MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDER SPECIALTY 050

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	61.50	45.28	9/1/2010
29085	APPLICATION HAND/WRIST CAST	65.62	48.83	9/1/2010
29105	APPLICATION LONG ARM SPLINT	60.97	44.18	9/1/2010
29125	APPLICATION FOREARM SPLINT	47.12	31.47	9/1/2010
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	54.36	38.71	9/1/2010
29130	APPLICATION FINGER SPLINT STATIC	29.07	21.96	9/1/2010
29131	APPLICATION FINGER SPLINT DYNAMIC	35.71	24.61	9/1/2010
29240	STRAPPING OF SHOULDER	42.93	33.82	9/1/2010
29260	STRAPPING OF ELBOW OR WRIST	36.95	27.85	9/1/2010
29280	STRAPPING;	35.62	26.23	9/1/2010
29405	APPLICATION SHORT LEG CAST	63.04	48.24	9/1/2010
29425	APPLICATION SHORT LEG CAST	68.41	53.34	9/1/2010
29505	APPLICATION LONG LEG SPLINT	53.52	35.58	9/1/2010
29515	APPLICATION LOWER LEG SPLINT	50.39	37.30	9/1/2010
29530	STRAPPING;	37.57	28.47	9/1/2010
29540	STRAPPING;	31.07	25.39	9/1/2010
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHME	27.79	27.79	9/1/2010
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NAS	42.22	42.22	9/1/2010
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	33.97	33.97	9/1/2010
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUN	117.80	36.15	9/1/2010
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNI	67.33	24.09	9/1/2010
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNI	23.56	11.04	9/1/2010
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR C	62.83	22.42	9/1/2010
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREM	13.02	13.02	9/1/2010
92551	HEARING TEST	8.16	8.16	9/1/2010
92552	HEARING TEST	16.43	16.43	9/1/2010
92553	HEARING TEST	20.97	20.97	9/1/2010
92555	SPEECH AUDIOMETRY THRESHOLD;	12.19	12.19	9/1/2010
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH REC	18.28	18.28	9/1/2010
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATI	38.05	38.05	9/1/2010
92567	TYMPANOMETRY	13.87	12.44	9/1/2010
92568	ACOUSTIC REFLEX TESTING	12.19	12.19	9/1/2010
92569	ACOUSTIC REFLEX DECAY TEST	11.48	11.48	9/1/2010
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOI	25.25	23.83	9/1/2010
92571	SPECIAL HEARING TEST	12.49	12.49	9/1/2010
92572	SPECIAL HEARING TEST	2.90	2.90	9/1/2010
92576	SPECIAL HEARING TEST	16.05	16.05	9/1/2010
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	23.06	23.06	9/1/2010
92582	SPECIAL HEARING TEST	23.06	23.06	9/1/2010
92583	SPECIAL HEARING TEST	25.18	25.18	9/1/2010
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPON	81.26	81.26	9/1/2010
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE S	29.67	29.67	9/1/2010
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE (	49.09	49.09	9/1/2010
92590	HEARING AID EXAMINATION AND SELECTION MONAURA	35.05	35.05	9/1/2010
92591	HEARING AID EXAM AND SELECTION BINAURAL	52.64	52.64	9/1/2010

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CODE	DESCRIPTION	Medicaid Maximum Allowable		
		NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
92592	HEARING AID CHECK MONAURAL	15.34	15.34	9/1/2010
92593	HEARING AID CHECK BINAURAL	23.19	23.19	9/1/2010
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MC	16.94	16.94	9/1/2010
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BIN	25.31	25.31	9/1/2010
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING &	118.19	118.19	9/1/2010
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION V	22.59	22.59	9/1/2010
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATINC	62.80	62.80	9/1/2010
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEED	60.74	60.74	9/1/2010
92612	ENDOSCOPIC STUDY OF SWALLOWING	122.07	54.07	9/1/2010
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH I	59.44	59.44	9/1/2010
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH I	13.81	13.81	9/1/2010
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; F	64.61	64.61	9/1/2010
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; E	15.75	15.75	9/1/2010
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDIT(	40.38	40.38	9/1/2010
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AN	26.14	43.36	9/1/2010
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 940	45.62	45.62	9/1/2010
94150	VITAL CAPACITY, TOTAL	16.72	29.81	9/1/2010
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY	17.62	17.62	9/1/2010
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUM	30.79	30.79	9/1/2010
94375	RESPIRATORY FLOW VOLUME LOOP	29.47	29.47	9/1/2010
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF	58.97	36.43	9/1/2010
94664	INHALATION THERAPY	10.10	21.42	9/1/2010
94667	MANIPULATION CHEST WALL	16.58	32.54	9/1/2010
94668	MANIPULATION CHEST WALL SUBSEQUENT	13.87	28.88	9/1/2010
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN S	1.61	4.11	9/1/2010
94799	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE	89.65	89.65	9/1/2010
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) W	20.48	11.65	9/1/2010
95832	MUSCLE TESTING HAND	19.27	12.15	9/1/2010
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLU	28.50	19.40	9/1/2010
95834	BODY MUSCLE EVALUATION	33.84	24.45	9/1/2010
97001	PHYSICAL THERAPY EVALUATION	53.27	62.24	9/1/2010
97002	PHYSICAL THERAPY RE-EVALUATION	26.68	32.97	9/1/2010
97003	OCCUPATIONAL THERAPY EVALUATION	66.33	51.99	9/1/2010
97004	OCCUPATIONAL THERAPY RE-EVALUATION	39.84	25.48	9/1/2010
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	3.74	3.74	9/1/2010
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	11.87	11.87	9/1/2010
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	12.27	12.27	9/1/2010
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	6.31	6.31	9/1/2010
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	13.96	13.96	9/1/2010
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.32	4.32	9/1/2010
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.03	4.03	9/1/2010
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOI	4.93	4.93	9/1/2010
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	13.29	13.29	9/1/2010
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	19.57	19.57	9/1/2010
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	12.06	12.06	9/1/2010

MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDER SPECIALTY 050

		Medicaid Maximum Allowable		
CODE	**DESCRIPTION**	**NON FACILITY FEE**	**FACILITY FEE**	**EFFECTIVE DATE**
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	9.50	9.50	9/1/2010
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	20.48	20.48	9/1/2010
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EA(	23.05	23.05	9/1/2010
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EA(	23.71	23.71	9/1/2010
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EA(	20.18	20.18	9/1/2010
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EA(	18.36	18.36	9/1/2010
97140	MANUAL THERAPY TECHNIQUES	21.39	21.39	9/1/2010
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIE	24.26	24.26	9/1/2010
97533	SENSORY INTEGRATED ACTIVITIES	21.41	21.41	9/1/2010
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	24.29	24.29	9/1/2010
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTIN(	22.29	22.29	9/1/2010
97602	NON-SELECTIVE DEBRIDEMENT	14.73	14.73	9/1/2010
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EC	23.62	23.62	9/1/2010
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING	26.08	26.08	9/1/2010
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREI	23.33	23.33	9/1/2010
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLI:	26.58	26.58	9/1/2010
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	89.65	89.65	9/1/2010
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY	33.70	30.57	9/1/2010

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