

**PHYSICAL THERAPY FEE SCHEDULE  
PROVIDER SPECIALTY 065**

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
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL	63.69	22.73	10/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	61.57	61.57	10/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH	20.76	11.81	10/1/2009
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SI	19.53	12.32	10/1/2009
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	28.89	19.67	10/1/2009
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	34.30	24.78	10/1/2009
97001	PHYSICAL THERAPY EVALUATION	63.09	54.00	10/1/2009
97002	PHYSICAL THERAPY RE-EVALUATION	33.42	27.05	10/1/2009
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT C	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 ULTRAVIOLET	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	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS I	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	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, E	9.63	9.63	10/1/2009
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	20.76	20.76	10/1/2009
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	23.37	23.37	10/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	24.03	24.03	10/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	20.46	20.46	10/1/2009
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 1	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 INTEGRATIVE TECHNIQUES TO ENHANCE SENS	21.70	21.70	10/1/2009
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIE	24.62	24.62	10/1/2009
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH	22.60	22.60	10/1/2009
97602	NON-SELECTIVE DEBRIDEMENT	14.93	14.93	10/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, M	23.94	23.94	10/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING AS	26.44	26.44	10/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMIT	23.65	23.65	10/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHE	26.94	26.94	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.