

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

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PR	\$35.67	\$116.23	10/1/2011
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$23.77	\$66.43	10/1/2011
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$10.89	\$23.24	10/1/2011
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FI	\$22.14	\$62.00	10/1/2011
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.85	\$12.85	10/1/2011
92551	HEARING TEST	\$8.05	\$8.05	10/1/2011
92552	HEARING TEST	\$16.21	\$16.21	10/1/2011
92553	HEARING TEST	\$20.69	\$20.69	10/1/2011
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.03	\$12.03	10/1/2011
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.04	\$18.04	10/1/2011
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECC	\$37.54	\$37.54	10/1/2011
92567	TYMPANOMETRY	\$12.27	\$13.69	10/1/2011
92568	ACOUSTIC REFLEX TESTING	\$12.03	\$12.03	10/1/2011
92569	ACOUSTIC REFLEX DECAY TEST	\$11.33	\$11.33	10/1/2011
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TE	\$23.52	\$24.92	10/1/2011
92571	SPECIAL HEARING TEST	\$12.32	\$12.32	10/1/2011
92572	SPECIAL HEARING TEST	\$2.86	\$2.86	10/1/2011
92576	SPECIAL HEARING TEST	\$15.84	\$15.84	10/1/2011
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.76	\$22.76	10/1/2011
92582	SPECIAL HEARING TEST	\$22.76	\$22.76	10/1/2011
92583	SPECIAL HEARING TEST	\$24.84	\$24.84	10/1/2011
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$80.18	\$80.18	10/1/2011
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHE	\$29.28	\$29.28	10/1/2011
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALL	\$48.44	\$48.44	10/1/2011
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.58	\$34.58	10/1/2011
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$51.94	\$51.94	10/1/2011
92592	HEARING AID CHECK MONAURAL	\$15.14	\$15.14	10/1/2011
92593	HEARING AID CHECK BINAURAL	\$22.88	\$22.88	10/1/2011
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.71	\$16.71	10/1/2011
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$24.98	\$24.98	10/1/2011
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - I	\$116.62	\$116.62	10/1/2011
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.30	\$22.30	10/1/2011
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING P	\$61.97	\$61.97	10/1/2011
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93	10/1/2011
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.35	\$120.45	10/1/2011
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MIN	\$58.65	\$58.65	10/1/2011
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIC	\$13.62	\$13.62	10/1/2011
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$63.76	\$63.76	10/1/2011
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MI	\$15.55	\$15.55	10/1/2011
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$41.37	\$108.45	10/1/2011
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$41.37	\$108.45	10/1/2011
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLA	\$39.84	\$39.84	10/1/2011
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION	\$68.42	\$81.09	10/1/2011

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