

**SPEECH THERAPY AND AUDIOLOGY FEE SCHEDULE  
 PROVIDER SPECIALTY 064  
 TAXONOMIES: 231H00000X, 235Z00000X**

**Rates are subject to internal review by Medicaid. Any adjustments will be communicated prior to 1/31/2022**

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."

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE			
		FACILITY	NON FACILITY	EFFECTIVE DATE	END DATE
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$25.13	\$70.23	3/10/2020	1/31/2022
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$11.52	\$24.57	3/10/2020	1/31/2022
92521	EVALUATION OF SPEECH FLUENCY	\$96.25	\$96.25	3/10/2020	1/31/2022
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$78.28	\$78.28	3/10/2020	1/31/2022
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	\$162.37	\$162.37	3/10/2020	1/31/2022
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$81.20	\$81.20	3/10/2020	1/31/2022
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$23.40	\$65.54	3/10/2020	1/31/2022
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$13.59	\$13.59	3/10/2020	1/31/2022
92551	HEARING TEST	\$8.51	\$8.51	3/10/2020	1/31/2022
92552	HEARING TEST	\$17.14	\$17.14	3/10/2020	1/31/2022
92553	HEARING TEST	\$21.87	\$21.87	3/10/2020	1/31/2022
92555	SPEECH AUDIOMETRY THRESHOLD;	\$12.72	\$12.72	3/10/2020	1/31/2022
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$19.07	\$19.07	3/10/2020	1/31/2022
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND	\$39.69	\$39.69	3/10/2020	1/31/2022
92567	TYMPANOMETRY	\$12.98	\$14.47	3/10/2020	1/31/2022
92568	ACOUSTIC REFLEX TESTING	\$12.72	\$12.72	3/10/2020	1/31/2022
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	\$24.86	\$26.34	3/10/2020	1/31/2022
92571	SPECIAL HEARING TEST	\$13.03	\$13.03	3/10/2020	1/31/2022
92572	SPECIAL HEARING TEST	\$3.02	\$3.02	3/10/2020	1/31/2022
92576	SPECIAL HEARING TEST	\$16.74	\$16.74	3/10/2020	1/31/2022
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$24.06	\$24.06	3/10/2020	1/31/2022
92582	SPECIAL HEARING TEST	\$24.06	\$24.06	3/10/2020	1/31/2022
92583	SPECIAL HEARING TEST	\$26.26	\$26.26	3/10/2020	1/31/2022
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$30.95	\$30.95	3/10/2020	1/31/2022
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$51.20	\$51.20	3/10/2020	1/31/2022
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$36.56	\$36.56	3/10/2020	1/31/2022
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$54.90	\$54.90	3/10/2020	1/31/2022
92592	HEARING AID CHECK MONAURAL	\$16.00	\$16.00	3/10/2020	1/31/2022
92593	HEARING AID CHECK BINAURAL	\$24.19	\$24.19	3/10/2020	1/31/2022
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$17.67	\$17.67	3/10/2020	1/31/2022
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$26.41	\$26.41	3/10/2020	1/31/2022
92607	VAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	\$123.28	\$123.28	3/10/2020	1/31/2022
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$23.57	\$23.57	3/10/2020	1/31/2022
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	\$65.51	\$65.51	3/10/2020	1/31/2022
92610	VAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$63.36	\$63.36	3/10/2020	1/31/2022
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$56.40	\$127.33	3/10/2020	1/31/2022
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$62.00	\$62.00	3/10/2020	1/31/2022
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$14.40	\$14.40	3/10/2020	1/31/2022
92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	\$67.40	\$67.40	3/10/2020	1/31/2022
92627	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES	\$16.43	\$16.43	3/10/2020	1/31/2022
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$43.73	\$114.64	3/10/2020	1/31/2022
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$43.73	\$114.64	3/10/2020	1/31/2022
92652	AEP THRSHLD EST MLT FREQ I&R	\$90.20	\$90.20	1/1/2021	1/31/2022
92653	AEP NEURODIAGNOSTIC I&R	\$66.34	\$66.34	1/1/2021	1/31/2022
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$72.32	\$85.72	3/10/2020	1/31/2022
Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.					