

LEA Fee Schedule						
Provider Specialty 060						
Taxonomy: 251300000X						
Rates are subject to internal review by Medicaid. Any adjustments will be communicated in advance.						
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 Website.						
Code		Description	Facility Fee	Non-Facility Fee	Effective Date	End Date
29075		application, cast; elbow to finger (short arm)	\$48.20	\$65.46	3/1/2020	12/31/9999
29085		application hand/wrist cast	\$51.98	\$69.85	3/1/2020	12/31/9999
29105		application long arm splint	\$47.02	\$64.89	3/1/2020	12/31/9999
29125		application forearm splint	\$33.50	\$50.15	3/1/2020	12/31/9999
29126		application short arm splint dynamic	\$41.20	\$57.86	3/1/2020	12/31/9999
29130		application finger splint static	\$23.37	\$30.94	3/1/2020	12/31/9999
29131		application finger splint dynamic	\$26.20	\$38.01	3/1/2020	12/31/9999
29240		strapping of shoulder	\$35.99	\$45.70	3/1/2020	12/31/9999
29260		strapping of elbow or wrist	\$29.64	\$39.33	3/1/2020	12/31/9999
29280		strapping of hand or finger	\$27.92	\$37.92	3/1/2020	12/31/9999
29405		application short leg cast	\$51.35	\$67.10	3/1/2020	12/31/9999
29505		application long leg splint	\$37.87	\$56.96	3/1/2020	12/31/9999
29515		application lower leg splint	\$39.70	\$53.63	3/1/2020	12/31/9999
29530		strapping of knee	\$30.30	\$39.98	3/1/2020	12/31/9999
29540		strapping of ankle and/or foot	\$27.03	\$33.08	3/1/2020	12/31/9999
90791		psychiatric diagnostic evaluation	\$100.36	\$127.71	3/1/2020	12/31/9999
90832		psychotherapy, 30 minutes	\$42.16	\$53.20	3/1/2020	12/31/9999
90834		psychotherapy, 45 minutes	\$63.30	\$69.10	3/1/2020	12/31/9999
90837		psychotherapy, 60 minutes	\$95.46	\$101.26	3/1/2020	12/31/9999
90847		family psychotherapy including patient, 50 minutes	\$87.93	\$93.22	3/1/2020	12/31/9999
90853		group psychotherapy (other than of a multiple-family group)	\$25.88	\$27.39	3/1/2020	12/31/9999
92065		special eye evaluation	\$31.95	\$31.95	3/1/2020	12/31/9999
92507		treatment of speech, language, voice, communication, and/ or auditory	\$25.64	\$71.66	3/1/2020	12/31/9999
92508		treatment of speech, language, voice, communication, and/ or auditory	\$11.75	\$25.07	3/1/2020	12/31/9999
92521		evaluation of speech fluency	\$98.22	\$98.22	3/1/2020	12/31/9999
92522		evaluation of speech sound production and expression	\$79.87	\$79.87	3/1/2020	12/31/9999
92523		evaluation of speech sound production with evaluation of language comprehension	\$165.69	\$165.69	3/1/2020	12/31/9999
92524		behavioral and qualitative analysis of voice and resonance	\$82.86	\$82.86	3/1/2020	12/31/9999
92526		treatment of swallowing dysfunction and/or oral function for feeding	\$23.87	\$66.87	3/1/2020	12/31/9999
92550		tymanometry and reflex threshold measurements	\$74.66	\$74.95	3/1/2020	12/31/9999
92551		screening test, pure tone, air only	\$8.68	\$8.68	3/1/2020	12/31/9999
92552		pure tone audiometry (threshold); air only	\$17.48	\$17.48	3/1/2020	12/31/9999
92553		audiometry air and bone	\$23.35	\$23.35	3/1/2020	12/31/9999
92555		speech audiometry threshold;	\$12.95	\$12.95	3/1/2020	12/31/9999
92556		speech audiometry threshold; with speech recognition	\$20.01	\$20.01	3/1/2020	12/31/9999
92557		comprehensive audiometry threshold evaluation and speech recognition (92553 and	\$36.06	\$38.18	3/1/2020	12/31/9999
92567		tymanometry (impedance testing)	\$13.24	\$14.76	3/1/2020	12/31/9999
92568		acoustic reflex testing; threshold	\$15.47	\$15.47	3/1/2020	12/31/9999
92570		acoustic immittance testing, included tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	\$25.37	\$26.88	3/1/2020	12/31/9999
92571		filtered speech test	\$13.24	\$13.24	3/1/2020	12/31/9999
92572		staggered spondaic word test	\$14.14	\$14.14	3/1/2020	12/31/9999
92576		synthetic sentence identification test	\$17.08	\$17.08	3/1/2020	12/31/9999
92579		visual reinforcement audiometry (vra)	\$35.36	\$37.79	3/1/2020	12/31/9999
