

**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	119.41	36.64	10/1/2009
92507	TREATMENT OF SPEECH, LANGUAGE	68.25	24.42	10/1/2009
92508	TREATMENT OF SPEECH, LANGUAGE	23.88	11.19	10/1/2009
92526	TREATMENT OF SWALLOWING DYSFL	63.69	22.74	10/1/2009
92551	HEARING TEST	8.27	8.27	10/1/2009
92552	HEARING TEST	16.65	16.65	10/1/2009
92553	HEARING TEST	21.26	21.26	10/1/2009
92555	SPEECH AUDIOMETRY THRESHOLD;	12.36	12.36	10/1/2009
92556	SPEECH AUDIOMETRY THRESHOLD; \	18.53	18.53	10/1/2009
92557	COMPREHENSIVE AUDIOMETRY THRI	38.57	38.57	10/1/2009
92567	TYMPANOMETRY	14.06	12.61	10/1/2009
92568	ACOUSTIC REFLEX TESTING	12.36	12.36	10/1/2009
92569	ACOUSTIC REFLEX DECAY TEST	11.64	11.64	10/1/2009
92571	SPECIAL HEARING TEST	12.66	12.66	10/1/2009
92572	SPECIAL HEARING TEST	2.94	2.94	10/1/2009
92576	SPECIAL HEARING TEST	16.27	16.27	10/1/2009
92579	VISUAL REINFORCEMENT AUDIOMETI	23.38	23.38	10/1/2009
92582	SPECIAL HEARING TEST	23.38	23.38	10/1/2009
92583	SPECIAL HEARING TEST	25.52	25.52	10/1/2009
92585	AUDITORY EVOKED POTENTIALS FOR	82.37	82.37	10/1/2009
92587	EVOKED OTOACOUSTIC EMISSIONS; I	30.08	30.08	10/1/2009
92588	EVOKED OTOACOUSTIC EMISSIONS; I	49.76	49.76	10/1/2009
92590	HEARING AID EXAMINATION AND SEL	35.53	35.53	10/1/2009
92591	HEARING AID EXAM AND SELECTION	53.36	53.36	10/1/2009
92592	HEARING AID CHECK MONAURAL	15.55	15.55	10/1/2009
92593	HEARING AID CHECK BINAURAL	23.51	23.51	10/1/2009
92594	ELECTROACOUSTIC EVALUATION FOI	17.17	17.17	10/1/2009
92595	ELECTROACOUSTIC EVALUATION FOI	25.66	25.66	10/1/2009
92607	EVAL FOR PRESCRIPTION FOR SPEEC	119.81	119.81	10/1/2009
92608	EACH ADDITIONAL 30 MINUTES (USE I	22.91	22.91	10/1/2009
92609	THERAPEUTIC SVCS FOR USE OF SPI	63.66	63.66	10/1/2009
92610	EVAL OF SWALLOWING AND ORAL FU	61.57	61.57	10/1/2009
92612	ENDOSCOPIC STUDY OF SWALLOWIN	123.74	54.81	10/1/2009
92620	EVALUATION OF CENTRAL AUDITORY	60.25	60.25	10/1/2009
92621	EVALUATION OF CENTRAL AUDITORY	13.99	13.99	10/1/2009
92626	EVALUATION OF AUDITORY REHABILI	65.50	65.50	10/1/2009
92627	EVALUATION OF AUDITORY REHABILI	15.97	15.97	10/1/2009
92630	AUDITORY REHABILITATION; PRE-LIN	111.41	42.50	10/1/2009
92633	AUDITORY REHABILITATION; POST-LI	111.41	42.50	10/1/2009
92640	DIAGNOSTIC ANALYSIS WITH PROGR	40.93	40.93	10/1/2009

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