

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid	NC	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid	NC	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid	NC	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	NC	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	NC	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	NC	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicaid	NC	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid	NC	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	NC	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	NC	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	NC	97026	Application of a modality to 1 or more areas; infrared
Medicaid	NC	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid	NC	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	NC	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	NC	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	NC	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	NC	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	NC	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	NC	97164	Reevaluation of physical therapy established plan of care requiring components
Medicaid	NC	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid	NC	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid	NC	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid	NC	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid	NC	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid	NC	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	NC	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	NC	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	NC	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicaid	NC	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises

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Medicaid	NC	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	NC	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	NC	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	NC	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	NC	93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
Medicaid	NC	63270	Laminectomy, Excision, Intraspinous Lesion Other Than Neoplasm, Intradural; Cervical
Medicaid	NC	63287	Laminectomy, Bx/Excision, Intraspinous Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	NC	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat
Medicaid	NC	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid	NC	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	NC	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	NC	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NC	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NC	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid	NC	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid	NC	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid	NC	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicaid	NC	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid	NC	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid	NC	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid	NC	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	NC	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	NC	22830	Exploration of Spinal Fusion
Medicaid	NC	22812	Spinal Fixation, Wiring, Spinous Processes

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Line of Business	State	Procedure Code	Description
Medicaid	NC	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	NC	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	NC	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	NC	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
Medicaid	NC	22556	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Thoracic
Medicaid	NC	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	NC	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	NC	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	NC	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NC	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid	NC	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid	NC	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid	NC	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	NC	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicaid	NC	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	NC	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid	NC	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	NC	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	NC	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	NC	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	NC	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	NC	70336	Mri, Temporomandibular Joints
Medicaid	NC	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	NC	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

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Medicaid	NC	70551	Mri, Brain; W/O Contrast
Medicaid	NC	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NC	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	NC	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	NC	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	NC	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NC	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	NC	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	NC	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	NC	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NC	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NC	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	NC	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	NC	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	NC	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	NC	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	NC	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	NC	72126	Computed tomography, cervical spine; with contrast material
Medicaid	NC	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	NC	72125	Computed tomography, cervical spine; without contrast material
Medicaid	NC	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NC	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	NC	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	NC	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	NC	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	NC	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	NC	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	NC	70552	Mri, Brain; W/Contrast
Medicaid	NC	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	NC	72142	Mri, Cervical Spine; W/Contrast
Medicaid	NC	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections

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Medicaid	NC	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	NC	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	NC	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	NC	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	NC	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	NC	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	NC	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	NC	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	NC	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	NC	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	NC	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	NC	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	NC	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	NC	72159	Mra, Spine W/Wo Contrast
Medicaid	NC	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	NC	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	NC	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	NC	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	NC	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	NC	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	NC	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	NC	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	NC	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	NC	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	NC	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	NC	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	NC	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	NC	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	NC	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	NC	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	NC	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	NC	74176	Computed tomography, abdomen and pelvis; without contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	NC	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	NC	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	NC	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	NC	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	NC	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	NC	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	NC	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	NC	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	NC	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	NC	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	NC	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	NC	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	NC	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	NC	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	NC	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	NC	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	NC	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	NC	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	NC	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicaid	NC	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	NC	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	NC	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	NC	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	NC	74263	Computed tomographic (CT) colonography, screening, including image postprocessing

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Medicaid	NC	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	NC	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	NC	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	NC	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	NC	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	NC	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	NC	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	NC	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NC	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NC	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NC	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	NC	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	NC	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	NC	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	NC	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	NC	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NC	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	NC	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid	NC	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	NC	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	NC	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	NC	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq

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Medicaid	NC	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	NC	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including
Medicaid	NC	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	NC	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NC	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	NC	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	NC	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	NC	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	NC	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicaid	NC	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	NC	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	NC	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	NC	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study

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Medicaid	NC	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	NC	E0748	Elec Osteogen Stim Spinal
Medicaid	NC	C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
Medicaid	NC	C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
Medicaid	NC	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	NC	27120	Acetabuloplasty;
Medicaid	NC	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicaid	NC	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	NC	27425	Lateral Retinacular Release Open
Medicaid	NC	27704	Removal, Ankle Implant
Medicaid	NC	27570	Manipulation, Knee Joint Under General Anesthesia
Medicaid	NC	28110	Osteotomy, Partial Excision, 5th Metatarsal Head (Bunionette) (Sep Proc)
Medicaid	NC	28307	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal W/Autograft
Medicaid	NC	28308	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; Not 1st Metatarsal, Each
Medicaid	NC	28306	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal
Medicaid	NC	28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
Medicaid	NC	28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant
Medicaid	NC	28285	Correction, Hammertoe
Medicaid	NC	28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint
Medicaid	NC	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
Medicaid	NC	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	NC	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid	NC	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)

