

**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	30.96	30.96	1/1/2009
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	47.03	47.03	1/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	48.30	29.12	1/1/2009
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	50.81	50.81	1/1/2009
94150	VITAL CAPACITY TOTAL	33.21	18.63	1/1/2009
94200	MAXIMUM BREATHING CAPACITY	19.63	19.63	1/1/2009
94240	FUNCTIONAL RESIDUAL CAPACITY	34.30	34.30	1/1/2009
94375	RESPIRATORY FLOW VOLUME LOOP	32.82	32.82	1/1/2009
94664	INHALATION THERAPY	23.86	11.25	1/1/2009
94667	MANIPULATION CHEST WALL	36.25	18.47	1/1/2009
94668	MANIPULATION CHEST WALL SUBSEQUENT	32.18	15.45	1/1/2009
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	4.58	1.79	1/1/2009
94799	PULMONARY TEST PROCEDURE	99.87	99.87	1/1/2009
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	99.87	99.87	1/1/2009
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	65.56	40.50	1/1/2009