OCCUPATIONAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 071

		MEDICAID MAXIMUM ALLOWABLE		
CODE	DESCRIPTION	NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	61.50	45.28	9/1/2010
29085	APPLICATION HAND/WRIST CAST	65.62	48.83	9/1/2010
29105	APPLICATION LONG ARM SPLINT	60.97	44.18	9/1/2010
29125	APPLICATION FOREARM SPLINT	47.12	31.47	9/1/2010
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	54.36	38.71	9/1/2010
29130	APPLICATION FINGER SPLINT STATIC	29.07	21.96	9/1/2010
29131	APPLICATION FINGER SPLINT DYNAMIC	35.71	24.61	9/1/2010
29240	STRAPPING OF SHOULDER	42.93	33.82	9/1/2010
29260	STRAPPING OF ELBOW OR WRIST	36.95	27.85	9/1/2010
29280	STRAPPING;	35.62	26.23	9/1/2010
29530	STRAPPING;	37.57	28.47	9/1/2010
29540	STRAPPING;	31.07	25.39	9/1/2010
92065	SPECIAL EYE EVALUATION	33.97	33.97	9/1/2010
92526	TREATMENT OF SWALLOWING DYSFUNCTION	62.83	22.42	9/1/2010
92610	EVAL OF SWALLOWING AND ORAL FUNCTION	60.74	60.74	9/1/2010
95831	MUSCLE TESTING, MANUAL (SEPARATE PROC	20.48	11.65	9/1/2010
95832	MUSCLE TESTING HAND(W/WO COMPARISON	19.27	12.15	9/1/2010
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCI	28.50	19.40	9/1/2010
95834	MUSCLE TESTING TOTAL EVALOF BODY INCL	33.84	24.45	9/1/2010
97003	OCCUPATIONAL THERAPY EVALUATION	66.33	51.99	9/1/2010
97004	OCCUPATIONAL THERAPY RE-EVALUATION	39.84	25.48	9/1/2010
97110	THERAPEUTIC PROCEDURE, ONE OR MORE A	23.05	23.05	9/1/2010
97112	THERAPEUTIC PROCEDURE, ONE OR MORE A	23.71	23.71	9/1/2010
97116	THERAPEUTIC PROCEDURE, ONE OR MORE A	20.18	20.18	9/1/2010
97140	MANUAL THERAPY TECHNIQUES	21.39	21.39	9/1/2010
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON (	24.26	24.26	9/1/2010
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENI	21.41	21.41	9/1/2010
97535	SELF-CARE/HOME MANAGEMENT TRAINING (I	24.29	24.29	9/1/2010
97542	WHEELCHAIR MANAGEMENT/PROPULSION TR	22.29	22.29	9/1/2010
97750	PHYSICAL PERFORMANCE TEST OR MEASUR	23.62	23.62	9/1/2010
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (I	26.08	26.08	9/1/2010
97761	PROSTHETIC TRAINING, UPPER AND/OR LOW	23.33	23.33	9/1/2010
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE	26.58	26.58	9/1/2010

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