92582		conditioning play audiometry	\$33.35	\$33.35	3/1/2020	12/31/9999
92583		select picture audiometry	\$26.80	\$26.80	3/1/2020	12/31/9999
92587		evoked otoacoustic emissions; limited (single stimulus level, either transient	\$31.58	\$31.58	3/1/2020	12/31/9999
92588		evoked otoacoustic emissions; comprehensive or diagnostic evaluation	\$52.25	\$52.25	3/1/2020	12/31/9999
92590		hearing aid exam and selection monaural	\$37.31	\$37.31	3/1/2020	12/31/9999
92591		hearing aid exam and selection binaural	\$56.03	\$56.03	3/1/2020	12/31/9999
92592		hearing aid check monaural	\$16.33	\$16.33	3/1/2020	12/31/9999
92593		hearing aid check binaural	\$24.69	\$24.69	3/1/2020	12/31/9999
92594		electracoustic eval for hearing aid monaural	\$18.03	\$18.03	3/1/2020	12/31/9999
92595		electroacoustic evaluation for hearing aid binaura	\$26.94	\$26.94	3/1/2020	12/31/9999
92607		eval for prescription for speech generating & alt. comm. device - face to face	\$125.80	\$125.80	3/1/2020	12/31/9999

92608		each additional 30 minutes (use in conjunction with 92607)	\$24.05	\$24.05	3/1/2020	12/31/9999
		therapeutic services for the use of speech-generatinf device, including programm	\$66.84	\$66.84	3/1/2020	12/31/9999
92609		therapeutic services for the use of speech-generatinf device, including programm	\$66.84	\$66.84	3/1/2020	12/31/9999
92610		eval of swallowing and oral function for feeding	\$64.65	\$64.65	3/1/2020	12/31/9999
92612		endoscopic study of swallowing	\$57.55	\$129.93	3/1/2020	12/31/9999
92620		evaluation of central auditory function, with report; initial 60 minutes	\$63.26	\$63.26	3/1/2020	12/31/9999
92621		evaluation of central auditory function, with report; each additional 15 minutes	\$14.70	\$14.70	3/1/2020	12/31/9999
		Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$68.76	\$68.76	3/1/2020	12/31/9999
92626		Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$68.76	\$68.76	3/1/2020	12/31/9999
		evaluation of auditory function for surgically implanted devices(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes	\$16.77	\$16.77	3/1/2020	12/31/9999
92627		evaluation of auditory function for surgically implanted devices(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes	\$16.77	\$16.77	3/1/2020	12/31/9999
92630		auditory rehabilitation; pre-lingual hearing loss	\$46.26	\$122.85	3/1/2020	12/31/9999
92633		auditory rehabilitation post-lingual hearing loss	\$46.26	\$122.85	3/1/2020	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	\$35.76	\$39.42	3/1/2020	12/31/9999
96110		developmental testing; limited (eg, developmental screening test ii, early	\$9.19	\$9.19	3/1/2020	12/31/9999
		developmental test administration by qualified health care professionals with interpretation and report, first 60 minutes	\$111.56	\$113.99	3/1/2020	12/31/9999
96112		developmental test administration by qualified health care professionals with interpretation and report, first 60 minutes	\$111.56	\$113.99	3/1/2020	12/31/9999
96113		developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes	\$111.56	\$113.99	3/1/2020	12/31/9999
96116		neurobehavioral status exam (clinical assessment of thinking, reasoning	\$78.87	\$83.10	3/1/2020	12/31/9999
		neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	\$77.04	\$93.70	3/1/2020	12/31/9999
96121		neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	\$77.04	\$93.70	3/1/2020	12/31/9999
96125		standardized cognitive performance testing (eg, ross information processing	\$67.16	\$79.60	3/1/2020	12/31/9999
		psychological testing evaluation by qualified health care professional, first 60 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
96130		psychological testing evaluation by qualified health care professional, first 60 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
		psychological testing evaluation by qualified health care professional, additional 60 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
