

LEA Fee Schedule				
Provider Specialty 060				
TOS 9				
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.				
EFFECTIVE DATE 1/1/2018				
Code	TOS	Description	Facility Fee	Non-Facility Fee
23333	9	removal of foreign body of shoulder joint, accessed beneath the tissue or muscle	374.06	374.06
23334	9	removal of prosthesis of shoulder (humeral or glenoid)	883.29	883.29
23335	9	removal of prosthesis of total shoulder (humeral and glenoid)	1053.5	1053.5
29075	9	application of forearm cast	45.90	62.34
29085	9	application hand/wrist cast	49.50	66.52
29105	9	application long arm splint	44.78	61.80
29125	9	application forearm splint	31.90	47.76
29126	9	application short arm splint dynamic	39.24	55.10
29130	9	application finger splint static	22.26	29.47
29131	9	application finger splint dynamic	24.95	36.20
29240	9	strapping of shoulder	34.28	43.52
29260	9	strapping of elbow or wrist	28.23	37.46
29280	9	strapping;	26.59	36.11
29405	9	application short leg cast	48.90	63.90
29505	9	application long leg splint	36.07	54.25
29515	9	application lower leg splint	37.81	51.08
29530	9	strapping;	28.86	38.08
29540	9	strapping;	25.74	31.50
37217	9	insertion of intravascular stents in neck artery with radiological supervision and interpretation	933.85	933.85
80155	9	caffeine level	17.21	17.21
80159	9	clozapine level	22.50	22.50
80169	9	everolimus level	16.70	16.70
80171	9	gabapentin level	16.13	16.13
80175	9	lamotrigine level	16.13	16.13
80177	9	levetiracetam level	16.13	16.13
80180	9	mycophenolate (mycophenolic acid) level	21.97	21.97
80183	9	oxcarbazepine level	16.13	16.13
80199	9	tiagabine level	21.97	21.97
80203	9	zonisamide level	16.13	16.13
87661	9	infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe technique	29.84	29.84
88343	9	immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (list separately in addition to code for primary procedure)	32.09	32.09
90673	9	vaccine for influenza administered into muscle, preservative and antibiotic free	34.56	34.56
90791	9	psychiatric diagnostic evaluation	95.58	121.63
90801	9	psychiatric diagnostic interview examination	108.39	128.29
90802	9	interactive psychiatric diagnostic interview examination using play equipment,	116.58	136.76
90804	9	individual psychotherapy, insight oriented, behavior modifying and/or	48.11	56.28
90806	9	individual psychotherapy, insight oriented, behavior modifying and/or	73.84	78.98
90808	9	individual psychotherapy, insight oriented, behavior modifying and/or	111.06	116.21
90810	9	individual psychotherapy, interactive, using play equipment, physical devices,	52.52	59.79

LEA Fee Schedule				
Provider Specialty 060				
TOS 9				
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.				
EFFECTIVE DATE 1/1/2018				
Code	TOS	Description	Facility Fee	Non-Facility Fee
90812	9	individual psychotherapy, interactive, using play equipment, physical devices,	78.35	85.91
90814	9	individual psychotherapy, interactive, using play equipment, physical devices,	117.39	124.66
90832	9	psychotherapy, 30 minutes	40.15	50.67
90834	9	psychotherapy, 45 minutes	60.29	65.81
90837	9	psychotherapy, 60 minutes	90.91	96.44
90846	9	family psychotherapy (without the patient present)	71.98	73.71
90847	9	family psychotherapy including patient, 50 minutes	83.74	88.78
90853	9	group psychotherapy (other than of a multiple-family group)	24.65	26.09
92065	9	special eye evaluation	30.43	30.43
92507	9	treatment of speech, language, voice, communication, and/ or auditory	24.42	68.25
92508	9	treatment of speech, language, voice, communication, and/ or auditory	11.19	23.88
92521	9	evaluation of speech fluency	93.54	93.54
92522	9	evaluation of speech sound production and expression	76.07	76.07
92523	9	evaluation of speech sound production with evaluation of language comprehension	157.8	157.8
92524	9	behavioral and qualitative analysis of voice and resonance	78.91	78.91
92526	9	treatment of swallowing dysfunction and/or oral function for feeding	22.73	63.69
92551	9	hearing test	8.27	8.27
92552	9	hearing test	16.65	16.65
92553	9	audiometry air and bone	22.24	22.24
92555	9	speech audiometry threshold;	12.33	12.33
92556	9	speech audiometry threshold; with speech recognition	19.06	19.06
92557	9	comprehensive audiometry threshold evaluation and speech recognition (92553 and	34.34	36.36
92567	9	tympanometry	12.61	14.06
92568	9	acoustic reflex testing; threshold	14.73	14.73
92569	9	acoustic reflex testing; decay	11.64	11.64
92571	9	filtered speech test	12.61	12.61
92572	9	special hearing test	13.47	13.47
92576	9	special hearing test	16.27	16.27
92579	9	visual reinforcement audiometry (vra)	33.68	35.99
92582	9	conditioning play audiometry	31.76	31.76
92583	9	select picture audiometry	25.52	25.52
92585	9	auditory evoked potentials for evoked response audiometry	79.22	79.22
92587	9	evoked otoacoustic emissions; limited (single stimulus level, either transient	30.08	30.08
92588	9	evoked otoacoustic emissions; comprehensive or diagnostic evaluation	49.76	49.76
92590	9	hearing aid exam and selection monaural	35.53	35.53
92591	9	hearing aid exam and selection binaural	53.36	53.36
92592	9	hearing aid check monaural	15.55	15.55
92593	9	hearing aid check binaural	23.51	23.51
92594	9	electroacoustic eval for hearing aid monaural	17.17	17.17
92595	9	electroacoustic evaluation for hearing aid binaural	25.66	25.66

