


KY Medicaid Occupational Therapy Fee Schedule 2026 (Provider Type 88)

revised 5.6.2026

Notes:

- **Red indicates new codes or changes for the most current revision date.**
- * **Blue indicates code is end dated.**
- 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.
- CPT only copyright 2025 American Medical Association. All rights reserved.



Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
92526	Episode	TREATMENT OF SWALLOWING AND FEEDING DISORDER	\$50.87	\$29.93	\$50.87	\$29.93
95851	Episode	MEASUREMENTS OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION.	\$15.15	\$8.91	\$4.17	\$2.45
95852	Episode	MEASUREMENT OF RANGE OF MOTION OF HAND	\$12.38	\$7.28	\$3.10	\$1.83
95860	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$69.83	\$41.07	\$69.83	\$41.07
95861	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	\$95.59	\$56.23	\$95.59	\$56.23
95863	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$129.29	\$76.05	\$129.29	\$76.05
95864	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$141.12	\$83.01	\$141.12	\$83.01
96110	15 min	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$4.29	\$7.29	\$4.29



Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
96112	First 1 hour	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$77.11	\$45.36	\$66.70	\$39.24
96113	Add'l 30 min	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$34.56	\$20.33	\$28.31	\$16.65
96125	Per Hour	TEST TO ASSESS THE ABILITY TO COMPLETE FUNCTIONAL TASKS APPLICABLE TO ENVIRONMENT	\$62.34	\$36.67	\$62.34	\$36.67
97014	Episode	APPLICATION OF ELECTRICAL STIMULATION	\$8.85	\$5.21	\$8.85	\$5.21
97016	Episode	APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE	\$7.25	\$4.26	\$7.25	\$4.26
97018	Episode	APPLICATION OF HOT WAX BATH	\$3.56	\$2.09	\$3.56	\$2.09
97022	Episode	APPLICATION OF WHIRLPOOL THERAPY	\$9.30	\$5.47	\$9.30	\$5.47
97024	Episode	APPLICATION OF HEAT WAVE	\$4.31	\$2.54	\$4.31	\$2.54
97026	Episode	APPLICATION OF LOW ENERGY HEAT	\$3.93	\$2.31	\$3.93	\$2.31
97028	Episode	APPLICATION OF ULTRAVIOLET LIGHT	\$4.93	\$2.90	\$4.93	\$2.90
97032	15 min	APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES	\$8.93	\$5.25	\$8.93	\$5.25
97033	15 min	APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES	\$11.41	\$6.71	\$11.41	\$6.71
97034	15 min	APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES	\$8.45	\$4.97	\$8.45	\$4.97
97035	15 min	APPLICATION OF ULTRASOUND 15 MIN	\$8.64	\$5.09	\$8.64	\$5.09
97036	15 min	APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES	\$20.36	\$11.97	\$20.36	\$11.97
97110	15 min	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION AND FLEXIBILITY, EACH 15 MINUTES	\$17.54	\$10.32	\$17.54	\$10.32
97112	15 min	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES.	\$19.74	\$11.61	\$19.74	\$11.61
97113	15 min	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	\$22.15	\$13.03	\$22.15	\$13.03



Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97116	15 min	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	\$17.54	\$10.32	\$17.54	\$10.32
97124	15 min	THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES	\$17.68	\$10.40	\$17.68	\$10.40
97129	First 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	\$13.87	\$8.16	\$12.16	\$7.16
97130	Add'l 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.06	\$7.68	\$11.55	\$6.79
97140	15 min	THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES	\$16.73	\$9.84	\$16.73	\$9.84
97150	Episode	THERAPY PROCEDURE IN A GROUP SETTING	\$10.91	\$6.42	\$10.91	\$6.42
97165	Episode	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$60.63	\$35.66	\$60.63	\$35.66
97166	Episode	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$60.63	\$35.66	\$60.63	\$35.66
97167	Episode	EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 1 HOUR	\$60.63	\$35.66	\$60.63	\$35.66
97168	Episode	RE-EVALUATION FOR OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$41.08	\$24.17	\$41.08	\$24.17
97530	15 min	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	\$20.92	\$12.31	\$20.92	\$12.31
97533	15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$35.59	\$20.94	\$35.59	\$20.94
97535	15 min	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$19.43	\$11.43	\$19.43	\$11.43
97537	15 min	TRAINING FOR COMMUNITY OR WORK REINTEGRATION, EACH 15 MINUTES	\$19.31	\$11.36	\$19.31	\$11.36
97542	15 min	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	\$18.93	\$11.14	\$18.93	\$11.14

Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
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	\$32.28	\$18.99	\$24.89	\$14.64
97551	Add'l 15 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, EACH ADDITIONAL 15 MINUTES	\$16.04	\$9.44	\$13.20	\$7.77
97552	Episode	GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY	\$13.04	\$7.67	\$5.85	\$3.44
97750	15 min	TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES	\$20.19	\$11.88	\$20.19	\$11.88
97755	15 min	EVALUATION FOR ASSISTIVE TECHNOLOGY EACH 15 MINUTES	\$22.86	\$13.45	\$22.86	\$13.45
97760	15 min	TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG, AND/TRUNK, EACH 15 MINUTES	\$27.31	\$16.07	\$27.31	\$16.07
97761	15 min	TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES	\$24.09	\$14.17	\$24.09	\$14.17
97763	15 min	FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG AND/OR TRUNK, EACH 15 MINUTES	\$29.54	\$17.37	\$29.54	\$17.37
98975	Episode	SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE THERAPEUTIC MONITORING	\$12.32	\$7.25	\$12.32	\$7.25
98976	Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM, 16-30 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81



Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
98977	Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM, 16-30 DAYS IN A 30-DAY PERIOD	\$22.72	\$13.37	\$22.72	\$13.37
98980	20 min	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 20 MINUTES PER CALENDAR MONTH	\$32.15	\$18.91	\$16.06	\$9.45
98981	Add'l 20 min	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH ADDITIONAL 20 MINUTES PER CALENDAR MONTH	\$24.93	\$14.67	\$15.84	\$9.32
98984	Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81
98985	Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD	\$22.72	\$13.37	\$22.72	\$13.37
99421	5 to 10 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES	\$9.50	\$5.59	\$6.85	\$4.03
99422	11 to 20 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES	\$18.62	\$10.95	\$13.88	\$8.17

Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
99423	21+ min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES	\$29.55	\$17.39	\$21.80	\$12.82
99446	5 to 10 min	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$11.64	\$6.85	\$9.94	\$5.85
99447	11 to 20 min	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES	\$23.28	\$13.69	\$19.86	\$11.69
99448	21 to 30 min	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES	\$34.71	\$20.42	\$29.60	\$17.41
99449	30+ min	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES	\$46.54	\$27.38	\$39.34	\$23.14
99451	Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES	\$21.75	\$12.79	\$18.72	\$11.01
99452	Episode	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	\$22.70	\$13.35	\$19.28	\$11.34
99453	Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, REPIRATORY FOLW RATE) , INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	\$12.32	\$7.25	\$12.32	\$7.25

Code	Duration	Description	Non-Facility		Facility	
			Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
99454	Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, MONITORING OF 16-30 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81
99457	First 20 min	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES	\$30.80	\$18.12	\$16.42	\$9.66
99458	Add'l 20 min	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES	\$24.94	\$14.67	\$16.42	\$9.66
99473	Episode	EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE	\$8.71	\$5.13	\$8.71	\$5.13

KY Medicaid Occupational Therapy Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
N/A	Added "Updates" tab. Changed procedure descriptions to long descriptions. Updated to Team Kentucky Icon. Added Provider Type. Updated footer.	12.18.2023
1/1/2024	Increase rates for the following codes: Non-Facility: 95851, 95852, 97026, 99453. Facility: 97026, 99453	1.9.2024
1/1/2024	Add 3 new codes effective 1/1/2024: 97550, 97551, 97552	2.6.2024
1/1/2025	Increased rates for the following codes: Non-Facility: 95851, 95852, 97018, 97026, 99453 Facility: 97018, 97026, 99453 Removed the following codes: 99441, 99442, 99443 (end dated by AMA as of 12/31/2024)	3/27/2025
1/1/2026	All occupational therapy rates on the fee schedule have been increased and decreased to align with 2026 CMS reimbursement rates. Five Remote Therapeutic Monitoring (RTM) codes were approved and added to fee schedule: 98975, 98976, 98977, 98980, and 98981, effective 1/1/2026. Add on RTM codes effective: 98984 in addition to 98976, and 98985 in addition to 98977 have been approved for a detailed description of a shorter monitoring period of 2-15 days. 98984 and 98976 can't be billed same day same member. 98985 and 98977 can't be billed same day same member. Description updates: 99453, 99454.	5/6/2026