

LEA Fee Schedule							
Provider Specialty 060							
TOS 9							
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Code	MOD	TOS	Description	Facility Fee	Non-Facility Fee	Effective Date	
29075		9	application of forearm cast	45.90	62.34	10/1/2009	
29085		9	application hand/wrist cast	49.50	66.52	10/1/2009	
29105		9	application long arm splint	44.78	61.80	10/1/2009	
29125		9	application forearm splint	31.90	47.76	10/1/2009	
29126		9	application short arm splint dynamic	39.24	55.10	10/1/2009	
29130		9	application finger splint static	22.26	29.47	10/1/2009	
29131		9	application finger splint dynamic	24.95	36.20	10/1/2009	
29240		9	strapping of shoulder	34.28	43.52	10/1/2009	
29260		9	strapping of elbow or wrist	28.23	37.46	10/1/2009	
29280		9	strapping;	26.59	36.11	10/1/2009	
29405		9	application short leg cast	48.90	63.90	10/1/2009	
29505		9	application long leg splint	36.07	54.25	10/1/2009	
29515		9	application lower leg splint	37.81	51.08	10/1/2009	
29530		9	strapping;	28.86	38.08	10/1/2009	
29540		9	strapping;	25.74	31.50	10/1/2009	
90801		9	psychiatric diagnostic interview examination	108.39	128.29	10/1/2009	
90802		9	interactive psychiatric diagnostic interview examination using play equipment	116.58	136.76	10/1/2009	
90804		9	individual psychotherapy, insight oriented, behavior modifying and/or	48.11	56.28	10/1/2009	
90806		9	individual psychotherapy, insight oriented, behavior modifying and/or	73.84	78.98	10/1/2009	
90808		9	individual psychotherapy, insight oriented, behavior modifying and/or	111.06	116.21	10/1/2009	
90810		9	individual psychotherapy, interactive, using play equipment, physical device	52.52	59.79	10/1/2009	
90812		9	individual psychotherapy, interactive, using play equipment, physical device	78.35	85.91	10/1/2009	
90814		9	individual psychotherapy, interactive, using play equipment, physical device	117.39	124.66	10/1/2009	
90846		9	family psychotherapy (without the patient present)	71.98	73.71	10/1/2009	
90853		9	group psychotherapy (other than of a multiple-family group)	24.65	26.09	10/1/2009	
92065		9	special eye evaluation	30.43	30.43	10/1/2009	
92506		9	evaluation of speech, language, voice, communication, and/ or auditory	36.64	119.41	10/1/2009	
92507		9	treatment of speech, language, voice, communication, and/ or auditory	24.42	68.25	10/1/2009	
92508		9	treatment of speech, language, voice, communication, and/ or auditory	11.19	23.88	10/1/2009	
92526		9	treatment of swallowing dysfunction and/or oral function for feeding	22.73	63.69	10/1/2009	
92551		9	hearing test	8.27	8.27	10/1/2009	
92552		9	hearing test	16.65	16.65	10/1/2009	
92553		9	audiometry air and bone	22.24	22.24	10/1/2009	
92555		9	speech audiometry threshold;	12.33	12.33	10/1/2009	
92556		9	speech audiometry threshold; with speech recognition	19.06	19.06	10/1/2009	
92557		9	comprehensive audiometry threshold evaluation and speech recognition (34.34	36.36	10/1/2009	
92567		9	typanometry	12.61	14.06	10/1/2009	
92568		9	acoustic reflex testing; threshold	14.73	14.73	10/1/2009	
92569		9	acoustic reflex testing; decay	11.64	11.64	10/1/2009	
92571		9	filtered speech test	12.61	12.61	10/1/2009	
92572		9	special hearing test	13.47	13.47	10/1/2009	
92576		9	special hearing test	16.27	16.27	10/1/2009	
92579		9	visual reinforcement audiometry (vra)	33.68	35.99	10/1/2009	
92582		9	conditioning play audiometry	31.76	31.76	10/1/2009	
92583		9	select picture audiometry	25.52	25.52	10/1/2009	
92585		9	auditory evoked potentials for evoked response audiometry	79.22	79.22	10/1/2009	
92587		9	evoked otoacoustic emissions; limited (single stimulus level, either transie	30.08	30.08	10/1/2009	
92588		9	evoked otoacoustic emissions; comprehensive or diagnostic evaluation	49.76	49.76	10/1/2009	
92590		9	hearing aid exam and selection monaural	35.53	35.53	10/1/2009	
92591		9	hearing aid exam and selection binaural	53.36	53.36	10/1/2009	
92592		9	hearing aid check monaural	15.55	15.55	10/1/2009	
