

**PHYSICAL THERAPY FEE SCHEDULE  
PROVIDER SPECIALTY 065**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

CODE	DESCRIPTION	MEDICAID MAXIMUM		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	\$44.68	\$60.68	11/1/2011
29085	APPLICATION HAND/WRIST CAST	\$48.18	\$64.75	11/1/2011
29105	APPLICATION LONG ARM SPLINT	\$43.59	\$60.16	11/1/2011
29125	APPLICATION FOREARM SPLINT	\$31.05	\$46.49	11/1/2011
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.20	\$53.63	11/1/2011
29130	APPLICATION FINGER SPLINT STATIC	\$21.67	\$28.69	11/1/2011
29131	APPLICATION FINGER SPLINT DYNAMIC	\$24.29	\$35.24	11/1/2011
29240	STRAPPING OF SHOULDER	\$33.37	\$42.36	11/1/2011
29260	STRAPPING OF ELBOW OR WRIST	\$27.48	\$36.46	11/1/2011
29280	STRAPPING;	\$25.88	\$35.15	11/1/2011
29405	APPLICATION SHORT LEG CAST	\$47.60	\$62.20	11/1/2011
29425	APPLICATION SHORT LEG CAST	\$52.63	\$67.51	11/1/2011
29505	APPLICATION LONG LEG SPLINT	\$35.11	\$52.81	11/1/2011
29515	APPLICATION LOWER LEG SPLINT	\$36.80	\$49.72	11/1/2011
29530	STRAPPING;	\$28.09	\$37.07	11/1/2011
29540	STRAPPING;	\$25.06	\$30.66	11/1/2011
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FE	\$22.13	\$62.00	11/1/2011
92610	Eval OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93	11/1/2011
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMI	\$11.50	\$20.21	11/1/2011
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$11.99	\$19.01	11/1/2011
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$19.15	\$28.12	11/1/2011
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$24.12	\$33.39	11/1/2011
97001	PHYSICAL THERAPY EVALUATION	\$52.56	\$61.41	11/1/2011
97002	PHYSICAL THERAPY RE-EVALUATION	\$26.33	\$32.53	11/1/2011
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$3.69	\$3.69	11/1/2011
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.71	\$11.71	11/1/2011
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.11	\$12.11	11/1/2011
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.23	\$6.23	11/1/2011
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.77	\$13.77	11/1/2011
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.26	\$4.26	11/1/2011
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$3.98	\$3.98	11/1/2011
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.87	\$4.87	11/1/2011
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.11	\$13.11	11/1/2011
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$19.31	\$19.31	11/1/2011
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.89	\$11.89	11/1/2011
97035	APPLY MODALITIY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.37	\$9.37	11/1/2011
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.21	\$20.21	11/1/2011
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAI	\$22.75	\$22.75	11/1/2011
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEURO	\$23.39	\$23.39	11/1/2011
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TF	\$19.92	\$19.92	11/1/2011
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSA	\$18.11	\$18.11	11/1/2011
97140	MANUAL THERAPY TECHNIQUES	\$21.10	\$21.10	11/1/2011
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$23.94	\$23.94	11/1/2011
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AI	\$21.12	\$21.12	11/1/2011
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (/	\$23.97	\$23.97	11/1/2011
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.00	\$22.00	11/1/2011
97602	NON-SELECTIVE DEBRIDEMENT	\$14.53	\$14.53	11/1/2011
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$23.30	\$23.30	11/1/2011
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FIT	\$25.74	\$25.74	11/1/2011
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINU	\$23.02	\$23.02	11/1/2011
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 1	\$26.22	\$26.22	11/1/2011

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