

**SPEECH THERAPY & AUDIOLOGY FEE SCHEDULE  
PROVIDER SPECIALTY 064**

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		NON FACILITY	FACILITY FEE	EFFECTIVE DATE
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESS	131.22	40.26	1/1/2009
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	75.00	26.84	1/1/2009
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	26.24	12.30	1/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	69.99	24.98	1/1/2009
92551	HEARING TEST	9.09	9.09	1/1/2009
92552	HEARING TEST	18.30	18.30	1/1/2009
92553	HEARING TEST	23.36	23.36	1/1/2009
92555	SPEECH AUDIOMETRY THRESHOLD;	13.58	13.58	1/1/2009
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	20.36	20.36	1/1/2009
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITIO	42.39	42.39	1/1/2009
92567	TYMPANOMETRY	15.45	13.86	1/1/2009
92568	ACOUSTIC REFLEX TESTING	13.58	13.58	1/1/2009
92569	ACOUSTIC REFLEX DECAY TEST	12.79	12.79	1/1/2009
92571	SPECIAL HEARING TEST	13.91	13.91	1/1/2009
92572	SPECIAL HEARING TEST	3.23	3.23	1/1/2009
92576	SPECIAL HEARING TEST	17.88	17.88	1/1/2009
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	25.69	25.69	1/1/2009
92582	SPECIAL HEARING TEST	25.69	25.69	1/1/2009
92583	SPECIAL HEARING TEST	28.04	28.04	1/1/2009
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	90.52	90.52	1/1/2009
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRAN	33.05	33.05	1/1/2009
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	54.68	54.68	1/1/2009
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	39.04	39.04	1/1/2009
92591	HEARING AID EXAM AND SELECTION BINAURAL	58.64	58.64	1/1/2009
92592	HEARING AID CHECK MONAURAL	17.09	17.09	1/1/2009
92593	HEARING AID CHECK BINAURAL	25.84	25.84	1/1/2009
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	18.87	18.87	1/1/2009
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	28.20	28.20	1/1/2009
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TC	131.66	131.66	1/1/2009
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	25.17	25.17	1/1/2009
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. &	69.96	69.96	1/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	67.66	67.66	1/1/2009
92612	ENDOSCOPIC STUDY OF SWALLOWING	135.98	60.23	1/1/2009
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	66.21	66.21	1/1/2009
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15	15.38	15.38	1/1/2009
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	71.97	71.97	1/1/2009
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	17.55	17.55	1/1/2009
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	122.43	46.70	1/1/2009
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	122.43	46.70	1/1/2009