

Speech Therapy Rates - effective 1/1/2018

Code	Description	Modifier	Duration	Non-Facility		Facility	
				Therapist Rate	Clinical Fellows Rate	Therapist Rate	Clinical Fellows Rate
31579	LARYNGOSCOPY TELESCOPIC			\$106.49	\$62.64	\$72.56	\$42.68
92507	SPEECH/HEARING THERAPY		Episode	\$47.57	\$27.98	\$47.57	\$27.98
92508	SPEECH/HEARING THERAPY		Episode	\$13.83	\$8.13	\$13.83	\$8.13
92511	NASOPHARYNGOSCOPY		Episode	\$63.67	\$37.45	\$22.87	\$13.45
92512	NASAL FUNCTION STUDIES		Episode	\$35.06	\$20.63	\$17.49	\$10.29
92520	LARYNGEAL FUNCTION STUDIES		Episode	\$45.57	\$26.81	\$24.98	\$14.69
92521	EVALUATION OF SPEECH FLUENCY		Episode	\$68.91	\$40.53	\$68.91	\$40.53
92522	EVALUATE SPEECH PRODUCTION		Episode	\$55.63	\$32.73	\$55.63	\$32.73
92523	SPEECH SOUND LANG COMPREHEN		Episode	\$119.42	\$70.25	\$119.42	\$70.25
92524	BEHAVRAL QUALIT ANALYS VOICE		Episode	\$53.42	\$31.43	\$53.42	\$31.43
92526	ORAL FUNCTION THERAPY		Episode	\$51.90	\$30.53	\$51.90	\$30.53
92540	BASIC VESTIBULAR EVALUATION	TC	Episode	\$12.51	\$7.36	\$12.51	\$7.36
92540	BASIC VESTIBULAR EVALUATION	26	Episode	\$48.79	\$28.70	\$48.79	\$28.70
92540	BASIC VESTIBULAR EVALUATION		Episode	\$61.30	\$36.06	\$61.30	\$36.06
92541	SPONTANEOUS NYSTAGMUS TEST	TC	Episode	\$2.01	\$1.18	\$2.01	\$1.18
92541	SPONTANEOUS NYSTAGMUS TEST	26	Episode	\$12.97	\$7.63	\$12.97	\$7.63
92541	SPONTANEOUS NYSTAGMUS TEST		Episode	\$14.97	\$8.81	\$14.97	\$8.81
92542	POSITIONAL NYSTAGMUS TEST	TC	Episode	\$1.80	\$1.06	\$1.80	\$1.06
92542	POSITIONAL NYSTAGMUS TEST	26	Episode	\$15.34	\$9.03	\$15.34	\$9.03
92542	POSITIONAL NYSTAGMUS TEST		Episode	\$17.15	\$10.09	\$17.15	\$10.09
92544	OPTOKINETIC NYSTAGMUS TEST	TC	Episode	\$1.40	\$0.83	\$1.40	\$0.83
92544	OPTOKINETIC NYSTAGMUS TEST	26	Episode	\$8.85	\$5.21	\$8.85	\$5.21
92544	OPTOKINETIC NYSTAGMUS TEST		Episode	\$10.25	\$6.03	\$10.25	\$6.03
92545	OSCILLATING TRACKING TEST	TC	Episode	\$1.40	\$0.83	\$1.40	\$0.83
92545	OSCILLATING TRACKING TEST	26	Episode	\$8.20	\$4.82	\$8.20	\$4.82
92545	OSCILLATING TRACKING TEST		Episode	\$9.60	\$5.65	\$9.60	\$5.65
92546	SINUSOIDAL ROTATIONAL TEST	TC	Episode	\$51.07	\$30.04	\$51.07	\$30.04
92546	SINUSOIDAL ROTATIONAL TEST	26	Episode	\$9.29	\$5.47	\$9.29	\$5.47
92546	SINUSOIDAL ROTATIONAL TEST		Episode	\$60.36	\$35.51	\$60.36	\$35.51
92547	SUPPLEMENTAL ELECTRICAL TEST		Episode	\$3.44	\$2.02	\$3.44	\$2.02

