


KY Medicaid Occupational Therapy Fee Schedule 2022

Notes:

- **Red indicates new codes or changes for the most current revision date.**
- It is the responsibility of the provider to check member eligibility.
- **Beginning June 1, 2022 modifier CO will be used instead of U1.**
- 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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Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
92526		Episode	ORAL FUNCTION THERAPY	\$51.94	\$30.56	\$51.94	\$30.56
95851		Episode	RANGE OF MOTION MEASUREMENTS	\$12.15	\$7.15	\$4.86	\$2.86
95852		Episode	RANGE OF MOTION MEASUREMENTS	\$10.09	\$5.93	\$3.38	\$1.99
95860		Episode	MUSCLE TEST ONE LIMB	\$70.21	\$41.30	\$70.21	\$41.30
95861		Episode	MUSCLE TEST 2 LIMBS	\$101.85	\$59.91	\$101.85	\$59.91
95863		Episode	MUSCLE TEST 3 LIMBS	\$132.38	\$77.87	\$132.38	\$77.87
95864		Episode	MUSCLE TEST 4 LIMBS	\$147.77	\$86.93	\$147.77	\$86.93
96110		15 min	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$4.29	\$7.29	\$4.29
96112		Episode	DEVEL TST PHYS/QHP 1ST HR	\$78.80	\$46.35	\$78.03	\$45.90
96113		Episode	DEVEL TST PHYS/QHP EA ADDL	\$37.03	\$21.78	\$34.92	\$20.54
96125		Per Hour	COGNITIVE TEST BY HC PRO	\$63.50	\$37.35	\$63.50	\$37.35
97014		Episode	ELECTRIC STIMULATION THERAPY	\$8.85	\$5.21	\$8.85	\$5.21
97016		Episode	VASOPNEUMATIC DEVICE THERAPY	\$7.22	\$4.25	\$7.22	\$4.25
97018		Episode	PARAFFIN BATH THERAPY	\$3.42	\$2.01	\$3.42	\$2.01
97022		Episode	WHIRLPOOL THERAPY	\$10.26	\$6.03	\$10.26	\$6.03
97024		Episode	DIATHERMY EG MICROWAVE	\$4.19	\$2.46	\$4.19	\$2.46
97026		Episode	INFRARED THERAPY	\$3.81	\$2.24	\$3.81	\$2.24
97028		Episode	ULTRAVIOLET THERAPY	\$4.83	\$2.84	\$4.83	\$2.84
97032		15 min	ELECTRICAL STIMULATION	\$8.96	\$5.27	\$8.96	\$5.27
97033		15 min	ELECTRIC CURRENT THERAPY	\$11.86	\$6.98	\$11.86	\$6.98
97034		15 min	CONTRAST BATH THERAPY	\$8.84	\$5.20	\$8.84	\$5.20
97035		15 min	ULTRASOUND THERAPY	\$8.65	\$5.09	\$8.65	\$5.09

