

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.							
				Medicaid Maximum Allowable			
Code	Description			Facility Fee	Non-Facility Fee	Effective Date	
						End Date	
29075	Application, Cast; Elbow To Finger (Short Arm)			\$45.90	\$62.34	4/1/2022	12/31/9999
29085	Application Hand/Wrist Cast			\$49.50	\$66.52	4/1/2022	12/31/9999
29105	Application Long Arm Splint			\$44.78	\$61.80	4/1/2022	12/31/9999
29125	Application Forearm Splint			\$31.90	\$47.76	4/1/2022	12/31/9999
29126	Application Short Arm Splint Dynamic			\$39.24	\$55.10	4/1/2022	12/31/9999
29130	Application Finger Splint Static			\$22.26	\$29.47	4/1/2022	12/31/9999
29131	Application Finger Splint Dynamic			\$24.95	\$36.20	4/1/2022	12/31/9999
29240	Strapping Of Shoulder			\$34.28	\$43.52	4/1/2022	12/31/9999
29260	Strapping Of Elbow Or Wrist			\$28.23	\$37.46	4/1/2022	12/31/9999
29280	Strapping Of Hand Or Finger			\$26.59	\$36.11	4/1/2022	12/31/9999
29405	Application Short Leg Cast			\$48.90	\$63.90	4/1/2022	12/31/9999
29505	Application Long Leg Splint			\$36.07	\$54.25	4/1/2022	12/31/9999
29515	Application Lower Leg Splint			\$37.81	\$51.08	4/1/2022	12/31/9999
29530	Strapping Of Knee			\$28.86	\$38.08	4/1/2022	12/31/9999
29540	Strapping Of Ankle And/Or Foot			\$25.74	\$31.50	4/1/2022	12/31/9999
90791	Psychiatric Diagnostic Evaluation			\$95.58	\$121.63	4/1/2022	12/31/9999
90832	Psychotherapy, 30 Minutes			\$40.15	\$50.67	4/1/2022	12/31/9999
90834	Psychotherapy, 45 Minutes			\$60.29	\$65.81	4/1/2022	12/31/9999
90837	Psychotherapy, 60 Minutes			\$90.91	\$96.44	4/1/2022	12/31/9999
90847	Family Psychotherapy Including Patient, 50 Minutes			\$83.74	\$88.78	4/1/2022	12/31/9999
90853	GROUP PSYCHOTHERAPY			\$24.65	\$26.09	4/1/2022	12/31/9999
92065	Special Eye Evaluation			\$30.43	\$30.43	4/1/2022	12/31/9999
92507	SPEECH / HEARING THERAPY			\$24.42	\$68.25	4/1/2022	12/31/9999
92508	SPEECH / HEARING THERAPY			\$11.19	\$23.88	4/1/2022	12/31/9999
92521	Evaluation Of Speech Fluency			\$93.54	\$93.54	4/1/2022	12/31/9999
92522	EVALUATE SPEECH PRODUCTION			\$76.07	\$76.07	4/1/2022	12/31/9999
92523	SPEECH SOUND LANG COMPREHEN			\$157.80	\$157.80	4/1/2022	12/31/9999
92524	BEHAVRAL QUALIT ANALYS VOICE			\$78.91	\$78.91	4/1/2022	12/31/9999
92526	ORAL FUNCTION THERAPY			\$22.73	\$63.69	4/1/2022	12/31/9999
92550	Tympanometry And Reflex Threshold Measurements			\$71.10	\$71.38	4/1/2022	12/31/9999
92551	Screening Test, Pure Tone, Air Only			\$8.27	\$8.27	4/1/2022	12/31/9999
92552	Pure Tone Audiometry (Threshold); Air Only			\$16.65	\$16.65	4/1/2022	12/31/9999
92553	Audiometry Air And Bone			\$22.24	\$22.24	4/1/2022	12/31/9999
92555	Speech Audiometry Threshold;			\$12.33	\$12.33	4/1/2022	12/31/9999
