

**PENDING CMS APPROVAL
OCCUPATIONAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 071**

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	\$44.68	\$60.68	10/1/2011
29085	APPLICATION HAND/WRIST CAST	\$48.18	\$64.75	10/1/2011
29105	APPLICATION LONG ARM SPLINT	\$43.59	\$60.16	10/1/2011
29125	APPLICATION FOREARM SPLINT	\$31.05	\$46.49	10/1/2011
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.20	\$53.63	10/1/2011
29130	APPLICATION FINGER SPLINT STATIC	\$21.67	\$28.69	10/1/2011
29131	APPLICATION FINGER SPLINT DYNAMIC	\$24.29	\$35.24	10/1/2011
29240	STRAPPING OF SHOULDER	\$33.37	\$42.36	10/1/2011
29260	STRAPPING OF ELBOW OR WRIST	\$27.48	\$36.46	10/1/2011
29280	STRAPPING;	\$25.88	\$35.15	10/1/2011
29530	STRAPPING;	\$28.09	\$37.07	10/1/2011
29540	STRAPPING;	\$25.06	\$30.66	10/1/2011
92065	SPECIAL EYE EVALUATION	\$33.51	\$33.51	10/1/2011
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FC	\$22.13	\$62.00	10/1/2011
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93	10/1/2011
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXT	\$11.50	\$20.21	10/1/2011
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$11.99	\$19.01	10/1/2011
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$19.15	\$28.12	10/1/2011
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$24.12	\$33.39	10/1/2011
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMA	\$68.42	\$81.09	10/1/2011
97003	OCCUPATIONAL THERAPY EVALUATION	\$51.30	\$65.45	10/1/2011
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$25.14	\$39.32	10/1/2011
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; TH	\$22.75	\$22.75	10/1/2011
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NE	\$23.39	\$23.39	10/1/2011
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GA	\$19.92	\$19.92	10/1/2011
97140	MANUAL THERAPY TECHNIQUES	\$21.10	\$21.10	10/1/2011
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY T	\$23.94	\$23.94	10/1/2011
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSIN	\$21.12	\$21.12	10/1/2011
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVI	\$23.97	\$23.97	10/1/2011
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.00	\$22.00	10/1/2011
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELE	\$23.30	\$23.30	10/1/2011
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT ANI	\$25.74	\$25.74	10/1/2011
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 M	\$23.02	\$23.02	10/1/2011
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EA	\$26.22	\$26.22	10/1/2011

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