

**MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDERS SHOULD BILL THE APPLICABLE TAXONOMY BASED ON THE CODE
Specialty 050**

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.

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		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
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
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$33.74	\$33.74	7/1/2012
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	\$23.93	\$66.89	7/1/2012
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY	\$10.97	\$23.40	7/1/2012
92521	EVALUATION OF SPEECH FLUENCY	\$91.67	\$91.67	1/1/2014
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$74.55	\$74.55	1/1/2014
92523	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION WITH EVALUATION OF LANGUAGE	\$154.64	\$154.64	1/1/2014
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$77.33	\$77.33	1/1/2014
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$22.28	\$62.42	7/1/2012
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.94	\$12.94	7/1/2012
92551	HEARING TEST	\$8.10	\$8.10	7/1/2012
92552	HEARING TEST	\$16.32	\$16.32	7/1/2012
92553	HEARING TEST	\$20.83	\$20.83	7/1/2012
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.11	\$12.11	7/1/2012
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.16	\$18.16	7/1/2012
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$37.80	\$37.80	7/1/2012
92567	TYMPANOMETRY	\$12.36	\$13.78	7/1/2012
92568	ACOUSTIC REFLEX TESTING	\$12.11	\$12.11	7/1/2012
92569	ACOUSTIC REFLEX DECAY TEST	\$11.41	\$11.41	7/1/2012
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	\$23.68	\$25.09	7/1/2012
92571	SPECIAL HEARING TEST	\$12.41	\$12.41	7/1/2012
92572	SPECIAL HEARING TEST	\$2.88	\$2.88	7/1/2012
92576	SPECIAL HEARING TEST	\$15.94	\$15.94	7/1/2012
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.91	\$22.91	7/1/2012
92582	SPECIAL HEARING TEST	\$22.91	\$22.91	7/1/2012
92583	SPECIAL HEARING TEST	\$25.01	\$25.01	7/1/2012
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE			
92585	AUDIOMETRY AND/OR TESTING OF THE	\$80.72	\$80.72	7/1/2012
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$29.48	\$29.48	7/1/2012
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR			
92588	DIAGNOSTIC EVALUATION	\$48.76	\$48.76	7/1/2012
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.82	\$34.82	7/1/2012

MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
PROVIDERS SHOULD BILL THE APPLICABLE TAXONOMY BASED ON THE CODE
Specialty 050

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.

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$52.29	\$52.29	7/1/2012
92592	HEARING AID CHECK MONAURAL	\$15.24	\$15.24	7/1/2012
92593	HEARING AID CHECK BINAURAL	\$23.04	\$23.04	7/1/2012
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.83	\$16.83	7/1/2012
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$25.15	\$25.15	7/1/2012
	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM.			
92607	DEVICE - FACE TO FACE	\$117.41	\$117.41	7/1/2012
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.44	\$22.44	7/1/2012
	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE			
92609	INCLUDING PROG. & MODIF.	\$62.39	\$62.39	7/1/2012
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.71	\$121.27	7/1/2012
	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT;			
92620	INITIAL 60 MINUTES	\$59.05	\$59.05	7/1/2012
	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH			
92621	ADDITIONAL 15 MINUTES	\$13.72	\$13.72	7/1/2012
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$64.18	\$64.18	7/1/2012
	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH			
92627	ADDITIONAL 15 MINUTES (LI	\$15.65	\$15.65	7/1/2012
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$44.07	\$115.55	7/1/2012
92633	AUDITORY REHABILITATION POST-LINGUAL HEARING LOSS	\$44.07	\$115.55	7/1/2012
	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY			
92640	BRAINSTEM IMPLANT, PER HOUR	\$40.11	\$40.11	7/1/2012
	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL			
94010	CAPACITY,	\$25.97	\$43.07	7/1/2012
	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE			
94060	AND AFTER	\$45.32	\$45.32	7/1/2012
94150	VITAL CAPACITY, TOTAL	\$16.61	\$29.62	7/1/2012
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$17.50	\$17.50	7/1/2012
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME	\$30.59	\$30.59	7/1/2012
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.27	\$29.27	7/1/2012
	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE			
94657	OR VOLUME PRESET	\$36.19	\$58.58	7/1/2012
	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF			
94664	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
	UNLIMITED PULMONARY SERVICE OR PROCEDURE (USE FOR			
94799	ASSESSMENT)	\$89.06	\$89.06	7/1/2012
	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT;			
95831	EXTREMITY (EXCLUDING	\$11.57	\$20.34	7/1/2012
95832	MUSCLE TESTING HAND	\$12.07	\$19.14	7/1/2012
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY EXCLUDING	\$19.28	\$28.31	7/1/2012
95834	BODY MUSCLE EVALUATION	\$24.28	\$33.61	7/1/2012
	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS			
96125	INFORMATION PROCESSING	\$68.88	\$81.64	7/1/2012
	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR			
97010	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	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$19.44	\$19.44	7/1/2012

**MULTIPLE INDEPENDENT PRACTITIONERS FEE SCHEDULE
 PROVIDERS SHOULD BILL THE APPLICABLE TAXONOMY BASED ON THE CODE
 Specialty 050**

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.

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.98	\$11.98	7/1/2012
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$9.44	\$9.44	7/1/2012
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; THERAPEUTIC THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$22.90	\$22.90	7/1/2012
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$23.55	\$23.55	7/1/2012
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$20.05	\$20.05	7/1/2012
97124	MANUAL THERAPY TECHNIQUES	\$18.24	\$18.24	7/1/2012
97140	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$21.25	\$21.25	7/1/2012
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
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$64.14	\$ 64.13	1/1/2017
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$64.14	\$ 64.13	1/1/2017
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$64.14	\$ 64.13	1/1/2017
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$42.32	\$ 42.32	1/1/2017
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER	\$24.10	\$24.10	7/1/2012
97533	SENSORY INTEGRATED ACTIVITIES	\$21.27	\$21.27	7/1/2012
97535	SELF-CARE/HOME MANAGEMENT; 15 MINS	\$24.13	\$24.13	7/1/2012
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, 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 N	\$25.91	\$25.91	7/1/2012
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$23.18	\$23.18	7/1/2012
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$26.40	\$26.40	7/1/2012
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$89.06	\$89.06	7/1/2012
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER	\$33.38	\$36.79	7/1/2012

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.