

**MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDER SPECIALTY 050**

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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
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.61	\$27.61	7/1/2012
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$41.94	\$41.94	7/1/2012
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$33.74	\$33.74	7/1/2012
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	\$23.93	\$66.89	7/1/2012
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	\$10.97	\$23.40	7/1/2012
92521	EVALUATION OF SPEECH FLUENCY	\$91.67	\$91.67	1/1/2014
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$74.55	\$74.55	1/1/2014
92523	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION WITH EVALUATION OF LANGUAGE	\$154.64	\$154.64	1/1/2014
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION	\$77.33	\$77.33	1/1/2014
92526	FOR FEEDING	\$22.28	\$62.42	7/1/2012
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.94	\$12.94	7/1/2012
92551	HEARING TEST	\$8.10	\$8.10	7/1/2012
92552	HEARING TEST	\$16.32	\$16.32	7/1/2012
92553	HEARING TEST	\$20.83	\$20.83	7/1/2012
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.11	\$12.11	7/1/2012
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.16	\$18.16	7/1/2012
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$37.80	\$37.80	7/1/2012
92567	TYMPANOMETRY	\$12.36	\$13.78	7/1/2012
92568	ACOUSTIC REFLEX TESTING	\$12.11	\$12.11	7/1/2012
92569	ACOUSTIC REFLEX DECAY TEST	\$11.41	\$11.41	7/1/2012
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	\$23.68	\$25.09	7/1/2012
92571	SPECIAL HEARING TEST	\$12.41	\$12.41	7/1/2012
92572	SPECIAL HEARING TEST	\$2.88	\$2.88	7/1/2012
92576	SPECIAL HEARING TEST	\$15.94	\$15.94	7/1/2012
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.91	\$22.91	7/1/2012
92582	SPECIAL HEARING TEST	\$22.91	\$22.91	7/1/2012
92583	SPECIAL HEARING TEST	\$25.01	\$25.01	7/1/2012
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$80.72	\$80.72	7/1/2012
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$29.48	\$29.48	7/1/2012

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		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC			
92588	EVALUATION	\$48.76	\$48.76	7/1/2012
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.82	\$34.82	7/1/2012
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$52.29	\$52.29	7/1/2012
92592	HEARING AID CHECK MONAURAL	\$15.24	\$15.24	7/1/2012
92593	HEARING AID CHECK BINAURAL	\$23.04	\$23.04	7/1/2012
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.83	\$16.83	7/1/2012
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$25.15	\$25.15	7/1/2012
	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM.			
92607	DEVICE - FACE TO FACE	\$117.41	\$117.41	7/1/2012
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.44	\$22.44	7/1/2012
	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE			
92609	INCLUDING PROG. & MODIF.	\$62.39	\$62.39	7/1/2012
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.71	\$121.27	7/1/2012
	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT;			
92620	INITIAL 60 MINUTES	\$59.05	\$59.05	7/1/2012
	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH			
92621	ADDITIONAL 15 MINUTES	\$13.72	\$13.72	7/1/2012
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$64.18	\$64.18	7/1/2012
	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH			
92627	ADDITIONAL 15 MINUTES (LI	\$15.65	\$15.65	7/1/2012
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$44.07	\$115.55	7/1/2012
92633	AUDITORY REHABILITATION POST-LINGUAL HEARING LOSS	\$44.07	\$115.55	7/1/2012
	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY			
92640	BRAINSTEM IMPLANT, PER HOUR	\$40.11	\$40.11	7/1/2012
	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL			
94010	CAPACITY,	\$25.97	\$43.07	7/1/2012
	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE			
94060	AND AFTER	\$45.32	\$45.32	7/1/2012
94150	VITAL CAPACITY, TOTAL	\$16.61	\$29.62	7/1/2012
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$17.50	\$17.50	7/1/2012
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	\$30.59	\$30.59	7/1/2012
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.27	\$29.27	7/1/2012
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR			
94657	VOLUME PRESET	\$36.19	\$58.58	7/1/2012
	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF			
94664	AN AEROSOL GENERATOR,	\$10.04	\$21.28	7/1/2012
94667	MANIPULATION CHEST WALL	\$16.47	\$32.33	7/1/2012
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$13.78	\$28.69	7/1/2012
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.60	\$4.09	7/1/2012
	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FOR			
94799	ASSESSMENT)	\$89.06	\$89.06	7/1/2012
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT;			
95831	EXTREMITY (EXCLUDING	\$11.57	\$20.34	7/1/2012
95832	MUSCLE TESTING HAND	\$12.07	\$19.14	7/1/2012
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDING	\$19.28	\$28.31	7/1/2012
95834	BODY MUSCLE EVALUATION	\$24.28	\$33.61	7/1/2012
	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS			
96125	INFORMATION PROCESSING	\$68.88	\$81.64	7/1/2012
97001	PHYSICAL THERAPY EVALUATION	\$52.92	\$61.83	7/1/2012
97002	PHYSICAL THERAPY RE-EVALUATION	\$26.51	\$32.75	7/1/2012
97003	OCCUPATIONAL THERAPY EVALUATION	\$51.65	\$65.90	7/1/2012
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$25.31	\$39.58	7/1/2012

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CODE	DESCRIPTION	Medicaid Maximum Allowable		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD			
97010	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	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$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	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$9.44	\$9.44	7/1/2012
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.34	\$20.34	7/1/2012
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;			
97110	THERAPEUTIC	\$22.90	\$22.90	7/1/2012
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;			
97112	NEUROMUSCULAR	\$23.55	\$23.55	7/1/2012
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;			
97116	GAIT TRAINING	\$20.05	\$20.05	7/1/2012
	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES;			
97124	MASSAGE, INCLUDING	\$18.24	\$18.24	7/1/2012
97140	MANUAL THERAPY TECHNIQUES	\$21.25	\$21.25	7/1/2012
	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT			
97530	BY THE PROVIDER	\$24.10	\$24.10	7/1/2012
97533	SENSORY INTEGRATED ACTIVITIES	\$21.27	\$21.27	7/1/2012
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	\$24.13	\$24.13	7/1/2012
	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING),			
97542	EACH 15 MINUTES	\$22.15	\$22.15	7/1/2012
97602	NON-SELECTIVE DEBRIDEMENT	\$14.63	\$14.63	7/1/2012
	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG,			
97750	MUSCULOSKELETAL,	\$23.46	\$23.46	7/1/2012
	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT			
97760	AND FITTING WHEN N	\$25.91	\$25.91	7/1/2012
	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH			
97761	15 MINUTES	\$23.18	\$23.18	7/1/2012
	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT,			
97762	EACH 15 MINUTES	\$26.40	\$26.40	7/1/2012
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$89.06	\$89.06	7/1/2012
	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER,			
95992	SEMONT MANEUVER), PER	\$33.38	\$36.79	7/1/2012

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