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Medicaid	NC	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	NC	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	NC	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	NC	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	NC	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	NC	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	NC	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	NC	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	NC	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	NC	27430	Quadricepsplasty
Medicaid	NC	23000	Removal, Subdeltoid Calcareous Deposits, Open
Medicaid	NC	27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
Medicaid	NC	27424	Reconstruction, Dislocating Patella; W/Patellectomy
Medicaid	NC	27420	Reconstruction, Dislocating Patella
Medicaid	NC	62280	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Subarachnoid
Medicaid	NC	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

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Medicaid	NC	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	NC	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	NC	62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	NC	62292	Injection, Chemonucleolysis, W/Diskography, Lumbar
Medicaid	NC	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	NC	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Medicaid	NC	74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)
Medicaid	NC	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.

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Line of Business	State	Procedure Code	Description
Medicaid	NC	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning
Medicaid	NC	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	NC	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	NC	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	NC	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	NC	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	NC	76390	Mr Spectroscopy
Medicaid	NC	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
Medicaid	NC	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid	NC	21685	Hyoid Myotomy and Suspension

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Line of Business	State	Procedure Code	Description
Medicaid	NC	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	NC	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	NC	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	NC	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	NC	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	NC	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	NC	22632	Arthrodesis, Post Interbody W/Laminect &/Or Discect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid	NC	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid	NC	22849	Reinsertion, Spinal Fixation Device
Medicaid	NC	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid	NC	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	NC	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	NC	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	NC	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid	NC	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	NC	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	NC	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicaid	NC	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes

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Line of Business	State	Procedure Code	Description
Medicaid	NC	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicaid	NC	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NC	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	NC	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	NC	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	NC	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	NC	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicaid	NC	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicaid	NC	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid	NC	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid	NC	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid	NC	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
Medicaid	NC	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
Medicaid	NC	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
Medicaid	NC	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
Medicaid	NC	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
Medicaid	NC	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
Medicaid	NC	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	NC	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	NC	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	NC	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo

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Line of Business	State	Procedure Code	Description
Medicaid	NC	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	NC	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicaid	NC	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid	NC	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid	NC	63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical
Medicaid	NC	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar
Medicaid	NC	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid	NC	63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical
Medicaid	NC	63046	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Thoracic
Medicaid	NC	63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic
Medicaid	NC	63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
Medicaid	NC	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	NC	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	NC	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	NC	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	NC	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid	NC	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid	NC	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicaid	NC	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid	NC	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid	NC	63055	Transpedicular Approach, 1 Segment; Thoracic
Medicaid	NC	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	NC	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	NC	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg
Medicaid	NC	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid	NC	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment

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Medicaid	NC	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid	NC	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid	NC	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid	NC	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid	NC	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid	NC	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicaid	NC	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid	NC	63275	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural, Cervical
Medicaid	NC	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicaid	NC	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy
Medicaid	NC	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid	NC	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	NC	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	NC	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	NC	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid	NC	63308	Vertebral Corpectomy, Add'l Segment
Medicaid	NC	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	NC	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid	NC	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid	NC	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	NC	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	NC	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	NC	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	NC	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid	NC	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

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Medicaid	NC	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid	NC	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid	NC	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	NC	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	NC	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid	NC	27125	Hemiarthroplasty, Hip, Partial
Medicaid	NC	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid	NC	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	NC	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid	NC	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid	NC	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid	NC	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	NC	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	NC	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	NC	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	NC	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

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Medicaid	NC	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid	NC	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	NC	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	NC	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicaid	NC	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid	NC	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid	NC	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid	NC	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid	NC	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid	NC	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid	NC	28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
Medicaid	NC	28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
Medicaid	NC	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	NC	27412	Autologous Chondrocyte Implantation, Knee
Medicaid	NC	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid	NC	28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
Medicaid	NC	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid	NC	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	NC	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	NC	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	NC	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid	NC	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid	NC	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid	NC	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid	NC	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	NC	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb

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Line of Business	State	Procedure Code	Description
Medicaid	NC	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	NC	29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage
Medicaid	NC	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	NC	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
Medicaid	NC	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicaid	NC	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	NC	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	NC	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	NC	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	NC	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	NC	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	NC	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	NC	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	NC	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	NC	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	NC	63040	Laminotomy W/Partl Facetectmy/Foramnotmy/Herniated Discect, Re-Exploratn, Sngle Interspc; Cervical
Medicaid	NC	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	NC	63017	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Lumbar
Medicaid	NC	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	NC	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicaid	NC	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	NC	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	NC	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid	NC	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar

