

**SPEECH THERAPY AND AUDIOLOGY FEE SCHEDULE
PROVIDER SPECIALTY 064
TAXONOMIES: 231H00000X, 235Z00000X**

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the NC Medicaid Web site."

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE			
		FACILITY	NON FACILITY	EFFECTIVE DATE	END DATE
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$25.13	\$70.23	3/10/2020	12/31/9999
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$11.52	\$24.57	3/10/2020	12/31/9999
92521	EVALUATION OF SPEECH FLUENCY	\$96.25	\$96.25	3/10/2020	12/31/9999
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$78.28	\$78.28	3/10/2020	12/31/9999
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	\$162.37	\$162.37	3/10/2020	12/31/9999
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$81.20	\$81.20	3/10/2020	12/31/9999
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$23.40	\$65.54	3/10/2020	12/31/9999
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$13.59	\$13.59	3/10/2020	12/31/9999
92551	HEARING TEST	\$8.51	\$8.51	3/10/2020	12/31/9999
92552	HEARING TEST	\$17.14	\$17.14	3/10/2020	12/31/9999
92553	HEARING TEST	\$21.87	\$21.87	3/10/2020	12/31/9999
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.72	\$12.72	3/10/2020	12/31/9999
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$19.07	\$19.07	3/10/2020	12/31/9999
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$39.69	\$39.69	3/10/2020	12/31/9999
92567	TYMPANOMETRY	\$12.98	\$14.47	3/10/2020	12/31/9999
92568	ACOUSTIC REFLEX TESTING	\$12.72	\$12.72	3/10/2020	12/31/9999
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	\$24.86	\$26.34	3/10/2020	12/31/9999
92571	SPECIAL HEARING TEST	\$13.03	\$13.03	3/10/2020	12/31/9999
92572	SPECIAL HEARING TEST	\$3.02	\$3.02	3/10/2020	12/31/9999
92576	SPECIAL HEARING TEST	\$16.74	\$16.74	3/10/2020	12/31/9999
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$24.06	\$24.06	3/10/2020	12/31/9999
92582	SPECIAL HEARING TEST	\$24.06	\$24.06	3/10/2020	12/31/9999
92583	SPECIAL HEARING TEST	\$26.26	\$26.26	3/10/2020	12/31/9999
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$30.95	\$30.95	3/10/2020	12/31/9999
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$51.20	\$51.20	3/10/2020	12/31/9999
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$36.56	\$36.56	3/10/2020	12/31/9999
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$54.90	\$54.90	3/10/2020	12/31/9999
92592	HEARING AID CHECK MONAURAL	\$16.00	\$16.00	3/10/2020	12/31/9999
92593	HEARING AID CHECK BINAURAL	\$24.19	\$24.19	3/10/2020	12/31/9999
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURAL	\$17.67	\$17.67	3/10/2020	12/31/9999
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURAL	\$26.41	\$26.41	3/10/2020	12/31/9999
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	\$123.28	\$123.28	3/10/2020	12/31/9999
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$23.57	\$23.57	3/10/2020	12/31/9999
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	\$65.51	\$65.51	3/10/2020	12/31/9999
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$63.36	\$63.36	3/10/2020	12/31/9999
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$56.40	\$127.33	3/10/2020	12/31/9999
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$62.00	\$62.00	3/10/2020	12/31/9999
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$14.40	\$14.40	3/10/2020	12/31/9999
92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	\$67.40	\$67.40	3/10/2020	12/31/9999
92627	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES	\$16.43	\$16.43	3/10/2020	12/31/9999
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$43.73	\$114.64	3/10/2020	12/31/9999
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$43.73	\$114.64	3/10/2020	12/31/9999
92652	AEP THRSHLD EST MLT FREQ I&R	\$90.20	\$90.20	1/1/2021	12/31/9999
92653	AEP NEURODIAGNOSTIC I&R	\$66.34	\$66.34	1/1/2021	12/31/9999
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$72.32	\$85.72	3/10/2020	12/31/9999
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.					