92556	SPEECH AUDIOMETRY COMPLETE			\$19.06	\$19.06	4/1/2022	12/31/9999
92557	COMPREHENSIVE HEARING TEST			\$34.34	\$36.36	4/1/2022	12/31/9999
92567	Tympanometry (Impedance Testing)			\$12.61	\$14.06	4/1/2022	12/31/9999
92568	Acoustic Reflex Testing; Threshold			\$14.73	\$14.73	4/1/2022	12/31/9999
92570	ACOUSTIC IMMITANCE TESTING			\$24.16	\$25.60	4/1/2022	12/31/9999
92571	Filtered Speech Test			\$12.61	\$12.61	4/1/2022	12/31/9999
92572	Staggered Spondaic Word Test			\$13.47	\$13.47	4/1/2022	12/31/9999
92576	Synthetic Sentence Identification Test			\$16.27	\$16.27	4/1/2022	12/31/9999
92579	Visual Reinforcement Audiometry (Vra)			\$33.68	\$35.99	4/1/2022	12/31/9999
92582	Conditioning Play Audiometry			\$31.76	\$31.76	4/1/2022	12/31/9999
92583	Select Picture Audiometry			\$25.52	\$25.52	4/1/2022	12/31/9999
92587	EVOKED AUDITORY TEST LIMITED			\$30.08	\$30.08	4/1/2022	12/31/9999
92588	EVOKED AUDITORY TST COMPLETE			\$49.76	\$49.76	4/1/2022	12/31/9999
92590	Hearing Aid Exam And Selection Monaural			\$35.53	\$35.53	4/1/2022	12/31/9999
92591	Hearing Aid Exam And Selection Binaural			\$53.36	\$53.36	4/1/2022	12/31/9999
92592	Hearing Aid Check Monaural			\$15.55	\$15.55	4/1/2022	12/31/9999
92593	Hearing Aid Check Binaural			\$23.51	\$23.51	4/1/2022	12/31/9999
92594	Electroacoustic Eval For Hearing Aid Monaural			\$17.17	\$17.17	4/1/2022	12/31/9999
92595	Electroacoustic Evaluation For Hearing Aid Binaura			\$25.66	\$25.66	4/1/2022	12/31/9999

92607		EX FOR SPEECH DEVICE RX 1 HR	\$119.81	\$119.81	4/1/2022	12/31/9999
92608		EX FOR SPEECH DEVICE RX ADDL	\$22.90	\$22.90	4/1/2022	12/31/9999
92609		USE OF SPEECH DEVICE SERVICE	\$63.66	\$63.66	4/1/2022	12/31/9999
92610		Eval Of Swallowing And Oral Function For Feeding	\$61.57	\$61.57	4/1/2022	12/31/9999
92612		Endoscopic Study Of Swallowing	\$54.81	\$123.74	4/1/2022	12/31/9999
92620		AUDITORY FUNCTION 60 MIN	\$60.25	\$60.25	4/1/2022	12/31/9999
92621		AUDITORY FUNCTION + 15 MIN	\$14.00	\$14.00	4/1/2022	12/31/9999
92626		EVAL AUD FUNCJ 1ST HOUR	\$65.49	\$65.49	4/1/2022	12/31/9999
92627		EVAL AUD FUNCJ EA ADDL 15	\$15.97	\$15.97	4/1/2022	12/31/9999
92630		Auditory Rehabilitation; Pre-Lingual Hearing Loss	\$44.06	\$117.00	4/1/2022	12/31/9999
92633		Auditory Rehabilitation Post-Lingual Hearing Loss	\$44.06	\$117.00	4/1/2022	12/31/9999
92652		AEP THRSHLD EST MLT FREQ I&R	\$92.04	\$92.04	1/1/2021	12/31/9999
92653		AEP NEURODIAGNOSTIC I&R	\$67.69	\$67.69	1/1/2021	12/31/9999
95992		Canalith Repositioning Proc	\$34.06	\$37.54	4/1/2022	12/31/9999
96110		DEVELOPMENTAL SCREEN W / SCORE	\$8.75	\$8.75	4/1/2022	12/31/9999
96112		DEVEL TST PHYS / QHP 1ST HR	\$106.25	\$108.56	4/1/2022	12/31/9999
96113		DEVEL TST PHYS / QHP EA ADDL	\$71.10	\$71.38	4/1/2022	12/31/9999
