

**OCCUPATIONAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 071**

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	62.34	45.90	10/1/2009
29085	APPLICATION HAND/WRIST CAST	66.52	49.50	10/1/2009
29105	APPLICATION LONG ARM SPLINT	61.80	44.78	10/1/2009
29125	APPLICATION FOREARM SPLINT	47.76	31.90	10/1/2009
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	55.10	39.24	10/1/2009
29130	APPLICATION FINGER SPLINT STATIC	29.47	22.26	10/1/2009
29131	APPLICATION FINGER SPLINT DYNAMIC	36.20	24.95	10/1/2009
29240	STRAPPING OF SHOULDER	43.52	34.28	10/1/2009
29260	STRAPPING OF ELBOW OR WRIST	37.46	28.23	10/1/2009
29280	STRAPPING;	36.11	26.59	10/1/2009
29530	STRAPPING;	38.08	28.86	10/1/2009
29540	STRAPPING;	31.50	25.74	10/1/2009
92065	SPECIAL EYE EVALUATION	34.43	34.43	10/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION	63.69	22.73	10/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION	61.57	61.57	10/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROC	20.76	11.81	10/1/2009
95832	MUSCLE TESTING HAND(W/WO COMPARISON	19.53	12.32	10/1/2009
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCI	28.89	19.67	10/1/2009
95834	MUSCLE TESTING TOTAL EVALOF BODY INCL	34.30	24.78	10/1/2009
97003	OCCUPATIONAL THERAPY EVALUATION	67.24	52.70	10/1/2009
97004	OCCUPATIONAL THERAPY RE-EVALUATION	40.39	25.83	10/1/2009
97110	THERAPEUTIC PROCEDURE, ONE OR MORE A	23.37	23.37	10/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE A	24.03	24.03	10/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE A	20.46	20.46	10/1/2009
97140	MANUAL THERAPY TECHNIQUES	21.68	21.68	10/1/2009
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON C	24.59	24.59	10/1/2009
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENI	21.70	21.70	10/1/2009
97535	SELF-CARE/HOME MANAGEMENT TRAINING (I	24.62	24.62	10/1/2009
97542	WHEELCHAIR MANAGEMENT/PROPULSION TF	22.60	22.60	10/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUR	23.94	23.94	10/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (I	26.44	26.44	10/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOW	23.65	23.65	10/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE	26.94	26.94	10/1/2009

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