

**Occupational Therapy Fee Schedule  
Provider Specialty 071**

Code	Description	Medicaid Maximum Allowable		
		Non-Facility Fee	Facility Fee	Effective Date
29075	APPLICATION OF FOREARM CAST	72.45	53.13	7/1/2006
29085	APPLICATION HAND/WRIST CAST	76.94	55.30	7/1/2006
29105	APPLICATION LONG ARM SPLINT	70.64	48.06	3/1/2007
29125	APPLICATION FOREARM SPLINT	54.20	33.95	3/1/2007
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	64.94	42.03	3/1/2007
29130	APPLICATION FINGER SPLINT STATIC	32.83	23.54	3/1/2007
29131	APPLICATION FINGER SPLINT DYNAMIC	41.89	26.62	3/1/2007
29240	STRAPPING OF SHOULDER	51.29	36.68	3/1/2007
29260	STRAPPING OF ELBOW OR WRIST	42.68	29.73	3/1/2007
29280	STRAPPING;	42.80	28.20	3/1/2007
29530	STRAPPING;	44.39	30.78	3/1/2007
29540	STRAPPING;	32.86	28.21	3/1/2007
92065	SPECIAL EYE EVALUATION	31.34	31.34	7/1/2006
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	72.87	24.40	7/1/2006
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	100.73	7/1/2006
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXC	23.83	13.21	7/1/2006
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.10	13.80	7/1/2006
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	33.83	22.55	7/1/2006
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	40.37	28.75	7/1/2006
97003	OCCUPATIONAL THERAPY EVALUATION	68.79	57.83	7/1/2006
97004	OCCUPATIONAL THERAPY RE-EVALUATION	41.14	28.36	7/1/2006
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	24.15	24.15	7/1/2006
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCU	25.25	25.25	7/1/2006
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	21.49	21.49	7/1/2006
97140	MANUAL THERAPY TECHNIQUES	22.90	22.90	7/1/2006
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	25.91	25.91	7/1/2006
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PRO	24.06	24.06	7/1/2006
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) ANI	27.42	27.42	7/1/2006
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	25.76	25.76	7/1/2006
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	25.48	25.48	7/1/2006
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING W	27.03	23.52	1/1/2006
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	24.48	22.96	1/1/2006
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUT	23.37	15.75	1/1/2006