KY Medicaid Occupational Therapy Fee Schedule 2025 (Provider Type 88)

revised 3.27.2025

CABINET FOR HEALTH

AND FAMILY SERVICES

Notes:

- Red indicates new codes or changes for the most current revision date.
- See Updates tab at bottom of excel spreadsheet for updates made to the fee schedule.
- It is the responsibility of the provider to check member eligibility.
- CO modifier required when billing for services provided by Occupational Therapy Assistant.
- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.
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			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		TREATMENT OF SWALLOWING AND FEEDING				
92526	Episode	DISORDER	\$51.94	\$30.56	\$51.94	\$30.56
		MEASUREMENTS OF RANGE OF MOTION IN ARM,				
95851	Episode	LEG OR EACH SPINE SECTION.	\$13.48	\$7.93	\$4.86	\$2.86
95852	Episode	MEASUREMENT OF RANGE OF MOTION OF HAND	\$11.41	\$6.71	\$3.38	\$1.99
93032	Lpisoue	WEASONEMENT OF NAME OF MOTION OF HAND	\$11.41	30.71	33.36	\$1.55
		NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY				
95860	Episode	IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$70.21	\$41.30	\$70.21	\$41.30
		NEEDLE MEASUREMENT OF ELECTRICAL				
		ACTIVITY IN ARM OR LEG MUSCLES, 2				
95861	Episode	EXTREMITIES	\$101.85	\$59.91	\$101.85	\$59.91
		NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY				
95863	Episode	IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$132.38	\$77.87	\$132.38	\$77.87
		NEEDLE MEACHDEMAENT OF ELECTRICAL ACTIVITY				
05064		NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY	4	400.00	4	400.00
95864	Episode	IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$147.77	\$86.93	\$147.77	\$86.93
96110	15 min	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$4.29	\$7.29	\$4.29
		ADMINISTRATION OF DEVELOPMENTAL TEST,				
96112	First 1 hour	FIRST HOUR	\$78.80	\$46.35	\$78.03	\$45.90



			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		ADMINISTRATION OF DEVELOPMENTA TEST, EACH				
96113	Add'l 30 min	ADDITIONAL 30 MINUTES	\$37.03	\$21.78	\$34.92	\$20.54
		TEST TO ASSESS THE ABILTIY TO COMPLETE				
		FUNCTIONAL TASKS APPLICABLE TO				
96125	Per Hour	ENVIRONMENT	\$63.50	\$37.35	\$63.50	\$37.35
97014	Episode	APPLICATION OF ELECTRICAL STIMULATION	\$8.85	\$5.21	\$8.85	\$5.21
		APPLICATION OF BLOOD VESSEL COMPRESSION				
97016	Episode	DEVICE	\$7.22	\$4.25	\$7.22	\$4.25
97018	Episode	APPLICATION OF HOT WAX BATH	\$3.54	\$2.09	\$3.54	\$2.09
97022	Episode	APPLICATION OF WHIRLPOOL THERAPY	\$10.26	\$6.03	\$10.26	\$6.03
97024	Episode	APPLICATION OF HEAT WAVE	\$4.19	\$2.46	\$4.19	\$2.46
97026	Episode	APPLICATION OF LOW ENERGY HEAT	\$3.91	\$2.30	\$3.90	\$2.30
97028	Episode	APPLICATION OF ULTRAVIOLET LIGHT	\$4.83	\$2.84	\$4.83	\$2.84
		APPLICATION OF ELECTRICAL STIMULATION WITH				
97032	15 min	THERAPIST PRESENT, EACH 15 MINUTES	\$8.96	\$5.27	\$8.96	\$5.27
		APPLICATION OF MEDICATION USING ELECTRICAL				
97033	15 min	CURRENT, EACH 15 MINUTES	\$11.86	\$6.98	\$11.86	\$6.98
		APPLICATION OF HOT AND COLD BATHS, EACH 15				
97034	15 min	MINUTES	\$8.84	\$5.20	\$8.84	\$5.20
97035	15 min	APPLICATION OF ULTRASOUND 15 MIN	\$8.65	\$5.09	\$8.65	\$5.09
		APPLICATION OF WATER THERAPY USING A				
97036	15 min	SPECIAL TANK, EACH 15 MINUTES	\$20.16	\$11.86	\$20.16	\$11.86
		THERAPY PROCEDURE USING EXERCISE TO				
		DEVELOP STRENGTH, ENDURANCE, RANGE OF				
97110	15 min	MOTION AND FLEXIILITY, EACH 15 MINUTES	\$17.96	\$10.56	\$17.96	\$10.56
		THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-				
		NERVE-TO-MUSCLE FUNCTION, EACH 15				
97112	15 min	MINUTES.	\$20.79	\$12.23	\$20.79	\$12.23
		THERAPY PROCEDURE USING WATER POOL TO				
97113	15 min	EXERCISES, EACH 15 MINUTES	\$22.27	\$13.10	\$22.27	\$13.10
		THERAPY PROCEDURE FOR WALKING TRAINING,				
97116	15 min	EACH 15 MINUTES	\$17.96	\$10.56	\$17.96	\$10.56

