

State of Maine

Department of Health & Human Services
Section 109, Speech and Hearing Services Rates/Fee Schedule
Effective Date January 1, 2015 - December 31, 2015

Procedure Code	Modifier	Code Description	Agency Rate	Independent Rate *	Unit	Start Date	End Date
92521	GN	Evaluation of speech fluency	\$76.52	\$55.27	per session		
92522	GN	Evaluation of speech sound production	\$62.33	\$45.01	per session		
92523	GN	Evaluation of speech sound production with evaluation of language comprehension and expression	\$129.16	\$93.28	per session		
92524	GN	Behavioral and qualitative analysis of voice and resonance	\$64.52	\$46.60	per session		
92507	GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$51.38	\$37.11	per session		
92508	HQ,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	\$19.80	\$14.30	per session per member		
92507	TF,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual intermediate level of care (Assistant)	\$44.55	\$32.17	per session		
92508	TF,HQ,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals (Assistant)	\$19.80	\$14.30	per session per member		
92526	GN	Treatment of swallowing dysfunction and/or oral function for feeding (Dysphagia)	\$69.35	\$50.08	per session		
92550		Tympanometry and reflex threshold measurements	\$20.13	\$20.13	per session		
92551		Screening test, pure tone, air only	\$12.12	\$8.76	per session		
92552		Pure tone audiometry (threshold); air only	\$18.36	\$13.26	per session		
92553		Pure tone audiometry (threshold); air and bone	\$23.28	\$16.81	per session		
92555		Speech audiometry threshold	\$13.43	\$9.70	per session		
92556		Speech audiometry threshold; with speech recognition	\$20.83	\$15.04	per session		
92557		Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$29.83	\$21.54	per session		
92561		Bekesy audiometry; diagnostic	\$23.53	\$16.99	per session		
92562		Loudness balance test, alternate binaural or monaural	\$22.79	\$16.46	per session		
92564		Short increment sensitivity index (SISI)	\$16.14	\$11.66	per session		
92565		Stenger test, pure tone	\$9.26	\$6.69	per session		
92567		Tympanometry (impedance testing)	\$9.28	\$6.70	per session		
92568		Acoustic reflex testing, threshold	\$11.65	\$11.65	per session		
92579		Visual reinforcement audiometry (VRA)	\$32.19	\$23.25	per session		
92582		Conditioning play audiometry	\$37.07	\$26.77	per session		
92583		Select picture audiometry	\$25.75	\$18.59	per session		
92585		Auditory evoked potentials for evoked response audiometry/and/or testing of the central nervous system; comprehensive	\$75.46	\$54.34	per session		
92587		Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion product(s))	\$26.82	\$19.37	per session		
92588		Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$48.29	\$34.87	per session		
92592		Hearing aid check; monaural (Under age 21 only)	\$25.79	\$18.62	per session		
92593		Hearing aid check; binaural (Under age 21 only)	\$25.79	\$18.62	per session		
92601		Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming	\$107.70	\$77.78	per session		
92602		Diagnostic analysis of cochlear implant, patient younger than 7 years of age, subsequent reprogramming	\$66.33	\$47.90	per session		
92603		Diagnostic analysis of cochlear implant, age 7 years or older, with programming	\$105.15	\$75.94	per session		
92604		Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$62.27	\$44.97	per session		

Procedure Code	Modifier	Code Description	Agency Rate	Independent Rate *	Unit	Start Date	End Date
92607	GN	Evaluation for prescription speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$67.29	\$48.58	60 mins		
92608	GN	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to 92607 for primary procedure)	\$19.20	\$13.86	30 mins		
92609	GN	Therapeutic services for the use of speech-generating device, including programming and modification	\$73.85	\$53.33	per session		
92610		Evaluation of oral and pharyngeal swallowing function	\$47.88	\$34.47	per session		
92620		Evaluation of central auditory function, with report; initial 60 minutes	\$34.11	\$29.20	60 mins		
92621		Evaluation of central auditory function, with report; each additional 15 minutes	\$8.62	\$7.38	15 mins		
92630	GN	Auditory rehabilitation; pre-lingual hearing loss	\$55.50	\$40.08	per session		
92633	GN	Auditory rehabilitation; post-lingual hearing loss	\$55.50	\$40.08	per session		
92630	HQ,GN	Auditory rehabilitation; pre-lingual hearing loss (Group)	\$36.63	\$26.45	per session per member		
92633	HQ,GN	Auditory rehabilitation; post-lingual hearing loss (Group)	\$36.63	\$26.45	per session per member		
96110	GN	Developmental testing; limited, (eg. Early Language Milestone Screen) with interpretation and report	\$5.32	\$3.85	per session		
V5008		Hearing screening	\$17.02	\$12.86	15 mins		
V5010		Assessment of hearing aid	\$17.75	\$12.78	15 mins		
V5264		Ear mold/insert, not disposable, any type (Under age 21 for hearing aids only)	\$45.50	\$32.86	per unit		
V5362		Speech screening (articulation)	\$17.76	\$12.87	15 mins		
V5363		Language screening (receptive or expressive)	\$17.76	\$12.87	15 mins		
V5364		Dysphagia screening	\$17.76	\$12.87	15 mins		
V5008	TF	Hearing screening (Assistant)	\$15.32	\$11.57	15 mins		
V5362	TF	Speech screening (articulation)(Assistant)	\$14.65	\$10.58	15 mins		
V5363	TF	Language screening (receptive or expressive)(Assistant)	\$14.65	\$10.58	15 mins		
V5364	TF	Dysphagia screening (Assistant)	\$14.65	\$10.58	15 mins		

MaineCare coverage of Speech and Hearing Services is limited. Refer to Chapter II, Section 109.08 for specific limitations. Use the following modifiers whenever appropriate, as well as any other HIPAA

- GN If services are delivered under an outpatient speech-language pathology plan of care.
- TF Applicable for Assistant services.
- HQ For group services (two (2) to four (4) members with one clinician).
- 52 If the service is reduced, or applied to one ear and not both.
- TL For services performed under and Individualized Family Service Plan (IFSP).
- TM If performed under an Individualized Education Plan (IEP) with MaineCare Addendum.
- 22 If the work required to provide a service is substantially greater than typically required. (Documentation must be submitted with the provider claim that supports the substantial

* The Independent Rate applies to organizations with either one or more Speech Language Pathologist or Audiologist.