

RESPIRATORY THERAPY FEE SCHEDULE						
PROVIDER SPECIALTY 058						
TAXONOMY: 227900000X						
Rates are subject to internal review by Medicaid. Any adjustments will be communicated in advance.						
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	
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$28.99	\$28.99	3/10/2020	12/31/9999	
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$44.04	\$44.04	3/10/2020	12/31/9999	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	\$27.27	\$45.22	3/10/2020	12/31/9999	
94060	EVALUATION OF WHEEZING	\$47.59	\$47.59	3/10/2020	12/31/9999	
94150	VITAL CAPACITY TOTAL	\$17.44	\$31.10	3/10/2020	12/31/9999	
94200	MAXIMUM BREATHING CAPACITY	\$18.38	\$18.38	3/10/2020	12/31/9999	
94375	RESPIRATORY FLOW VOLUME LOOP	\$30.73	\$30.73	3/10/2020	12/31/9999	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	\$10.54	\$22.34	3/10/2020	12/31/9999	
94667	MANIPULATION CHEST WALL	\$17.29	\$33.95	3/10/2020	12/31/9999	
94668	MANIPULATION CHEST WALL SUBSEQUENT	\$14.47	\$30.12	3/10/2020	12/31/9999	
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT.	\$1.68	\$4.29	3/10/2020	12/31/9999	
94799	PULMONARY TEST PROCEDURE	\$93.51	\$93.51	3/10/2020	12/31/9999	
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	\$93.51	\$93.51	3/10/2020	12/31/9999	
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	\$37.93	\$61.39	3/10/2020	12/31/9999	
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.						