

**Speech Therapy & Audiology Fee Schedule  
Provider Specialty 064**

Code	Description	Medicaid Maximum Allowable		
		Non-Facility Fee	Facility Fee	Effective Date
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING,	117.77	40.35	3/1/2007
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	75.00	26.84	7/1/2006
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	26.48	13.57	7/1/2006
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	72.87	24.40	7/1/2006
92551	HEARING TEST	8.53	8.53	3/1/2007
92552	HEARING TEST	15.50	15.50	7/1/2006
92553	HEARING TEST	23.24	23.24	3/1/2007
92555	SPEECH AUDIOMETRY THRESHOLD;	13.51	13.51	3/1/2007
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	19.95	19.95	3/1/2007
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 A	42.18	42.18	3/1/2007
92567	TYMPANOMETRY	18.29	18.29	3/1/2007
92568	ACOUSTIC REFLEX TESTING	13.51	13.51	3/1/2007
92569	ACOUSTIC REFLEX DECAY TEST	12.53	12.53	3/1/2007
92571	SPECIAL HEARING TEST	13.84	13.84	3/1/2007
92572	SPECIAL HEARING TEST	3.21	3.21	3/1/2007
92576	SPECIAL HEARING TEST	15.73	15.73	7/1/2006
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.56	25.56	3/1/2007
92582	SPECIAL HEARING TEST	25.56	25.56	3/1/2007
92583	SPECIAL HEARING TEST	29.70	29.70	3/1/2007
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	87.11	87.11	3/1/2007
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	46.54	46.54	3/1/2007
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	63.82	63.82	3/1/2007
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	37.60	37.60	7/1/2006
92591	HEARING AID EXAM AND SELECTION BINAURAL	56.47	56.47	7/1/2006
92592	HEARING AID CHECK MONAURAL	16.46	16.46	7/1/2006
92593	HEARING AID CHECK BINAURAL	24.88	24.88	7/1/2006
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	18.18	18.18	7/1/2006
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	27.16	27.16	7/1/2006
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	103.50	103.50	7/1/2006
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	19.37	19.37	7/1/2006
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	53.59	53.59	7/1/2006
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	100.73	3/1/2007
92612	ENDOSCOPIC STUDY OF SWALLOWING	132.90	61.53	3/1/2007
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	39.14	39.14	7/1/2006
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	9.66	9.66	7/1/2006
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.40	71.40	3/1/2007
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	17.71	17.71	3/1/2007
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	117.91	44.97	1/1/2006
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	117.91	44.97	1/1/2006