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Line of Business	State	Procedure Code	Description
Medicaid	NC	63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical
Medicaid	NC	63076	Diskectomy, Anterior; Cervical, Add'l Interspace
Medicaid	NC	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	NC	63075	Diskectomy, Anterior; Cervical, 1 Interspace
Medicaid	NC	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	NC	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	NC	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	NC	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	NC	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	NC	63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical
Medicaid	NC	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Cervical
Medicaid	NC	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid	NC	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid	NC	93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
Medicaid	NC	93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
Medicaid	NC	93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
Medicaid	NC	63191	Laminectomy W/Section, Spinal Accessory Nerve
Medicaid	NC	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	NC	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	NC	23020	Capsular Contracture Release
Medicaid	NC	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	NC	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	NC	27703	Arthroplasty, Ankle; Revision, Total Ankle
Medicaid	NC	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	NC	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	NC	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v

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Medicaid	NC	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	NC	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	NC	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	NC	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicaid	NC	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid	NC	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid	NC	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid	NC	27415	Osteochondral allograft, knee, open
Medicaid	NC	63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic
Medicaid	NC	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	NC	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicaid	NC	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	NC	27702	Arthroplasty, Ankle; W/Implant (Total Ankle)
Medicaid	NC	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	NC	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	NC	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	NC	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	NC	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	NC	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	NC	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid	NC	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid	NC	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicaid	NC	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	NC	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	NC	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	NC	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	NC	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	NC	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

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Line of Business	State	Procedure Code	Description
Medicaid	NC	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicaid	NC	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	NC	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid	NC	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicaid	NC	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid	NC	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	NC	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid	NC	93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)
Medicaid	NC	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicaid	NC	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	NC	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid	NC	23120	Claviclectomy; Partial
Medicaid	NC	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	NC	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	NC	78496	Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, Rest, Rt Vent Ejection Fract, 1st Pass
Medicaid	NC	27422	Reconstruction, Dislocating Patella; W/Extensor Realignment &/Or Muscle Advance/Release
Medicaid	NC	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	NC	27870	Arthrodesis, Ankle, Open
Medicaid	NC	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	NC	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	NC	72192	Ct Scan, Pelvis; W/O Contrast

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Line of Business	State	Procedure Code	Description
Medicaid	NC	63272	Laminectomy, Excision, Intraspinial Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	NC	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid	NC	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	NC	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	NC	A0436	Rotary Wing Air Mileage
Medicaid	NC	15780	Dermabrasion; Total Face
Medicaid	NC	S9128	Speech Therapy, In The Home
Medicaid	NC	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	NC	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid	NC	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	NC	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	NC	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid	NC	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
Medicaid	NC	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	NC	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	NC	L7510	Prosthetic Device Repair Rep
Medicaid	NC	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	NC	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	NC	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	NC	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	NC	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	NC	K0108	W/C Component-Accessory Nos
Medicaid	NC	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NC	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session

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Medicaid	NC	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
Medicaid	NC	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	NC	E2609	Custom fabricate w/c cushion
Medicaid	NC	E2613	Position back cush wd <22in
Medicaid	NC	E2621	WC planar back cush wd>=22in
Medicaid	NC	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	NC	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	NC	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	NC	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	NC	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	NC	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
Medicaid	NC	V5241	Dispensing fee, monaural hearing aid, any type
Medicaid	NC	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	NC	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
Medicaid	NC	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	NC	J3391	Injection, atidarsagene autotemcel, per treatment
Medicaid	NC	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	NC	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	NC	61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop
Medicaid	NC	S2061	Donor Lobectomy (Lung)
Medicaid	NC	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Medicaid	NC	H2016	Comprehensive community support services, per diem
Medicaid	NC	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	NC	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
Medicaid	NC	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an

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Medicaid	NC	61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract
Medicaid	NC	64736	Transection/Avulsion; Mental Nerve
Medicaid	NC	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	NC	G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
Medicaid	NC	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	NC	E2294	Contour seat for ped size wc
Medicaid	NC	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	NC	25259	Manipulation, Wrist, Under Anesthesia
Medicaid	NC	D7945	osteotomy - body of mandible
Medicaid	NC	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care
Medicaid	NC	L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
Medicaid	NC	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device c
Medicaid	NC	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	NC	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid	NC	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicaid	NC	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	NC	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicaid	NC	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	NC	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	NC	E0760	Osteogen Ultrasound Stimltor
Medicaid	NC	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)

