

10-144 CH. 101
 MAINECARE BENEFITS MANUAL
 CHAPTER III

SECTION 68

OCCUPATIONAL THERAPY SERVICES

LAST UPDATED 7-1-11

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

Effective
7-1-11

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97003	Occupational Therapy Evaluation	per evaluation	\$38.36
97004	Occupational Therapy Re-evaluation (Ongoing therapy)	per session	\$22.55
97150 GO	Therapeutic procedure(s), group (2 or more individuals)	per member per session	\$12.79
THERAPEUTIC MODALITIES SUPERVISED			
97012	Application of a modality to one or more areas; traction, mechanical	per service	\$6.93
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	per service	\$6.23
97016	Application of a modality to one or more areas; vasopneumatic devices	per service	\$6.98
97018	Application of a modality to one or more areas; paraffin bath	per service	\$3.39
97022	Application of a modality to one or more areas; whirlpool	per service	\$7.84
97024	Application of a modality to one or more areas; diathermy (e.g. microwave)	per service	\$2.33
97026	Application of a modality to one or more areas; infrared	per service	\$2.16
97028	Application of a modality to one or more areas; ultraviolet	per service	\$2.91

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
THERAPEUTIC MODALITIES CONSTANT ATTENDANCE			
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	\$7.64
97033	Application of a modality to one or more areas; iontophoresis	15 minutes	\$11.00
97034	Application of a modality to one or more areas; contrast baths	15 minutes	\$6.67
97035	Application of a modality to one or more areas; ultrasound	15 minutes	\$5.43
97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	\$11.75
THERAPEUTIC PROCEDURES			
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	\$13.25
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	\$13.84
97113	Aquatic therapy with therapeutic exercises	15 minutes	\$15.93
97116	Gait training (includes stair climbing)	15 minutes	\$11.62
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	\$10.65
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	\$12.39

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	15 minutes	\$14.94
97761	Prosthetic training, upper and/or lower extremities	15 minutes	\$13.43
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	\$14.00
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	15 minutes	\$11.53
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	15 minutes	\$12.24
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	15 minutes	\$14.20
97542	Wheelchair management (eg, assessment, fitting, training)	15 minutes	\$12.96
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	per service	\$26.15

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
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	per service	\$26.15
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	per service	\$18.73
TESTS AND MEASUREMENTS			
97762	Check out for orthotic/prosthetic use, established patient	15 minutes	\$14.79
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	\$13.77
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	15 minutes	\$16.04
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per evaluation	\$38.07
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	\$68.52
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	\$13.23

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	MUSCLE AND RANGE OF MOTION TESTING		
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	per service	\$12.63
95832	Muscle testing, manual (separate procedure) with report; extremity – hand, with or without comparison with normal side	per service	\$11.53
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service	\$17.85
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service	\$21.04
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service	\$8.34
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service	\$6.49
	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	per service	\$5.16
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	per service	\$62.66