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

Effective 06/29/12

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97003	Occupational Therapy Evaluation	per evaluation	$34.52
97004	Occupational Therapy Re-evaluation (Ongoing therapy)	per session	$20.30
97150 GO	Therapeutic procedure(s), group (2 or more individuals)	per member per session	$11.51
	THERAPEUTIC MODALITIES SUPERVISED		
97012	Application of a modality to one or more areas; traction, mechanical	per service	$6.24
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	per service	$5.61
97016	Application of a modality to one or more areas; vasopneumatic devices	per service	$6.28
97018	Application of a modality to one or more areas; paraffin bath	per service	$3.05
97022	Application of a modality to one or more areas; whirlpool	per service	$7.06
97024	Application of a modality to one or more areas; diathermy (e.g. microwave)	per service	$2.10
97026	Application of a modality to one or more areas; infrared	per service	$1.94
97028	Application of a modality to one or more areas; ultraviolet	per service	$2.62

Effective 06/29/12

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	THERAPEUTIC MODALITIES CONSTANT ATTENDANCE		
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	$6.88
97033	Application of a modality to one or more areas; iontophoresis	15 minutes	$9.90
97034	Application of a modality to one or more areas; contrast baths	15 minutes	$6.00
97035	Application of a modality to one or more areas; ultrasound	15 minutes	$4.89
97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	$10.58
	THERAPEUTIC PROCEDURES		
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	$11.93
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	$12.46
97113	Aquatic therapy with therapeutic exercises	15 minutes	$14.34
97116	Gait training (includes stair climbing)	15 minutes	$10.46
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	$9.58
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	$11.15

Effective 06/29/12

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	$13.45
97761	Prosthetic training, upper and/or lower extremities	15 minutes	$12.09
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	$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	15 minutes	$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	15 minutes	$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	15 minutes	$12.78
97542	Wheelchair management (eg, assessment, fitting, training)	15 minutes	$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	per service	$23.54

Effective 06/29/12

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	$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	per service	$16.86
	TESTS AND MEASUREMENTS		
97762	Check out for orthotic/prosthetic use, established patient	15 minutes	$13.31
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	$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	15 minutes	$14.44
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per evaluation	$34.26
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	$61.67
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	$11.91

Effective 06/29/12

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	$11.37
95832	Muscle testing, manual (separate procedure) with report; extremity – hand, with or without comparison with normal side	per service	$10.38
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service	$16.07
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service	$18.94
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service	$7.51
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service	$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	per service	$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	per service	$56.39