

**Multiple Independent Practitioners Fee Schedule
Provider Specialty 050**

| Code | Description | Medicaid Maximum AI | |
|-------|---|---------------------|--------------|
| | | Non-Facility Fee | Facility Fee |
| 29075 | APPLICATION OF FOREARM CAST | 69.28 | 50.36 |
| 29085 | APPLICATION HAND/WRIST CAST | 73.75 | 52.83 |
| 29105 | APPLICATION LONG ARM SPLINT | 70.64 | 48.06 |
| 29125 | APPLICATION FOREARM SPLINT | 54.20 | 33.95 |
| 29126 | APPLICATION SHORT ARM SPLINT DYNAMIC | 64.94 | 42.03 |
| 29130 | APPLICATION FINGER SPLINT STATIC | 32.83 | 23.54 |
| 29131 | APPLICATION FINGER SPLINT DYNAMIC | 41.89 | 26.62 |
| 29240 | STRAPPING OF SHOULDER | 51.29 | 36.68 |
| 29260 | STRAPPING OF ELBOW OR WRIST | 42.68 | 29.73 |
| 29280 | STRAPPING; | 42.80 | 28.20 |
| 29405 | APPLICATION SHORT LEG CAST | 71.39 | 54.13 |
| 29425 | APPLICATION SHORT LEG CAST | 76.99 | 60.06 |
| 29505 | APPLICATION LONG LEG SPLINT | 62.31 | 39.07 |
| 29515 | APPLICATION LOWER LEG SPLINT | 55.35 | 41.07 |
| 29530 | STRAPPING; | 44.39 | 30.78 |
| 29540 | STRAPPING; | 32.86 | 28.21 |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | 30.65 | 30.65 |
| 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | 46.08 | 46.08 |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINING | 31.34 | 31.34 |
| 92506 | EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROC | 117.77 | 44.90 |
| 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITOR | 75.00 | 26.84 |
| 92508 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITOR | 26.48 | 13.57 |
| 92526 | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDI | 74.58 | 26.89 |
| 92551 | HEARING TEST | 9.77 | 9.77 |
| 92552 | HEARING TEST | 15.50 | 15.50 |
| 92553 | HEARING TEST | 23.24 | 23.24 |
| 92555 | SPEECH AUDIOMETRY THRESHOLD; | 13.51 | 13.51 |
| 92556 | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION | 20.26 | 20.26 |
| 92557 | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNI | 42.18 | 42.18 |
| 92567 | TYMPANOMETRY | 18.29 | 18.29 |
| 92568 | ACOUSTIC REFLEX TESTING | 13.51 | 13.51 |
| 92569 | ACOUSTIC REFLEX DECAY TEST | 12.53 | 12.53 |
| 92571 | SPECIAL HEARING TEST | 13.84 | 13.84 |
| 92572 | SPECIAL HEARING TEST | 3.21 | 3.21 |
| 92576 | SPECIAL HEARING TEST | 15.73 | 15.73 |
| 92579 | VISUAL REINFORCEMENT AUDIOMETRY (VRA) | 25.56 | 25.56 |
| 92582 | SPECIAL HEARING TEST | 25.56 | 25.56 |
| 92583 | SPECIAL HEARING TEST | 29.70 | 29.70 |
| 92585 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR T | 90.48 | 90.48 |
| 92587 | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TF | 52.82 | 52.82 |
| 92588 | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATI | 70.18 | 70.18 |
| 92590 | HEARING AID EXAMINATION AND SELECTION MONAURAL | 37.60 | 37.60 |
| 92591 | HEARING AID EXAM AND SELECTION BINAURAL | 56.47 | 56.47 |
| 92592 | HEARING AID CHECK MONAURAL | 16.46 | 16.46 |
| 92593 | HEARING AID CHECK BINAURAL | 24.88 | 24.88 |
| 92594 | ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA | 18.18 | 18.18 |
| 92595 | ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA | 27.16 | 27.16 |
| 92607 | EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACI | 103.50 | 103.50 |
| 92608 | EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607) | 19.37 | 19.37 |
| 92609 | THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG | 53.59 | 53.59 |
| 92610 | EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING | 100.73 | 100.73 |
| 92612 | ENDOSCOPIC STUDY OF SWALLOWING | 132.90 | 61.53 |
| 92620 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTE | 39.14 | 39.14 |
| 92621 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL | 9.66 | 9.66 |
| 92626 | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR | 71.40 | 71.40 |
| 92627 | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUT | 17.71 | 17.71 |
| 94010 | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, | 48.30 | 29.12 |

