

**LEA Fee Schedule
Provider Specialty 060**

Code	MOD	TOS	Description	Non-Facility Fee	Facility Fee	Effective Date
29075		9	APPLICATION OF FOREARM CAST	69.28	50.36	3/1/2007
29085		9	APPLICATION HAND/WRIST CAST	73.75	52.83	3/1/2007
29105		9	APPLICATION LONG ARM SPLINT	70.64	48.06	3/1/2007
29125		9	APPLICATION FOREARM SPLINT	54.20	33.95	3/1/2007
29126		9	APPLICATION SHORT ARM SPLINT DYNAMIC	64.94	42.03	3/1/2007
29130		9	APPLICATION FINGER SPLINT STATIC	32.83	23.54	3/1/2007
29131		9	APPLICATION FINGER SPLINT DYNAMIC	41.89	26.62	3/1/2007
29240		9	STRAPPING OF SHOULDER	51.29	36.68	3/1/2007
29260		9	STRAPPING OF ELBOW OR WRIST	42.68	29.73	3/1/2007
29280		9	STRAPPING;	42.80	28.20	3/1/2007
29405		9	APPLICATION SHORT LEG CAST	71.39	54.13	3/1/2007
29505		9	APPLICATION LONG LEG SPLINT	62.31	39.07	3/1/2007
29515		9	APPLICATION LOWER LEG SPLINT	55.35	41.07	3/1/2007
29530		9	STRAPPING;	44.39	30.78	3/1/2007
29540		9	STRAPPING;	32.86	28.21	3/1/2007
90801		9	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	133.58	120.30	3/1/2007
90802		9	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLA	141.64	129.03	3/1/2007
90804		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING ANI	56.85	51.21	3/1/2007
90806		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING ANI	82.94	78.62	3/1/2007
90808		9	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING ANI	122.93	118.28	3/1/2007
90810		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSI	60.68	56.36	3/1/2007
90812		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSI	89.53	83.55	3/1/2007
90814		9	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSI	129.19	124.21	3/1/2007
90846		9	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	80.89	80.23	3/1/2007
90853		9	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	27.94	26.61	3/1/2007
92065		9	SPECIAL EYE EVALUATION	31.34	31.34	7/1/2006
92506		9	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUD	117.77	40.35	3/1/2007
92507		9	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUD	75.00	26.84	7/1/2006
92508		9	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUD	26.48	13.57	7/1/2006
92526		9	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR F	72.87	24.40	3/1/2007
92551		9	HEARING TEST	8.53	8.53	3/1/2007
92552		9	HEARING TEST	15.50	15.50	7/1/2006
92553		9	AUDIOMETRY AIR AND BONE	23.24	23.24	3/1/2007
92555		9	SPEECH AUDIOMETRY THRESHOLD;	13.51	13.51	3/1/2007
92556		9	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	19.95	19.95	3/1/2007
92557		9	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECO	42.18	42.18	3/1/2007
92567		9	TYMPANOMETRY	18.29	18.29	3/1/2007
92568		9	ACOUSTIC REFLEX TESTING; THRESHOLD	13.51	13.51	3/1/2007
92569		9	ACOUSTIC REFLEX TESTING; DECAY	12.53	12.53	3/1/2007
92571		9	FILTERED SPEECH TEST	13.84	13.84	3/1/2007
92572		9	SPECIAL HEARING TEST	3.21	3.21	3/1/2007
92576		9	SPECIAL HEARING TEST	15.73	15.73	7/1/2006
92579		9	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.56	25.56	3/1/2007
92582		9	CONDITIONING PLAY AUDIOMETRY	25.56	25.56	3/1/2007
92583		9	SELECT PICTURE AUDIOMETRY	29.70	29.70	3/1/2007
92585		9	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	87.11	87.11	3/1/2007
92587		9	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHE	46.54	46.54	3/1/2007
92588		9	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALU	63.82	63.82	3/1/2007
92590		9	HEARING AID EXAM AND SELECTION MONAURAL	37.60	37.60	7/1/2006
92591		9	HEARING AID EXAM AND SELECTION BINAURAL	56.47	56.47	7/1/2006
92592		9	HEARING AID CHECK MONAURAL	16.46	16.46	7/1/2006
92593		9	HEARING AID CHECK BINAURAL	24.88	24.88	7/1/2006
92594		9	ELECTRACOUSTIC EVAL FOR HEARING AID MONAURAL	18.18	18.18	7/1/2006
92595		9	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	27.16	27.16	7/1/2006
92607		9	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE -	103.50	103.50	7/1/2006
92608		9	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	19.37	19.37	7/1/2006
92609		9	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATINF DEVICE, INC	53.59	53.59	7/1/2006
92610		9	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	100.73	3/1/2007
92612		9	ENDOSCOPIC STUDY OF SWALLOWING	132.90	61.53	3/1/2007
92620		9	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MIN	39.14	39.14	7/1/2006
92621		9	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITI	9.66	9.66	7/1/2006
92626		9	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.40	71.40	3/1/2007
92627		9	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 M	17.71	17.71	3/1/2007
92630		9	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	117.91	44.97	1/1/2006
92633		9	AUDITORY REHABILITATION POST-LINGUAL HEARING LOSS	117.91	44.97	1/1/2006
95831		9	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREM	23.83	13.21	3/1/2007
95832		9	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.10	13.80	3/1/2007

95833	9	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	33.83	22.55	3/1/2007
95834	9	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	40.37	28.75	3/1/2007
96101	9	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF	80.51	79.85	3/1/2007
96110	9	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST	10.06	10.06	3/1/2007
96111	9	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR,	120.20	118.87	3/1/2007
96116	9	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, RE	89.43	83.79	3/1/2007
96118	9	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLO	105.70	82.80	3/1/2007
97001	9	PHYSICAL THERAPY EVALUATION	64.25	59.26	3/1/2007
97002	9	PHYSICAL THERAPY RE-EVALUATION	34.17	29.68	3/1/2007
97003	9	OCCUPATIONAL THERAPY EVALUATION	68.79	57.83	3/1/2007
97004	9	OCCUPATIONAL THERAPY RE-EVALUATION	41.14	28.36	3/1/2007
97110	9	THERAPEUTIC PROCEDURE 1 OR MORE AREA	24.15	24.15	3/1/2007
97112	9	NEUROMUSCULAR RE-EDUCATION OF MOVEMENT	25.25	25.25	3/1/2007
97116	9	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT T	21.49	21.49	3/1/2007
97140	9	MANUAL THERAPY TECHIQUES, ONE OR MORE REGIONS, EACH 15 MINUTES	22.90	22.90	3/1/2007
97530	9	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	25.91	25.91	3/1/2007
97533	9	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING A	22.93	22.93	3/1/2007
97535	9	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (25.91	25.91	3/1/2007
97542	9	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15	23.92	23.92	3/1/2007
97750	9	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL	25.48	25.48	3/1/2007
97760	9	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FI	27.03	23.52	3/1/2007
97761	9	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY (S), EACH 15 MINU	24.48	22.96	3/1/2007
97762	9	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 1	23.37	15.75	7/1/2006
T1002	9	RN SERVICES UP TO 15 MINUTES	6.89	6.89	7/18/2007
T1003	9	LPN/LVN SERVICES, UP TO 15 MINUTES	4.39	4.39	7/18/2007
S5125	9	ATTENDANT CARE SERVICES; PER 15 MINUTES	3.65	3.65	7/18/2007
		Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.			