

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

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$35.46	\$14.78
00092521		Evaluation of speech fluency				\$108.35	
00092522		EVALUATION OF SPEECH SOUND PRODUCTION				\$88.01	
00092523		Evaluation of speech sound production with evaluation of language comprehension and expression				\$183.21	
00092524		Behavioral and qualitative analysis of voice and resonance				\$91.01	
00092526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING		REQUIRES DOCUMENTATION		\$43.34	\$26.17

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092540		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC				\$14.18	
00092550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS				\$13.79	
00092551		SCREENING TEST, PURE TONE, AIR ONLY				\$13.79	
00092552		PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY				\$13.79	
00092553		PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE				\$19.70	
00092555		SPEECH AUDIOMETRY THRESHOLD;				\$9.85	
00092556		WITH SPEECH RECOGNITION				\$19.70	
00092557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL & SPEEC RECOG				\$43.34	\$40.26
00092558		EVOKED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS), AUTOMATED AN				\$15.76	
00092559		AUDIOMETRIC GROUP TESTING				\$13.79	
00092560		BEKESY AUDIOMETRY, SCREENING				\$7.88	
00092561		BEKESY AUDIOMETRY; DIAGNOSTIC				\$15.76	
00092562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL				\$5.91	
00092563		TONE DECAY TEST				\$5.91	
00092564		SHORT INCREMENT SENSITIVITY INDEX				\$5.91	
00092565		STENGER TEST, PURE TONE				\$5.91	
00092567		TYMPANOMETRY (IMPEDANCE TESTING)		REQUIRES DOCUMENTATION		\$13.23	\$11.39
00092568		ACOUSTIC REFLEX TESTING; THRESHOLD				\$7.88	
00092570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TES		REQUIRES DOCUMENTATION		\$15.76	\$14.86
00092571		FILTERED SPEECH TEST				\$5.91	
00092572		STAGGERED SPONDAIC WORD TEST				\$6.30	
00092575		SENSORINEURAL ACUITY LEVEL TEST				\$6.30	
00092576		SYNTHETIC SENTENCE IDENTIFICATION TEST				\$6.30	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
00092577		STENGER TEST, SPEECH				\$6.30	
00092579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)				\$27.58	\$25.29
00092582		CONDITIONING PLAY AUDIOMETRY				\$11.82	
00092583		SELECT PICTURE AUDIOMETRY		REQUIRES DOCUMENTATION		\$11.82	
00092584		ELECTROCOCHLEOGRAPHY				\$53.19	
00092585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$118.20	
00092585	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$23.64	
00092586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED				\$106.38	
00092586	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CNS, LIMITED (PROFESSIONAL COMPONENT ONLY)				\$19.70	
00092587		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$47.28	
00092587	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$11.82	
00092588		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$68.95	
00092588	TC	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC				\$49.25	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
		EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY					
00092588	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$19.70	
00092590		HEARING AID EXAMINATION AND SELECTION; MONAURAL				\$43.34	
00092591		BINAURAL				\$65.01	
00092592		HEARING AID CHECK; MONAURAL				\$15.76	
00092593		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91. ENTERED 3-1-91)				\$23.64	
00092594		ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL				\$15.76	
00092595		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91 ENTERED 2-2-91)				\$23.64	
00092596		EAR PROTECTOR ATTENUATION MEASUREMENTS				\$23.64	
00092597		EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH				\$82.74	\$49.06
00092601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING				\$69.73	\$63.25
00092602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING				\$48.46	\$40.95
00092603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING				\$46.09	\$41.58
00092604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING				\$30.73	\$26.58
00092605		EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT;		REQUIRES DOCUMENTATION		\$30.73	
00092606		THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING		REQUIRES DOCUMENTATION		\$30.73	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		DEVICE, INCLUDING PROGRAMMING AND MODIFICATION					
00092607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR				\$65.40	
00092608		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE (LIST SEP. IN ADD TO CODE FOR PRIMARY PROC.)(30 MIN UNIT OF SVS)				\$14.18	
00092609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION				\$32.70	
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION				\$68.95	\$42.47
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$68.95	
00092700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION AND INVOICE			