

| 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 |
| 33858 | | REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR SEPARATION OF WALL OF AORTA (DISSECTION) | \$28.25 | \$ 28.25 | 1/1/2020 |
| 33859 | | REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR DISEASE OTHER THAN SEPARATION OF WALL OF AORTA (DISSECTION) | \$2,028.03 | \$2,028.03 | 1/1/2020 |
| 74221 | | X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST | \$87.60 | \$ 87.60 | 1/1/2020 |
| 74221 | 26 | X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST | \$29.10 | \$ 29.10 | 1/1/2020 |
| 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 |
| 97129 | | THER IVNTJ 1ST 15 MIN | \$19.74 | \$ 20.03 | 1/1/2020 |
| 97130 | | THER IVNTJ EA ADDL 15 MIN | \$19.14 | \$ 19.14 | 1/1/2020 |
| 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 |

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| 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. | | | |