

Speech and Hearing Services Fee Schedule

Updated January 1, 2014

| Procedure Code | Modifier | Code Description | Agency Rate | Independent Rate * | Unit | Start Date | End Date |
|----------------|----------|---|-------------|--------------------|---------------------------|------------|------------|
| 92506 | GN | Evaluation of speech, language, voice, communication, and/or auditory processing (Use for evaluation and re-evaluation.) | \$87.82 | \$63.42 | per session | | 12/31/2013 |
| 92521 | GN | Evaluation of speech fluency | \$76.52 | \$55.27 | per session | 1/1/2014 | |
| 92522 | GN | Evaluation of speech sound production | \$62.33 | \$45.01 | per session | 1/1/2014 | |
| 92523 | GN | Evaluation of speech sound production with evaluation of language comprehension and expression | \$129.16 | \$93.28 | per session | 1/1/2014 | |
| 92524 | GN | Behavioral and qualitative analysis of voice and resonance | \$64.52 | \$46.60 | per session | 1/1/2014 | |
| 92507 | GN | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | \$51.38 | \$37.11 | per session | | |
| 92508 | HQ,GN | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals | \$19.80 | \$14.30 | per session per member | | |
| 92507 | TF,GN | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual intermediate level of care (Assistant) | \$44.55 | \$32.17 | per session | | |
| 92508 | TF,HQ,GN | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals (Assistant) | \$19.80 | \$14.30 | per session per member | | |
| 92526 | GN | Treatment of swallowing dysfunction and/or oral function for feeding (Dysphagia) | \$69.35 | \$50.08 | per session | | |
| 92550 | | Tympanometry and reflex threshold measurements | \$20.13 | \$20.13 | per session | | |
| 92551 | | Screening test, pure tone, air only | \$12.12 | \$8.76 | per session | | |
| 92552 | | Pure tone audiometry (threshold); air only | \$18.36 | \$13.26 | per session | | |
| 92553 | | Pure tone audiometry (threshold); air and bone | \$23.28 | \$16.81 | per session | | |
| 92555 | | Speech audiometry threshold | \$13.43 | \$9.70 | per session | | |
| 92556 | | Speech audiometry threshold; with speech recognition | \$20.83 | \$15.04 | per session | | |
| 92557 | | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | \$29.83 | \$21.54 | per session | | |
| 92561 | | Bekesy audiometry; diagnostic | \$23.53 | \$16.99 | per session | | |
| 92562 | | Loudness balance test, alternate binaural or monaural | \$22.79 | \$16.46 | per session | | |
| 92564 | | Short increment sensitivity index (SISI) | \$16.14 | \$11.66 | per session | | |
| 92565 | | Stenger test, pure tone | \$9.26 | \$6.69 | per session | | |
| 92567 | | Tympanometry (impedance testing) | \$9.28 | \$6.70 | per session | | |
| 92568 | | Acoustic reflex testing, threshold | \$11.65 | \$11.65 | per session | | |
| 92579 | | Visual reinforcement audiometry (VRA) | \$32.19 | \$23.25 | per session | | |
| 92582 | | Conditioning play audiometry | \$37.07 | \$26.77 | per session | | |
| 92583 | | Select picture audiometry | \$25.75 | \$18.59 | per session | | |
| 92585 | | Auditory evoked potentials for evoked response audiometry/and/or testing of the central nervous system; comprehensive | \$75.46 | \$54.34 | per session | | |
| 92587 | | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion product(s)) | \$26.82 | \$19.37 | per session | | |
| 92588 | | Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) | \$48.29 | \$34.87 | per session | | |
| 92592 | | Hearing aid check; monaural (Under age 21 only) | \$25.79 | \$18.62 | per session | | |
| 92593 | | Hearing aid check; binaural (Under age 21 only) | \$25.79 | \$18.62 | per session | | |
| 92601 | | Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming | \$107.70 | \$77.78 | per session | | |
| 92602 | | Diagnostic analysis of cochlear implant, patient younger than 7 years of age, subsequent reprogramming | \$66.33 | \$47.90 | per session | | |
| 92603 | | Diagnostic analysis of cochlear implant, age 7 years or older, with programming | \$105.15 | \$75.94 | per session | | |
| 92604 | | Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming | \$62.27 | \$44.97 | per session | | |
| 92607 | GN | Evaluation for prescription speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour | \$62.29 | \$48.58 | 60 mins | | |