LEA Fee Schedule				
Provider Specialty 060				
TOS 9				
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.				
EFFECTIVE DATE 1/1/2018				
Code	TOS	Description	Facility Fee	Non-Facility Fee
92607	9	eval for prescription for speech generating & alt. comm. device - face to face	119.81	119.81
92608	9	each additional 30 minutes (use in conjunction with 92607)	22.90	22.90
92609	9	therapeutic services for the use of speech-generatinf device, including programm	63.66	63.66
92610	9	eval of swallowing and oral function for feeding	61.57	61.57
92612	9	endoscopic study of swallowing	54.81	123.74
92620	9	evaluation of central auditory function, with report; initial 60 minutes	60.25	60.25
92621	9	evaluation of central auditory function, with report; each additional 15 minutes	14.00	14.00
92626	9	evaluation of auditory rehabilitation status; first hour	65.49	65.49
92627	9	evaluation of auditory rehabilitation status; each additional 15 minutes (list	15.97	15.97
92630	9	auditory rehabilitation; pre-lingual hearing loss	44.06	117.00
92633	9	auditory rehabilitation post-lingual hearing loss	44.06	117.00
93582	9	closure of congenital heart defect from pulmonary (lung) artery to aorta via catheter accessed through the skin	559.13	559.13
95831	9	muscle testing, manual (separate procedure) with report; extremity (excluding	11.81	20.76
95832	9	muscle testing hand(w/wo comparison w/normal side)	12.32	19.53
95833	9	muscle testing total evalof body excluding hands	19.67	28.89
95834	9	muscle testing total evalof body including hands	24.78	34.30
96101	9	psychological testing (includes psychodiagnostic assessment of emotionality	71.10	71.38
96110	9	developmental testing; limited (eg, developmental screening test ii, early	8.75	8.75
96111	9	developmental testing; extended (includes assessment of motor, language,	106.25	108.56
96116	9	neurobehavioral status exam (clinical assessment of thinking, reasoning	75.11	79.14
96118	9	neuropsychological testing (eg, halstead-reitan neuropsychological battery	73.37	89.24
96125	9	standardized cognitive performance testing (eg, ross information processing	63.96	75.81
97001	9	physical therapy evaluation	58.30	58.30
97002	9	physical therapy re-evaluation	31.21	31.21
97003	9	occupational therapy evaluation	61.67	61.67
97004	9	occupational therapy re-evaluation	35.54	35.54
97110	9	therapeutic procedure 1 or more area	23.37	23.37
97112	9	neuromuscular re-education of movement	24.03	24.03
97116	9	therapeutic procedure, one or more areas, each 15 minutes; gait training	20.46	20.46
97140	9	manual therapy techiques, one or more regions, each 15 minutes	21.68	21.68
97161	9	evaluation of physical therapy, typically 20 minutes	67.46	67.46
97162	9	evaluation of physical therapy, typically 30 minutes	67.46	67.46
97163	9	evaluation of physical therapy, typically 45 minutes	67.46	67.46
97164	9	re-evaluation of physical therapy, typically 20 minutes	45.71	45.71
97165	9	evaluation of occupational therapy, typically 30 minutes	65.44	65.44
97166	9	evaluation of occupational therapy, typically 45 minutes	65.44	65.44

LEA Fee Schedule				
Provider Specialty 060				
TOS 9				
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.				
EFFECTIVE DATE 1/1/2018				
Code	TOS	Description	Facility Fee	Non-Facility Fee
97167	9	evaluation of occupational therapy established plan of care, typically 60 minutes	65.44	65.44
97168	9	re-evaluation of occupational therapy established plan of care, typically 30 minutes	43.18	43.18
97530	9	therapeutic activities, direct (one on one) patient contact by th	24.59	24.59
97533	9	sensory integrative techniques to enhance sensory processing and promote	21.70	21.70
97535	9	self-care/home management training (eg, activities of daily living (adl) and	24.62	24.62
97542	9	wheelchair management (eg, assessment, fitting, training), each 15 minutes	23.01	23.01
97750	9	physical performance test or measurement (eg, musculoskeletal,	23.94	23.94
97760	9	orthotic(s) management and training (including assessment and fitting when not	26.44	26.44
97761	9	prosthetic training, upper and/or lower extremity (s), each 15 minutes	23.65	23.65
97763	9	orthc/prostc mgmt sbsq enc	26.94	29.64
S5125	9	attendant care services; per 15 minutes	2.74	2.74
T1002	9	rn services up to 15 minutes	5.98	5.98
T1003	9	lpn/lvn services, up to 15 minutes	3.48	3.48
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.				