92593		9	hearing aid check binaural	23.51	23.51	10/1/2009	
92594		9	electroacoustic eval for hearing aid monaural	17.17	17.17	10/1/2009	
92595		9	electroacoustic evaluation for hearing aid binaura	25.66	25.66	10/1/2009	
92607		9	eval for prescription for speech generating & alt. comm. device - face to fa	119.81	119.81	10/1/2009	
92608		9	each additional 30 minutes (use in conjunction with 92607)	22.90	22.90	10/1/2009	
92609		9	therapeutic services for the use of speech-generatinf device, including pro	63.66	63.66	10/1/2009	
92610		9	eval of swallowing and oral function for feeding	61.57	61.57	10/1/2009	
92612		9	endoscopic study of swallowing	54.81	123.74	10/1/2009	
92620		9	evaluation of central auditory function, with report; initial 60 minutes	60.25	60.25	10/1/2009	
92621		9	evaluation of central auditory function, with report; each additional 15 min	14.00	14.00	10/1/2009	
92626		9	evaluation of auditory rehabilitation status; first hour	65.49	65.49	10/1/2009	

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92627		9	evaluation of auditory rehabilitation status; each additional 15 minutes (lis	15.97	15.97	10/1/2009	
92630		9	auditory rehabilitation; pre-lingual hearing loss	44.06	117.00	10/1/2009	
92633		9	auditory rehabilitation post-lingual hearing loss	44.06	117.00	10/1/2009	
95831		9	muscle testing, manual (separate procedure) with report; extremity (exclu	11.81	20.76	10/1/2009	
95832		9	muscle testing hand(w/wo comparison w/normal side)	12.32	19.53	10/1/2009	
95833		9	muscle testing total evalof body excluding hands	19.67	28.89	10/1/2009	
95834		9	muscle testing total evalof body including hands	24.78	34.30	10/1/2009	
96101		9	psychological testing (includes psychodiagnostic assessment of emotiona	71.10	71.38	10/1/2009	
96110		9	developmental testing; limited (eg, developmental screening test ii, early	8.75	8.75	10/1/2009	
96111		9	developmental testing; extended (includes assessment of motor, languag	106.25	108.56	10/1/2009	
96116		9	neurobehavioral status exam (clinical assessment of thinking, reasoning	75.11	79.14	10/1/2009	
96118		9	neuropsychological testing (eg, halstead-reitan neuropsychological batter	73.37	89.24	10/1/2009	
96125		9	standardized cognitive performance testing (eg, ross information processing	63.96	75.81	10/1/2009	
97001		9	physical therapy evaluation	58.30	58.30	10/1/2009	
97002		9	physical therapy re-evaluation	31.21	31.21	10/1/2009	
97003		9	occupational therapy evaluation	61.67	61.67	10/1/2009	
97004		9	occupational therapy re-evaluation	35.54	35.54	10/1/2009	
97110		9	therapeutic procedure 1 or more area	23.37	23.37	10/1/2009	
97112		9	neuromuscular re-education of movement	24.03	24.03	10/1/2009	
97116		9	therapeutic procedure, one or more areas, each 15 minutes; gait training	20.46	20.46	10/1/2009	
97140		9	manual therapy techniques, one or more regions, each 15 minutes	21.68	21.68	10/1/2009	
97530		9	therapeutic activities, direct (one on one) patient contact by th	24.59	24.59	10/1/2009	
97533		9	sensory integrative techniques to enhance sensory processing and promc	21.70	21.70	10/1/2009	
97535		9	self-care/home management training (eg, activities of daily living (adl) and	24.62	24.62	10/1/2009	
97542		9	wheelchair management (eg, assessment, fitting, training), each 15 minut	23.01	23.01	10/1/2009	
97750		9	physical performance test or measurement (eg, musculoskeletal,	23.94	23.94	10/1/2009	
97760		9	orthotic(s) management and training (including assessment and fitting wh	26.44	26.44	10/1/2009	
97761		9	prosthetic training, upper and/or lower extremity (s), each 15 minutes	23.65	23.65	10/1/2009	
97762		9	checkout for orthotic/prosthetic use, established patient, each 15 minutes	26.94	26.94	10/1/2009	
T1002		9	rn services up to 15 minutes	5.98	5.98	10/1/2009	
T1003		9	lpn/lvn services, up to 15 minutes	3.48	3.48	10/1/2009	
S5125		9	attendant care services; per 15 minutes	2.74	2.74	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.							