

Occupational Therapy Services

Updated January 1, 2015

Procedure Code	Modifier	Code Description	Prior Authorization Required		Rate
			under age 21	age 21 & over	
ORTHOTIC DEVICES AND PROCEDURES					
L3702		Elbow orthotic, w/out joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$197.21
L3806		Wrist-hand-finger orthotic, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$310.23
L3807		Wrist-hand-finger orthotic, w/out joint(s) prefabricated, includes fitting and adjustments, any type	NO	NO	\$170.78
L3808		Wrist-hand-finger orthotic, rigid w/out joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	YES	YES	\$288.53
L3906		Wrist-hand orthosis, w/out joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$330.02
L3908		Wrist-hand orthotic, wrist extension control cock-up, non molded, prefabricated, includes fitting and adjustment	NO	NO	\$56.20
L3913		Hand finger orthotic, w/out joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$184.98
L3919		Hand orthotic, w/out joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$184.98
L3921		Hand finger orthotic, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	YES	YES	\$219.39
L3923		Hand finger orthotic, w/out joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	NO	NO	\$81.59
L3925		Finger orthotic, proximal interphalangeal/distal interphalangeal, nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment	NO	NO	\$36.70
L3927		Finger orthotic, proximal interphalangeal/distal interphalangeal, w/out joint/spring, extension/flexion (e.g, static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment	NO	NO	\$23.86
L3929		Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise, includes fitting and adjustment	NO	NO	\$54.99
L3931		Wrist-hand-finger orthotic, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	NO	NO	\$145.19
L3933		Finger orthotic, w/out joints, may include soft interface, custom fabricated, includes fitting and adjustment	YES	YES	\$145.72
L3995		Addition to upper extremity orthotic, sock, fracture or equal, each	NO	NO	\$30.68
L3935		Finger orthotic, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	YES	YES	\$150.88

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OCCUPATONAL THERAPY SERVICES					
97003		Occupational Therapy Evaluation	NO	NO	\$34.52
97004		Occupational Therapy Re-evaluation (Ongoing therapy)	NO	NO	\$20.30
97150	GO	Therapeutic procedure(s), group (2 or more individuals)	NO	YES	\$11.51
THERAPEUTIC MODALITIES SUPERVISED					
97012		Application of a modality to one or more areas; traction, mechanical	NO	YES	\$6.24
97014		Application of a modality to one or more areas; electrical stimulation (unattended)	NO	YES	\$5.61
97016		Application of a modality to one or more areas; vasopneumatic devices	NO	YES	\$6.28
97018		Application of a modality to one or more areas; paraffin bath	NO	YES	\$3.05
97022		Application of a modality to one or more areas; whirlpool	NO	YES	\$7.06
97024		Application of a modality to one or more areas; diathermy (e.g. microwave)	NO	YES	\$2.10
97026		Application of a modality to one or more areas; infrared	NO	YES	\$1.94
97028		Application of a modality to one or more areas; ultraviolet	NO	YES	\$2.62
THERAPEUTIC MODALITIES CONSTANT ATTENDANCE					
97032		Application of a modality to one or more areas; electrical stimulation (manual)	NO	YES	\$6.88
97033		Application of a modality to one or more areas; iontophoresis	NO	YES	\$9.90
97034		Application of a modality to one or more areas; contrast baths	NO	YES	\$6.00
97035		Application of a modality to one or more areas; ultrasound	NO	YES	\$4.89
97036		Application of a modality to one or more areas; Hubbard tank	NO	YES	\$10.58
THERAPEUTIC PROCEDURES					
97110		Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	NO	YES	\$11.93
97112		Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	NO	YES	\$12.46
97113		Aquatic therapy with therapeutic exercises	NO	YES	\$14.34
97116		Gait training (includes stair climbing)	NO	YES	\$10.46
97124		Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	NO	YES	\$9.58
97140		Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	NO	YES	\$11.15
97760		Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	NO	YES	\$13.45
97761		Prosthetic training, upper and/or lower extremities	NO	YES	\$12.09

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97530		Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	NO	YES	\$12.60
97532		Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	NO	YES	\$10.38
97533		Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	NO	YES	\$11.02
97535		Self/care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider	NO	YES	\$12.78
97542		Wheelchair management (eg, assessment, fitting, training)	NO	NO	\$11.67
ACTIVE WOUND CARE MANAGEMENT					
97597		Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instructions(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	NO	YES	\$23.54
97598		Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	NO	YES	\$23.53
97602		Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical applications(s), wound assessment, and instructions(s) for ongoing care	NO	YES	\$16.86
TESTS AND MEASUREMENTS					
97762		Check out for orthotic/prosthetic use, established patient	NO	YES	\$13.31
97750		Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	NO	NO	\$12.39
97755		Assistive technology assessment (e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report	NO	NO	\$14.44
92605		Evaluation for prescription of non-speech-generating augmentative and alternative communication device	NO	YES	\$34.26
92607		Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	NO	YES	\$61.67

Procedure Code	Modifier	Code Description	Prior Authorization Required		Rate
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92608		Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	NO	YES	\$11.91
MUSCLE AND RANGE OF MOTION TESTING					
95831		Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	NO	YES	\$11.37
95832		Muscle testing, manual (separate procedure) with report; extremity – hand, with or without comparison with normal side	NO	YES	\$10.38
95833		Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	NO	YES	\$16.07
95834		Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	NO	YES	\$18.94
95851		Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	NO	YES	\$7.51
95852		Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	NO	YES	\$5.84
CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)					
96110		Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	NO	YES	\$4.64
96111		Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report – extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	NO	YES	\$56.39
MaineCare coverage of Occupational Therapy Services is limited. Refer to Chapter II, Section 68.07 for specific limitations.					
Use the following modifiers when appropriate:					
TF	Intermediate Level of Care – used for Certified Occupational Therapy Assistants and priced 10% below the Allowance rate.				
GO	Services delivered under an outpatient therapy plan of care.				
TL	Services delivered under an Individualized Family Service Plan (IFSP).				
TM	Services delivered under an Individualized Education Plan (IEP) with MaineCare Addendum denoting medical necessity of the service.				