	Patos	LEA Fee Schedule Provider Specialty 060 Taxonomy: 251300000X					
	Patos						
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	Pates	· · · · · · · · · · · · · · · · · · ·					
	Dates						
	Nales	are subject to internal review by Medicaid. Any adjustements will be communica	ted prior to 1/3	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 Clinica					
		Coverage Policies on the NC Medicaid Web site.					
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				Non-Facility	Effective		
Code		Description	Facility Fee	Fee	Date	End Date	µ
29075	_	application, cast; elbow to finger (short arm)	\$48.20	\$65.46	3/1/2020	1/31/2022	
29085		application hand/wrist cast application long arm splint	\$51.98	\$69.85	3/1/2020	1/31/2022	
29105 29125		application forearm splint	\$47.02 \$33.50	\$64.89 \$50.15	3/1/2020 3/1/2020	1/31/2022 1/31/2022	
29125		application short arm splint dynamic	\$41.20	\$57.86	3/1/2020	1/31/2022	
29130		application finger splint static	\$23.37	\$30.94	3/1/2020	1/31/2022	
29131		application finger splint dynamic	\$26.20	\$38.01	3/1/2020	1/31/2022	
29240		strapping of shoulder	\$35.99	\$45.70	3/1/2020	1/31/2022	
29260		strapping of elbow or wrist	\$29.64	\$39.33	3/1/2020	1/31/2022	
29280		strapping of hand or finger	\$27.92	\$37.92	3/1/2020	1/31/2022	
29405	-	application short leg cast	\$51.35	\$67.10	3/1/2020	1/31/2022	
29505	-	application long leg splint	\$37.87	\$56.96	3/1/2020	1/31/2022	
29515	_	application lower leg splint	\$39.70	\$53.63	3/1/2020	1/31/2022	
29530		strapping of knee strapping of ankle and/or foot	\$30.30 \$27.03	\$39.98 \$33.08	3/1/2020	1/31/2022	
29540 90791		psychiatric diagnostic evaluation	\$27.03 \$100.36	\$33.08 \$127.71	3/1/2020 3/1/2020	1/31/2022 1/31/2022	
90832		psychotherapy, 30 minutes	\$100.30	\$53.20	3/1/2020	1/31/2022	
90834		psychotherapy, 45 minutes	\$63.30	\$69.10	3/1/2020	1/31/2022	
90837		psychotherapy, 60 minutes	\$95.46	\$101.26	3/1/2020	1/31/2022	
90847		family psychotheraphy including patient, 50 minutes	\$87.93	\$93.22	3/1/2020	1/31/2022	·
90853		group psychotherapy (other than of a multiple-family group)	\$25.88	\$27.39	3/1/2020	1/31/2022	
92065		special eye evaluation	\$31.95	\$31.95	3/1/2020	1/31/2022	
92507		treatment of speech, language, voice, communication, and/ or auditory	\$25.64	\$71.66	3/1/2020	1/31/2022	
92508		treatment of speech, language, voice, communication, and/ or auditory	\$11.75	\$25.07	3/1/2020	1/31/2022	
92521	_	evaluation of speech fluency	\$98.22	\$98.22	3/1/2020	1/31/2022	
92522	_	evaluation of speech sound production and expression evaluation of speech sound production with evaluation of language	\$79.87	\$79.87	3/1/2020	1/31/2022	
92523		comprehension	\$165.69	\$165.69	3/1/2020	1/31/2022	
92524		behavioral and qualitative analysis of voice and resonance	\$82.86	\$82.86	3/1/2020	1/31/2022	
92526		treatment of swallowing dysfunction and/or oral function for feeding	\$23.87	\$66.87	3/1/2020	1/31/2022	
92550		tympanometry and reflex threshold measurements	\$74.66	\$74.95	3/1/2020	1/31/2022	
92551		screening test, pure tone, air only	\$8.68	\$8.68	3/1/2020	1/31/2022	
92552		pure tone audiometry (threshold); air only	\$17.48	\$17.48	3/1/2020	1/31/2022	
92553	_	audiometry air and bone	\$23.35	\$23.35	3/1/2020	1/31/2022	
92555		speech audiometry threshold;	\$12.95	\$12.95	3/1/2020	1/31/2022	
92556	_	speech audiometry threshold; with speech recognition comprehensive audiometry threshold evaluation and speech recognition	\$20.01	\$20.01	3/1/2020	1/31/2022	
92557		(92553 and	\$36.06	\$38.18	3/1/2020	1/31/2022	
92567		tympanometry (impedance testing)	\$13.24	\$14.76	3/1/2020	1/31/2022	
92568		acoustic reflex testing; threshold	\$15.47	\$15.47	3/1/2020	1/31/2022	
02570		acoustic immittance testing, included tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	625.27	626.00	3/1/2020	1/24/2000	
92570 92571		filtered speech test	\$25.37 \$13.24	\$26.88 \$13.24	3/1/2020	1/31/2022 1/31/2022	
