

PHYSICAL THERAPY FEE SCHEDULE						
PROVIDER SPECIALTY 065						
TAXONOMY: 225100000X						
Rates are subject to internal review by Medicaid. Any adjustments will be communicated prior to 1/31/2022						
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	END DATE	
29075	APPLICATION OF FOREARM CAST	\$47.23	\$64.14	3/10/2020	1/31/2022	
29085	APPLICATION HAND/WRIST CAST	\$50.94	\$68.45	3/10/2020	1/31/2022	
29105	APPLICATION LONG ARM SPLINT	\$46.07	\$63.59	3/10/2020	1/31/2022	
29125	APPLICATION FOREARM SPLINT	\$32.82	\$49.14	3/10/2020	1/31/2022	
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$40.38	\$56.70	3/10/2020	1/31/2022	
29130	APPLICATION FINGER SPLINT STATIC	\$22.90	\$30.32	3/10/2020	1/31/2022	
29131	APPLICATION FINGER SPLINT DYNAMIC	\$25.67	\$37.25	3/10/2020	1/31/2022	
29240	STRAPPING OF SHOULDER	\$35.27	\$44.78	3/10/2020	1/31/2022	
29260	STRAPPING OF ELBOW OR WRIST	\$29.05	\$38.55	3/10/2020	1/31/2022	
29280	STRAPPING;	\$27.36	\$37.16	3/10/2020	1/31/2022	
29405	APPLICATION SHORT LEG CAST	\$50.32	\$65.75	3/10/2020	1/31/2022	
29425	APPLICATION SHORT LEG CAST	\$55.64	\$71.36	3/10/2020	1/31/2022	
29505	APPLICATION LONG LEG SPLINT	\$37.12	\$55.83	3/10/2020	1/31/2022	
29515	APPLICATION LOWER LEG SPLINT	\$38.90	\$52.56	3/10/2020	1/31/2022	
29530	STRAPPING;	\$29.69	\$39.19	3/10/2020	1/31/2022	
29540	STRAPPING;	\$26.49	\$32.41	3/10/2020	1/31/2022	
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$23.39	\$65.54	3/10/2020	1/31/2022	
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$63.36	\$63.36	3/10/2020	1/31/2022	
95992	CANALITH REPOSITIONING PROCEDURE(S) TREATMENT OF VERTIGO, PER DAY	\$35.76	\$39.42	3/10/2020	1/31/2022	
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$3.90	\$3.90	3/10/2020	1/31/2022	
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$12.38	\$12.38	3/10/2020	1/31/2022	
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$12.80	\$12.80	3/10/2020	1/31/2022	
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$6.58	\$6.58	3/10/2020	1/31/2022	
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$14.56	\$14.56	3/10/2020	1/31/2022	
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$4.50	\$4.50	3/10/2020	1/31/2022	
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$4.21	\$4.21	3/10/2020	1/31/2022	
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$5.15	\$5.15	3/10/2020	1/31/2022	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$13.86	\$13.86	3/10/2020	1/31/2022	
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA, 15 MINUTES	\$20.41	\$20.41	3/10/2020	1/31/2022	
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$12.58	\$12.58	3/10/2020	1/31/2022	
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.91	\$9.91	3/10/2020	1/31/2022	
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$21.36	\$21.36	3/10/2020	1/31/2022	
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$24.05	\$24.05	3/10/2020	1/31/2022	
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$24.73	\$24.73	3/10/2020	1/31/2022	
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$21.05	\$21.05	3/10/2020	1/31/2022	
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$19.15	\$19.15	3/10/2020	1/31/2022	
97140	MANUAL THERAPY TECHNIQUES	\$22.31	\$22.31	3/10/2020	1/31/2022	
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$69.42	\$69.42	3/10/2020	1/31/2022	
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$69.42	\$69.42	3/10/2020	1/31/2022	
97163	PT EVAL HIGH COMPLEX 45 MIN	\$69.42	\$69.42	3/10/2020	1/31/2022	
97164	PT RE-EVAL EST PLAN CARE	\$47.04	\$47.04	3/10/2020	1/31/2022	
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$25.31	\$25.31	3/10/2020	1/31/2022	
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO	\$22.33	\$22.33	3/10/2020	1/31/2022	
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$25.34	\$25.34	3/10/2020	1/31/2022	
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$23.26	\$23.26	3/10/2020	1/31/2022	
97602	NON-SELECTIVE DEBRIDEMENT	\$15.36	\$15.36	3/10/2020	1/31/2022	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$24.63	\$24.63	3/10/2020	1/31/2022	
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	\$27.21	\$27.21	3/10/2020	1/31/2022	
97761	PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL	\$24.34	\$24.34	3/10/2020	1/31/2022	
97763	ORTHOC/PROSTC MGMT SBSQ ENC	\$27.72	\$27.72	3/10/2020	1/31/2022	
	Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.					