KY Medicaid Speech Therapy Fee Schedule 2025 (Provider Type 79) revised 3.27.2025

Notes:

• Red indicates new codes or changes for the most current revision date.

• See Updates tab at bottom of excel spreadsheet for updates made to the fee schedule.

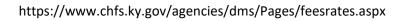
• The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.

• It is the responsibility of the provider to check member eligibility.

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*Clinica	l Fellows r	receive sam	e rate as Therapists	Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
31579			EXAM TO ASSESS MOVEMENT OF VOCAL CORD FLAPS USING AN ENDOSCOPE	¢110 ГО	\$72.11	
90901			BIOFEEDBACK TRAINING	\$118.50 \$24.37	\$12.20	
90901			TREATMENT OF SPEECH, LANGUAGE,	\$24.37	\$12.20	
			VOICE, COMMUNICATION, AND/OR			
92507		Episode	HEARING PROCESSING DISORDER	\$47.04	\$47.04	
			TREATMENT OF SPEECH, LANGUAGE,	TT	TT .	
			VOICE, COMMUNICATION, AND/OR			
			HEARING PROCESSING DISORDER IN A			
92508		Episode	GROUP SETTING	\$14.36	\$14.36	
			EXAM OF THE NOSE AND THROAT			
92511		Episode	USING AN ENDOSCOPE	\$69.40	\$22.82	
92512		Episode	NASAL FUNCTION STUDIES	\$36.83	\$17.08	
92520		Episode	STUDY OF VOICE BOX FUNCTION	\$50.33	\$24.38	
			EVALUATION OF SPEECH CONTINUITY,			
92521		Episode	SMOOTHNESS, RATE, AND EFFORT	\$81.54	 \$81.54	
			EVALUATION OF SPEECH SOUND			
92522		Episode	PRODUCTION	\$68.54	\$68.54	
			EVALUATION OF SPEECH SOUND			
			PRODUCTION WITH EVALUATION OF			
02522		Friende	LANGUAGE COMPREHENSION AND EXPRESSION	¢120.24	¢120.24	
92523		Episode	ENPRESSIUN	\$139.24	\$139.24	





*Clinical	l Fellows r	receive sam	e rate as Therapists	Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	 Therapist Rate	Notes
			ANALYSIS OF VOICE AND RESONANCE			
92524		Episode	PRODUCTION	\$67.58	\$67.58	
			TREATMENT OF SWALLOWING AND			
92526		Episode	FEEDING DISORDER	\$51.94	\$51.94	
			EVALUATION AND TESTING FOR			
92540	26	Episode	BALANCE WITH RECORDING	\$48.01	\$48.01	
			EVALUATION AND TESTING FOR			
92540		Episode	BALANCE WITH RECORDING	\$66.98	 \$66.98	
			TEST FOR ABNORMAL EYE MOVEMENT			
92541	26	Episode	WITH RECORDING	\$12.84	\$12.84	
			TEST FOR ABNORMAL EYE MOVEMENT			
92541		Episode	WITH RECORDING	\$15.52	\$15.52	
			TEST FOR ABNORMAL EYE MOVEMENT			
92542	26	Episode	USING 3 POSITIONS WITH RECORDING	\$15.37	\$15.37	
			TEST FOR ABNORMAL EYE MOVEMENT			
92542		Episode	USING 3 POSITIONS WITH RECORDING	\$17.86	\$17.86	
			TEST FOR ABNORMAL EYE MOVEMENT			
			USING A MOVING TARGET WITH			
92544	26	Episode	RECORDING	\$8.82	\$8.82	
			TEST FOR ABNORMAL EYE MOVEMENT			
			USING A MOVING TARGET WITH			
92544		Episode	RECORDING	\$10.92	 \$10.92	
			TEST FOR ABNORMAL EYE MOVEMENT			
			USING A MOVING TARGET THAT MOVES			
92545	26	Episode	BACK AND FORTH WITH RECORDING	\$8.19	\$8.19	
			TEST FOR ABNORMAL EYE MOVEMENT			
			USING A MOVING TARGET THAT MOVES			
92545		Episode	BACK AND FORTH WITH RECORDING	\$10.29	\$10.29	
			TEST FOR ABNORMAL EYE MOVEMENT			
92546	26	Episode	USING A ROTATING CHAIR	\$9.26	\$9.26	



