

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.				
			MEDICAID MAXIMUM ALLOWABLE	
CODE	DESCRIPTION	FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
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
36908	STENT PLMT CTR DIALYSIS SEG	\$156.40	\$2,139.70	1/1/2017
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$25.97	\$43.07	7/1/2012
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER	\$45.32	\$45.32	7/1/2012
94150	VITAL CAPACITY TOTAL	\$16.61	\$29.62	7/1/2012
94200	MAXIMUM BREATHING CAPACITY	\$17.50	\$17.50	7/1/2012
94240	FUNCTIONAL RESIDUAL CAPACITY	\$30.59	\$30.59	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 GEN	\$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
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.				