

**RESPIRATORY THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 058**

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 DMA Web site.

| CODE | DESCRIPTION | MEDICAID MAXIMUM AL | |
|-------|--|---------------------|------------------|
| | | FACILITY FEE | NON FACILITY FEE |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | \$27.42 | \$27.42 |
| 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | \$41.66 | \$41.66 |
| 94010 | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY | \$25.80 | \$42.78 |
| 94060 | BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER | \$45.01 | \$45.01 |
| 94150 | VITAL CAPACITY TOTAL | \$16.50 | \$29.42 |
| 94200 | MAXIMUM BREATHING CAPACITY | \$17.38 | \$17.38 |
| 94240 | FUNCTIONAL RESIDUAL CAPACITY | \$30.38 | \$30.38 |
| 94375 | RESPIRATORY FLOW VOLUME LOOP | \$29.08 | \$29.08 |
| 94664 | INHALATION THERAPY | \$9.97 | \$21.13 |
| 94667 | MANIPULATION CHEST WALL | \$16.36 | \$32.11 |
| 94668 | MANIPULATION CHEST WALL SUBSEQUENT | \$13.69 | \$28.50 |
| 94760 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SAT. | \$1.59 | \$4.06 |
| 94799 | PULMONARY TEST PROCEDURE | \$88.46 | \$88.46 |
| 99503 | HOME VISIT FOR RESPIRATORY THERAPY CARE | \$88.46 | \$88.46 |
| 99504 | HOME VISIT FOR MECHANICAL VENTILATION CARE | \$35.88 | \$58.07 |

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.

