

**PENDING CMS APPROVAL
MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDER SPECIALTY 050**

CODE	DESCRIPTION	Medicaid Maximum	
		FACILITY FEE	NON FACILITY FEE
29075	APPLICATION OF FOREARM CAST	\$44.68	\$60.68
29085	APPLICATION HAND/WRIST CAST	\$48.18	\$64.75
29105	APPLICATION LONG ARM SPLINT	\$43.59	\$60.16
29125	APPLICATION FOREARM SPLINT	\$31.05	\$46.49
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.20	\$53.63
29130	APPLICATION FINGER SPLINT STATIC	\$21.67	\$28.69
29131	APPLICATION FINGER SPLINT DYNAMIC	\$24.29	\$35.24
29240	STRAPPING OF SHOULDER	\$33.37	\$42.36
29260	STRAPPING OF ELBOW OR WRIST	\$27.48	\$36.46
29280	STRAPPING;	\$25.88	\$35.15
29405	APPLICATION SHORT LEG CAST	\$47.60	\$62.20
29425	APPLICATION SHORT LEG CAST	\$52.63	\$67.51
29505	APPLICATION LONG LEG SPLINT	\$35.11	\$52.81
29515	APPLICATION LOWER LEG SPLINT	\$36.80	\$49.72
29530	STRAPPING;	\$28.09	\$37.07
29540	STRAPPING;	\$25.06	\$30.66
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.42	\$27.42
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$41.66	\$41.66
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$33.51	\$33.51
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCE	\$35.67	\$116.23
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITOR\	\$23.77	\$66.43
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITOR\	\$10.89	\$23.24
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDIN	\$22.13	\$62.00
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.85	\$12.85
92551	HEARING TEST	\$8.05	\$8.05
92552	HEARING TEST	\$16.21	\$16.21
92553	HEARING TEST	\$20.69	\$20.69
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.03	\$12.03
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.04	\$18.04
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNIT	\$37.54	\$37.54
92567	TYMPANOMETRY	\$12.27	\$13.69
92568	ACOUSTIC REFLEX TESTING	\$12.03	\$12.03
92569	ACOUSTIC REFLEX DECAY TEST	\$11.33	\$11.33
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTIN	\$23.52	\$24.92
92571	SPECIAL HEARING TEST	\$12.32	\$12.32
92572	SPECIAL HEARING TEST	\$2.86	\$2.86
92576	SPECIAL HEARING TEST	\$15.84	\$15.84
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.76	\$22.76
92582	SPECIAL HEARING TEST	\$22.76	\$22.76
92583	SPECIAL HEARING TEST	\$24.84	\$24.84
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TI	\$80.18	\$80.18
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TR	\$29.28	\$29.28
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATIC	\$48.44	\$48.44
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.58	\$34.58
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$51.94	\$51.94
92592	HEARING AID CHECK MONAURAL	\$15.14	\$15.14
92593	HEARING AID CHECK BINAURAL	\$22.88	\$22.88
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.71	\$16.71
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$24.98	\$24.98
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE	\$116.62	\$116.62
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.29	\$22.29
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG.	\$61.97	\$61.97
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.35	\$120.45
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTE:	\$58.65	\$58.65
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL	\$13.63	\$13.63
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$63.75	\$63.75

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92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTE	\$15.55	\$15.55
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$43.77	\$114.77
92633	AUDITORY REHABILITATION POST-LINGUAL HEARING LOSS	\$43.77	\$114.77
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, F	\$39.84	\$39.84
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$25.80	\$42.78
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	\$45.01	\$45.01
94150	VITAL CAPACITY, TOTAL	\$16.50	\$29.42
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$17.38	\$17.38
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	\$30.38	\$30.38
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.08	\$29.08
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PF	\$35.95	\$58.19
94664	INHALATION THERAPY	\$9.97	\$21.13
94667	MANIPULATION CHEST WALL	\$16.36	\$32.11
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$13.69	\$28.50
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.59	\$4.06
94799	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FOR ASSESSMENT)	\$88.46	\$88.46
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (E	\$11.50	\$20.21
95832	MUSCLE TESTING HAND	\$11.99	\$19.01
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDING	\$19.15	\$28.12
95834	BODY MUSCLE EVALUATION	\$24.12	\$33.39
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PRC	\$68.42	\$81.09
97001	PHYSICAL THERAPY EVALUATION	\$52.56	\$61.41
97002	PHYSICAL THERAPY RE-EVALUATION	\$26.33	\$32.53
97003	OCCUPATIONAL THERAPY EVALUATION	\$51.30	\$65.45
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$25.14	\$39.32
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$3.69	\$3.69
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.71	\$11.71
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.11	\$12.11
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.23	\$6.23
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.77	\$13.77
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.26	\$4.26
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$3.98	\$3.98
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.87	\$4.87
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.11	\$13.11
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$19.31	\$19.31
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.89	\$11.89
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$9.37	\$9.37
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.21	\$20.21
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUT	\$22.75	\$22.75
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUS	\$23.39	\$23.39
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINI	\$19.92	\$19.92
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, I	\$18.11	\$18.11
97140	MANUAL THERAPY TECHNIQUES	\$21.10	\$21.10
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROV	\$23.94	\$23.94
97533	SENSORY INTEGRATED ACTIVITIES	\$21.12	\$21.12
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	\$23.97	\$23.97
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINL	\$22.00	\$22.00
97602	NON-SELECTIVE DEBRIDEMENT	\$14.53	\$14.53
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$23.30	\$23.30
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING	\$25.74	\$25.74
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$23.02	\$23.02
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MIN	\$26.22	\$26.22
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$88.46	\$88.46
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANE	\$33.15	\$36.54

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

EFFECTIVE
DATE

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Allowable
EFFECTIVE DATE