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| | | Non-Facility Fee | Facility Fee |
| 94060 | BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER | 48.21 | 48.21 |
| 94150 | VITAL CAPACITY, TOTAL | 33.21 | 18.63 |
| 94200 | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION | 19.23 | 19.23 |
| 94240 | FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME | 32.60 | 32.60 |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | 31.73 | 31.73 |
| 94657 | VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME P | 63.26 | 39.08 |
| 94664 | INHALATION THERAPY | 23.86 | 11.25 |
| 94667 | MANIPULATION CHEST WALL | 36.25 | 18.47 |
| 94668 | MANIPULATION CHEST WALL SUBSEQUENT | 32.18 | 15.45 |
| 94760 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT. | 4.58 | 1.79 |
| 94799 | UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FOR ASSESSMENT) | 96.18 | 96.18 |
| 95831 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (| 25.55 | 14.62 |
| 95832 | MUSCLE TESTING HAND | 21.83 | 14.88 |
| 95833 | MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDING | 36.59 | 25.00 |
| 95834 | BODY MUSCLE EVALUATION | 43.16 | 31.57 |
| 97001 | PHYSICAL THERAPY EVALUATION | 69.20 | 59.26 |
| 97002 | PHYSICAL THERAPY RE-EVALUATION | 36.64 | 29.68 |
| 97003 | OCCUPATIONAL THERAPY EVALUATION | 73.73 | 57.83 |
| 97004 | OCCUPATIONAL THERAPY RE-EVALUATION | 44.25 | 28.36 |
| 97010 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS | 4.05 | 4.05 |
| 97012 | PHYSICAL MED TREATMENT ONE AREA TRACTION | 12.46 | 12.46 |
| 97016 | PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES | 12.63 | 12.63 |
| 97018 | PHYSICAL MED TREATMENT PARAFFIN BATH | 5.70 | 5.70 |
| 97022 | PHYSICAL MEDICINE TREATMENT WHIRLPOOL | 13.31 | 13.31 |
| 97024 | PHYSICAL MEDICINE TREATMENT DIATHERMY | 4.35 | 4.35 |
| 97026 | PHYSICAL MEDICINE TREATMENT INFRARED | 4.02 | 4.02 |
| 97028 | PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET | 5.07 | 5.07 |
| 97032 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; | 14.53 | 14.53 |
| 97033 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; | 18.53 | 18.53 |
| 97034 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; | 12.76 | 12.76 |
| 97035 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; | 11.10 | 11.10 |
| 97036 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; | 20.91 | 20.91 |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEU | 24.15 | 24.15 |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMU | 25.25 | 25.25 |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAIN | 22.58 | 22.58 |
| 97124 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, | 19.35 | 19.35 |
| 97140 | MANUAL THERAPY TECHNIQUES | 22.90 | 22.90 |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PRO | 26.67 | 26.67 |
| 97533 | SENSORY INTEGRATED ACTIVITIES | 24.02 | 24.02 |
| 97535 | SELF-CARE/HOME MANAGEMENT; 15 MINS | 27.36 | 27.36 |
| 97542 | WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN | 25.71 | 25.71 |
| 97602 | NON-SELECTIVE DEBRIDEMENT | 15.80 | 15.80 |
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, | 27.26 | 27.26 |
| 97760 | ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING) | 27.03 | 23.52 |
| 97761 | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES | 24.48 | 22.96 |
| 97762 | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MI | 23.37 | 15.75 |
| 99503 | HOME VISIT FOR RESPIRATORY THERAPY CARE | 96.18 | 96.18 |

