

**PENDING CMS APPROVAL
PHYSICAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 065**

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
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FE	\$22.13	\$62.00
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMI	\$11.50	\$20.21
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$11.99	\$19.01
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$19.15	\$28.12
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$24.12	\$33.39
97001	PHYSICAL THERAPY EVALUATION	\$52.56	\$61.41
97002	PHYSICAL THERAPY RE-EVALUATION	\$26.33	\$32.53
97010	APPLICATION OF A MODALITY TO 1 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	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$19.31	\$19.31
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.89	\$11.89
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$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; THERAI	\$22.75	\$22.75
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEURO	\$23.39	\$23.39
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TR	\$19.92	\$19.92
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSA	\$18.11	\$18.11
97140	MANUAL THERAPY TECHNIQUES	\$21.10	\$21.10
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$23.94	\$23.94
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AI	\$21.12	\$21.12
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (/	\$23.97	\$23.97
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$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 FIT	\$25.74	\$25.74
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINU	\$23.02	\$23.02
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 1	\$26.22	\$26.22

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