96131		psychological testing evaluation by qualified health care professional, additional 60 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
96132		neuropsychological testing evaluation by qualified health care professional, first 60 minutes	\$77.04	\$93.70	3/1/2020	12/31/9999
96133		neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	\$77.04	\$93.70	3/1/2020	12/31/9999
		psychological or neuropsychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
96136		psychological or neuropsychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
96137		psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	\$74.66	\$74.95	3/1/2020	12/31/9999
97110		therapeutic procedure 1 or more area	\$24.54	\$24.54	3/1/2020	12/31/9999
97112		neuromuscular re-education of movement	\$25.23	\$25.23	3/1/2020	12/31/9999
97116		therapeutic procedure, one or more areas, each 15 minutes; gait training	\$21.48	\$21.48	3/1/2020	12/31/9999
97140		manual therapy techniques, one or more regions, each 15 minutes	\$22.76	\$22.76	3/1/2020	12/31/9999
97150		therapeutic procedures in a group setting	\$11.75	\$25.07	3/1/2020	12/31/9999
97161		evaluation of physical therapy, typically 20 minutes	\$70.83	\$70.83	3/1/2020	12/31/9999
97162		evaluation of physical therapy, typically 30 minutes	\$70.83	\$70.83	3/1/2020	12/31/9999
97163		evaluation of physical therapy, typically 45 minutes	\$70.83	\$70.83	3/1/2020	12/31/9999
97164		re-evaluation of physical therapy, typically 20 minutes	\$48.00	\$48.00	3/1/2020	12/31/9999
97165		evaluation of occupational therapy, typically 30 minutes	\$68.71	\$68.71	3/1/2020	12/31/9999
97166		evaluation of occupational therapy, typically 45 minutes	\$68.71	\$68.71	3/1/2020	12/31/9999
		evaluation of occupational therapy established plan of care, typically 60 minutes	\$68.71	\$68.71	3/1/2020	12/31/9999
97167		evaluation of occupational therapy established plan of care, typically 60 minutes	\$68.71	\$68.71	3/1/2020	12/31/9999
97168		re-evaluation of occupational therapy established plan of care, typically 30 minutes	\$45.34	\$45.34	3/1/2020	12/31/9999
97530		therapeutic activities, direct (one on one) patient contact by th	\$25.82	\$25.82	3/1/2020	12/31/9999
97533		sensory integrative techniques to enhance sensory processing and promote	\$22.79	\$22.79	3/1/2020	12/31/9999
97535		self-care/home management training (eg, activities of daily living (adl) and	\$25.85	\$25.85	3/1/2020	12/31/9999
97542		wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$24.16	\$24.16	3/1/2020	12/31/9999
		management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes	\$28.29	\$28.29	3/1/2020	12/31/9999
97763		management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes	\$28.29	\$28.29	3/1/2020	12/31/9999
97750		physical performance test or measurement (eg, musculoskeletal,	\$25.14	\$25.14	3/1/2020	12/31/9999
		orthotic(s) management and training including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	\$27.76	\$27.76	3/1/2020	12/31/9999
97760		orthotic(s) management and training including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	\$27.76	\$27.76	3/1/2020	12/31/9999
		prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	\$24.83	\$24.83	3/1/2020	12/31/9999
97761		prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	\$24.83	\$24.83	3/1/2020	12/31/9999
99173		eye Chart testing of visual acuity of both eyes	\$8.68	\$8.68	3/1/2020	12/31/9999
S5125		attendant care services; per 15 minutes	\$2.88	\$2.88	3/1/2020	12/31/9999
T1002		rn services up to 15 minutes	\$6.28	\$6.28	3/1/2020	12/31/9999
T1003		lpn/lvn services, up to 15 minutes	\$3.65	\$3.65	3/1/2020	12/31/9999

V5008		hearing screening	\$8.68	\$8.68	3/1/2020	12/31/9999
		Providers should always bill their usual and customary charges. Please use the				
		monthly NC Medicaid Bulletins for additions changes and deletion to this				
		schedule.				