			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		THERAPY PROCEDURE USING MASSAGE, EACH 15				
97124	15 min	MINUTES	\$17.88	\$10.52	\$17.88	\$10.52
		THERAPY PROCEDURE FOR A RANGE OF MENTAL				
97129	First 15 min	PROCESSES, INITIAL 15 MINUTES	\$14.27	\$8.40	\$14.27	\$8.40
97130	Add'l 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.83	\$8.13	\$13.64	\$8.02
		THERAPY PROCEDURE USING MANUAL	,	, , ,	,	, -
97140	15 min	TECHNIQUE, EACH 15 MINUTES	\$16.56	\$9.74	\$16.56	\$9.74
97150	Episode	THERAPY PROCEDURE IN A GROUP SETTING	\$10.80	\$6.35	\$10.80	\$6.35
97165	Episode	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$61.52	\$36.19	\$61.52	\$36.19
07166	Fuired	EVALUATION FOR OCCUPATIONAL THERAPY,	AC4 52	A35.40	464.52	d26.40
97166	Episode	TYPICALLY 45 MINUTES	\$61.52	\$36.19	\$61.52	\$36.19
97167	Episode	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR	\$61.52	\$36.19	\$61.52	\$36.19
97168	Episode	RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$42.04	\$24.73	\$42.04	\$24.73
97530	15 min	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	\$22.34	\$13.14	\$22.34	\$13.14
97533	15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$37.99	\$22.35	\$37.99	\$22.35
97535	15 min	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$19.88	\$11.69	\$19.88	\$11.69
97537	15 min	TRAINING FOR COMMUNITY OR WORK REINTEGRATION, EACH 15 MINUTESS	\$19.39	\$11.41	\$19.39	\$11.41
97542	15 min	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	\$19.39	\$11.41	\$19.39	\$11.41
97550	First 30 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, INITIAL 30 MINUTES	\$31.70	\$18.65	\$31.70	\$18.65

			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		CAREGIVER TRAINING IN STRATEGIES AND				
		TECHNIQUES TO FACILITATE THE PATIENT'S				
		FUNCTIONAL PERFORMANCE IN THE HOME OR				
97551	Add'l 15 min	COMMUNITY, EACH ADDITIONAL 15 MINUTES	\$15.85	\$9.33	\$14.76	\$8.68
		GROUP CAREGIVER TRAINING IN STRATEGIES AND				
		TECHNIQUES TO FACILITATE THE PATIENT'S				
		FUNCTIONAL PERFORMANCE IN THE HOME OR				
97552	Episode	COMMUNITY	\$12.86	\$7.57	\$12.86	\$7.57
		TEST OR MEASUREMENT FOR FUNCTIONAL				
97750	15 min	CAPACITY, EACH 15 MINUTES	\$20.26	\$11.92	\$20.26	\$11.92
		EVALUATION FOR ASSISTIVE TECHNOLOGY EACH				
97755	15 min	15 MINUTES	\$23.24	\$13.67	\$23.24	\$13.67
		TRAINING IN THE USE OF ORTHOPEDIC DEVICE				
97760	15 min	FOR ARM, LEG, AND/TRUNK, EACH 15 MINUTES	\$29.03	\$17.08	\$29.03	\$17.08
		TRAINING IN THE USE OF ARTIFICIAL ARM				
97761	15 min	AND/OR LEG, EACH 15 MINUTES	\$25.01	\$14.71	\$25.01	\$14.71
		FOLLOW-UP TRAINING IN THE USE OF				
		ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG				
97763	15 min	AND/OR TRUNK, EACH 15 MINUTES	\$32.04	\$18.85	\$32.04	\$18.85
		ONLINE DIGITAL EVALUATION AND				
		MANAGEMENT SERVICE FOR AN ESTABLISHED				
		PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10				
99421	5 to 10 min	MINUTES	\$11.94	\$11.94	\$10.39	\$10.39
		ONLINE DIGITAL EVALUATION AND				
		MANAGEMENT SERVICE FOR AN ESTABLISHED				
		PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20				
99422	11 to 20 min		\$23.87	\$23.87	\$21.28	\$21.28
		ONLINE DIGITAL EVALUATION AND				
		MANAGEMENT SERVICE FOR AN ESTABLISHED				
		PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR				
99423	21+ min	MORE MINUTES	\$38.56	\$38.56	\$33.89	\$33.89



