

**04 NCAC 10J .0102 FEES FOR PROFESSIONAL SERVICES**

(a) The Commission's Medical Fee Schedule sets the maximum allowed amounts for professional medical services provided pursuant to Chapter 97 of the General Statutes. The Medical Fee Schedule utilizes 1995 through the present, Current Procedural Terminology ("CPT") codes adopted by the American Medical Association and Healthcare Common Procedure Coding Systems ("HCPCS") codes. A listing of the maximum allowable amount for each code is available in the Medical Fee Schedule on the Commission's website at <http://www.ic.nc.gov/ncic/pages/feesched.asp> and in hardcopy at the offices of the Commission as set forth in Rule 04 NCAC 10A .0101.

(b) The following methodology provides the basis for the Commission's Medical Fee Schedule:

- (1) CPT codes for General Medicine are based on 1995 North Carolina Medicare values multiplied by 1.58, except for CPT codes 99201-99205 and 99211-99215, which are based on 1995 Medicare values multiplied by 2.05;
- (2) CPT codes for Physical Medicine are based on 1995 North Carolina Medicare values multiplied by 1.36;
- (3) CPT codes for Radiology are based on 1995 North Carolina Medicare values multiplied by 1.96; and
- (4) CPT codes for Surgery are based on 1995 North Carolina Medicare values multiplied by 2.06.

*History Note:* Authority G.S. 97-25; 97-26; 97-80(a);  
Eff. April 1, 2015.