32371			ş13.24	213.24	J/ 1/2020	1/31/2022	
92572		staggered spondaic word test	\$14.14	\$14.14	3/1/2020	1/31/2022	
92576		synthetic sentence identification test	\$17.08	\$17.08	3/1/2020	1/31/2022	
92579		visual reinforcement audiometry (vra)	\$35.36	\$37.79	3/1/2020	1/31/2022	
92582	-	conditioning play audiometry	\$33.35	\$33.35	3/1/2020	1/31/2022	
92583		select picture audiometry	\$26.80	\$26.80	3/1/2020	1/31/2022	
92587		evoked otoacoustic emissions; limited (single stimulus level, either transient	\$31.58	\$31.58	3/1/2020	1/31/2022	
92588		evoked otoacoustic emissions; comprehensive or diagnostic evaluation	\$52.25	\$52.25	3/1/2020	1/31/2022	
92590		hearing aid exam and selection monaural	\$37.31	\$37.31	3/1/2020	1/31/2022	·
92591		hearing aid exam and selection binaural	\$56.03	\$56.03	3/1/2020	1/31/2022	
92592		hearing aid check monaural	\$16.33	\$16.33	3/1/2020	1/31/2022	
92593		hearing aid check binaural	\$24.69	\$24.69	3/1/2020	1/31/2022	
92594		electracoustic eval for hearing aid monaural	\$18.03	\$18.03	3/1/2020	1/31/2022	
92595		electroacoustic evaluation for hearing aid binaura	\$26.94	\$26.94	3/1/2020	1/31/2022	
92607		eval for prescription for speech generating & alt. comm. device - face to face	\$125.80	\$125.80	3/1/2020	1/31/2022	

92608	each additional 30 minutes (use in conjunction with 92607)	\$24.05	\$24.05	3/1/2020	1/31/2022	
	therapeutic services for the use of speech-generatinf device, including	7	7			
92609	programm	\$66.84	\$66.84	3/1/2020	1/31/2022	
92610	eval of swallowing and oral function for feeding	\$64.65	\$64.65	3/1/2020	1/31/2022	
92612	endoscopic study of swallowing	\$57.55	\$129.93	3/1/2020	1/31/2022	
92620	evaluation of central auditory function, with report; initial 60 minutes	\$63.26	\$63.26	3/1/2020	1/31/2022	
	and the first of a sector bound from the sector with some state and with the sector bound of the sector bound of	4	4			
92621	evaluation of central auditory function, with report; each additional 15 minutes	\$14.70	\$14.70	3/1/2020	1/31/2022	
	Evaluation of auditory function for surgically implanted devices(s) candidacy or					
92626	postoperative status of a surgically implanted device(s); first hour	\$68.76	\$68.76	3/1/2020	1/31/2022	
02020	evaluation of auditory function for surgically implanted devices(s) candidacy or	<i>200.70</i>	<i>ç</i> 00.70	0/1/2020	1/01/2022	
	postoperative status of a surgically implanted device(s); each additional 15					
92627	minutes	\$16.77	\$16.77	3/1/2020	1/31/2022	
92630	auditory rehabilitation; pre-lingual hearing loss	\$46.26	\$122.85	3/1/2020	1/31/2022	
92633	auditory rehabilitation post-lingual hearing loss	\$46.26	\$122.85	3/1/2020	1/31/2022	
92652	Aep Thrshld Est Mlt Freq I&R	\$92.04	\$92.04	1/1/2021	1/31/2022	
92653	Aep Neurodiagnostic I&R	\$67.69	\$67.69	1/1/2021	1/31/2022	
95992	canalith Repositioning Proc	\$35.76	\$39.42	3/1/2020	1/31/2022	
	developmental teating, limited (og. developmental correction teat ii. corty					
96110	developmental testing; limited (eg, developmental screening test ii, early	\$9.19	\$9.19	3/1/2020	1/31/2022	
	developmental test administration by qualified health care professionsl with					
96112	interpretation and report, first 60 minutes	\$111.56	\$113.99	3/1/2020	1/31/2022	
	developmental test administration by qualified health care professional with					
96113	interpretation and report, additional 30 minutes	\$111.56	\$113.99	3/1/2020	1/31/2022	
96116	neurobehavioral status exam (clinical assessment of thinking, reasoning	\$78.87	\$83.10	3/1/2020	1/31/2022	
	neurobehavioral status examination by qualified health care professional with					
96121	interpretation and report, additional 60 minutes	\$77.04	\$93.70	3/1/2020	1/31/2022	
96125	standardized cognitive performance testing (eg, ross information processing	\$67.16	\$79.60	3/1/2020	1/31/2022	
	psychological testing evaluation by qualified health care professional, first 60					