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Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
			TEST FOR ABNORMAL EYE MOVEMENT			
92546		Episode	USING A ROTATING CHAIR	\$73.63	\$73.63	
			USE OF ELECTRODES DURING BALANCE			
92547		Episode	TESTING	\$5.94	\$5.94	
92548	26	Episode	TEST FOR BALANCE AND POSTURE	\$21.09	\$21.09	
92548		Episode	TEST FOR BALANCE AND POSTURE	\$29.52	\$29.52	
			TEST FOR EARDRUM AND MUSCLE			
92550		Episode	FUNCTION	\$13.65	\$13.65	
			TEST FOR HEARING VARIOUS PITCHES			
92552		Episode	USING EARPHONE	\$21.71	\$21.71	
			TEST FOR HEARING VARIOUS PITCHES			
			USING EARPHONE AND DEVICE PLACED			
92553		Episode	AGAINST THE BONE	\$26.2 3	\$26.23	
			TEST FOR ABILITY TO DETECT AND			
92555		Episode	REPEAT SPOKEN WORDS	\$16.47	\$16.47	
			TEST FOR ABILITY TO DETECT AND			
			REPEAT SPOKEN WORDS WITH SPEECH			
92556		Episode	RECOGNITION	\$25.51	\$25.51	
			COMPREHENSIVE HEARING AND SPEECH			
92557		Episode	RECOGNITION TEST	\$22.98	\$19.91	
			TEST TO DETECT LOUDNESS			
92562		Episode	DIFFERENCES	\$28.06	\$28.06	
			TEST TO ASSESS DEFECTS IN ADAPTION			
92563		Episode	TO SOUNDS	\$19.36	\$19.36	
92565		Episode	TEST TO ASSESS HEARING LOSS	\$11.94	\$11.94	
92567		Episode	TEST TO ASSESS MIDDLE EAR FUNCTION	\$9.96	\$6.51	
			TEST TO ASSESS MIDDLE EAR MUSCLE			
92568		Episode	REFLEX	\$9.64	\$9.45	
92570		Episode	COMPREHENSIVE HEARING TEST	\$20.15	\$20.15	



*Clinical	l Fellows r	receive same	e rate as Therapists	Non-Facility		Facility	
Code	Modifier	Duration	Description	Therapist Rate	Ī	Therapist Rate	Notes
			TEST TO ASSESS BY HEARING BY				
			EXAMINING THE REPETITION OF REAL				
92571		Episode	WORDS VERSUS NONSENSE WORDS	\$17.19		\$17.19	
			TEST TO ASSESS HEARING USING 2				
92572		Episode	SYLLABLE WORDS	\$30.93		\$30.93	
			TEST TO ASSESS HEARING LOSS USING				
92575		Episode	DIFFERENT TONE PITCHES	\$40.65		\$40.65	
			TEST TO ASSESS HEARING LOSS USING				
			GRAMMATICALLY INCORRECT				
92576		Episode	SENTENCES	\$24.60		\$24.60	
			TEST TO ASSESS HEARING LOSS USING 2				
			SIMULTANEOUS WORDS AT DIFFERENT				
92577		Episode	TONES IN SAME EAR	\$12.49		\$12.49	
			TEST TO ASSESS HEARING SENSITIVITY				
92579		Episode		\$28.06		\$28.06	
			TEST TO ASSESS HEARING SENSITIVITY				
92582		Episode	USING ACTIVITY RELATED FEEDBACK	\$48.48		\$48.48	
			TEST TO ASSESS HEARING USING				
92583		Episode	PICTURES	\$32.20		\$32.20	
			TEST TO ASSESS ELECTRICAL				
			POTENTIALS GENERATED IN THE INNER				
02504		Ender de	EAR AS A RESULT OF SOUND	¢ co. oo		6c0.00	
92584		Episode	STIMULATION PLACEMENT OF EAR PROBE FOR	\$68.03		\$68.03	
			COMPUTERIZED MEASUREMENT OF				
			SOUND WITH INTERPRETATION AND				
92587	26	Fricada	REPORT	\$11.16		611.10	
92587	20	Episode	PLACEMENT OF EAR PROBE FOR	\$11.10		\$11.16	
			COMPUTERIZED MEASUREMENT OF				
			SOUND WITH INTERPRETATION AND				
925.97		Fnisode		\$13 <i>1</i> 5		¢12 /5	
92587		Episode	REPORT	\$13.45		\$13.45	



