

**LEA FEE SCHEDULE
PROVIDER SPECIALTY 060**

Code	MOD	TOS	Description	Non-Facility Fee	Facility Fee
29075		9	APPLICATION OF FOREARM CAST	69.28	50.36
29085		9	APPLICATION HAND/WRIST CAST	73.75	52.83
29105		9	APPLICATION LONG ARM SPLINT	70.64	48.06
29125		9	APPLICATION FOREARM SPLINT	54.20	33.95
29126		9	APPLICATION SHORT ARM SPLINT DYNAMIC	64.94	42.03
29130		9	APPLICATION FINGER SPLINT STATIC	32.83	23.54
29131		9	APPLICATION FINGER SPLINT DYNAMIC	41.89	26.62
29240		9	STRAPPING OF SHOULDER	51.29	36.68
29260		9	STRAPPING OF ELBOW OR WRIST	42.68	29.73
29280		9	STRAPPING;	42.80	28.20
29405		9	APPLICATION SHORT LEG CAST	71.39	54.13
29505		9	APPLICATION LONG LEG SPLINT	62.31	39.07
29515		9	APPLICATION LOWER LEG SPLINT	55.35	41.07
29530		9	STRAPPING;	44.39	30.78
29540		9	STRAPPING;	32.86	28.21
90801		9	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	133.58	120.30
90802		9	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT,	141.64	129.03
90804		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	56.85	51.21
90806		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	82.94	78.62
90808		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR	122.93	118.28
90810		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	60.68	56.36
90812		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	89.53	83.55
90814		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	129.19	124.21
90846		9	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	80.89	80.23
90853		9	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	27.94	26.61
92065		9	SPECIAL EYE EVALUATION	31.34	31.34
92506		9	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	117.77	40.35
92507		9	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	75.00	26.84
92508		9	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	26.48	13.57
92526		9	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	72.87	24.40
92551		9	HEARING TEST	8.53	8.53
92552		9	HEARING TEST	15.50	15.50
92553		9	AUDIOMETRY AIR AND BONE	23.24	23.24
92555		9	SPEECH AUDIOMETRY THRESHOLD;	13.51	13.51
92556		9	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	19.95	19.95
92557		9	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	42.18	42.18
92567		9	TYMPANOMETRY	18.29	18.29
92568		9	ACOUSTIC REFLEX TESTING; THRESHOLD	13.51	13.51
92569		9	ACOUSTIC REFLEX TESTING; DECAY	12.53	12.53
92571		9	FILTERED SPEECH TEST	13.84	13.84
92572		9	SPECIAL HEARING TEST	3.21	3.21
92576		9	SPECIAL HEARING TEST	15.73	15.73
92579		9	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.56	25.56
92582		9	CONDITIONING PLAY AUDIOMETRY	25.56	25.56
92583		9	SELECT PICTURE AUDIOMETRY	29.70	29.70
92585		9	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	87.11	87.11
92587		9	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	46.54	46.54
92588		9	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	63.82	63.82
92590		9	HEARING AID EXAM AND SELECTION MONAURAL	37.60	37.60
92591		9	HEARING AID EXAM AND SELECTION BINAURAL	56.47	56.47
92592		9	HEARING AID CHECK MONAURAL	16.46	16.46
92593		9	HEARING AID CHECK BINAURAL	24.88	24.88
92594		9	ELECTRACOUSTIC EVAL FOR HEARING AID MONAURAL	18.18	18.18
92595		9	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	27.16	27.16
92607		9	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	103.50	103.50
92608		9	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	19.37	19.37
92609		9	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATINF DEVICE, INCLUDING PROGRAMM	53.59	53.59
92610		9	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	100.73
92612		9	ENDOSCOPIC STUDY OF SWALLOWING	132.90	61.53
92620		9	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	39.14	39.14
92621		9	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	9.66	9.66
92626		9	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.40	71.40
92627		9	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST	17.71	17.71
92630		9	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	117.91	44.97
92633		9	AUDITORY REHABILITATION POST-LINGUAL HEARING LOSS	117.91	44.97
95831		9	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	23.83	13.21
95832		9	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.10	13.80

95833	9	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	33.83	22.55
95834	9	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	40.37	28.75
95992	9	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER	37.54	34.06
96101	9	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY	80.51	79.85
96110	9	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY	10.06	10.06
96111	9	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE,	120.20	118.87
96116	9	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING	89.43	83.79
96118	9	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY	105.70	82.80
97001	9	PHYSICAL THERAPY EVALUATION	64.25	59.26
97002	9	PHYSICAL THERAPY RE-EVALUATION	34.17	29.68
97003	9	OCCUPATIONAL THERAPY EVALUATION	68.79	57.83
97004	9	OCCUPATIONAL THERAPY RE-EVALUATION	41.14	28.36
97110	9	THERAPEUTIC PROCEDURE 1 OR MORE AREA	24.15	24.15
97112	9	NEUROMUSCULAR RE-EDUCATION OF MOVEMENT	25.25	25.25
97116	9	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	21.49	21.49
97140	9	MANUAL THERAPY TECHIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	22.90	22.90
97530	9	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	25.91	25.91
97533	9	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	22.93	22.93
97535	9	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	25.91	25.91
97542	9	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	23.92	23.92
97750	9	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	25.48	25.48
97760	9	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT	27.03	23.52
97761	9	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY (S), EACH 15 MINUTES	24.48	22.96
97762	9	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	23.37	15.75
T1002	9	RN SERVICES UP TO 15 MINUTES	6.89	6.89
T1003	9	LPN/LVN SERVICES, UP TO 15 MINUTES	4.39	4.39
S5125	9	ATTENDANT CARE SERVICES; PER 15 MINUTES	3.65	3.65
		Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.		

Effective Date
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