

**MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE**

**PROVIDER SPECIALTY 050**

		<b>Medicaid Maximum</b>	
<b>CODE</b>	<b>DESCRIPTION</b>	<b>NON FACILITY FEE</b>	<b>FACILITY FEE</b>
29075	APPLICATION OF FOREARM CAST	68.51	50.44
29085	APPLICATION HAND/WRIST CAST	73.10	54.40
29105	APPLICATION LONG ARM SPLINT	67.91	49.21
29125	APPLICATION FOREARM SPLINT	52.48	35.05
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	60.55	43.12
29130	APPLICATION FINGER SPLINT STATIC	32.38	24.46
29131	APPLICATION FINGER SPLINT DYNAMIC	39.78	27.42
29240	STRAPPING OF SHOULDER	47.82	37.67
29260	STRAPPING OF ELBOW OR WRIST	41.17	31.02
29280	STRAPPING;	39.68	29.22
29405	APPLICATION SHORT LEG CAST	70.22	53.74
29425	APPLICATION SHORT LEG CAST	76.21	59.42
29505	APPLICATION LONG LEG SPLINT	59.61	39.64
29515	APPLICATION LOWER LEG SPLINT	56.13	41.55
29530	STRAPPING;	41.85	31.71
29540	STRAPPING;	34.62	28.29
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	30.96	30.96
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	47.03	47.03
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	37.83	37.83
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING,	131.22	40.26
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	75.00	26.84
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	26.24	12.30
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	69.99	24.98
92551	HEARING TEST	9.09	9.09
92552	HEARING TEST	18.30	18.30
92553	HEARING TEST	23.36	23.36
92555	SPEECH AUDIOMETRY THRESHOLD;	13.58	13.58
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	20.36	20.36
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	42.39	42.39
92567	TYMPANOMETRY	15.45	13.86
92568	ACOUSTIC REFLEX TESTING	13.58	13.58
92569	ACOUSTIC REFLEX DECAY TEST	12.79	12.79
92571	SPECIAL HEARING TEST	13.91	13.91
92572	SPECIAL HEARING TEST	3.23	3.23
92576	SPECIAL HEARING TEST	17.88	17.88
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.69	25.69
92582	SPECIAL HEARING TEST	25.69	25.69
92583	SPECIAL HEARING TEST	28.04	28.04
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	90.52	90.52
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	33.05	33.05
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	54.68	54.68
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	39.04	39.04
92591	HEARING AID EXAM AND SELECTION BINAURAL	58.64	58.64
92592	HEARING AID CHECK MONAURAL	17.09	17.09
92593	HEARING AID CHECK BINAURAL	25.84	25.84
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	18.87	18.87
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	28.20	28.20
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	131.66	131.66
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	25.17	25.17
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	69.96	69.96
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	67.66	67.66
92612	ENDOSCOPIC STUDY OF SWALLOWING	135.98	60.23
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	66.21	66.21
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	15.38	15.38
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.97	71.97
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LI	17.55	17.55
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	44.98	44.98
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	29.12	48.30
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	50.81	50.81
94150	VITAL CAPACITY, TOTAL	18.63	33.21
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	19.63	19.63
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	34.30	34.30
94375	RESPIRATORY FLOW VOLUME LOOP	32.82	32.82
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET	65.69	40.58

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94664	INHALATION THERAPY	11.25	23.86
94667	MANIPULATION CHEST WALL	18.47	36.25
94668	MANIPULATION CHEST WALL SUBSEQUENT	15.45	32.18
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	1.79	4.58
94799	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FOR ASSESSMENT)	99.87	99.87
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	22.81	12.98
95832	MUSCLE TESTING HAND	21.46	13.54
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDING	31.75	21.61
95834	BODY MUSCLE EVALUATION	37.69	27.23
97001	PHYSICAL THERAPY EVALUATION	59.34	69.33
97002	PHYSICAL THERAPY RE-EVALUATION	29.72	36.72
97003	OCCUPATIONAL THERAPY EVALUATION	57.91	73.89
97004	OCCUPATIONAL THERAPY RE-EVALUATION	28.39	44.38
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	4.17	4.17
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	13.22	13.22
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	13.67	13.67
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	7.03	7.03
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	15.55	15.55
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.81	4.81
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.49	4.49
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	5.49	5.49
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	14.80	14.80
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	21.80	21.80
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	13.43	13.43
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	10.58	10.58
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	22.81	22.81
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	25.68	25.68
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	26.41	26.41
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	22.48	22.48
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	20.45	20.45
97140	MANUAL THERAPY TECHNIQUES	23.82	23.82
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	27.02	27.02
97533	SENSORY INTEGRATED ACTIVITIES	23.85	23.85
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	27.05	27.05
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	24.83	24.83
97602	NON-SELECTIVE DEBRIDEMENT	16.41	16.41
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	26.31	26.31
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN N	29.06	29.06
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	25.99	25.99
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	29.60	29.60
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	99.87	99.87