96130	minutes	\$74.66	\$74.95	3/1/2020	1/31/2022	
96131	psychological testing evaluation by qualified health care professional, additional 60 minutes	\$74.66	\$74.95	3/1/2020	1/31/2022	
90131	neuropsychological testing evaluation by qualified health care professional,	\$74.00	\$74.95	3/1/2020	1/31/2022	
96132	first 60 minutes	\$77.04	\$93.70	3/1/2020	1/31/2022	
	neuropsychological testing evaluation by qualified health care professional,					
96133	additional 60 minutes	\$77.04	\$93.70	3/1/2020	1/31/2022	
00100	psychological or neuropsychological or neuropsychological test administration	674.00	674.05	0/4/0000	4/04/0000	
96136	and scoring by gualified health care professional, first 30 minutes	\$74.66	\$74.95	3/1/2020	1/31/2022	
96137	psychological or neuropsychological test administration and scoring by gualified health care professional, additional 30 minutes	\$74.66	\$74.95	3/1/2020	1/31/2022	
97110	therapeutic procedure 1 or more area	\$24.54	\$24.54	3/1/2020	1/31/2022	
97112	neuromuscular re-education of movement	\$25.23	\$25.23	3/1/2020	1/31/2022	
		<i>425.25</i>				
97116	therapeutic procedure, one or more areas, each 15 minutes; gait training	\$21.48	\$21.48	3/1/2020	1/31/2022	
97140	manual therapy techiques, one or more regions, each 15 minutes	\$22.76	\$22.76	3/1/2020	1/31/2022	
97150	therapeutic procedures in a group setting	\$11.75	\$25.07	3/1/2020	1/31/2022	
97161	evaluation of physical therapy, typically 20 minutes	\$70.83	\$70.83	3/1/2020	1/31/2022	
97162	evaluation of physical therapy, typically 30 minutes	\$70.83	\$70.83	3/1/2020	1/31/2022	
97163	evaluation of physical therapy, typically 45 minutes	\$70.83	\$70.83	3/1/2020	1/31/2022	
97164	re-evaluation of physical therapy, typically 20 minutes	\$48.00	\$48.00	3/1/2020	1/31/2022	
97165	evaluation of occupational therapy, typically 30 minutes	\$68.71	\$68.71	3/1/2020	1/31/2022	
97166	evaluation of occupational therapy, typically 45 minutes	\$68.71	\$68.71	3/1/2020	1/31/2022	
	evaluation of occupational therapy established plan of care, typically 60					
97167	minutes	\$68.71	\$68.71	3/1/2020	1/31/2022	
07169	re-evaluation of occupational therapy established plan of care, typically 30	CAE 24	64E 24	2/1/2020	1/21/2022	
97168	minutes therapeutic activities, direct (one on one) patient contact by th	\$45.34	\$45.34	3/1/2020	1/31/2022	
97530	therapeutic activities, direct (one on one) patient contact by th	\$25.82	\$25.82	3/1/2020	1/31/2022	
97533	sensory integrative techniques to enhance sensory processing and promote	\$22.79	\$22.79	3/1/2020	1/31/2022	
97535	self-care/home management training (eg, activities of daily living (adl) and	\$25.85	\$25.85	3/1/2020	1/31/2022	
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97542	wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$24.16	\$24.16	3/1/2020	1/31/2022	
	management and/or training in use of orthotics (supports, braces, or splints)					
97763	for arms, legs, and/or trunk, per 15 minutes	\$28.29	\$28.29	3/1/2020	1/31/2022	
97750	physical performance test or measurement (eg, musculoskeletal,	\$25.14	\$25.14	3/1/2020	1/31/2022	
	orthotic(s) management and training including assessment and fitting when					
	not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk,					
97760	initial orthotic(s) encounter, each 15 minutes	\$27.76	\$27.76	3/1/2020	1/31/2022	
	prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s)	<i></i>	<i>ţ</i> 20			
97761	encounter, each 15 minutes	\$24.83	\$24.83	3/1/2020	1/31/2022	
99173	eye Chart testing of visual acuity of both eyes	\$8.68	\$8.68	3/1/2020	1/31/2022	
00110				-		
S5125	attendant care services; per 15 minutes	\$2.88	\$2.88	3/1/2020	1/31/2022	
	attendant care services; per 15 minutes rn services up to 15 minutes	\$2.88 \$6.28	\$2.88 \$6.28	3/1/2020 3/1/2020	1/31/2022 1/31/2022	

V5008	hearing screening	\$8.68	\$8.68	3/1/2020	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.					