

PHYSICAL THERAPY FEE SCHEDULE					
PROVIDER SPECIALTY 065					
TAXONOMY 225100000X					
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 NC Medicaid Web site.					
			MEDICAID MAXIMUM		
CODE		DESCRIPTION	FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075		APPLICATION OF FOREARM CAST	\$44.98	\$61.09	7/1/2012
29085		APPLICATION HAND/WRIST CAST	\$48.51	\$65.19	7/1/2012
29105		APPLICATION LONG ARM SPLINT	\$43.88	\$60.56	7/1/2012
29125		APPLICATION FOREARM SPLINT	\$31.26	\$46.80	7/1/2012
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.46	\$54.00	7/1/2012
29130		APPLICATION FINGER SPLINT STATIC	\$21.81	\$28.88	7/1/2012
29131		APPLICATION FINGER SPLINT DYNAMIC	\$24.45	\$35.48	7/1/2012
29240		STRAPPING OF SHOULDER	\$33.59	\$42.65	7/1/2012
29260		STRAPPING OF ELBOW OR WRIST	\$27.67	\$36.71	7/1/2012
29280		STRAPPING;	\$26.06	\$35.39	7/1/2012
29405		APPLICATION SHORT LEG CAST	\$47.92	\$62.62	7/1/2012
29425		APPLICATION SHORT LEG CAST	\$52.99	\$67.96	7/1/2012
29505		APPLICATION LONG LEG SPLINT	\$35.35	\$53.17	7/1/2012
29515		APPLICATION LOWER LEG SPLINT	\$37.05	\$50.06	7/1/2012
29530		STRAPPING;	\$28.28	\$37.32	7/1/2012
29540		STRAPPING;	\$25.23	\$30.87	7/1/2012
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEE	\$22.28	\$62.42	7/1/2012
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
95992		CANALITH REPOSITIONING PROCEDURE(S) TREATMENT OF VERTIGO, PER DAY	\$34.06	\$37.54	1/1/2009
97010		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$3.71	\$3.71	7/1/2012
97012		PHYSICAL MED TREATMENT ONE AREA TRACTION	\$11.79	\$11.79	7/1/2012
97016		PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.19	\$12.19	7/1/2012
97018		PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.27	\$6.27	7/1/2012
97022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$13.87	\$13.87	7/1/2012
97024		PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.29	\$4.29	7/1/2012
97026		PHYSICAL MEDICINE TREATMENT INFRARED	\$4.01	\$4.01	7/1/2012
97028		PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$4.90	\$4.90	7/1/2012
97032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.20	\$13.20	7/1/2012
97033		APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	\$19.44	\$19.44	7/1/2012
97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.98	\$11.98	7/1/2012
97035		APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.44	\$9.44	7/1/2012
33858		REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR SEPARATION OF WALL OF AORTA (DISSECTION)	\$28.25	\$28.25	1/1/2020
33859		REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR DISEASE OTHER THAN SEPARATION OF WALL OF AORTA (DISSECTION)	\$2,028.03	\$2,028.03	1/1/2020
62328		DIAGNOSTIC SPINAL TAP OF LOWER SPINE USING IMAGING GUIDANCE	\$75.11	\$211.17	1/1/2020
74221		X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST	\$87.60	\$87.60	1/1/2020
74221	26	X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST	\$29.10	\$29.10	1/1/2020

97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.34	\$20.34	7/1/2012
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPE	\$22.90	\$22.90	7/1/2012
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROM	\$23.55	\$23.55	7/1/2012
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRA	\$20.05	\$20.05	7/1/2012
97124		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE	\$18.24	\$18.24	7/1/2012
97129		THER IVNTJ 1ST 15 MIN	\$19.74	\$20.03	1//2020
97130		THER IVNTJ EA ADDL 15 MIN	\$19.14	\$19.14	1//2020
97140		MANUAL THERAPY TECHNIQUES	\$21.25	\$21.25	7/1/2012
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$66.11	\$66.11	1/1/2017
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$66.11	\$66.11	1/1/2017
97163		PT EVAL HIGH COMPLEX 45 MIN	\$66.11	\$66.11	1/1/2017
97164		PT RE-EVAL EST PLAN CARE	\$44.80	\$44.80	1/1/2017
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$24.10	\$24.10	7/1/2012
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND	\$21.27	\$21.27	7/1/2012
97535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD	\$24.13	\$24.13	7/1/2012
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.15	\$22.15	7/1/2012
97602		NON-SELECTIVE DEBRIDEMENT	\$14.63	\$14.63	7/1/2012
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$23.46	\$23.46	7/1/2012
97760		ORTHOTIC(S) MANAGEMENT AND TRAINING INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(IES) , LOWER EXTREMITY(IES) AND/OR TRUNK , INITIAL ORTHOTIC(S) ENCOUNTER, EACH 15 MINUTES	\$25.91	\$25.91	1/1/2020
97761		PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	\$23.18	\$23.18	1/1/2020
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$26.40	\$26.40	1/1/2018
		Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.			