

**SPEECH THERAPY & AUDIOLOGY FEE SCHEDULE
PROVIDER SPECIALTY 064**

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 DMA Web site.”

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PF	\$35.91	\$117.02	7/1/2012
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$23.93	\$66.89	7/1/2012
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$10.97	\$23.40	7/1/2012
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FI	\$22.29	\$62.42	7/1/2012
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.94	\$12.94	7/1/2012
92551	HEARING TEST	\$8.10	\$8.10	7/1/2012
92552	HEARING TEST	\$16.32	\$16.32	7/1/2012
92553	HEARING TEST	\$20.83	\$20.83	7/1/2012
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.11	\$12.11	7/1/2012
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.16	\$18.16	7/1/2012
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECC	\$37.80	\$37.80	7/1/2012
92567	TYMPANOMETRY	\$12.36	\$13.78	7/1/2012
92568	ACOUSTIC REFLEX TESTING	\$12.11	\$12.11	7/1/2012
92569	ACOUSTIC REFLEX DECAY TEST	\$11.41	\$11.41	7/1/2012
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TE	\$23.68	\$25.09	7/1/2012
92571	SPECIAL HEARING TEST	\$12.41	\$12.41	7/1/2012
92572	SPECIAL HEARING TEST	\$2.88	\$2.88	7/1/2012
92576	SPECIAL HEARING TEST	\$15.94	\$15.94	7/1/2012
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.91	\$22.91	7/1/2012
92582	SPECIAL HEARING TEST	\$22.91	\$22.91	7/1/2012
92583	SPECIAL HEARING TEST	\$25.01	\$25.01	7/1/2012
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$80.72	\$80.72	7/1/2012
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHE	\$29.48	\$29.48	7/1/2012
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALL	\$48.76	\$48.76	7/1/2012
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.82	\$34.82	7/1/2012
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$52.29	\$52.29	7/1/2012
92592	HEARING AID CHECK MONAURAL	\$15.24	\$15.24	7/1/2012
92593	HEARING AID CHECK BINAURAL	\$23.04	\$23.04	7/1/2012
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.83	\$16.83	7/1/2012
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$25.15	\$25.15	7/1/2012
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - I	\$117.41	\$117.41	7/1/2012
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.45	\$22.45	7/1/2012
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING P	\$62.39	\$62.39	7/1/2012
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.71	\$121.27	7/1/2012
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MIN	\$59.05	\$59.05	7/1/2012
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITK	\$13.71	\$13.71	7/1/2012
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$64.19	\$64.19	7/1/2012
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MI	\$15.65	\$15.65	7/1/2012
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$41.65	\$109.18	7/1/2012
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$41.65	\$109.18	7/1/2012
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLA	\$40.11	\$40.11	7/1/2012
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATIO	\$68.88	\$81.64	7/1/2012

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.