

LEA Fee Schedule						
Provider Specialty 060						
			Taxonomy: 251300000X			
			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.			
			EFFECTIVE DATE 1/1/2018			
Code			Description	Facility Fee	Non-Facility Fee	Last Updated
29075			application, cast; elbow to finger (short arm)	45.90	62.34	
29085			application hand/wrist cast	49.50	66.52	
29105			application long arm splint	44.78	61.80	
29125			application forearm splint	31.90	47.76	
29126			application short arm splint dynamic	39.24	55.10	
29130			application finger splint static	22.26	29.47	
29131			application finger splint dynamic	24.95	36.20	
29240			strapping of shoulder	34.28	43.52	
29260			strapping of elbow or wrist	28.23	37.46	
29280			strapping of hand or finger	26.59	36.11	
29405			application short leg cast	48.90	63.90	
29505			application long leg splint	36.07	54.25	
29515			application lower leg splint	37.81	51.08	
29530			strapping of knee	28.86	38.08	
29540			Strapping of ankle and/or foot	25.74	31.50	
90791			psychiatric diagnostic evaluation	95.58	121.63	
90832			psychotherapy, 30 minutes	40.15	50.67	
90834			psychotherapy, 45 minutes	60.29	65.81	
90837			psychotherapy, 60 minutes	90.91	96.44	
90847			family psychotherapy including patient, 50 minutes	83.74	88.78	
90853			group psychotherapy (other than of a multiple-family group)	24.65	26.09	

92065			special eye evaluation	30.43	30.43	
92507			treatment of speech, language, voice, communication, and/ or auditory	24.42	68.25	
92508			treatment of speech, language, voice, communication, and/ or auditory	11.19	23.88	
92521			evaluation of speech fluency	93.54	93.54	
92522			evaluation of speech sound production and expression	76.07	76.07	
92523			evaluation of speech sound production with evaluation of language comprehension	157.8	157.8	
92524			behavioral and qualitative analysis of voice and resonance	78.91	78.91	
92526			treatment of swallowing dysfunction and/or oral function for feeding	22.73	63.69	
92550			tympanometry and reflex threshold measurements	71.10	71.38	1/1/2010
92551			Screening test, pure tone, air only	8.27	8.27	
92552			Pure tone audiometry (threshold); air only	16.65	16.65	
92553			audiometry air and bone	22.24	22.24	
92555			speech audiometry threshold;	12.33	12.33	
92556			speech audiometry threshold; with speech recognition	19.06	19.06	
92557			comprehensive audiometry threshold evaluation and speech recognition (92553 and	34.34	36.36	
92567			tympanometry (impedance testing)	12.61	14.06	
92568			acoustic reflex testing; threshold	14.73	14.73	
92570			Acoustic immittance testing, included tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	24.16	25.60	
92571			filtered speech test	12.61	12.61	
92572			staggered spondaic word test	13.47	13.47	
92576			synthetic sentence identification test	16.27	16.27	
92579			visual reinforcement audiometry (vra)	33.68	35.99	
92582			conditioning play audiometry	31.76	31.76	
92583			select picture audiometry	25.52	25.52	
92585			auditory evoked potentials for evoked response audiometry	79.22	79.22	
92587			evoked otoacoustic emissions; limited (single stimulus level, either transient	30.08	30.08	