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Medicaid	NC	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	NC	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	NC	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	NC	81599	Unlisted Multianalyte Assay With Algorithmic Analysis
Medicaid	NC	H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
Medicaid	NC	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	NC	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	NC	L5702	Replace Socket Hip
Medicaid	NC	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	NC	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid	NC	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	NC	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	NC	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	NC	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	NC	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes
Medicaid	NC	E0601	Continuous positive airway pressure (cpap) device
Medicaid	NC	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	NC	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid	NC	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NC	K0008	Custom manual wheelchair/base
Medicaid	NC	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
Medicaid	NC	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	NC	E1229	Pediatric wheelchair NOS
Medicaid	NC	Q4307	American Amnion, per sq cm
Medicaid	NC	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve

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Line of Business	State	Procedure Code	Description
Medicaid	NC	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	S5111	Home Care Training, Family, Per Session
Medicaid	NC	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	NC	H2017	Psychosocial rehabilitation services, per 15 minutes
Medicaid	NC	69714	Implantation, Osseointegrated Implant Temporal Bone; W/O Mastoidectomy
Medicaid	NC	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	NC	15781	Dermabrasion; Segmental, Face
Medicaid	NC	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	NC	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	NC	E0277	Powered Pres-Redu Air Mattrs
Medicaid	NC	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	NC	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	NC	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	NC	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
Medicaid	NC	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	NC	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NC	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	NC	B5000	Parenteral Sol Renal-Amirosy
Medicaid	NC	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	NC	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NC	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NC	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL

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Medicaid	NC	21137	Reduction Forehead; Contouring Only
Medicaid	NC	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	NC	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	NC	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
Medicaid	NC	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	NC	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	NC	L8621	Zinc air battery for use with cochlear implant device, replacement, each
Medicaid	NC	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NC	S2140	Cord Blood Harvesting
Medicaid	NC	E2605	Position wc cush wth <22 in
Medicaid	NC	84999	Unlisted Chemistry Proc
Medicaid	NC	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid	NC	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicaid	NC	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	NC	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	NC	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	NC	S5165	Home Modifications, Per Service
Medicaid	NC	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	NC	E0462	Rocking Bed W/ Or W/O Side R
Medicaid	NC	T2038	Community transition, waiver; per service
Medicaid	NC	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	NC	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	NC	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid	NC	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	NC	99511	Home Visit, Fecal Impaction Management & Enema Administration
Medicaid	NC	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	NC	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

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Medicaid	NC	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	NC	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
Medicaid	NC	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)
Medicaid	NC	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicaid	NC	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	NC	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	NC	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	NC	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid	NC	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	NC	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	NC	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	NC	30999	Unlisted Proc, Nose
Medicaid	NC	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	NC	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	NC	42145	Palatopharyngoplasty
Medicaid	NC	41512	Tongue base suspension, permanent suture technique
Medicaid	NC	67909	Reduction, Overcorrection, Ptosis
Medicaid	NC	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	NC	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	NC	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid	NC	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	NC	30117	Excision/Destruction, Intranasal Lesion; Int Approach
Medicaid	NC	S9338	Home infusion therapy, immunotherapy therapy
Medicaid	NC	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
Medicaid	NC	J1413	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose
Medicaid	NC	J3398	Injection, voretigene neparovec-rzyl, 1 billion vector genomes
Medicaid	NC	J3399	Injection, onasemnogene abeparovec-xioi, per treatment, up to 5x10^15 vector genomes
Medicaid	NC	S2060	Lobar Lung Transplantation
Medicaid	NC	S2065	Simultaneous pancreas kidney transplantation

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Line of Business	State	Procedure Code	Description
Medicaid	NC	H2015	Comprehensive community support services, per 15 minutes
Medicaid	NC	G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
Medicaid	NC	G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
Medicaid	NC	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	NC	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
Medicaid	NC	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
Medicaid	NC	67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach
Medicaid	NC	67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach
Medicaid	NC	67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling
Medicaid	NC	67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection
Medicaid	NC	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	NC	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	NC	64864	Suture, Facial Nerve; Extracranial
Medicaid	NC	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	NC	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	NC	64868	Anastomosis; Facial-Hypoglossal
Medicaid	NC	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy

