

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

CODE	DESCRIPTION	Medicaid Maximum Allowable		EFFECTIVE DATE
		NON FACILITY FEE	FACILITY FEE	
29075	APPLICATION OF FOREARM CAST	68.51	50.44	1/1/2009
29085	APPLICATION HAND/WRIST CAST	73.10	54.40	1/1/2009
29105	APPLICATION LONG ARM SPLINT	67.91	49.21	1/1/2009
29125	APPLICATION FOREARM SPLINT	52.48	35.05	1/1/2009
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	60.55	43.12	1/1/2009
29130	APPLICATION FINGER SPLINT STATIC	32.38	24.46	1/1/2009
29131	APPLICATION FINGER SPLINT DYNAMIC	39.78	27.42	1/1/2009
29240	STRAPPING OF SHOULDER	47.82	37.67	1/1/2009
29260	STRAPPING OF ELBOW OR WRIST	41.17	31.02	1/1/2009
29280	STRAPPING;	39.68	29.22	1/1/2009
29405	APPLICATION SHORT LEG CAST	70.22	53.74	1/1/2009
29425	APPLICATION SHORT LEG CAST	76.21	59.42	1/1/2009
29505	APPLICATION LONG LEG SPLINT	59.61	39.64	1/1/2009
29515	APPLICATION LOWER LEG SPLINT	56.13	41.55	1/1/2009
29530	STRAPPING;	41.85	31.71	1/1/2009
29540	STRAPPING;	34.62	28.29	1/1/2009
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT	30.96	30.96	1/1/2009
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTR	47.03	47.03	1/1/2009
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	37.83	37.83	1/1/2009
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICAT	131.22	40.26	1/1/2009
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICAT	75.00	26.84	1/1/2009
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICAT	26.24	12.30	1/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL	69.99	24.98	1/1/2009
92551	HEARING TEST	9.09	9.09	1/1/2009
92552	HEARING TEST	18.30	18.30	1/1/2009
92553	HEARING TEST	23.36	23.36	1/1/2009
92555	SPEECH AUDIOMETRY THRESHOLD;	13.58	13.58	1/1/2009
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGN	20.36	20.36	1/1/2009
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION /	42.39	42.39	1/1/2009
92567	TYMPANOMETRY	15.45	13.86	1/1/2009
92568	ACOUSTIC REFLEX TESTING	13.58	13.58	1/1/2009
92569	ACOUSTIC REFLEX DECAY TEST	12.79	12.79	1/1/2009
92571	SPECIAL HEARING TEST	13.91	13.91	1/1/2009
92572	SPECIAL HEARING TEST	3.23	3.23	1/1/2009
92576	SPECIAL HEARING TEST	17.88	17.88	1/1/2009
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.69	25.69	1/1/2009
92582	SPECIAL HEARING TEST	25.69	25.69	1/1/2009
92583	SPECIAL HEARING TEST	28.04	28.04	1/1/2009
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE /	90.52	90.52	1/1/2009
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIML	33.05	33.05	1/1/2009
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR C	54.68	54.68	1/1/2009
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	39.04	39.04	1/1/2009
92591	HEARING AID EXAM AND SELECTION BINAURAL	58.64	58.64	1/1/2009
92592	HEARING AID CHECK MONAURAL	17.09	17.09	1/1/2009
92593	HEARING AID CHECK BINAURAL	25.84	25.84	1/1/2009
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAL	18.87	18.87	1/1/2009
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAUF	28.20	28.20	1/1/2009
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT	131.66	131.66	1/1/2009
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH	25.17	25.17	1/1/2009
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DE	69.96	69.96	1/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	67.66	67.66	1/1/2009

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92612	ENDOSCOPIC STUDY OF SWALLOWING	135.98	60.23	1/1/2009
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPI	66.21	66.21	1/1/2009
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPI	15.38	15.38	1/1/2009
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST	71.97	71.97	1/1/2009
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH	17.55	17.55	1/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TI	29.12	48.30	1/1/2009
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, E	50.81	50.81	1/1/2009
94150	VITAL CAPACITY, TOTAL	18.63	33.21	1/1/2009
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VE	19.63	19.63	1/1/2009
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	34.30	34.30	1/1/2009
94375	RESPIRATORY FLOW VOLUME LOOP	32.82	32.82	1/1/2009
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PR	65.69	40.58	1/1/2009
94664	INHALATION THERAPY	11.25	23.86	1/1/2009
94667	MANIPULATION CHEST WALL	18.47	36.25	1/1/2009
94668	MANIPULATION CHEST WALL SUBSEQUENT	15.45	32.18	1/1/2009
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	1.79	4.58	1/1/2009
94799	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FO	99.87	99.87	1/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	22.81	12.98	1/1/2009
95832	MUSCLE TESTING HAND	21.46	13.54	1/1/2009
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDINC	31.75	21.61	1/1/2009
95834	BODY MUSCLE EVALUATION	37.69	27.23	1/1/2009
97001	PHYSICAL THERAPY EVALUATION	59.34	69.33	1/1/2009
97002	PHYSICAL THERAPY RE-EVALUATION	29.72	36.72	1/1/2009
97003	OCCUPATIONAL THERAPY EVALUATION	57.91	73.89	1/1/2009
97004	OCCUPATIONAL THERAPY RE-EVALUATION	28.39	44.38	1/1/2009
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HC	4.17	4.17	1/1/2009
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	13.22	13.22	1/1/2009
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	13.67	13.67	1/1/2009
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	7.03	7.03	1/1/2009
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	15.55	15.55	1/1/2009
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.81	4.81	1/1/2009
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.49	4.49	1/1/2009
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	5.49	5.49	1/1/2009
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	14.80	14.80	1/1/2009
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	21.80	21.80	1/1/2009
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	13.43	13.43	1/1/2009
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	10.58	10.58	1/1/2009
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	22.81	22.81	1/1/2009
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	25.68	25.68	1/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	26.41	26.41	1/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	22.48	22.48	1/1/2009
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	20.45	20.45	1/1/2009
97140	MANUAL THERAPY TECHNIQUES	23.82	23.82	1/1/2009
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT (27.02	27.02	1/1/2009
97533	SENSORY INTEGRATED ACTIVITIES	23.85	23.85	1/1/2009
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	27.05	27.05	1/1/2009
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TI	24.83	24.83	1/1/2009
97602	NON-SELECTIVE DEBRIDEMENT	16.41	16.41	1/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MI	26.31	26.31	1/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING AS	29.06	29.06	1/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY	25.99	25.99	1/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHE	29.60	29.60	1/1/2009
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	99.87	99.87	1/1/2009

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