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Code	Description	Modifier	Duration	Non-Facility	
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92548	POSTUROGRAPHY	TC	Episode	\$41.59	\$24.47
92548	POSTUROGRAPHY	26	Episode	\$15.99	\$9.41
92548	POSTUROGRAPHY		Episode	\$57.59	\$33.87
92550	TYMPANOMETRY & REFLEX THRESH		Episode	\$13.05	\$7.68
92552	PURE TONE AUDIOMETRY AIR		Episode	\$18.16	\$10.68
92553	AUDIOMETRY AIR & BONE		Episode	\$21.80	\$12.82
92555	SPEECH THRESHOLD AUDIOMETRY		Episode	\$13.72	\$8.07
92556	SPEECH AUDIOMETRY COMPLETE		Episode	\$21.80	\$12.82
92557	COMPREHENSIVE HEARING TEST		Episode	\$22.86	\$13.45
92561	BEKESY AUDIOMETRY DIAGNOSIS		Episode	\$22.39	\$13.17
92562	LOUDNESS BALANCE TEST		Episode	\$26.65	\$15.68
92563	TONE DECAY HEARING TEST		Episode	\$17.76	\$10.45
92564	SISI HEARING TEST		Episode	\$14.93	\$8.78
92565	STENGER TEST PURE TONE		Episode	\$8.87	\$5.22
92567	TYMPANOMETRY		Episode	\$8.70	\$5.12
92568	ACOUSTIC REFL THRESHOLD TST		Episode	\$9.68	\$5.70
92570	ACOUSTIC IMMITANCE TESTING		Episode	\$19.52	\$11.48
92571	FILTERED SPEECH HEARING TEST		Episode	\$15.74	\$9.26
92572	STAGGERED SPONDAIC WORD TEST		Episode	\$30.28	\$17.81
92575	SENSORINEURAL ACUITY TEST		Episode	\$27.04	\$15.90
92576	SYNTHETIC SENTENCE TEST		Episode	\$21.60	\$12.71
92577	STENGER TEST SPEECH		Episode	\$8.27	\$4.86
92579	VISUAL AUDIOMETRY (VRA)		Episode	\$27.72	\$16.31
92582	CONDITIONING PLAY AUDIOMETRY		Episode	\$38.95	\$22.91
92583	SELECT PICTURE AUDIOMETRY		Episode	\$28.26	\$16.62
92584	ELECTROCOCHLEOGRAPHY		Episode	\$42.38	\$24.93
92585	AUDITOR EVOKE POTENT COMPRE	TC	Episode	\$62.18	\$36.57
92585	AUDITOR EVOKE POTENT COMPRE	26	Episode	\$16.40	\$9.65
92585	AUDITOR EVOKE POTENT COMPRE		Episode	\$78.57	\$46.22
92586	AUDITOR EVOKE POTENT LIMIT		Episode	\$51.07	\$30.04

Facility	
Therapist Rate	Clinical Fellows Rate
\$41.59	\$24.47
\$15.99	\$9.41
\$57.59	\$33.87
\$13.05	\$7.68
\$18.16	\$10.68
\$21.80	\$12.82
\$13.72	\$8.07
\$21.80	\$12.82
\$20.04	\$11.79
\$22.39	\$13.17
\$26.65	\$15.68
\$17.76	\$10.45
\$14.93	\$8.78
\$8.87	\$5.22
\$6.68	\$3.93
\$9.49	\$5.58
\$18.31	\$10.77
\$15.74	\$9.26
\$30.28	\$17.81
\$27.04	\$15.90
\$21.60	\$12.71
\$8.27	\$4.86
\$23.48	\$13.81
\$38.95	\$22.91
\$28.26	\$16.62
\$42.38	\$24.93
\$62.18	\$36.57
\$16.40	\$9.65
\$78.57	\$46.22
\$51.07	\$30.04

