

**RESPIRATORY THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 058**

CODE	DESCRIPTION	MEDICAID MAXIMUM		
		NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO E	28.17	28.17	10/1/2009
31720	CATHETER ASPIRATION (SEPARATE PROC	42.80	42.80	10/1/2009
94010	SPIROMETRY, INCLUDING GRAPHIC RECOF	43.95	26.50	10/1/2009
94060	BRONCHOSPASM EVALUATION: SPIROMET	46.24	46.24	10/1/2009
94150	VITAL CAPACITY TOTAL	30.22	16.95	10/1/2009
94200	MAXIMUM BREATHING CAPACITY	17.86	17.86	10/1/2009
94240	FUNCTIONAL RESIDUAL CAPACITY	31.21	31.21	10/1/2009
94375	RESPIRATORY FLOW VOLUME LOOP	29.87	29.87	10/1/2009
94664	INHALATION THERAPY	21.71	10.24	10/1/2009
94667	MANIPULATION CHEST WALL	32.99	16.81	10/1/2009
94668	MANIPULATION CHEST WALL SUBSEQUENT	29.28	14.06	10/1/2009
94760	NONINVASIVE EAR OR PULSE OXIMETRY F	4.17	1.63	10/1/2009
94799	PULMONARY TEST PROCEDURE	90.88	90.88	10/1/2009
99503	HOME VISIT FOR RESPIRATORY THERAPY	90.88	90.88	10/1/2009
99504	HOME VISIT FOR MECHANICAL VENTILATIO	59.66	36.86	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.