

**PHYSICAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 065**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA web site.

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	\$44.98	\$61.09	7/1/2012
29085	APPLICATION HAND/WRIST CAST	\$48.51	\$65.19	7/1/2012
29105	APPLICATION LONG ARM SPLINT	\$43.88	\$60.56	7/1/2012
29125	APPLICATION FOREARM SPLINT	\$31.26	\$46.80	7/1/2012
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.46	\$54.00	7/1/2012
29130	APPLICATION FINGER SPLINT STATIC	\$21.81	\$28.88	7/1/2012
29131	APPLICATION FINGER SPLINT DYNAMIC	\$24.45	\$35.48	7/1/2012
29240	STRAPPING OF SHOULDER	\$33.59	\$42.65	7/1/2012
29260	STRAPPING OF ELBOW OR WRIST	\$27.67	\$36.71	7/1/2012
29280	STRAPPING;	\$26.06	\$35.39	7/1/2012
29405	APPLICATION SHORT LEG CAST	\$47.92	\$62.62	7/1/2012
29425	APPLICATION SHORT LEG CAST	\$52.99	\$67.96	7/1/2012
29505	APPLICATION LONG LEG SPLINT	\$35.35	\$53.17	7/1/2012
29515	APPLICATION LOWER LEG SPLINT	\$37.05	\$50.06	7/1/2012
29530	STRAPPING;	\$28.28	\$37.32	7/1/2012
29540	STRAPPING;	\$25.23	\$30.87	7/1/2012
36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$156.40	\$2,139.70	1/1/2017
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$22.28	\$62.42	7/1/2012
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	\$11.57	\$20.34	7/1/2012
95832	MUSCLE TESTING HAND(W/O COMPARISON W/NORMAL SIDE)	\$12.07	\$19.14	7/1/2012
95833	MUSCLE TESTING TOTAL EVAL OF BODY EXCLUDING HANDS	\$19.28	\$28.31	7/1/2012
95834	MUSCLE TESTING TOTAL EVAL OF BODY INCLUDING HANDS	\$24.28	\$33.61	7/1/2012
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$3.71	\$3.71	7/1/2012
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.79	\$11.79	7/1/2012
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.19	\$12.19	7/1/2012
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.27	\$6.27	7/1/2012
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.87	\$13.87	7/1/2012
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.29	\$4.29	7/1/2012
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$4.01	\$4.01	7/1/2012
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.90	\$4.90	7/1/2012
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.20	\$13.20	7/1/2012
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$19.44	\$19.44	7/1/2012
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.98	\$11.98	7/1/2012
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.44	\$9.44	7/1/2012
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.34	\$20.34	7/1/2012
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$22.90	\$22.90	7/1/2012
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$23.55	\$23.55	7/1/2012
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$20.05	\$20.05	7/1/2012
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$18.24	\$18.24	7/1/2012
97140	MANUAL THERAPY TECHNIQUES	\$21.25	\$21.25	7/1/2012
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$66.11	\$66.11	1/1/2017
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$66.11	\$66.11	1/1/2017
67163	PT EVAL HIGH COMPLEX 45 MIN	\$66.11	\$66.11	1/1/2017
97164	PT RE-EVAL EST PLAN CARE	\$44.80	\$44.80	1/1/2017
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$24.10	\$24.10	7/1/2012
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$21.27	\$21.27	7/1/2012
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$24.13	\$24.13	7/1/2012
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.15	\$22.15	7/1/2012
97602	NON-SELECTIVE DEBRIDEMENT	\$14.63	\$14.63	7/1/2012
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN N	\$23.46	\$23.46	7/1/2012
97760		\$25.91	\$25.91	7/1/2012
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$23.18	\$23.18	7/1/2012
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$26.40	\$26.40	7/1/2012
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$26.40	\$26.40	1/1/2018
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.				