

Occupational Therapy: Billing Codes and Reimbursement Rates

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This section lists the HCPCS codes and maximum allowances for occupational therapy services. Refer to the *Occupational Therapy* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances (*California Code of Regulations [CCR], Title 22, Section 51507.1*).

Codes and Rates

Occupational therapy services are reimbursed as listed below:

Table of HCPCS Codes and Rates for Occupational Therapy Services

HCPCS Code	Description	Maximum Allowance (in dollars)
E1902	Communication board, non-electronic AAC device	By Report
X4100	Evaluation – initial 30 minutes, plus report	34.84
X4102	Evaluation – each additional 15 minutes, plus report	17.04
X4104*	Case conference and report – initial 30 minutes	21.19
X4106*	Case conference and report – each additional 15 minutes	6.86

«Table of HCPCS Codes and Rates for Occupational Therapy Services (continued)»

HCPCS Code	Description	Maximum Allowance «(in dollars)»
X4108	Occupational therapy preliminary evaluation rehabilitation, Nursing Facility (NF) B, NF-A	34.84
X4110±	Treatment – initial 30 minutes	21.19
X4112±	Treatment – each additional 15 minutes	6.86
X4114†	Home or long-term care facility visit – add	6.57
X4116	Mileage per mile, one way, beyond a 10-mile radius of office or usual hospital base	1.77
X4118	Unlisted services	By Report
X4120	Case consultation and report	21.19

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Case conference means participation in organized conference with other health team members <u>who are immediately involved in the care or recovery of the recipient</u> , concerning the status or progress of the recipient, and includes required charting entries (limited to one per recipient per month).
±	Treatment is defined as therapeutic procedures requiring the personal attention or direct supervision of the therapist
†	Providers can bill HCPCS code X4114 only for visits to the first recipient receiving services at any given location on the same day