

<b>RESPIRATORY THERAPY FEE SCHEDULE</b>				
<b>PROVIDER SPECIALTY 058</b>				
<b>TAXONOMY: 227900000X</b>				
<b>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.</b>				
			<b>MEDICAID MAXIMUM ALLOWABLE</b>	
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FACILITY FEE</b>	<b>NON FACILITY FEE</b>	<b>EFFECTIVE DATE</b>
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.61	\$27.61	7/1/2012
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$41.94	\$41.94	7/1/2012
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$25.97	\$43.07	7/1/2012
94060	EVALUATION OF WHEEZING	\$45.32	\$45.32	1/1/2020
94150	VITAL CAPACITY TOTAL	\$16.61	\$29.62	7/1/2012
94200	MAXIMUM BREATHING CAPACITY	\$17.50	\$17.50	7/1/2012
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.27	\$29.27	7/1/2012
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$10.04	\$21.28	7/1/2012
94667	MANIPULATION CHEST WALL	\$16.47	\$32.33	7/1/2012
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$13.78	\$28.69	7/1/2012
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.60	\$4.09	7/1/2012
94799	PULMONARY TEST PROCEDURE	\$89.06	\$89.06	7/1/2012
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$89.06	\$89.06	7/1/2012
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	\$36.12	\$58.47	7/1/2012
<b>Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.</b>				