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Code	Description	Modifier	Duration	Non-Facility	
				Therapist Rate	Clinical Fellows Rate
92587	EVOKED AUDITORY TEST LIMITED	TC	Episode	\$1.80	\$1.06
92587	EVOKED AUDITORY TEST LIMITED	26	Episode	\$11.25	\$6.62
92587	EVOKED AUDITORY TEST LIMITED		Episode	\$13.05	\$7.68
92588	EVOKED AUDITORY TST COMPLETE	TC	Episode	\$2.21	\$1.30
92588	EVOKED AUDITORY TST COMPLETE	26	Episode	\$17.74	\$10.43
92588	EVOKED AUDITORY TST COMPLETE		Episode	\$19.94	\$11.73
92597	ORAL SPEECH DEVICE EVAL		Episode	\$43.82	\$25.78
92601	COCHLEAR IMPLT F/UP EXAM <7		Episode	\$99.37	\$58.45
92602	REPROGRAM COCHLEAR IMPLT <7		Episode	\$61.31	\$36.07
92603	COCHLEAR IMPLT F/UP EXAM 7/>		Episode	\$92.38	\$54.34
92604	REPROGRAM COCHLEAR IMPLT 7/>		Episode	\$54.53	\$32.08
92607	EX FOR SPEECH DEVICE RX 1HR		First 1 hour	\$78.82	\$46.37
92608	EX FOR SPEECH DEVICE RX ADDL		Add'l 30 m	\$31.58	\$18.57
92609	USE OF SPEECH DEVICE SERVICE		Episode	\$65.97	\$38.81
92610	EVALUATE SWALLOWING FUNCTION		Episode	\$51.80	\$30.47
92611	MOTION FLUOROSCOPY/SWALLOW		Episode	\$52.86	\$31.10
92612	ENDOSCOPY SWALLOW (FEES) VID		Episode	\$111.90	\$65.82
92613	ENDOSCOPY SWALLOW (FEES) I&R		Episode	\$23.28	\$13.69
92613	ENDOSCOPY SWALLOW (FEES) I&R		Episode	\$23.28	\$13.69
92614	LARYNGOSCOPIC SENSORY VID		Episode	\$85.23	\$50.13
92615	LARYNGOSCOPIC SENSORY I&R		Episode	\$20.29	\$11.93
92616	FEES W/LARYNGEAL SENSE TEST		Episode	\$122.23	\$71.90
92617	FEES W/LARYNGEAL SENSE I&R		Episode	\$25.47	\$14.98
92620	AUDITORY FUNCTION 60 MIN		First 1 hour	\$57.28	\$33.69
92621	AUDITORY FUNCTION + 15 MIN		Add'l 15 m	\$13.67	\$8.04
92625	TINNITUS ASSESSMENT		Episode	\$42.60	\$25.06
92626	EVAL AUD REHAB STATUS		First 1 hour	\$54.45	\$32.03
92627	EVAL AUD STATUS REHAB ADD-ON		Add'l 15 m	\$13.62	\$8.01
92640	AUD BRAINSTEM IMPLT PROGRAMG		Episode	\$69.55	\$40.91
96105	ASSESSMENT OF APHASIA		Episode	\$65.68	\$38.63

Facility	
Therapist Rate	Clinical Fellows Rate
\$1.80	\$1.06
\$11.25	\$6.62
\$13.05	\$7.68
\$2.21	\$1.30
\$17.74	\$10.43
\$19.94	\$11.73
\$43.82	\$25.78
\$77.15	\$45.38
\$43.75	\$25.73
\$74.80	\$44.00
\$41.81	\$24.59
\$78.82	\$46.37
\$31.58	\$18.57
\$65.97	\$38.81
\$44.33	\$26.07
\$52.86	\$31.10
\$41.62	\$24.48
\$23.28	\$13.69
\$23.28	\$13.69
\$40.80	\$24.00
\$20.29	\$11.93
\$61.04	\$35.91
\$25.26	\$14.86
\$50.41	\$29.65
\$11.65	\$6.85
\$38.36	\$22.56
\$46.58	\$27.40
\$11.00	\$6.47
\$59.05	\$34.74
\$65.68	\$38.63

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				Non-Facility	
Code	Description	Modifier	Duration	Therapist Rate	Clinical Fellows Rate
96111	DEVELOPMENTAL TEST EXTEND		Episode	\$82.76	\$48.68
96125	COGNITIVE TEST BY HC PRO		Per hour	\$71.43	\$42.02
97127	THER IVNTJ W/FOCUS COG FUNCJ		15 min	\$16.26	\$9.57
97533	SENSORY INTEGRATION		15 min	\$20.60	\$12.12
G0451	DEVLOPMENT TEST INTERPT&REP		Episode	\$5.85	\$3.44

Facility	
Therapist Rate	Clinical Fellows Rate
\$77.92	\$45.83
\$71.43	\$42.02
\$13.46	\$7.92
\$20.60	\$12.12
\$5.85	\$3.44