			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		TELEPHONE, INTERNET, OR ELECTRONIC HEALTH				
		RECORD ASSESSMENT AND MANAGEMENT WITH				
		VERBAL AND WRITTEN REPORT BY CONSULTING				
99446	5 to 10 min	PHYSICIAN, 5-10 MINUTES	\$11.33	\$6.66	\$11.33	\$6.66
		TELEPHONE OR INTERNET ASSESSMENT WITH				
		VERBAL AND WRITTEN REPORT BY CONSULTING				
99447	11 to 20 min	PHYSICIAN, 11-20 MINUTES	\$22.28	\$13.11	\$22.28	\$13.11
		TELEPHONE OR INTERNET ASSESSMENT WITH				
		VERBAL AND WRITTEN REPORT BY CONSULTING				
99448	21 to 30 min	PHYSICIAN, 21-30 MINUTES	\$33.44	\$19.67	\$33.44	\$19.67
		TELEPHONE OR INTERNET ASSESSMENT WITH				
		VERBAL AND WRITTEN REPORT BY CONSULTING				
99449	30+ min	PHYSICIAN, MORE THAN 30 MINUTES	\$44.78	\$26.34	\$44.78	\$26.34
		TELEPHONE, INTERNET, OR ELECTRONIC HEALTH				
		RECORD ASSESSMENT AND MANAGEMENT WITH				
		WRITTEN REPORT BY CONSULTING PHYSICIAN, AT				
99451	Episode	LEAST 5 MINUTES	\$22.11	\$13.01	\$22.11	\$13.01
		TELEPHONE OR INTERNET REFERRAL SERVICE, 30				
99452	Episode	MINUTES	\$22.47	\$13.22	\$22.47	\$13.22
		REMOTE MONITORING OF PHYSIOLOGIC				
		PARAMETERS, INITIAL SET-UP AND PATIENT				
99453	Episode	EDUCATION ON USE OF EQUIPMENT	\$11.05	\$6.50	\$11.05	\$6.50
		REMOTE MONITORING OF PHYSIOLOGIC				
		PARAMETERS, INITIAL SUPPLY OF DEVICES WITH				
00454		DAILY RECORDINGS OR PROGRAMMED ALERTS	405.55	440	405.55	440.1-
99454	Episode	TRANSMISSION, EACH 30 DAYS	\$30.86	\$18.15	\$30.86	\$18.15
		MANAGEMENT USING THE RESULTS OF REMOTE				
00457	F: 20	VITAL SIGN MONITORING PER CALENDAR	400.00	400.00	405.50	405.50
99457	First 20 min	MONTH, FIRST 20 MINUTES	\$39.02	\$39.02	\$25.53	\$25.53



			Non-Facility		Facility	
Code	Duration	Description	Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
		MANAGEMENT USING THE RESULTS OF REMOTE				
		VITAL SIGN MONITORING PER CALENDAR				
99458	Add'l 20 min	MONTH, EACH ADDITIONAL 20 MINUTES	\$32.38	\$32.38	\$25.53	\$25.53
		EDUCATION AND TRAINING TO SELF MEASURE				
99473	Episode	BLOOD PRESSURE	\$8.03	\$8.03	\$8.03	\$8.03