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Line of Business	State	Procedure Code	Description
Medicaid	NC	64740	Transection/Avulsion; Lingual Nerve
Medicaid	NC	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	NC	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	NC	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid	NC	Q4306	American Amnion AC, per sq cm
Medicaid	NC	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	NC	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	NC	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	NC	Q4308	Sanopellis, per sq cm
Medicaid	NC	Q4309	VIA Matrix, per sq cm
Medicaid	NC	Q4310	Procenta, per 100 mg
Medicaid	NC	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	NC	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	NC	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	NC	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	NC	64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division
Medicaid	NC	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	NC	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	NC	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	NC	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid	NC	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	NC	A2026	Restrata MiniMatrix, 5 mg
Medicaid	NC	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicaid	NC	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)
Medicaid	NC	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid	NC	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	NC	K0014	Other Power Whlchr Base
Medicaid	NC	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	NC	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

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Line of Business	State	Procedure Code	Description
Medicaid	NC	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	NC	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	NC	69799	Unlisted Proc, Middle Ear
Medicaid	NC	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	NC	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid	NC	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
Medicaid	NC	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	NC	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	NC	57292	Construction, Artificial Vagina; W/Graft
Medicaid	NC	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi
Medicaid	NC	55881	Transurethral ablation of prostate tissue, using thermal ultrasound
Medicaid	NC	56805	Clitoroplasty, Intersex State
Medicaid	NC	54440	Plastic Operation, Penis, Injury
Medicaid	NC	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	NC	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Medicaid	NC	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	NC	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	NC	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities

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Line of Business	State	Procedure Code	Description
Medicaid	NC	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicaid	NC	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	NC	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
Medicaid	NC	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
Medicaid	NC	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
Medicaid	NC	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
Medicaid	NC	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
Medicaid	NC	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)
Medicaid	NC	47999	Unlisted Proc, Biliary Tract
Medicaid	NC	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	NC	48554	Transplantation, Pancreatic Allograft
Medicaid	NC	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	NC	15877	Suction Assisted Lipectomy; Trunk

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Line of Business	State	Procedure Code	Description
Medicaid	NC	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	NC	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	NC	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	NC	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	NC	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
Medicaid	NC	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	NC	T1022	Contracted Home Health Agency Services, All Services Provided Under Co
Medicaid	NC	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	NC	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	NC	H0040	Assertive community treatment program, per diem
Medicaid	NC	H2020	Therapeutic behavioral services, per diem
Medicaid	NC	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	NC	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	NC	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	NC	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid	NC	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid	NC	S5116	Home Care Training, Non-Family, Per Session
Medicaid	NC	E1353	Oxygen Supplies Regulator
Medicaid	NC	S5109	Home care training to home care client, per 15 minutes per session
Medicaid	NC	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
Medicaid	NC	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid	NC	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid	NC	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	NC	44136	Intestinal Allotransplantation; From Living Donor
Medicaid	NC	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid	NC	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
Medicaid	NC	21206	Osteotomy, Maxilla, Segmental
Medicaid	NC	19330	Removal, Mammary Implant Matl

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Line of Business	State	Procedure Code	Description
Medicaid	NC	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	NC	19350	Nipple/Areola Reconstruction
Medicaid	NC	19364	Breast Reconstruction W/Free Flap
Medicaid	NC	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	NC	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	NC	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	NC	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
Medicaid	NC	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
Medicaid	NC	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
Medicaid	NC	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
Medicaid	NC	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric ba
Medicaid	NC	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous
Medicaid	NC	43846	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obsty; W/Short Limb Roux-En-Y Gastroenterostmy
Medicaid	NC	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	NC	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	NC	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
Medicaid	NC	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (s
Medicaid	NC	43499	Unlisted Proc, Esophagus
Medicaid	NC	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
Medicaid	NC	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
Medicaid	NC	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	NC	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

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Line of Business	State	Procedure Code	Description
Medicaid	NC	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	NC	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
Medicaid	NC	J9248	Injection, melphalan (Hepzato), 1 mg
Medicaid	NC	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid	NC	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	NC	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	NC	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	NC	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	NC	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	NC	V5014	Hearing Aid Repair/Modifying
Medicaid	NC	V5090	Hearing Aid Dispensing Fee
Medicaid	NC	V5110	Hearing Aid Dispensing Fee
Medicaid	NC	V5160	Dispensing Fee Binaural
Medicaid	NC	V5240	Dispensing fee, contralateral routing system, binaural
Medicaid	NC	V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
Medicaid	NC	V5274	Assistive listening devise, not otherwise specified
Medicaid	NC	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	NC	L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each
Medicaid	NC	L8615	Headset/headpiece for use with cochlear implant device, replacement
Medicaid	NC	L8616	Microphone for use with cochlear implant device, replacement
Medicaid	NC	L8617	Transmitting coil for use with cochlear implant device, replacement
Medicaid	NC	L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each
Medicaid	NC	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	NC	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	NC	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	NC	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	NC	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	NC	S3841	Genetic testing for retinoblastoma
Medicaid	NC	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	NC	C1778	Lead, neurostimulator (implantable)
Medicaid	NC	C1787	Patient programmer, neurostimulator

