

OCCUPATIONAL THERAPY FEE SCHEDULE					
PROVIDER SPECIALTY 071					
TAXONOMY: 225X0000X					
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	FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE	MEDICAID MAXIMUM ALLOWABLE
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	
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	\$11.57	\$ 20.34	7/1/2012	
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$12.07	\$ 19.14	7/1/2012	
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$19.28	\$ 28.31	7/1/2012	
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$24.28	\$ 33.61	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 N	\$25.91	\$ 25.91	7/1/2012	
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$23.18	\$ 23.18	7/1/2012	
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.					