

PHYSICAL THERAPY FEE SCHEDULE					
PROVIDER SPECIALTY 065					
TAXONOMY: 22510000X					
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 NC Medicaid Web site.					
CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE			
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE	
29075	APPLICATION OF FOREARM CAST	\$47.23	\$64.14	3/10/2020	
29085	APPLICATION HAND/WRIST CAST	\$50.94	\$68.45	3/10/2020	
29105	APPLICATION LONG ARM SPLINT	\$46.07	\$63.59	3/10/2020	
29125	APPLICATION FOREARM SPLINT	\$32.82	\$49.14	3/10/2020	
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$40.38	\$56.70	3/10/2020	
29130	APPLICATION FINGER SPLINT STATIC	\$22.90	\$30.32	3/10/2020	
29131	APPLICATION FINGER SPLINT DYNAMIC	\$25.67	\$37.25	3/10/2020	
29240	STRAPPING OF SHOULDER	\$35.27	\$44.78	3/10/2020	
29260	STRAPPING OF ELBOW OR WRIST	\$29.05	\$38.55	3/10/2020	
29280	STRAPPING;	\$27.36	\$37.16	3/10/2020	
29405	APPLICATION SHORT LEG CAST	\$50.32	\$65.75	3/10/2020	
29425	APPLICATION SHORT LEG CAST	\$55.64	\$71.36	3/10/2020	
29505	APPLICATION LONG LEG SPLINT	\$37.12	\$55.83	3/10/2020	
29515	APPLICATION LOWER LEG SPLINT	\$38.90	\$52.56	3/10/2020	
29530	STRAPPING;	\$29.69	\$39.19	3/10/2020	
29540	STRAPPING;	\$26.49	\$32.41	3/10/2020	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$23.39	\$65.54	3/10/2020	
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$63.36	\$63.36	3/10/2020	
95992	CANALITH REPOSITIONING PROCEDURE(S) TREATMENT OF VERTIGO, PER DAY	\$35.76	\$39.42	3/10/2020	
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$3.90	\$3.90	3/10/2020	
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$12.38	\$12.38	3/10/2020	
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.80	\$12.80	3/10/2020	
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.58	\$6.58	3/10/2020	
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$14.56	\$14.56	3/10/2020	
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.50	\$4.50	3/10/2020	
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$4.21	\$4.21	3/10/2020	
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$5.15	\$5.15	3/10/2020	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.86	\$13.86	3/10/2020	
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$20.41	\$20.41	3/10/2020	
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$12.58	\$12.58	3/10/2020	
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.91	\$9.91	3/10/2020	
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$21.36	\$21.36	3/10/2020	
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$24.05	\$24.05	3/10/2020	
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$24.73	\$24.73	3/10/2020	
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$21.05	\$21.05	3/10/2020	
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$19.15	\$19.15	3/10/2020	
97140	MANUAL THERAPY TECHNIQUES	\$22.31	\$22.31	3/10/2020	
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$69.42	\$69.42	3/10/2020	
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$69.42	\$69.42	3/10/2020	
97163	PT EVAL HIGH COMPLEX 45 MIN	\$69.42	\$69.42	3/10/2020	
97164	PT RE-EVAL EST PLAN CARE	\$47.04	\$47.04	3/10/2020	
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$25.31	\$25.31	3/10/2020	
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND P	\$22.33	\$22.33	3/10/2020	
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	\$25.34	\$25.34	3/10/2020	
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$23.26	\$23.26	3/10/2020	
97602	NON-SELECTIVE DEBRIDEMENT	\$15.36	\$15.36	3/10/2020	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$24.63	\$24.63	3/10/2020	
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	\$27.21	\$27.21	3/10/2020	
97761	PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	\$24.34	\$24.34	3/10/2020	
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$27.72	\$27.72	3/10/2020	

	<p>Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.</p>			
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