

**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	7/1/2006
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	73.60	23.84	1/1/2008
92551	HEARING TEST	8.58	8.58	1/1/2008
92552	HEARING TEST	18.28	18.28	1/1/2008
92553	HEARING TEST	25.08	25.08	1/1/2008
92555	SPEECH AUDIOMETRY THRESHOLD;	14.27	14.27	1/1/2008
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	19.41	19.41	1/1/2008
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 A	46.63	44.96	1/1/2008
92567	TYMPANOMETRY	18.91	17.57	1/1/2008
92568	ACOUSTIC REFLEX TESTING	18.34	18.34	1/1/2008
92569	ACOUSTIC REFLEX DECAY TEST	15.44	15.44	1/1/2008
92571	SPECIAL HEARING TEST	14.61	14.61	1/1/2008
92572	SPECIAL HEARING TEST	11.58	11.58	1/1/2008
92576	SPECIAL HEARING TEST	18.18	18.18	1/1/2008
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	41.84	39.84	1/1/2008
92582	SPECIAL HEARING TEST	33.10	33.10	1/1/2008
92583	SPECIAL HEARING TEST	28.88	28.88	1/1/2008
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	89.27	89.27	1/1/2008
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	40.45	40.45	1/1/2008
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	60.87	60.87	1/1/2008
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	38.35	38.35	1/1/2008
92591	HEARING AID EXAM AND SELECTION BINAURAL	57.60	57.60	1/1/2008
92592	HEARING AID CHECK MONAURAL	16.79	16.79	1/1/2008
92593	HEARING AID CHECK BINAURAL	25.38	25.38	1/1/2008
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	18.54	18.54	1/1/2008
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	27.70	27.70	1/1/2008
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	130.05	130.05	1/1/2008
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	25.19	25.19	1/1/2008
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	68.38	68.38	1/1/2008
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	188.40	7/1/2006
92612	ENDOSCOPIC STUDY OF SWALLOWING	136.95	59.47	1/1/2008
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	52.80	52.80	1/1/2008
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	12.73	12.73	1/1/2008
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.50	71.50	1/1/2008
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	17.16	17.16	1/1/2008
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	120.27	45.87	1/1/2008
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	120.27	45.87	1/1/2008