


**KY Medicaid Speech Therapy Fee Schedule 2024 (Provider Type 79)** revised 2.6.2024

<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• <b>Red indicates new codes or changes for the most current revision date.</b></li> <li>• <b>See Updates tab at bottom of excel spreadsheet for updates made to the fee schedule.</b></li> <li>• <b>The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.</b></li> <li>• <b>It is the responsibility of the provider to check member eligibility.</b></li> <li>• <b>CPT only copyright 2023 AmericanMedicalAssociation. All rights reserved.</b></li> </ul>	 <p><b>TEAM KENTUCKY</b> CABINET FOR HEALTH AND FAMILY SERVICES</p>
--	--

*Clinical Fellows receive same 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	\$118.50	\$72.11	
90901			BIOFEEDBACK TRAINING	\$24.37	\$12.20	
92507		Episode	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER	\$47.04	\$47.04	
92508		Episode	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING	\$14.36	\$14.36	
92511		Episode	EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE	\$69.40	\$22.82	
92512		Episode	EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE	\$36.83	\$17.08	
92520		Episode	STUDY OF VOICE BOX FUNCTION	\$50.09	\$24.38	
92521		Episode	EVALUATION OF SPEECH CONTINUITY, SMOOTHNESS, RATE, AND EFFORT	\$81.54	\$81.54	
92522		Episode	EVALUATION OF SPEECH SOUND PRODUCTION	\$68.54	\$68.54	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92523		Episode	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	\$139.24	\$139.24	
92524		Episode	ANALYSIS OF VOICE AND RESONANCE PRODUCTION	\$67.58	\$67.58	
92526		Episode	TREATMENT OF SWALLOWING AND FEEDING DISORDER	\$51.94	\$51.94	
92540	26	Episode	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$48.01	\$48.01	
92540		Episode	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$66.98	\$66.98	
92541	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$12.84	\$12.84	
92541		Episode	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$15.52	\$15.52	
92542	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$15.37	\$15.37	
92542		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$17.86	\$17.86	
92544	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$8.82	\$8.82	
92544		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$10.92	\$10.92	
92545	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$8.19	\$8.19	

<b>*Clinical Fellows receive same rate as Therapists</b>				<b>Non-Facility</b>	<b>Facility</b>	
<b>Code</b>	<b>Modifier</b>	<b>Duration</b>	<b>Description</b>	<b>Therapist Rate</b>	<b>Therapist Rate</b>	<b>Notes</b>
92545		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$10.29	\$10.29	
92546	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$9.26	\$9.26	
92546		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$73.63	\$73.63	
92547		Episode	USE OF ELECTRODES DURING BALANCE 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	
92550		Episode	TEST FOR EARDRUM AND MUSCLE FUNCTION	\$13.65	\$13.65	
92552		Episode	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	\$20.88	\$20.88	
92553		Episode	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BONE	\$25.27	\$25.27	
92555		Episode	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	\$15.94	\$15.94	
92556		Episode	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	\$24.72	\$24.72	
92557		Episode	COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	\$22.98	\$19.91	
92562		Episode	TEST TO DETECT LOUDNESS DIFFERENCES	\$28.06	\$28.06	
92563		Episode	TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS	\$19.05	\$19.05	
92565		Episode	TEST TO ASSESS HEARING LOSS	\$11.54	\$11.54	
92567		Episode	TEST TO ASSESS MIDDLE EAR FUNCTION	\$9.96	\$6.51	

*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92568		Episode	TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	\$9.64	\$9.45	
92570		Episode	COMPREHENSIVE HEARING TEST	\$20.15	\$20.15	
92571		Episode	TEST TO ASSESS BY HEARING BY EXAMINING THE REPETITION OF REAL WORDS VERSUS NONSENSE WORDS	\$17.03	\$17.03	
92572		Episode	TEST TO ASSESS HEARING USING 2 SYLLABLE WORDS	\$29.30	\$29.30	
92575		Episode	TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES	\$40.65	\$40.65	
92576		Episode	TEST TO ASSESS HEARING LOSS USING GRAMMATICALLY INCORRECT SENTENCES	\$23.44	\$23.44	
92577		Episode	TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAME EAR	\$12.09	\$12.09	
92579		Episode	TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	\$28.06	\$28.06	
92582		Episode	TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	\$47.61	\$47.61	
92583		Episode	TEST TO ASSESS HEARING USING PICTURES	\$31.31	\$31.31	
92584		Episode	TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF SOUND STIMULATION	\$68.03	\$68.03	
92587	26	Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$11.16	\$11.16	