96116		NUBHVL XM PHYS / QHP 1ST HR	\$75.11	\$79.14	4/1/2022	12/31/9999
96121		NUBHVL XM PHY / QHP EA ADDL HR	\$73.37	\$89.24	4/1/2022	12/31/9999
96125		COGNITIVE TEST BY HC PRO	\$63.96	\$75.81	4/1/2022	12/31/9999
96130		PSYCL TST EVAL PHYS / QHP 1ST	\$71.10	\$71.38	4/1/2022	12/31/9999
96131		PSYCL TST EVAL PHYS / QHP EA	\$71.10	\$71.38	4/1/2022	12/31/9999
96132		NRPSYC TST EVAL PHYS / QHP 1ST	\$73.37	\$89.24	4/1/2022	12/31/9999
96133		NRPSYC TST EVAL PHYS / QHP EA	\$73.37	\$89.24	4/1/2022	12/31/9999
96136		PSYCL / NRPSYC TST PHY / QHP 1ST	\$71.10	\$71.38	4/1/2022	12/31/9999
96137		PSYCL / NRPSYC TST PHY / QHP EA	\$71.10	\$71.38	4/1/2022	12/31/9999
97110		Therapeutic Procedure 1 Or More Area	\$23.37	\$23.37	4/1/2022	12/31/9999
97112		Neuromuscular Re-Education Of Movement	\$24.03	\$24.03	4/1/2022	12/31/9999
97116		GAIT TRAINING THERAPY	\$20.46	\$20.46	4/1/2022	12/31/9999
97140		MANUAL THERAPY 1 / > REGIONS	\$21.68	\$21.68	4/1/2022	12/31/9999
97150		Therapeutic Procedures In A Group Setting	\$11.19	\$23.88	4/1/2022	12/31/9999
97161		Evaluation Of Physical Therapy, Typically 20 Minutes	\$67.46	\$67.46	4/1/2022	12/31/9999
97162		Evaluation Of Physical Therapy, Typically 30 Minutes	\$67.46	\$67.46	4/1/2022	12/31/9999
97163		Evaluation Of Physical Therapy, Typically 45 Minutes	\$67.46	\$67.46	4/1/2022	12/31/9999
97164		PT RE-EVAL EST PLAN CARE	\$45.71	\$45.71	4/1/2022	12/31/9999
97165		OT EVAL LOW COMPLEX 30 MIN	\$65.44	\$65.44	4/1/2022	12/31/9999
97166		OT EVAL MOD COMPLEX 45 MIN	\$65.44	\$65.44	4/1/2022	12/31/9999
97167		OT EVAL HIGH COMPLEX 60 MIN	\$65.44	\$65.44	4/1/2022	12/31/9999
97168		OT RE-EVAL EST PLAN CARE	\$43.18	\$43.18	4/1/2022	12/31/9999
97530		THERAPEUTIC ACTIVITIES	\$24.59	\$24.59	4/1/2022	12/31/9999
97533		SENSORY INTEGRATION	\$21.70	\$21.70	4/1/2022	12/31/9999
97535		SELF CARE MNGMENT TRAINING	\$24.62	\$24.62	4/1/2022	12/31/9999
97542		WHEELCHAIR MNGMENT TRAINING	\$23.01	\$23.01	4/1/2022	12/31/9999
97763		ORTHC / PROSTC MGMT SBSQ ENC	\$26.94	\$26.94	4/1/2022	12/31/9999
97750		PHYSICAL PERFORMANCE TEST	\$23.94	\$23.94	4/1/2022	12/31/9999
97760		ORTHOTIC MGMT&TRAIING 1ST ENC	\$26.44	\$26.44	4/1/2022	12/31/9999
97761		PROSTHETIC TRAIING 1ST ENC	\$23.65	\$23.65	4/1/2022	12/31/9999
99173		Eye Chart Testing Of Visual Acuity Of Both Eyes	\$8.27	\$8.27	4/1/2022	12/31/9999
S5125		Attendant Care Services; Per 15 Minutes	\$2.74	\$2.74	4/1/2022	12/31/9999
T1002		Rn Services Up To 15 Minutes	\$5.98	\$5.98	4/1/2022	12/31/9999
T1003		Lpn/Lvn Services, Up To 15 Minutes	\$3.48	\$3.48	4/1/2022	12/31/9999
V5008		Hearing Screening	\$8.27	\$8.27	4/1/2022	12/31/9999
		Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions and deletions to this schedule.				