*Clinical	l Fellows I	receive same	e rate as Therapists	Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
			PLACEMENT OF EAR PROBE FOR			
			COMPUTERIZED MEASUREMENT OF			
			REPEATED SOUNDS WITH			
92588	26	Episode	INTERPRETATION AND REPORT	\$17.68	\$17.68	
			PLACEMENT OF EAR PROBE FOR			
			COMPUTERIZED MEASUREMENT OF			
			REPEATED SOUNDS WITH			
92588		Episode	INTERPRETATION AND REPORT	\$20.74	\$20.74	
			EVALUATION FOR USE OF VOICE			
			ARTIFICIAL DEVICE TO SUPPLEMENT			
92597		Episode	ORAL SPEECH	\$44.41	\$44.41	
			ANALYSIS AND PROGRAMMING OF			
			INNER EAR IMPLANT (YOUNGER THAN 7			
92601		Episode	YEARS)	\$98.97	\$76.16	
			ANALYSIS AND REPROGRAMMING OF			
			INNER EAR IMPLANT (YOUNGER THAN 7			
92602		Episode	YEARS)	\$62.18	\$43.01	
			ANALYSIS AND PROGRAMMING OF			
			INNER EAR IMPLANT (7 YEARS OR			
92603		Episode	OLDER)	\$92.88	\$74.10	
			ANALYSIS AND REPROGRAMMING OF			
			INNER EAR IMPLANT (7 YEARS OR			
92604		Episode	OLDER)	\$55.71	\$41.14	
			EVALUATION AND PRESCRIPTION OF			
			NONSPEECH-GENERATING AND			
			ALTERNATIVE COMMUNICATION			
92605		First 1 hour	DEVICE, FIRST HOUR	\$73.63	\$73.63	Effective 7/1/2024
			THERAPY SERVICE FOR USE OF			
			NONSPEECH-GENERATING DEVICE WITH			
92606		Episode	PROGRAMMING	\$65.12	\$65.12	



*Clinical	l Fellows I	receive same	e rate as Therapists	Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
			EVALUATION WITH PRESCRIPTION OF			
			SPEECH-GENERATING AND			
			ALTERNATIVE COMMUNICATION			
92607		First 1 hour	DEVICE, FIRST HOUR	\$75.44	\$75.44	
			EVALUATION WITH PRESCRIPTION OF			
			SPEECH-GENERATING AND			
			ALTERNATIVE COMMUNICATION			
92608		Add'l 30 min	DEVICE, EACH ADDITIONAL 30 MINUTES	\$29.78	\$29.78	
			THERAPY SERVICE FOR USE OF SPEECH-			
			GENERATING DEVICE WITH			
92609		Episode	PROGRAMMING	\$63.13	 \$63.13	
			EVALUATION OF SWALLOWING	4	4	
92610		Episode		\$52.01	\$43.18	
00011		- · ·	EVALUATION OF SWALLOWING		4	
92611		Episode		\$55.74	\$55.74	
02642		E di sul s	EVALUATION AND RECORDING OF	A110.01	A	
92612		Episode	SWALLOWING USING AN ENDOSCOPE	\$113.64	\$41.17	
			EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING			
92613		Freicodo	USING AN ENDOSCOPE	632 F2	¢22.52	
92613		Episode	EVALUATION AND RECORDING OF	\$22.53	\$22.53	
			VOICE BOX SENSORY FUNCTION USING			
92614		Episode	AN ENDOSCOPE	\$85.33	\$40.79	
52014		Lpisode	EVALUATION, RECORDING, AND	JOJ.JJ	940.7 <i>5</i>	
			INTERPRETATION OF VOICE BOX			
			SENSORY FUNCTION USING AN			
92615		Episode	ENDOSCOPE	\$20.19	\$20.19	
			EVALUATION AND RECORDING OF	T =	T - 0 0	
			SWALLOWING AND VOICE BOX			
			SENSORY FUNCTION USING AN			
92616		Episode	ENDOSCOPE	\$130.49	\$60.73	



