

**OCCUPATIONAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 071**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	\$44.68	\$60.68	11/1/2011
29085	APPLICATION HAND/WRIST CAST	\$48.18	\$64.75	11/1/2011
29105	APPLICATION LONG ARM SPLINT	\$43.59	\$60.16	11/1/2011
29125	APPLICATION FOREARM SPLINT	\$31.05	\$46.49	11/1/2011
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$38.20	\$53.63	11/1/2011
29130	APPLICATION FINGER SPLINT STATIC	\$21.67	\$28.69	11/1/2011
29131	APPLICATION FINGER SPLINT DYNAMIC	\$24.29	\$35.24	11/1/2011
29240	STRAPPING OF SHOULDER	\$33.37	\$42.36	11/1/2011
29260	STRAPPING OF ELBOW OR WRIST	\$27.48	\$36.46	11/1/2011
29280	STRAPPING;	\$25.88	\$35.15	11/1/2011
29530	STRAPPING;	\$28.09	\$37.07	11/1/2011
29540	STRAPPING;	\$25.06	\$30.66	11/1/2011
92065	SPECIAL EYE EVALUATION	\$33.51	\$33.51	11/1/2011
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FC	\$22.13	\$62.00	11/1/2011
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93	11/1/2011
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXT	\$11.50	\$20.21	11/1/2011
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$11.99	\$19.01	11/1/2011
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$19.15	\$28.12	11/1/2011
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$24.12	\$33.39	11/1/2011
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMA	\$68.42	\$81.09	11/1/2011
97003	OCCUPATIONAL THERAPY EVALUATION	\$51.30	\$65.45	11/1/2011
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$25.14	\$39.32	11/1/2011
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; TH	\$22.75	\$22.75	11/1/2011
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NE	\$23.39	\$23.39	11/1/2011
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GA	\$19.92	\$19.92	11/1/2011
97140	MANUAL THERAPY TECHNIQUES	\$21.10	\$21.10	11/1/2011
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY T	\$23.94	\$23.94	11/1/2011
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSIN	\$21.12	\$21.12	11/1/2011
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVI	\$23.97	\$23.97	11/1/2011
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$22.00	\$22.00	11/1/2011
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELE	\$23.30	\$23.30	11/1/2011
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT ANI	\$25.74	\$25.74	11/1/2011
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 M	\$23.02	\$23.02	11/1/2011
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EA	\$26.22	\$26.22	11/1/2011

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