

**Occupational Therapy Fee Schedule
Provider Specialty 071**

Code	Description	Medicaid Maximum Allowable		
		Non-Facility Fee	Facility Fee	Effective Date
29075	APPLICATION OF FOREARM CAST	69.32	49.95	1/1/2008
29085	APPLICATION HAND/WRIST CAST	73.48	53.10	1/1/2008
29105	APPLICATION LONG ARM SPLINT	69.34	47.97	1/1/2008
29125	APPLICATION FOREARM SPLINT	53.48	34.11	1/1/2008
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	63.28	41.90	1/1/2008
29130	APPLICATION FINGER SPLINT STATIC	32.32	23.30	1/1/2008
29131	APPLICATION FINGER SPLINT DYNAMIC	40.10	26.07	1/1/2008
29240	STRAPPING OF SHOULDER	49.55	36.86	1/1/2008
29260	STRAPPING OF ELBOW OR WRIST	42.22	30.20	1/1/2008
29280	STRAPPING;	41.35	28.66	1/1/2008
29530	STRAPPING;	43.28	30.92	1/1/2008
29540	STRAPPING;	33.68	28.01	1/1/2008
92065	SPECIAL EYE EVALUATION	35.44	35.44	1/1/2008
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	73.60	23.84	1/1/2008
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	87.66	87.66	1/1/2008
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXC	23.63	12.95	1/1/2008
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.55	13.54	1/1/2008
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	33.33	21.30	1/1/2008
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	39.23	27.54	1/1/2008
97003	OCCUPATIONAL THERAPY EVALUATION	73.89	57.91	1/1/2008
97004	OCCUPATIONAL THERAPY RE-EVALUATION	44.38	28.39	1/1/2008
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	24.62	24.62	1/1/2008
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCU	25.72	25.72	1/1/2008
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	21.58	21.58	1/1/2008
97140	MANUAL THERAPY TECHNIQUES	23.00	23.00	1/1/2008
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	26.03	26.03	1/1/2008
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROI	22.69	22.69	1/1/2008
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) ANI	26.39	26.39	1/1/2008
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	24.05	24.05	1/1/2008
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	25.62	25.62	1/1/2008
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WI	27.85	27.85	1/1/2008
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	24.95	24.95	1/1/2008
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUT	27.79	27.79	1/1/2008