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Line of Business	State	Procedure Code	Description
Medicaid	NC	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	NC	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	NC	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	NC	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	NC	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	NC	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	NC	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid	NC	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	NC	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
Medicaid	NC	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy
Medicaid	NC	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	NC	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NC	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	NC	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	NC	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicaid	NC	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
Medicaid	NC	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	NC	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	NC	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	NC	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	NC	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	NC	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
Medicaid	NC	S2142	Cord Blood-Derived Stem-Cell

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Line of Business	State	Procedure Code	Description
Medicaid	NC	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NC	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NC	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	NC	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	NC	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	NC	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	NC	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	NC	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	NC	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	NC	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	NC	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	NC	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	NC	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	NC	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	NC	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	NC	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	NC	E8000	Posterior gait trainer
Medicaid	NC	E8001	Upright gait trainer
Medicaid	NC	E8002	Anterior gait trainer
Medicaid	NC	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft
Medicaid	NC	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid	NC	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid	NC	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid	NC	K0005	Ultralightweight Wheelchair
Medicaid	NC	E2617	Custom fab w/c back cushion

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Line of Business	State	Procedure Code	Description
Medicaid	NC	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	NC	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	NC	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	NC	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid	NC	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	NC	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	NC	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	NC	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	NC	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid	NC	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid	NC	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	NC	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	NC	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	NC	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	NC	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	NC	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	NC	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	NC	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	NC	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	NC	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	NC	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	NC	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NC	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NC	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	NC	E2606	Position wc cush wdth>=22 in
Medicaid	NC	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	NC	E2614	Position back cush wd>=22in

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Line of Business	State	Procedure Code	Description
Medicaid	NC	E2615	Pos back post/lat wdth <22in
Medicaid	NC	E2616	Pos back post/lat wdth>=22in
Medicaid	NC	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	NC	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	NC	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	NC	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	NC	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	NC	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	NC	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	NC	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	NC	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicaid	NC	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	NC	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	NC	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	NC	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	NC	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	NC	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	NC	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	NC	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	NC	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	NC	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	NC	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	NC	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	NC	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	NC	E1030	Wheelchair accessory, ventilator tray, gimbale
Medicaid	NC	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.

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Line of Business	State	Procedure Code	Description
Medicaid	NC	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	NC	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	NC	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	NC	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid	NC	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	NC	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	NC	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	NC	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	NC	E2291	Planar back for ped size wc
Medicaid	NC	E2292	Planar seat for ped size wc
Medicaid	NC	E2293	Contour back for ped size wc
Medicaid	NC	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	NC	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	NC	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	NC	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	NC	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	NC	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	NC	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	NC	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	NC	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	NC	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicaid	NC	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid	NC	21083	Impression & Custom Preparation; Palatal Lift Prosthesis
Medicaid	NC	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid	NC	26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint
Medicaid	NC	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	NC	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral
Medicaid	NC	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral

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Line of Business	State	Procedure Code	Description
Medicaid	NC	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	NC	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	NC	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	NC	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	NC	99600	Unlisted Home Visit Service/Procedure
Medicaid	NC	A4575	Hyperbaric O2 Chamber Disps
Medicaid	NC	B9999	Parenteral Supp Not Othrw C
Medicaid	NC	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid	NC	D7941	Osteotomy - Mandibular Rami
Medicaid	NC	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	NC	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid	NC	D7946	LeFort I (maxilla - total)
Medicaid	NC	D7947	Lefort I (Maxilla - Segmented)
Medicaid	NC	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid	NC	D7949	Lefort li Or Lefort lii - With Bone Graft
Medicaid	NC	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc
Medicaid	NC	11954	Subq Injection, Filling Matl; > 10.0 Cc
Medicaid	NC	J1414	Injection, fidanacogene elaparovec-dzkt, per therapeutic dose
Medicaid	NC	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid	NC	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	NC	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	NC	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	NC	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	NC	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	NC	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicaid	NC	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination

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Line of Business	State	Procedure Code	Description
Medicaid	NC	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	NC	H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)
Medicaid	NC	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	NC	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	NC	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected
Medicaid	NC	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumectomy
Medicaid	NC	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid	NC	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	NC	33930	Donor Cardiectomy-Pneumectomy, W/Preparation & Maintenance, Allograft
Medicaid	NC	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	NC	56800	Plastic Repair, Introitus
Medicaid	NC	57291	Construction, Artificial Vagina; W/O Graft
Medicaid	NC	57335	Vaginoplasty, Intersex State
Medicaid	NC	21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead
Medicaid	NC	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	NC	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
Medicaid	NC	E1037	Transport Chair, Pediatric Size
Medicaid	NC	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid	NC	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	NC	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid	NC	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid	NC	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	NC	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	NC	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	NC	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	NC	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	NC	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft