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Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
			EVALUATION, RECORDING, AND			
			INTERPRETATION OF SWALLOWING			
			AND VOICE BOX SENSORY FUNCTION			
92617		Episode	USING AN ENDOSCOPE	\$25.25	\$25.25	
			EVALUATION OF HEARING FUNCTION			
92620		First 1 hour	BRAIN RESPONSES, FIRST HOUR	\$56.51	\$49.56	
			EVALUATION OF HEARING FUNCTION			
			BRAIN RESPONSES, EACH ADDITIONAL			
92621		Add'l 15 min	15 MINUTES	\$13.46	\$11.55	
			EVALUATION OF HEARING RINGING IN			
92625		Episode	EAR	\$42.00	\$38.78	
			EVALUATION OF HEARING FUNCTION			
			RELATED TO SURGICALLY IMPLANTED			
92626		First 1 hour	HEARING DEVICE, FIRST HOUR	\$53.84	 \$45.98	
			EVALUATION OF HEARING FUNCTION			
			RELATED TO SURGICALLY IMPLANTED			
			HEARING DEVICE, EACH ADDITIONAL 15			
92627		Add'l 15 min	MINUTES	\$12.64	\$10.91	
			EVALUATION OF AUDITORY BRAINSTEM			
92640		Episode	IMPLANT, PER HOUR	\$67.91	\$58.32	
			TEST TO ASSESS THE LOSS OF THE			
			ABILITY TO SPEAK, WRITE, AND			
96105		Episode		\$60.37	\$60.37	
96110		Episode	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$7.29	
06110		First 4 haven	ADMINISTRATION OF DEVELOPMENTAL	670.00	670.00	
96112		First 1 hour	TEST, FIRST HOUR	\$78.80	\$78.03	
			ADMINISTRATION OF DEVELOPMENTAL			
96113		Add'l 30 min	TEST, EACH ADDITIONAL 30 MINUTES	\$37.03	\$34.92	
90113		Auu i 30 min	TEST, EACH ADDITIONAL 30 MINUTES	\$37.03	Ş34.9Z	
			COMPLETE SPECIFIC FUNCTIONAL TASKS			
96125		Per hour	APPLICABLE TO ENVIRONMENT	\$63.50	\$63.50	
90123		Per noul		JOS.50	305.5U	



