

**Occupational Therapy Fee Schedule  
Provider Specialty 071**

| Code  | Description  | Medicaid Maximum Allowable |              |                |
|-------|--|----------------------------|--------------|----------------|
|       |  | Non-Facility Fee           | Facility Fee | Effective Date |
| 29075 | APPLICATION OF FOREARM CAST  | 72.45                      | 53.13        | 7/1/2006       |
| 29085 | APPLICATION HAND/WRIST CAST  | 76.94                      | 55.30        | 7/1/2006       |
| 29105 | APPLICATION LONG ARM SPLINT  | 70.64                      | 48.06        | 3/1/2007       |
| 29125 | APPLICATION FOREARM SPLINT   | 54.20                      | 33.95        | 3/1/2007       |
| 29126 | APPLICATION SHORT ARM SPLINT DYNAMIC   | 64.94                      | 42.03        | 3/1/2007       |
| 29130 | APPLICATION FINGER SPLINT STATIC   | 32.83                      | 23.54        | 3/1/2007       |
| 29131 | APPLICATION FINGER SPLINT DYNAMIC  | 41.89                      | 26.62        | 3/1/2007       |
| 29240 | STRAPPING OF SHOULDER  | 51.29                      | 36.68        | 3/1/2007       |
| 29260 | STRAPPING OF ELBOW OR WRIST  | 42.68                      | 29.73        | 3/1/2007       |
| 29280 | STRAPPING;   | 42.80                      | 28.20        | 3/1/2007       |
| 29530 | STRAPPING;   | 44.39                      | 30.78        | 3/1/2007       |
| 29540 | STRAPPING;   | 32.86                      | 28.21        | 3/1/2007       |
| 92065 | SPECIAL EYE EVALUATION   | 31.34                      | 31.34        | 7/1/2006       |
| 92526 | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING         | 72.87                      | 24.40        | 7/1/2006       |
| 92610 | EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING                             | 100.73                     | 100.73       | 7/1/2006       |
| 95831 | MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXC      | 23.83                      | 13.21        | 7/1/2006       |
| 95832 | MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)                           | 21.10                      | 13.80        | 7/1/2006       |
| 95833 | MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS                             | 33.83                      | 22.55        | 7/1/2006       |
| 95834 | MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS                             | 40.37                      | 28.75        | 7/1/2006       |
| 97003 | OCCUPATIONAL THERAPY EVALUATION  | 68.79                      | 57.83        | 7/1/2006       |
| 97004 | OCCUPATIONAL THERAPY RE-EVALUATION   | 41.14                      | 28.36        | 7/1/2006       |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC       | 24.15                      | 24.15        | 7/1/2006       |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCU        | 25.25                      | 25.25        | 7/1/2006       |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING     | 21.49                      | 21.49        | 7/1/2006       |
| 97140 | MANUAL THERAPY TECHNIQUES  | 22.90                      | 22.90        | 7/1/2006       |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH            | 25.91                      | 25.91        | 7/1/2006       |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PRO         | 24.06                      | 24.06        | 7/1/2006       |
| 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) ANI | 27.42                      | 27.42        | 7/1/2006       |
| 97542 | WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES                   | 25.76                      | 25.76        | 7/1/2006       |
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,               | 25.48                      | 25.48        | 7/1/2006       |
| 97760 | ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING W      | 27.03                      | 23.52        | 1/1/2006       |
| 97761 | PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES        | 24.48                      | 22.96        | 1/1/2006       |
| 97762 | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUT     | 23.37                      | 15.75        | 1/1/2006       |