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Line of Business	State	Procedure Code	Description
Medicaid	NC	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	NC	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	NC	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	NC	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	NC	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	NC	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	NC	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NC	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid	NC	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NC	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NC	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NC	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NC	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NC	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60

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Line of Business	State	Procedure Code	Description
Medicaid	NC	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NC	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	NC	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	NC	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NC	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NC	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	NC	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NC	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	NC	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	NC	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	NC	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	NC	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	NC	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NC	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	NC	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	NC	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	NC	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	NC	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	NC	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	NC	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	NC	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	NC	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	NC	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	NC	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	NC	95807	Sleep Study, Attended
Medicaid	NC	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	NC	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	NC	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	NC	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	NC	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	NC	E1005	Wheelchair accessory, power seatng system, recline only, with power shear

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Line of Business	State	Procedure Code	Description
Medicaid	NC	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	NC	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	NC	E1239	Ped power wheelchair NOS
Medicaid	NC	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	NC	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	NC	H2019	Therapeutic behavioral services, per 15 minutes
Medicaid	NC	S5108	Home care training to home care client, per 15 minutes
Medicaid	NC	S5110	Home Care Training, Family, Per 15 Minutes
Medicaid	NC	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid	NC	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid	NC	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid	NC	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	NC	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	NC	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	NC	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	NC	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor

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Line of Business	State	Procedure Code	Description
Medicaid	NC	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	NC	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	NC	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid	NC	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	NC	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	NC	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	NC	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	NC	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	NC	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	NC	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	NC	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	NC	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	NC	L7520	Repair Prosthesis Per 15 Min
Medicaid	NC	E0784	Ext Amb Infusn Pump Insulin
Medicaid	NC	B4172	Parenteral Sol Amino Acid 5.
Medicaid	NC	B4176	Parenteral Sol Amino Acid 7-
Medicaid	NC	B4178	Parenteral Sol Amino Acid >
Medicaid	NC	B4180	Parenteral Sol Carb > 50%
Medicaid	NC	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	NC	B4189	Parenteral Sol Amino Acid &
Medicaid	NC	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	NC	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	NC	B4199	Parenteral Sol > 100gm Prote
Medicaid	NC	B4220	Parenteral Supply Kit Premix
Medicaid	NC	B4222	Parenteral Supply Kit Homemi
Medicaid	NC	B4224	Parenteral Administration Ki
Medicaid	NC	B5100	Parenteral Sol Hepatic-Fream
Medicaid	NC	B5200	Parenteral Sol Stres-Brnch C
Medicaid	NC	E0735	Non-invasive vagus nerve stimulator
Medicaid	NC	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	NC	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	NC	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	NC	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	NC	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes

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Medicaid	NC	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)
Medicaid	NC	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	NC	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	NC	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicaid	NC	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicaid	NC	L8699	Prosthetic Implant Nos
Medicaid	NC	64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
Medicaid	NC	B4164	Parenteral 50% Dextrose Solu
Medicaid	NC	B4168	Parenteral Sol Amino Acid 3.
Medicaid	NC	27275	Manipulation, Hip Joint, Requiring General Anesthesia
Medicaid	NC	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	NC	S9131	Physical therapy, in the home, per diem
Medicaid	NC	S9129	Occupational Therapy, In The
Medicaid	NC	S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability
Medicaid	NC	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	NC	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid	NC	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicaid	NC	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	NC	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid	NC	Q3001	Brachytherapy Radioelements
Medicaid	NC	S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
Medicaid	NC	S3840	DNA analysis for germline mutations of the ret proto-oncogene
Medicaid	NC	E0470	Respiratory assist device, bi-level pressure capability, without backup rate

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Medicaid	NC	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
Medicaid	NC	J3392	Injection, exagamglogene autotemcel, per treatment
Medicaid	NC	J3394	Injection, lovetibeglogene autotemcel, per treatment
Medicaid	NC	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid	NC	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	NC	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	NC	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicaid	NC	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	NC	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid	NC	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
Medicaid	NC	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	NC	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
Medicaid	NC	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid	NC	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
Medicaid	NC	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)

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Medicaid	NC	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
Medicaid	NC	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicaid	NC	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	NC	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NC	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NC	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NC	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NC	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NC	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NC	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NC	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NC	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NC	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	NC	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	NC	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis

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Medicaid	NC	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	NC	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	NC	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	NC	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	NC	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
Medicaid	NC	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
Medicaid	NC	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
Medicaid	NC	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	NC	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	NC	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	NC	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	NC	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	NC	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	NC	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	NC	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	NC	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NC	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	NC	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
Medicaid	NC	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes

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Medicaid	NC	L2628	Metal Frame Recipro Hip & Ca
Medicaid	NC	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	NC	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	NC	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	NC	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	NC	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	NC	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	NC	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	NC	E0373	Nonpowered Pressure Mattress
Medicaid	NC	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	NC	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	NC	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	NC	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	NC	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	NC	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	NC	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	NC	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	NC	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	NC	E2512	Accessory for speech generating device, mounting system
Medicaid	NC	76965	Us Guided, Interstitial Radioelement Application
Medicaid	NC	E0194	Air Fluidized Bed
Medicaid	NC	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	NC	E0255	Hospital Bed Var Ht W/ Matr
Medicaid	NC	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid	NC	V5050	Hearing Aid Monaural In Ear
Medicaid	NC	V5060	Behind Ear Hearing Aid
Medicaid	NC	V5130	In Ear Binaural Hearing Aid
Medicaid	NC	E0482	Cough stimulating device, alternating positive and negative airway pressure
Medicaid	NC	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	NC	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	NC	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	NC	H2022	Community-based wrap-around services, per diem
Medicaid	NC	H2033	Multisystemic therapy for juveniles, per 15 minutes
Medicaid	NC	L5968	Multiaxial Ankle W Dorsiflex
Medicaid	NC	L5979	Multi-Axial Ankle/Ft Prosth

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Line of Business	State	Procedure Code	Description
Medicaid	NC	L5980	Flex Foot System
Medicaid	NC	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	NC	L5987	Shank Ft W Vert Load Pylon
Medicaid	NC	L5988	Vertical Shock Reducing Pylo
Medicaid	NC	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	NC	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	NC	L5840	Multi-Axial Knee/Shin System
Medicaid	NC	L5845	Knee-Shin Sys Stance Flexion
Medicaid	NC	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	NC	L5700	Replace Socket Below Knee
Medicaid	NC	L5701	Replace Socket Above Knee
Medicaid	NC	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	NC	L5100	Molded Socket Shin Sach Foot
Medicaid	NC	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	NC	L5220	No Knee Joint With Artic Ali
Medicaid	NC	L5280	Hemipelvect Canad Sing Axis
Medicaid	NC	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	NC	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	NC	L5590	Prep Ak Ischial Laminated
Medicaid	NC	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	NC	67911	Correction, Lid Retraction
Medicaid	NC	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	NC	L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal jun
Medicaid	NC	L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	NC	L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra,
Medicaid	NC	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v

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Line of Business	State	Procedure Code	Description
Medicaid	NC	L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lum
Medicaid	NC	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid	NC	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	NC	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	NC	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	NC	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	NC	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	NC	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	NC	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	NC	E0747	Elec Osteogen Stim Not Spine
Medicaid	NC	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	NC	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
Medicaid	NC	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
Medicaid	NC	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	NC	A0430	Fixed Wing Air Transport
Medicaid	NC	A0431	Rotary Wing Air Transport
Medicaid	NC	A0435	Fixed Wing Air Mileage
Medicaid	NC	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	NC	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	NC	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	NC	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	NC	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	NC	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	NC	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	NC	19300	Mastectomy for gynecomastia
Medicaid	NC	19316	Mastopexy
Medicaid	NC	19318	Reduction Mammoplasty

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Medicaid	NC	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	NC	69717	Replacement, Osseointegrated Implant, Temporal Bone; W/O Mastoidectomy
Medicaid	NC	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	NC	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	NC	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	NC	15822	Blepharoplasty, Upper Eyelid
Medicaid	NC	15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid
Medicaid	NC	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicaid	NC	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	NC	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	NC	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	NC	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicaid	NC	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
Medicaid	NC	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	NC	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	NC	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	NC	15782	Dermabrasion; Regional, Other Than Face
Medicaid	NC	15783	Dermabrasion; Superficial, Any Site
Medicaid	NC	15786	Abrasion; Single Lesion
Medicaid	NC	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	NC	15788	Chemical Peel, Facial; Epidermal
Medicaid	NC	15789	Chemical Peel, Facial; Dermal
Medicaid	NC	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	NC	76499	Unlisted Dx Radiographic Procedure
Medicaid	NC	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
Medicaid	NC	E1399	Durable medical equipment, miscellaneous
Medicaid	NC	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)