

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 23.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

CPT® codes, descriptions, and other data only are copyright 2015 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA. You, your employees, and agents are authorized to use CPT® only as contained in the following authorized materials internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.

The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures. "MP noted in Medicaid allowable column indicates "manual pricing".

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT®. The AMA assumes no liability for the data contained herein.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT® copyright. Unit values per Relative Values for Physicians, Copyright 2017, Optum360™, LLC

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Nebraska Medicaid Fee Schedule, SP/A July 1, 2018							
		471-000-523					
						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$36.90	\$15.38
00092521		EVALUATION OF SPEECH FLUENCY				\$105.65	
00092522		EVALUATION OF SPEECH SOUND PRODUCTION				\$90.37	
00092523		EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION				\$183.47	
00092524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE				\$87.37	
00092526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING		REQUIRES DOCUMENTATION INCLUDING DR. ORDER		\$45.10	\$27.24
00092537		ASSESSMENT AND RECORDING OF BALANCE SYSTEM DURING HOT AND COLD IRRIGATION OF BOTH EARS				\$33.62	

00092538		ASSESSMENT AND RECORDING OF BALANCE SYSTEM DURING IRRIGATION OF BOTH EARS				\$17.22	
00092540		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC				\$14.76	
00092541		SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING				\$41.00	
00092542		POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING				\$49.20	
00092544		OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING (7-1-95 PRICING CORRECTED 02-26-96)				\$22.55	
00092545		OSCILLATING TRACKING TEST, WITH RECORDING				\$28.70	
00092546		TORSION SWING TEST, WITH RECORDING 7-1-95 PRICING CORRECTED 2-26-96				\$24.60	
00092547		USE OF VERTICAL ELECTRODES				\$9.02	

00092548		COMPUTERIZED DYNAMIC POSTUROGRAPHY				\$90.20	
00092550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS				\$14.35	
00092551		SCREENING TEST, PURE TONE, AIR ONLY				\$14.35	
00092552		PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY				\$14.35	
00092553		PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE				\$20.50	
00092555		SPEECH AUDIOMETRY THRESHOLD;				\$10.25	
00092556		WITH SPEECH RECOGNITION				\$20.50	
00092557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL & SPEEC RECOG				\$45.10	\$41.89
00092558		EVOKED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS), AUTOMATED AN				\$16.40	
00092559		AUDIOMETRIC GROUP TESTING				\$14.35	

00092560		BEKESY AUDIOMETRY, SCREENING				\$8.20	
00092561		BEKESY AUDIOMETRY; DIAGNOSTIC				\$16.40	
00092562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL				\$6.15	
00092563		TONE DECAY TEST				\$6.15	
00092564		SHORT INCREMENT SENSITIVITY INDEX				\$6.15	
00092565		STENGER TEST, PURE TONE				\$6.15	
00092567		TYMPANOMETRY (IMPEDANCE TESTING)		REQUIRES DOCUMENTATI ON		\$13.77	\$11.85
00092568		ACOUSTIC REFLEX TESTING; THRESHOLD				\$8.20	
00092570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TES		REQUIRES DOCUMENTATI ON		\$16.40	\$15.46
00092571		FILTERED SPEECH TEST				\$6.15	
00092572		STAGGERED SPONDAIC WORD TEST				\$6.56	
00092575		SENSORINEURAL ACUITY LEVEL TEST				\$6.56	

00092576		SYNTHETIC SENTENCE IDENTIFICATION TEST				\$6.56	
00092577		STENGER TEST, SPEECH				\$6.56	
00092579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)				\$28.70	\$26.31
00092582		CONDITIONING PLAY AUDIOMETRY				\$12.30	
00092583		SELECT PICTURE AUDIOMETRY		REQUIRES DOCUMENTATION		\$12.30	
00092584		ELECTROCOCHLEOGRAPHY				\$55.35	
00092585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$123.00	
00092585	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$24.60	
00092586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED				\$110.70	

00092586	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CNS, LIMITED (PROFESSIONAL COMPONENT ONLY)				\$20.50	
00092587		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$49.20	
00092587	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$12.30	
00092588		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$71.75	

00092588	TC	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$51.25	
00092588	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$20.50	
00092590		HEARING AID EXAMINATION AND SELECTION; MONAURAL				\$45.10	
00092591		BINAURAL				\$67.65	
00092592		HEARING AID CHECK; MONAURAL				\$16.40	
00092593		BINAURAL (INTERNAL PRICING PRIOR TO 1-1- 91. ENTERED 3-1-91)				\$24.60	
00092594		ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL				\$16.40	
00092595		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91 ENTERED 2-2-91)				\$24.60	



00092596		EAR PROTECTOR ATTENUATION MEASUREMENTS				\$24.60	
00092597		EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH				\$86.10	\$51.05
00092601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING				\$72.57	\$65.82
00092602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING				\$50.43	\$42.61
00092603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING				\$47.97	\$43.26
00092604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING				\$31.98	\$27.66

00092607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR				\$68.06	
00092608		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE (LIST SEP. IN ADD.TO CODE FOR PRIMARY PROC.)(30 MIN UNIT OF SVS)				\$14.76	
00092609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION				\$34.03	
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION		MEDICAL REVIEW REQUIRED		\$71.75	\$44.19
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$71.75	
00092700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION AND INVOICE			MP