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97036		15 min	HYDROTHERAPY	\$20.16	\$11.86	\$20.16	\$11.86
97110		15 min	THERAPEUTIC EXERCISES	\$17.96	\$10.56	\$17.96	\$10.56
97112		15 min	NEUROMUSCULAR REEDUCATION	\$20.79	\$12.23	\$20.79	\$12.23
97113		15 min	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	\$22.27	\$13.10	\$22.27	\$13.10
97116		15 min	GAIT TRAINING THERAPY - THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	\$17.96	\$10.56	\$17.96	\$10.56
97124		15 min	MASSAGE THERAPY	\$17.88	\$10.52	\$17.88	\$10.52
97129		Episode	THER IVNTJ 1ST 15 MIN	\$14.27	\$8.40	\$14.27	\$8.40
97130		Episode	THER IVNTJ EA ADDL 15 MIN	\$13.83	\$8.13	\$13.64	\$8.02
97140		15 min	MANUAL THERAPY 1/> REGIONS	\$16.56	\$9.74	\$16.56	\$9.74
97150		Episode	GROUP THERAPEUTIC PROCEDURES	\$10.80	\$6.35	\$10.80	\$6.35
97165		Episode	OT EVAL LOW COMPLEX 30 MIN	\$61.52	\$36.19	\$61.52	\$36.19
97166		Episode	OT EVAL MOD COMPLEX 45 MIN	\$61.52	\$36.19	\$61.52	\$36.19
97167		Episode	OT EVAL HIGH COMPLEX 60 MIN	\$61.52	\$36.19	\$61.52	\$36.19
97168		Episode	OT RE-EVAL EST PLAN CARE	\$42.04	\$24.73	\$42.04	\$24.73
97530		15 min	THERAPEUTIC ACTIVITIES	\$22.34	\$13.14	\$22.34	\$13.14
97533		15 min	SENSORY INTEGRATION	\$37.99	\$22.35	\$37.99	\$22.35
97535		15 min	SELF CARE MNGMENT TRAINING	\$19.88	\$11.69	\$19.88	\$11.69
97537		15 min	COMMUNITY/WORK REINTEGRATION	\$19.39	\$11.41	\$19.39	\$11.41
97542		15 min	WHEELCHAIR MNGMENT TRAINING	\$19.39	\$11.41	\$19.39	\$11.41
97750		15 min	PHYSICAL PERFORMANCE TEST	\$20.26	\$11.92	\$20.26	\$11.92
97755		15 min	ASSISTIVE TECHNOLOGY ASSESS	\$23.24	\$13.67	\$23.24	\$13.67
97760		15 min	ORTHOCTIC MGMT & TRAIING 1ST ENC	\$29.03	\$17.08	\$29.03	\$17.08
97761		15 min	PROSTHETIC TRAIING 1ST ENC	\$25.01	\$14.71	\$25.01	\$14.71
97763		15 min	ORTHC/PROSTC MGMT SBSQ ENC	\$32.04	\$18.85	\$32.04	\$18.85
99421		Episode	OL DIG E/M SVC 5-10 MIN	\$11.94	\$11.94	\$10.39	\$10.39
99422		Episode	OL DIG E/M SVC 11-20 MIN	\$23.87	\$23.87	\$21.28	\$21.28
99423		Episode	OL DIG E/M SVC 21+ MIN	\$38.56	\$38.56	\$33.89	\$33.89
99441		Episode	PHONE E/M PHYS/QHP 5-10 MIN	\$42.63	\$42.63	\$40.36	\$40.36
99442		Episode	PHONE E/M PHYS/QHP 11-20 MIN	\$67.10	\$67.10	\$61.98	\$61.98
99443		Episode	PHONE E/M PHYS/QHP 21-30 MIN	\$98.39	\$98.39	\$87.17	\$87.17

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
99446		Episode	NTRPROF PH1/NTRNET/EHR 5-10	\$11.33	\$6.66	\$11.33	\$6.66
99447		Episode	NTRPROF PH1/NTRNET/EHR 11-20	\$22.28	\$13.11	\$22.28	\$13.11
99448		Episode	NTRPROF PH1/NTRNET/EHR 21-30	\$33.44	\$19.67	\$33.44	\$19.67
99449		Episode	NTRPROF PH1/NTRNET/EHR 31/>	\$44.78	\$26.34	\$44.78	\$26.34
99451		Episode	NTRPROF PH1/NTRNET/EHR 5/>	\$22.11	\$13.01	\$22.11	\$13.01
99452		Episode	NTRPROF PH1/NTRNET/EHR RFRL	\$22.47	\$13.22	\$22.47	\$13.22
99453		Episode	REM MNTR PHYSIOL PARAM SETUP	\$10.54	\$6.20	\$10.54	\$6.20
99454		Episode	REM MNTR PHYSIOL PARAM DEV	\$30.86	\$18.15	\$30.86	\$18.15
99457		Episode	REM PHYSIOL MNTR 1ST 20 MIN	\$39.02	\$39.02	\$25.53	\$25.53
99458		Episode	REM PHYSIOL MNTR EA ADDL 20	\$32.38	\$32.38	\$25.53	\$25.53
99473		Episode	SELF-MEAS BP PT EDUCAJ/TRAIN	\$8.03	\$8.03	\$8.03	\$8.03