

**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	\$35.67	\$116.23	11/1/2011
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$23.77	\$66.43	11/1/2011
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDI	\$10.89	\$23.24	11/1/2011
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FI	\$22.14	\$62.00	11/1/2011
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.85	\$12.85	11/1/2011
92551	HEARING TEST	\$8.05	\$8.05	11/1/2011
92552	HEARING TEST	\$16.21	\$16.21	11/1/2011
92553	HEARING TEST	\$20.69	\$20.69	11/1/2011
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.03	\$12.03	11/1/2011
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.04	\$18.04	11/1/2011
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECC	\$37.54	\$37.54	11/1/2011
92567	TYMPANOMETRY	\$12.27	\$13.69	11/1/2011
92568	ACOUSTIC REFLEX TESTING	\$12.03	\$12.03	11/1/2011
92569	ACOUSTIC REFLEX DECAY TEST	\$11.33	\$11.33	11/1/2011
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TE	\$23.52	\$24.92	11/1/2011
92571	SPECIAL HEARING TEST	\$12.32	\$12.32	11/1/2011
92572	SPECIAL HEARING TEST	\$2.86	\$2.86	11/1/2011
92576	SPECIAL HEARING TEST	\$15.84	\$15.84	11/1/2011
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.76	\$22.76	11/1/2011
92582	SPECIAL HEARING TEST	\$22.76	\$22.76	11/1/2011
92583	SPECIAL HEARING TEST	\$24.84	\$24.84	11/1/2011
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$80.18	\$80.18	11/1/2011
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHE	\$29.28	\$29.28	11/1/2011
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALL	\$48.44	\$48.44	11/1/2011
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.58	\$34.58	11/1/2011
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$51.94	\$51.94	11/1/2011
92592	HEARING AID CHECK MONAURAL	\$15.14	\$15.14	11/1/2011
92593	HEARING AID CHECK BINAURAL	\$22.88	\$22.88	11/1/2011
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$16.71	\$16.71	11/1/2011
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$24.98	\$24.98	11/1/2011
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - I	\$116.62	\$116.62	11/1/2011
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.30	\$22.30	11/1/2011
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING P	\$61.97	\$61.97	11/1/2011
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$59.93	\$59.93	11/1/2011
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$53.35	\$120.45	11/1/2011
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MIN	\$58.65	\$58.65	11/1/2011
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITK	\$13.62	\$13.62	11/1/2011
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$63.76	\$63.76	11/1/2011
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MI	\$15.55	\$15.55	11/1/2011
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$41.37	\$108.45	11/1/2011
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$41.37	\$108.45	11/1/2011
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLA	\$39.84	\$39.84	11/1/2011
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATIO	\$68.42	\$81.09	11/1/2011

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