

**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	62.34	45.90	10/1/2009
29085	APPLICATION HAND/WRIST CAST	66.52	49.50	10/1/2009
29105	APPLICATION LONG ARM SPLINT	61.80	44.78	10/1/2009
29125	APPLICATION FOREARM SPLINT	47.76	31.90	10/1/2009
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	55.10	39.24	10/1/2009
29130	APPLICATION FINGER SPLINT STATIC	29.47	22.26	10/1/2009
29131	APPLICATION FINGER SPLINT DYNAMIC	36.20	24.95	10/1/2009
29240	STRAPPING OF SHOULDER	43.52	34.28	10/1/2009
29260	STRAPPING OF ELBOW OR WRIST	37.46	28.23	10/1/2009
29280	STRAPPING;	36.11	26.59	10/1/2009
29405	APPLICATION SHORT LEG CAST	63.90	48.90	10/1/2009
29425	APPLICATION SHORT LEG CAST	69.35	54.07	10/1/2009
29505	APPLICATION LONG LEG SPLINT	54.25	36.07	10/1/2009
29515	APPLICATION LOWER LEG SPLINT	51.08	37.81	10/1/2009
29530	STRAPPING;	38.08	28.86	10/1/2009
29540	STRAPPING;	31.50	25.74	10/1/2009
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHME	28.17	28.17	10/1/2009
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NAS	42.80	42.80	10/1/2009
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	34.43	34.43	10/1/2009
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUN	119.41	36.64	10/1/2009
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNI	68.25	24.42	10/1/2009
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNI	23.88	11.19	10/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR C	63.69	22.73	10/1/2009
92551	HEARING TEST	8.27	8.27	10/1/2009
92552	HEARING TEST	16.65	16.65	10/1/2009
92553	HEARING TEST	21.26	21.26	10/1/2009
92555	SPEECH AUDIOMETRY THRESHOLD;	12.36	12.36	10/1/2009
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH REC	18.53	18.53	10/1/2009
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATI	38.57	38.57	10/1/2009
92567	TYMPANOMETRY	14.06	12.61	10/1/2009
92568	ACOUSTIC REFLEX TESTING	12.36	12.36	10/1/2009
92569	ACOUSTIC REFLEX DECAY TEST	11.64	11.64	10/1/2009
92571	SPECIAL HEARING TEST	12.66	12.66	10/1/2009
92572	SPECIAL HEARING TEST	2.94	2.94	10/1/2009
92576	SPECIAL HEARING TEST	16.27	16.27	10/1/2009
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	23.38	23.38	10/1/2009
92582	SPECIAL HEARING TEST	23.38	23.38	10/1/2009
92583	SPECIAL HEARING TEST	25.52	25.52	10/1/2009
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPON	82.37	82.37	10/1/2009
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE S	30.08	30.08	10/1/2009
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE	49.76	49.76	10/1/2009
92590	HEARING AID EXAMINATION AND SELECTION MONAURA	35.53	35.53	10/1/2009
92591	HEARING AID EXAM AND SELECTION BINAURAL	53.36	53.36	10/1/2009
92592	HEARING AID CHECK MONAURAL	15.55	15.55	10/1/2009
92593	HEARING AID CHECK BINAURAL	23.51	23.51	10/1/2009

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92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MC	17.17	17.17	10/1/2009
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BIN	25.66	25.66	10/1/2009
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING &	119.81	119.81	10/1/2009
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION V	22.90	22.90	10/1/2009
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING	63.66	63.66	10/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEED	61.57	61.57	10/1/2009
92612	ENDOSCOPIC STUDY OF SWALLOWING	123.74	54.81	10/1/2009
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH I	60.25	60.25	10/1/2009
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH I	14.00	14.00	10/1/2009
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; F	65.49	65.49	10/1/2009
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; E	15.97	15.97	10/1/2009
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDIT	40.93	40.93	10/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AN	26.50	43.95	10/1/2009
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 940	46.24	46.24	10/1/2009
94150	VITAL CAPACITY, TOTAL	16.95	30.22	10/1/2009
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY	17.86	17.86	10/1/2009
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUM	31.21	31.21	10/1/2009
94375	RESPIRATORY FLOW VOLUME LOOP	29.87	29.87	10/1/2009
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF	59.78	36.93	10/1/2009
94664	INHALATION THERAPY	10.24	21.71	10/1/2009
94667	MANIPULATION CHEST WALL	16.81	32.99	10/1/2009
94668	MANIPULATION CHEST WALL SUBSEQUENT	14.06	29.28	10/1/2009
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN :	1.63	4.17	10/1/2009
94799	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USI	90.88	90.88	10/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) W	20.76	11.81	10/1/2009
95832	MUSCLE TESTING HAND	19.53	12.32	10/1/2009
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLU	28.89	19.67	10/1/2009
95834	BODY MUSCLE EVALUATION	34.30	24.78	10/1/2009
97001	PHYSICAL THERAPY EVALUATION	54.00	63.09	10/1/2009
97002	PHYSICAL THERAPY RE-EVALUATION	27.05	33.42	10/1/2009
97003	OCCUPATIONAL THERAPY EVALUATION	52.70	67.24	10/1/2009
97004	OCCUPATIONAL THERAPY RE-EVALUATION	25.83	40.39	10/1/2009
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	3.79	3.79	10/1/2009
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	12.03	12.03	10/1/2009
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	12.44	12.44	10/1/2009
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	6.40	6.40	10/1/2009
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	14.15	14.15	10/1/2009
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.38	4.38	10/1/2009
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.09	4.09	10/1/2009
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOI	5.00	5.00	10/1/2009
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	13.47	13.47	10/1/2009
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	19.84	19.84	10/1/2009
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	12.22	12.22	10/1/2009
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	9.63	9.63	10/1/2009
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS	20.76	20.76	10/1/2009

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97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH	23.37	23.37	10/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH	24.03	24.03	10/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH	20.46	20.46	10/1/2009
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH	18.61	18.61	10/1/2009
97140	MANUAL THERAPY TECHNIQUES	21.68	21.68	10/1/2009
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT	24.59	24.59	10/1/2009
97533	SENSORY INTEGRATED ACTIVITIES	21.70	21.70	10/1/2009
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	24.62	24.62	10/1/2009
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING)	22.60	22.60	10/1/2009
97602	NON-SELECTIVE DEBRIDEMENT	14.93	14.93	10/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EACH)	23.94	23.94	10/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING)	26.44	26.44	10/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES	23.65	23.65	10/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED	26.94	26.94	10/1/2009
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	90.88	90.88	10/1/2009
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY)	34.16	30.99	10/1/2009

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