeutic Exercise	97110	\$75.00	\$22.67		
PT Gait Training	97116	\$75.00	\$19.85		
PT Therapeutic Activities	97530	\$75.00	\$23.85		
PT Massage	97124	\$75.00	\$18.05		
PT Electrical Stimulation	97032	\$75.00	\$13.07		
PT Ultrasound	97035	\$75.00	\$9.34		
PT Other	97799	\$75.00	Manual Tx=97140, \$21.03		Medicaid no longer recognizes 97799
Ultrasound	93880	\$215.00	\$190.68		TC and 26
<b>PHYSICIAN/PA/FNP SERVICES:</b>					
NEW PATIENT OFFICE OR OTHER OUTPATIENT V	99201		\$20.82		
NEW PATIENT OFFICE OR OTHER OUTPATIENT V	99202		\$40.14		

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NEW PATIENT OFFICE OR OTHER OUTPATIENT V	99203		\$60.58		
NEW PATIENT OFFICE OR OTHER OUTPATIENT V	99204		\$101.72		
NEW PATIENT OFFICE OR OTHER OUTPATIENT V	99205		\$132.38		
ESTABLISHED PATIENT OFFICE OR OTHER OUTP	99212		\$20.51		
ESTABLISHED PATIENT OFFICE OR OTHER OUTP	99213		\$40.13		
ESTABLISHED PATIENT OFFICE OR OTHER OUTP	99214		\$62.08		
ESTABLISHED PATIENT OFFICE OR OTHER OUTP	99215		\$88.14		
PATIENT OFFICE CONSULTATION, TYPICALLY 1	99241		\$26.74		
PATIENT OFFICE CONSULTATION, TYPICALLY 3	99242		\$56.43		
PATIENT OFFICE CONSULTATION, TYPICALLY 4	99243		\$78.66		
PATIENT OFFICE CONSULTATION, TYPICALLY 6	99244		\$124.91		
PATIENT OFFICE CONSULTATION, TYPICALLY 8	99245		\$155.81		
PREV VISIT NEW AGE 18-39	99385		\$77.92		
PREV VISIT NEW AGE 40-64	99386		\$83.94		
INIT PM E/M NEW PAT 65+ YRS	99387		\$92.07		
ANTEPARTUM CARE ONLY; 4-6 VISITS	59425		\$260.89		
ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	59426		\$461.66		
POSTPARTUM CARE ONLY, SEPARATE PROCEDURE	59430		\$96.11		