| Procedure Code | Modifier | Code Description | Agency Rate | Independent Rate * | Unit | Start Date | End Date |
|----------------|----------|---|-------------|--------------------|------------------------|------------|----------|
| 92608 | GN | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to 92607 for primary procedure) | \$19.20 | \$13.86 | 30 mins | | |
| 92609 | GN | Therapeutic services for the use of speech-generating device, including programming and modification | \$73.85 | \$53.33 | per session | | |
| 92610 | | Evaluation of oral and pharyngeal swallowing function | \$47.88 | \$34.47 | per session | | |
| 92620 | | Evaluation of central auditory function, with report; initial 60 minutes | \$34.11 | \$29.20 | 60 mins | | |
| 92621 | | Evaluation of central auditory function, with report; each additional 15 minutes | \$8.62 | \$7.38 | 15 mins | | |
| 92630 | GN | Auditory rehabilitation; pre-lingual hearing loss | \$55.50 | \$40.08 | per session | | |
| 92633 | GN | Auditory rehabilitation; post-lingual hearing loss | \$55.50 | \$40.08 | per session | | |
| 92630 | HQ,GN | Auditory rehabilitation; pre-lingual hearing loss (Group) | \$36.63 | \$26.45 | per session per member | | |
| 92633 | HQ,GN | Auditory rehabilitation; post-lingual hearing loss (Group) | \$36.63 | \$26.45 | per session per member | | |
| 96110 | GN | Developmental testing; limited, (eg. Early Language Milestone Screen) with interpretation and report | \$5.32 | \$3.85 | per session | | |
| | | | | | | | |
| V5008 | | Hearing screening | \$17.02 | \$12.86 | 15 mins | | |
| V5010 | | Assessment of hearing aid | \$17.75 | \$12.78 | 15 mins | | |
| V5264 | | Ear mold/insert, not disposable, any type (Under age 21 for hearing aids only) | \$45.50 | \$32.86 | per unit | | |
| V5362 | | Speech screening (articulation) | \$17.76 | \$12.87 | 15 mins | | |
| V5363 | | Language screening (receptive or expressive) | \$17.76 | \$12.87 | 15 mins | | |
| V5364 | | Dysphagia screening | \$17.76 | \$12.87 | 15 mins | | |
| V5008 | TF | Hearing screening (Assistant) | \$15.32 | \$11.57 | 15 mins | | |
| V5362 | TF | Speech screening (articulation)(Assistant) | \$14.65 | \$10.58 | 15 mins | | |
| V5363 | TF | Language screening (receptive or expressive)(Assistant) | \$14.65 | \$10.58 | 15 mins | | |
| V5364 | TF | Dysphagia screening (Assistant) | \$14.65 | \$10.58 | 15 mins | | |

MaineCare coverage of Speech and Hearing Services is limited. Refer to Chapter II, Section 109.08 for specific limitations. Use the following modifiers whenever appropriate, as well as any other HIPAA compliant billing modifiers not listed below that apply to the service. The Modifier(s) column below is for reference only. Professional judgment of Qualified Professional Staff in accordance with 109-09.3 should make the final determination.

GN If services are delivered under an outpatient speech-language pathology plan of care.

TF Applicable for Assistant services.

HQ For group services (two (2) to four (4) members with one clinician).

52 If the service is reduced, or applied to one ear and not both.

TL For services performed under and Individualized Family Service Plan (IFSP).

TM If performed under an Individualized Education Plan (IEP) with MaineCare Addendum.

22 If the work required to provide a service is substantially greater than typically required. (Documentation must be submitted with the provider claim that supports the substantial additional work and the reason for that additional work. If so, after manual clinical review by the Department or authorized agent, the provider will receive an additional twenty-percent (20%) reimbursement for the service.

* The Independent Rate applies to organizations with either one or more Speech Language Pathologist or Audiologist.