

OCCUPATIONAL THERAPY FEE SCHEDULE						
PROVIDER SPECIALTY 071						
TAXONOMY: 225X00000X						
Rates are subject to internal review by Medicaid. Any adjustments will be communicated in advance.						
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.						
DESCRIPTION				MEDICAID MAXIMUM ALLOWABLE		
CODE			FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE	END DATE
29075		APPLICATION OF FOREARM CAST	\$47.23	\$ 64.14	3/10/2020	12/31/9999
29085		APPLICATION HAND/WRIST CAST	\$50.94	\$ 68.45	3/10/2020	12/31/9999
29105		APPLICATION LONG ARM SPLINT	\$46.07	\$ 63.59	3/10/2020	12/31/9999
29125		APPLICATION FOREARM SPLINT	\$32.82	\$ 49.14	3/10/2020	12/31/9999
29126		APPLICATION SHORT ARM SPLINT DYNAMIC	\$40.38	\$ 56.70	3/10/2020	12/31/9999
29130		APPLICATION FINGER SPLINT STATIC	\$22.90	\$ 30.32	3/10/2020	12/31/9999
29131		APPLICATION FINGER SPLINT DYNAMIC	\$25.67	\$ 37.25	3/10/2020	12/31/9999
29240		STRAPPING OF SHOULDER	\$35.27	\$ 44.78	3/10/2020	12/31/9999
29260		STRAPPING OF ELBOW OR WRIST	\$29.05	\$ 38.55	3/10/2020	12/31/9999
29280		STRAPPING;	\$27.36	\$ 37.16	3/10/2020	12/31/9999
29530		STRAPPING;	\$29.69	\$ 39.19	3/10/2020	12/31/9999
29540		STRAPPING;	\$26.49	\$ 32.41	3/10/2020	12/31/9999
92065		SPECIAL EYE EVALUATION	\$35.43	\$ 35.43	3/10/2020	12/31/9999
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$23.39	\$ 65.54	3/10/2020	12/31/9999
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$63.36	\$ 63.36	3/10/2020	12/31/9999
96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$72.32	\$ 85.72	3/10/2020	12/31/9999
97110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$24.05	\$ 24.05	3/10/2020	12/31/9999
97112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$24.73	\$ 24.73	3/10/2020	12/31/9999
97116		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$21.05	\$ 21.05	3/10/2020	12/31/9999
97140		MANUAL THERAPY TECHNIQUES	\$22.31	\$ 22.31	3/10/2020	12/31/9999
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$67.34	\$ 67.34	3/10/2020	12/31/9999
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$67.34	\$ 67.34	3/10/2020	12/31/9999
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	\$67.34	\$ 67.34	3/10/2020	12/31/9999
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	\$44.44	\$ 44.44	3/10/2020	12/31/9999
97530		THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	\$25.31	\$ 25.31	3/10/2020	12/31/9999
97533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$22.33	\$ 22.33	3/10/2020	12/31/9999
97535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$25.34	\$ 25.34	3/10/2020	12/31/9999
97542		WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$23.26	\$ 23.26	3/10/2020	12/31/9999
97750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	\$24.63	\$ 24.63	3/10/2020	12/31/9999
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	\$27.21	\$ 27.21	3/10/2020	12/31/9999
97761		PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	\$24.34	\$ 24.34	3/10/2020	12/31/9999
97763		ORTHC/PROSTC MGMT SBSQ ENC	\$27.72	\$ 27.72	3/10/2020	12/31/9999
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.						