

SPEECH THERAPY & AUDIOLOGY FEE SCHEDULE					
PROVIDER SPECIALTY 064					
TAXONOMIES: 231H00000X, 235Z00000X					
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 NC Medicaid Web site."					
MEDICAID MAXIMUM ALLOWABLE					
CODE		DESCRIPTION	FACILITY FEE	NON FACILITY FEE	EFFECTIVE DATE
33858		REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR SEPARATION OF WALL OF AORTA (DISSECTION)	\$ 2,825.00	\$ 2,825.00	1/1/2020
33859		REPAIR OF ASCENDING AORTA WITH GRAFT ON HEART-LUNG MACHINE, FOR DISEASE OTHER THAN SEPARATION OF WALL OF AORTA (DISSECTION)	\$ 2,028.03	\$ 2,028.03	1/1/2020
62328		DIAGNOSTIC SPINAL TAP OF LOWER SPINE USING IMAGING GUIDANCE	\$ 75.11	\$ 211.17	1/1/2020
74221		X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST	\$ 87.60	\$ 87.60	1/1/2020
74221	26	X-RAY OF ESOPHAGUS WITH DOUBLE CONTRAST	\$ 29.10	\$ 29.10	1/1/2020
92507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUD	\$23.93	\$66.89	7/1/2012
92508		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUD	\$10.97	\$23.40	7/1/2012
92521		EVALUATION OF SPEECH FLUENCY	91.67	91.67	1/1/2014
92522		EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	74.55	74.55	1/1/2014
92523		EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGU	154.64	154.64	1/1/2014
92524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	77.33	77.33	1/1/2014
92526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR P	\$22.29	\$62.42	7/1/2012
92550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$12.94	\$12.94	7/1/2012
92551		HEARING TEST	\$8.10	\$8.10	7/1/2012
92552		HEARING TEST	\$16.32	\$16.32	7/1/2012
92553		HEARING TEST	\$20.83	\$20.83	7/1/2012
92555		SPEECH AUDIOMETRY THRESHOLD;	\$12.11	\$12.11	7/1/2012
92556		SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$18.16	\$18.16	7/1/2012
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECO	\$37.80	\$37.80	7/1/2012
92567		TYMPANOMETRY	\$12.36	\$13.78	7/1/2012
92568		ACOUSTIC REFLEX TESTING	\$12.11	\$12.11	7/1/2012
92570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE T	\$23.68	\$25.09	7/1/2012
92571		SPECIAL HEARING TEST	\$12.41	\$12.41	7/1/2012

92572		SPECIAL HEARING TEST	\$2.88	\$2.88	7/1/2012
92576		SPECIAL HEARING TEST	\$15.94	\$15.94	7/1/2012
92579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$22.91	\$22.91	7/1/2012
92582		SPECIAL HEARING TEST	\$22.91	\$22.91	7/1/2012
92583		SPECIAL HEARING TEST	\$25.01	\$25.01	7/1/2012
92585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$80.72	\$80.72	7/1/2012
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER	\$29.48	\$29.48	7/1/2012
92588		EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$48.76	\$48.76	7/1/2012
92590		HEARING AID EXAMINATION AND SELECTION MONAURAL	\$34.82	\$34.82	7/1/2012
92591		HEARING AID EXAM AND SELECTION BINAURAL	\$52.29	\$52.29	7/1/2012
92592		HEARING AID CHECK MONAURAL	\$15.24	\$15.24	7/1/2012
92593		HEARING AID CHECK BINAURAL	\$23.04	\$23.04	7/1/2012
92594		ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURAL	\$16.83	\$16.83	7/1/2012
92595		ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURAL	\$25.15	\$25.15	7/1/2012
92607		EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE -	\$117.41	\$117.41	7/1/2012
92608		EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$22.45	\$22.45	7/1/2012
92609		THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING F	\$62.39	\$62.39	7/1/2012
92610		EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$60.34	\$60.34	7/1/2012
92612		ENDOSCOPIC STUDY OF SWALLOWING	\$53.71	\$121.27	7/1/2012
92620		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MIN	\$59.05	\$59.05	7/1/2012
92621		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDIT	\$13.71	\$13.71	7/1/2012
92626		EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICES(S) CANDIDACYT OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	\$64.19	\$64.19	1/1/2020
92627		EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES	\$15.65	\$15.65	1/1/2020
92630		AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$41.65	\$109.18	7/1/2012
92633		AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$41.65	\$109.18	7/1/2012
96125		STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION	\$68.88	\$81.64	7/1/2012
97129		THER IVNTJ 1ST 15 MIN	\$19.74	\$20.03	1/1/2020
97130		THER IVNTJ EA ADDL 15 MIN	\$19.14	\$19.14	1/1/2020
		<b>Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.</b>			