

| OCCUPATIONAL THERAPY FEE SCHEDULE   |  |                            |                  |                |
|---|--|----------------------------|------------------|----------------|
| PROVIDER SPECIALTY 071  |  |                            |                  |                |
| TAXONOMY: 225X00000X  |  |                            |                  |                |
| 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 NC Medicaid Web site. |  |                            |                  |                |
| CODE  | DESCRIPTION  | MEDICAID MAXIMUM ALLOWABLE |                  |                |
|   |  | FACILITY FEE               | NON FACILITY FEE | EFFECTIVE DATE |
| 29075   | APPLICATION OF FOREARM CAST  | \$44.98                    | \$ 61.09         | 7/1/2012       |
| 29085   | APPLICATION HAND/WRIST CAST  | \$48.51                    | \$ 65.19         | 7/1/2012       |
| 29105   | APPLICATION LONG ARM SPLINT  | \$43.88                    | \$ 60.56         | 7/1/2012       |
| 29125   | APPLICATION FOREARM SPLINT   | \$31.26                    | \$ 46.80         | 7/1/2012       |
| 29126   | APPLICATION SHORT ARM SPLINT DYNAMIC   | \$38.46                    | \$ 54.00         | 7/1/2012       |
| 29130   | APPLICATION FINGER SPLINT STATIC   | \$21.81                    | \$ 28.88         | 7/1/2012       |
| 29131   | APPLICATION FINGER SPLINT DYNAMIC  | \$24.45                    | \$ 35.48         | 7/1/2012       |
| 29240   | STRAPPING OF SHOULDER  | \$33.59                    | \$ 42.65         | 7/1/2012       |
| 29260   | STRAPPING OF ELBOW OR WRIST  | \$27.67                    | \$ 36.71         | 7/1/2012       |
| 29280   | STRAPPING;   | \$26.06                    | \$ 35.39         | 7/1/2012       |
| 29530   | STRAPPING;   | \$28.28                    | \$ 37.32         | 7/1/2012       |
| 29540   | STRAPPING;   | \$25.23                    | \$ 30.87         | 7/1/2012       |
| 92065   | SPECIAL EYE EVALUATION   | \$33.74                    | \$ 33.74         | 7/1/2012       |
| 92526   | TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING   | \$22.28                    | \$ 62.42         | 7/1/2012       |
| 92610   | EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING   | \$60.34                    | \$ 60.34         | 7/1/2012       |
| 96125   | STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING  | \$68.88                    | \$ 81.64         | 7/1/2012       |
| 97110   | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC   | \$22.90                    | \$ 22.90         | 7/1/2012       |
| 97112   | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR   | \$23.55                    | \$ 23.55         | 7/1/2012       |
| 97116   | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING   | \$20.05                    | \$ 20.05         | 7/1/2012       |
| 97140   | MANUAL THERAPY TECHNIQUES  | \$21.25                    | \$ 21.25         | 7/1/2012       |
| 97165   | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES   | \$64.13                    | \$ 64.13         | 1/1/2017       |
| 97166   | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES   | \$64.13                    | \$ 64.13         | 1/1/2017       |
| 97167   | EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES  | \$64.13                    | \$ 64.13         | 1/1/2017       |
| 97168   | RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES   | \$42.32                    | \$ 42.32         | 1/1/2017       |
| 97530   | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH  | \$24.10                    | \$ 24.10         | 7/1/2012       |
| 97533   | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE   | \$21.27                    | \$ 21.27         | 7/1/2012       |
| 97535   | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND   | \$24.13                    | \$ 24.13         | 7/1/2012       |
| 97542   | WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES   | \$22.15                    | \$ 22.15         | 7/1/2012       |
| 97750   | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,   | \$23.46                    | \$ 23.46         | 7/1/2012       |
| 97760   | ORTHOTIC(S) MANAGEMENT AND TRAINING INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(IES) , LOWER EXTREMITY(IES) AND/OR TRUNK , INITIAL ORTHOTIC(S) ENCOUNTER, EACH 15 MINUTES | \$25.91                    | \$ 25.91         | 1/1/2020       |
| 97761   | PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES  | \$23.18                    | \$ 23.18         | 1/1/2020       |
| 97763   | ORTHC/PROSTC MGMT SBSQ ENC   | \$26.40                    | \$ 26.40         | 1/1/2018       |
| Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.   |  |                            |                  |                |