

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 ALLOWABLE		
CODE	DESCRIPTION			FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST			\$44.98	\$61.09	4/1/2022
29085	APPLICATION HAND/WRIST CAST			\$48.51	\$65.19	4/1/2022
29105	APPLICATION LONG ARM SPLINT			\$43.88	\$60.56	4/1/2022
29125	APPLICATION FOREARM SPLINT			\$31.26	\$46.80	4/1/2022
29126	APPLICATION SHORT ARM SPLINT DYNAMIC			\$38.46	\$54.00	4/1/2022
29130	APPLICATION FINGER SPLINT STATIC			\$21.81	\$28.88	4/1/2022
29131	APPLICATION FINGER SPLINT DYNAMIC			\$24.45	\$35.48	4/1/2022
29240	STRAPPING OF SHOULDER			\$33.59	\$42.65	4/1/2022
29260	STRAPPING OF ELBOW OR WRIST			\$27.67	\$36.71	4/1/2022
29280	STRAPPING;			\$26.06	\$35.39	4/1/2022
29405	APPLICATION SHORT LEG CAST			\$47.92	\$62.62	4/1/2022
29425	APPLICATION SHORT LEG CAST			\$52.99	\$67.96	4/1/2022
29505	APPLICATION LONG LEG SPLINT			\$35.35	\$53.17	4/1/2022
29515	APPLICATION LOWER LEG SPLINT			\$37.05	\$50.06	4/1/2022
29530	STRAPPING;			\$28.28	\$37.32	4/1/2022
29540	STRAPPING;			\$25.23	\$30.87	4/1/2022
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEED			\$22.28	\$62.42	4/1/2022
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING			\$60.34	\$60.34	4/1/2022
95992	CANALITH REPOSITIONING PROCEDURE(S) TREATMENT OF VERTIGO, PER DAY			\$34.06	\$37.54	4/1/2022
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS			\$3.71	\$3.71	4/1/2022
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION			\$11.79	\$11.79	4/1/2022
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES			\$12.19	\$12.19	4/1/2022
97018	PHYSICAL MED TREATMENT PARAFFIN BATH			\$6.27	\$6.27	4/1/2022
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL			\$13.87	\$13.87	4/1/2022
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY			\$4.29	\$4.29	4/1/2022
97026	PHYSICAL MEDICINE TREATMENT INFRARED			\$4.01	\$4.01	4/1/2022
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET			\$4.90	\$4.90	4/1/2022
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;			\$13.20	\$13.20	4/1/2022
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES			\$19.44	\$19.44	4/1/2022

97034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$11.98	\$11.98	4/1/2022
97035		APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.44	\$9.44	4/1/2022
97036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$20.34	\$20.34	4/1/2022
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEU	\$22.90	\$22.90	4/1/2022
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMU	\$23.55	\$23.55	4/1/2022
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAIN	\$20.05	\$20.05	4/1/2022
97124		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE,	\$18.24	\$18.24	4/1/2022
97140		MANUAL THERAPY TECHNIQUES	\$21.25	\$21.25	4/1/2022
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$66.11	\$66.11	4/1/2022
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$66.11	\$66.11	4/1/2022
97163		PT EVAL HIGH COMPLEX 45 MIN	\$66.11	\$66.11	4/1/2022
97164		PT RE-EVAL EST PLAN CARE	\$44.80	\$44.80	4/1/2022
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$24.10	\$24.10	4/1/2022
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND	\$21.27	\$21.27	4/1/2022
97535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL	\$24.13	\$24.13	4/1/2022
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.15	\$22.15	4/1/2022
97602		NON-SELECTIVE DEBRIDEMENT	\$14.63	\$14.63	4/1/2022
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$23.46	\$23.46	4/1/2022
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	4/1/2022
97761		PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	\$23.18	\$23.18	4/1/2022
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$26.40	\$26.40	4/1/2022
		Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletions to this schedule.			