92588			evoked otoacoustic emissions; comprehensive or diagnostic evaluation	49.76	49.76	
92590			hearing aid exam and selection monaural	35.53	35.53	
92591			hearing aid exam and selection binaural	53.36	53.36	
92592			hearing aid check monaural	15.55	15.55	
92593			hearing aid check binaural	23.51	23.51	
92594			electracoustic eval for hearing aid monaural	17.17	17.17	
92595			electroacoustic evaluation for hearing aid binaura	25.66	25.66	
92607			eval for prescription for speech generating & alt. comm. device - face to face	119.81	119.81	
92608			each additional 30 minutes (use in conjunction with 92607)	22.90	22.90	
92609			therapeutic services for the use of speech-generatinf device, including programm	63.66	63.66	
92610			eval of swallowing and oral function for feeding	61.57	61.57	
92612			endoscopic study of swallowing	54.81	123.74	
92620			evaluation of central auditory function, with report; initial 60 minutes	60.25	60.25	
92621			evaluation of central auditory function, with report; each additional 15 minutes	14.00	14.00	
92626			Eval aud funcj 1st hour	65.49	65.49	1/1/2020
92627			Eval aud funcj ea addl 15	15.97	15.97	1/1/2020
92630			auditory rehabilitation; pre-lingual hearing loss	44.06	117.00	
92633			auditory rehabilitation post-lingual hearing loss	44.06	117.00	
95992			Canalith Repositioning Proc	34.06	37.54	
96110			developmental testing; limited (eg, developmental screening test ii, early	8.75	8.75	
96112			Developmental test administration by qualified health care professionsl with interpretation and report, first 60 minutes	106.25	108.56	1/1/2019
96113			Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes	106.25	108.56	1/1/2019
96116			neurobehavioral status exam (clinical assessment of thinking, reasoning	75.11	79.14	
96121			Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	73.37	89.24	1/1/2019

96125			standardized cognitive performance testing (eg, ross information processing	63.96	75.81	
96130			Psychological testing evaluation by qualified health care professional, first 60 minutes	71.10	71.38	1/1/2019
96131			Psychological testing evaluation by qualified health care professional, additional 60 minutes	71.10	71.38	1/1/2019
96132			Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	73.37	89.24	1/1/2019
96133			Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	73.37	89.24	1/1/2019
96136			Psychological or neuropsychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	71.10	71.38	1/1/2019
96137			Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	71.10	71.38	1/1/2019
97110			therapeutic procedure 1 or more area	23.37	23.37	
97112			neuromuscular re-education of movement	24.03	24.03	
97116			therapeutic procedure, one or more areas, each 15 minutes; gait training	20.46	20.46	
97140			manual therapy techniques, one or more regions, each 15 minutes	21.68	21.68	
97150			Therapeutic procedures in a group setting	11.19	23.88	10/1/2018
97161			evaluation of physical therapy, typically 20 minutes	67.46	67.46	7/1/2018
97162			evaluation of physical therapy, typically 30 minutes	67.46	67.46	7/1/2018
97163			evaluation of physical therapy, typically 45 minutes	67.46	67.46	7/1/2018
97164			re-evaluation of physical therapy, typically 20 minutes	45.71	45.71	7/1/2018
97165			evaluation of occupational therapy, typically 30 minutes	65.44	65.44	7/1/2018
97166			evaluation of occupational therapy, typically 45 minutes	65.44	65.44	7/1/2018
97167			evaluation of occupational therapy established plan of care, typically 60 minutes	65.44	65.44	7/1/2018
97168			re-evaluation of occupational therapy established plan of care, typically 30 minutes	43.18	43.18	7/1/2018
97530			therapeutic activities, direct (one on one) patient contact by th	24.59	24.59	
97533			sensory integrative techniques to enhance sensory processing and promote	21.70	21.70	
97535			self-care/home management training (eg, activities of daily living (adl) and	24.62	24.62	

97542			wheelchair management (eg, assessment, fitting, training), each 15 minutes	23.01	23.01	
97763			Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes	26.94	26.94	1/1/2018
97750			physical performance test or measurement (eg, musculoskeletal,	23.94	23.94	
97760			Orthotic mgmt&traing 1st enc	26.44	26.44	1/1/2020
97761			Prosthetic traing 1st enc	23.65	23.65	1/1/2020
99173			Eye Chart testing of visual acuity of both eyes	8.27	8.27	10/1/2018
S5125			attendant care services; per 15 minutes	2.74	2.74	
T1002			rn services up to 15 minutes	5.98	5.98	
T1003			lpn/lvn services, up to 15 minutes	3.48	3.48	
V5008			Hearing screening	8.27	8.27	10/1/2018

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.