*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92587		Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$13.45	\$13.45	
92588	26	Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$17.68	\$17.68	
92588		Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$20.74	\$20.74	
92597		Episode	EVALUATION FOR USE OF VOICE ARTIFICIAL DEVICE TO SUPPLEMENT ORAL SPEECH	\$44.41	\$44.41	
92601		Episode	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$98.97	\$76.16	
92602		Episode	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$62.18	\$43.01	
92603		Episode	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$92.88	\$74.10	
92604		Episode	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$55.71	\$41.14	
92606		Episode	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	\$65.12	\$65.12	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92607		First 1 hour	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	\$75.44	\$75.44	
92608		Add'l 30 min	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	\$29.78	\$29.78	
92609		Episode	THERAPY SERVICE FOR USE OF SPEECH-GENERATING DEVICE WITH PROGRAMMING	\$63.13	\$63.13	
92610		Episode	EVALUATION OF SWALLOWING FUNCTION	\$52.01	\$43.18	
92611		Episode	EVALUATION OF SWALLOWING FUNCTION IMAGE	\$55.74	\$55.74	
92612		Episode	EVALUATION AND RECORDING OF SWALLOWING USING AN ENDOSCOPE	\$113.64	\$41.17	
92613		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE	\$22.53	\$22.53	
92614		Episode	EVALUATION AND RECORDING OF VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$85.33	\$40.79	
92615		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$20.19	\$20.19	
92616		Episode	EVALUATION AND RECORDING OF SWALLOWING AND VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$130.49	\$60.73	
92617		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$25.25	\$25.25	

*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92620		First 1 hour	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	\$56.51	\$49.56	
92621		Add'l 15 min	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	\$13.46	\$11.55	
92625		Episode	EVALUATION OF HEARING RINGING IN EAR	\$42.00	\$38.78	
92626		First 1 hour	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, FIRST HOUR	\$53.84	\$45.98	
92627		Add'l 15 min	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, EACH ADDITIONAL 15 MINUTES	\$12.64	\$10.91	
92640		Episode	EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$67.91	\$58.32	
96105		Episode	TEST TO ASSESS THE LOSS OF THE ABILITY TO SPEAK, WRITE, AND UNDERSTAND LANGUAGE	\$60.37	\$60.37	
96110		Episode	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$7.29	
96112		First 1 hour	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$78.80	\$78.03	
96113		Add'l 30 min	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$37.03	\$34.92	
96125		Per hour	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO ENVIRONMENT	\$63.50	\$63.50	
97129		15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	\$14.27	\$14.27	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
97130		Add/I 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.83	\$13.64	
97533		15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$37.99	\$37.99	
97535		Episode	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$21.00	\$21.00	Added 1/1/2022
97550		30 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, INITIAL 30 MINUTES	\$31.70	\$31.70	Effective 1/1/2024
97551		15 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, EACH ADDITIONAL 15 MINUTES	\$15.85	\$14.76	Effective 1/1/2024
97552		Episode	GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY	\$12.86	\$12.86	Effective 1/1/2024
99421		5 to 10 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES	\$11.94	\$10.39	Added 1/1/2022
99422		11 to 20 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES	\$23.87	\$21.28	Added 1/1/2022





*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
99423		21+ min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES	\$38.56	\$33.89	Added 1/1/2022
99441		5 to 10 min	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 5-10 MINUTES	\$42.63	\$40.36	Added 1/1/2022
99442		11 to 20 min	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 11-20 MINUTES	\$67.10	\$61.98	Added 1/1/2022
99443		21 to 30 min	TELEPHONE MEDICAL DISCUSSION WITH PHYSICIAN, 21-30 MINUTES	\$98.39	\$87.17	Added 1/1/2022
99446		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$11.33	\$11.33	
99447		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES	\$22.28	\$22.28	
99448		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES	\$33.44	\$33.44	
99449		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES	\$44.78	\$44.78	

*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
99451		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES	\$22.11	\$22.11	
99452		Episode	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	\$22.47	\$22.47	
99453		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	\$11.00	\$11.00	
99454		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS	\$30.86	\$30.86	
99457		1st 20 min	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, FIRST 20 MINUTES	\$39.02	\$25.53	Added 1/1/2022
99458		addt'l 20 min	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES	\$32.28	\$25.53	Added 1/1/2022
99473		Episode	EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE	\$8.03	\$8.03	Added 1/1/2022
99474		Episode	SELF MEASURED BLOOD PRESSURE MEASUREMENTS	\$9.63	\$7.90	Added 1/1/2022
G0451			DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM	\$6.41	\$6.41	

