

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

Code	Description	Medicaid Maximum Allowed	
		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 PROC	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 ADDITIONA	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 F	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 TRAI	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 FITTIN	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

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