

**RESPIRATORY THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 058
TAXONOMY: 227900000X**

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		EFFECTIVE DATE
		FACILITY FEE	NON FACILITY FEE	
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.61	\$27.61	4/1/2022
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$41.94	\$41.94	4/1/2022
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY	\$25.97	\$43.07	4/1/2022
94060	EVALUATION OF WHEEZING	\$45.32	\$45.32	4/1/2022
94150	VITAL CAPACITY TOTAL	\$16.61	\$29.62	4/1/2022
94200	MAXIMUM BREATHING CAPACITY	\$17.50	\$17.50	4/1/2022
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.27	\$29.27	4/1/2022
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSO	\$10.04	\$21.28	4/1/2022
94667	MANIPULATION CHEST WALL	\$16.47	\$32.33	4/1/2022
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$13.78	\$28.69	4/1/2022
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.60	\$4.09	4/1/2022
94799	PULMONARY TEST PROCEDURE	\$89.06	\$89.06	4/1/2022
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$89.06	\$89.06	4/1/2022
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	\$36.12	\$58.47	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.			