

**Respiratory Therapy Fee Schedule
Provider Specialty 058**

Code	Description	Medicaid Maximum Allowable		
		Non-Facility Fee	Facility Fee	Effective Date
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	30.65	30.65	3/1/2007
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	46.08	46.08	3/1/2007
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACIT	48.30	29.12	7/1/2006
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	48.21	48.21	3/1/2007
94150	VITAL CAPACITY TOTAL	33.21	18.63	7/1/2006
94200	MAXIMUM BREATHING CAPACITY	19.22	19.22	3/1/2007
94240	FUNCTIONAL RESIDUAL CAPACITY	32.60	32.60	3/1/2007
94375	RESPIRATORY FLOW VOLUME LOOP	31.67	31.67	3/1/2007
94664	INHALATION THERAPY	23.86	11.25	7/1/2006
94667	MANIPULATION CHEST WALL	36.25	18.47	7/1/2006
94668	MANIPULATION CHEST WALL SUBSEQUENT	32.18	15.45	7/1/2006
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	4.58	1.79	7/1/2006
94799	PULMONARY TEST PROCEDURE	96.18	96.18	7/1/2006
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	96.18	96.18	7/1/2006
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	63.26	39.08	1/1/2007