*Clinical	l Fellows I	receive same	e rate as Therapists	Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
			THERAPY PROCEDURE FOR A RANGE OF			
			MENTAL PROCESSES, INITIAL 15			
97129		15 min	MINUTES	\$14.27	\$14.27	
			THERAPY PROCEDURE FOR A RANGE OF			
			MENTAL PROCESSES, EACH ADDITIONAL			
97130		Add'l 15 min	15 MINUTES	\$13.83	\$13.64	
			THERAPY PROCEDURE USING SENSORY			
97533		15 min	EXPERIENCES	\$37.99	\$37.99	
			TRAINING FOR SELF-CARE OR HOME			
97535		Episode	MANAGEMENT, EACH 15 MINUTES	\$21.00	\$21.00	Added 1/1/2022
			CAREGIVER TRAINING IN STRATEGIES			
			AND TECHNIQUES TO FACILITATE THE			
			PATIENT'S FUNCTIONAL PERFORMANCE			
			IN THE HOME OR COMMUNITY, INITIAL			
97550		First 30 min	30 MINUTES	\$31.70	\$31.70	Effective 1/1/2024
			CAREGIVER TRAINING IN STRATEGIES			
			AND TECHNIQUES TO FACILITATE THE			
			PATIENT'S FUNCTIONAL PERFORMANCE			
			IN THE HOME OR COMMUNITY, EACH			
97551		Add'l 15 min	ADDITIONAL 15 MINUTES	\$15.85	\$14.76	Effective 1/1/2024
			GROUP CAREGIVER TRAINING IN			
			STRATEGIES AND TECHNIQUES TO			
			FACILITATE THE PATIENT'S FUNCTIONAL			
			PERFORMANCE IN THE HOME OR			
97552		Episode	COMMUNITY	\$12.86	\$12.86	Effective 1/1/2024
			ONLINE DIGITAL EVALUATION AND			
			MANAGEMENT SERVICE FOR AN			
			ESTABLISHED PATIENT FOR UP TO 7			
99421		5 to 10 min	DAYS, TOTAL TIME 5-10 MINUTES	\$11.94	\$10.39	Added 1/1/2022



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Code	Modifier	Duration	Description	Therapist Rate	 Therapist Rate	Notes
			ONLINE DIGITAL EVALUATION AND			
			MANAGEMENT SERVICE FOR AN			
			ESTABLISHED PATIENT FOR UP TO 7			
99422		11 to 20 min	DAYS, TOTAL TIME 11-20 MINUTES	\$23.87	 \$21.28	Added 1/1/2022
			ONLINE DIGITAL EVALUATION AND			
			MANAGEMENT SERVICE FOR AN			
			ESTABLISHED PATIENT FOR UP TO 7			
			DAYS, TOTAL TIME 21 OR MORE			
99423		21+ min	MINUTES	\$38.56	\$33.89	Added 1/1/2022
			TELEPHONE, INTERNET, OR ELECTRONIC			
			HEALTH RECORD ASSESSMENT AND			
			MANAGEMENT WITH VERBAL AND			
			WRITTEN REPORT BY CONSULTING			
99446		5 to 10 min	PHYSICIAN, 5-10 MINUTES	\$11.33	\$11.33	
			TELEPHONE OR INTERNET ASSESSMENT			
			WITH VERBAL AND WRITTEN REPORT BY			
			CONSULTING PHYSICIAN, 11-20		4	
99447		11 to 20 min		\$22.28	\$22.28	
			TELEPHONE OR INTERNET ASSESSMENT			
			WITH VERBAL AND WRITTEN REPORT BY			
00440		21 += 20 == 1	CONSULTING PHYSICIAN, 21-30	622.44	622.44	
99448		21 to 30 min		\$33.44	\$33.44	
			TELEPHONE OR INTERNET ASSESSMENT			
			WITH VERBAL AND WRITTEN REPORT BY			
00440		Frainada	CONSULTING PHYSICIAN, MORE THAN	ć 1 4 70	¢44.70	
99449		Episode	30 MINUTES	\$44.78	\$44.78	



