

| OCCUPATIONAL THERAPY FEE SCHEDULE | | | | | | |
|---|--|----------------------------|------------------|----------------|------------|--|
| PROVIDER SPECIALTY 071 | | | | | | |
| TAXONOMY: 225X00000X | | | | | | |
| 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 | | | | |
| | | FACILITY FEE | NON FACILITY FEE | EFFECTIVE DATE | END DATE | |
| 29075 | APPLICATION OF FOREARM CAST | \$47.23 | \$ 64.14 | 3/10/2020 | 12/31/9999 | |
| 29085 | APPLICATION HAND/WRIST CAST | \$50.94 | \$ 68.45 | 3/10/2020 | 12/31/9999 | |
| 29105 | APPLICATION LONG ARM SPLINT | \$46.07 | \$ 63.59 | 3/10/2020 | 12/31/9999 | |
| 29125 | APPLICATION FOREARM SPLINT | \$32.82 | \$ 49.14 | 3/10/2020 | 12/31/9999 | |
| 29126 | APPLICATION SHORT ARM SPLINT DYNAMIC | \$40.38 | \$ 56.70 | 3/10/2020 | 12/31/9999 | |
| 29130 | APPLICATION FINGER SPLINT STATIC | \$22.90 | \$ 30.32 | 3/10/2020 | 12/31/9999 | |
| 29131 | APPLICATION FINGER SPLINT DYNAMIC | \$25.67 | \$ 37.25 | 3/10/2020 | 12/31/9999 | |
| 29240 | STRAPPING OF SHOULDER | \$35.27 | \$ 44.78 | 3/10/2020 | 12/31/9999 | |
| 29260 | STRAPPING OF ELBOW OR WRIST | \$29.05 | \$ 38.55 | 3/10/2020 | 12/31/9999 | |
| 29280 | STRAPPING; | \$27.36 | \$ 37.16 | 3/10/2020 | 12/31/9999 | |
| 29530 | STRAPPING; | \$29.69 | \$ 39.19 | 3/10/2020 | 12/31/9999 | |
| 29540 | STRAPPING; | \$26.49 | \$ 32.41 | 3/10/2020 | 12/31/9999 | |
| 92065 | SPECIAL EYE EVALUATION | \$35.43 | \$ 35.43 | 3/10/2020 | 12/31/9999 | |
| 92526 | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING | \$23.39 | \$ 65.54 | 3/10/2020 | 12/31/9999 | |
| 92610 | EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING | \$63.36 | \$ 63.36 | 3/10/2020 | 12/31/9999 | |
| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING | \$72.32 | \$ 85.72 | 3/10/2020 | 12/31/9999 | |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC | \$24.05 | \$ 24.05 | 3/10/2020 | 12/31/9999 | |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR | \$24.73 | \$ 24.73 | 3/10/2020 | 12/31/9999 | |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING | \$21.05 | \$ 21.05 | 3/10/2020 | 12/31/9999 | |
| 97140 | MANUAL THERAPY TECHNIQUES | \$22.31 | \$ 22.31 | 3/10/2020 | 12/31/9999 | |
| 97165 | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES | \$67.34 | \$ 67.34 | 3/10/2020 | 12/31/9999 | |
| 97166 | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES | \$67.34 | \$ 67.34 | 3/10/2020 | 12/31/9999 | |
| 97167 | EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES | \$67.34 | \$ 67.34 | 3/10/2020 | 12/31/9999 | |
| 97168 | RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES | \$44.44 | \$ 44.44 | 3/10/2020 | 12/31/9999 | |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH | \$25.31 | \$ 25.31 | 3/10/2020 | 12/31/9999 | |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE | \$22.33 | \$ 22.33 | 3/10/2020 | 12/31/9999 | |
| 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND | \$25.34 | \$ 25.34 | 3/10/2020 | 12/31/9999 | |
| 97542 | WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES | \$23.26 | \$ 23.26 | 3/10/2020 | 12/31/9999 | |
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, | \$24.63 | \$ 24.63 | 3/10/2020 | 12/31/9999 | |
| 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 | 12/31/9999 | |
| 97761 | PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES | \$24.34 | \$ 24.34 | 3/10/2020 | 12/31/9999 | |
| 97763 | ORTHC/PROSTC MGMT SBSQ ENC | \$27.72 | \$ 27.72 | 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. | | | | | | |