Fellows I	receive same	e rate as Therapists	Non-Facility		Facility	
Modifier	Duration	Description	Therapist Rate		Therapist Rate	Notes
		TELEPHONE, INTERNET, OR ELECTRONIC				
		HEALTH RECORD ASSESSMENT AND				
		MANAGEMENT WITH WRITTEN REPORT				
		BY CONSULTING PHYSICIAN, AT LEAST 5				
	Episode	MINUTES	\$22.11		\$22.11	
		TELEPHONE OR INTERNET REFERRAL				
	Episode	SERVICE, 30 MINUTES	\$22.47		\$22.47	
		-				
	Episode	-	\$11.05		\$11.05	
		-				
	Episode	EACH 30 DAYS	\$30.86		\$30.86	
	4.4.20		400 00			
	1st 20 min	-	\$39.02		\$25.53	Added 1/1/2022
	Addt'l 20 min		¢22.20		¢ar ra	Added 1 /1 /2022
	Addt i 20 min		\$32.28		\$25.53	Added 1/1/2022
	Enisodo		¢8 03		¢0 02	Added 1/1/2022
	Lpisoue		<i>φ</i> ο.υσ		<i>φ</i> ο.05	
	Fnisode		\$9.63		\$7.90	Added 1/1/2022
	Lpisoue		<i>45.00</i>		ç7.50	
		-				
			\$6.41		\$6.41	
		Modifier Duration	Image: Constraint of the second sec	ModifierDurationDescriptionTherapist RateModifierDurationDescriptionTelephone, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 SY CONSULTING PHYSICIAN, AT LEAST 5 PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EpisodeSEMOTE MONITORING OF PHYSICIANG SY CONSULTION ON USE OF SY CONSULTING PHYSICIAN, AT LEAST 5 SY CONSULTING PHYSICIAN, AT LEAST 5 SY CONSULTING PHYSICIAN, AT LEAST 5 SY CONSULTING PHYSICIAN, AT LEAST 5 PROGRAMMED ALERTS TRANSMISSION, EpisodeSY CONSULTION ON USE OF SY CONSULTAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES SY CONSULTAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES SY CONSULTAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL Addt'I 20 min 20 MINUTESSY CONSULTAL SIGN MONITORING PER SY CONSULTING SUFF MEASURE BLOOD PRESSURE EpisodeSY CONSULTAND TRAINING TO SELF SY CONSULT PURCHARING AND REPORT, PERMANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN PROSTOR EpisodeSY CONSULTING TH LINTERPRETATION AND REPORT, PER	ModifierDurationDescriptionTherapist RateModifierDurationTELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 SEpisodeSE2.11EpisodeMINUTES\$22.11EpisodeTELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES\$22.47EpisodeREMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF Episode\$11.05EpisodeREMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, Episode\$30.86EpisodeEACH 30 DAYS\$30.86MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER (ALENDAR MONTH, FIRST 20 MINUTES\$32.28Ist 20 minCALENDAR MONTH, FIRST 20 MINUTES CALENDAR MONTH, EACH ADDITIONAL Addt'I 20 min\$32.28Addt'I 20 min20 MINUTES\$32.28EpisodeEDUCATION AND TRAINING TO SELF Episode\$8.03EpisodeSELF MEASURED BLOOD PRESSURE MEASURE BLOOD PRESSURE Episode\$9.63	ModifierDurationDescriptionTherapist RateModifierTELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 Episode\$22.11\$22.11EpisodeSERVICE, 30 MINUTES\$22.47\$22.47EpisodeSERVICE, 30 MINUTES\$22.47\$22.47EpisodeEQUIPMENT\$11.05\$11.05\$11.05EpisodeEQUIPMENT\$11.05\$11.05\$11.05EpisodeEQUIPMENT\$11.05\$11.05\$11.05EpisodeEQUIPMENT\$11.05\$11.05\$11.05EpisodeEQUIPMENT\$11.05\$11.05\$11.05EpisodeEACH 30 DAYS\$30.86\$30.86\$30.86EpisodeEACH 30 DAYS\$30.86\$30.86\$30.86Ist 20 minCALENDAR MONTH, FIRST 20 MINUTES\$39.02\$25.53Addt'1 20 minZO MINUTES\$32.28\$25.53EpisodeMEASURE USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL Addt'1 20 min\$32.28\$25.53EpisodeMEASURE BLOOD PRESSURE Episode\$8.03\$8.03EpisodeMEASURE BLOOD PRESSURE MEASURE BLOOD PRESSURE\$9.63\$7.90EpisodeDEVELEDWENT TSTING, WITH INTERPETATION AND REPORT, PER\$9.63\$7.90