

Healthcare and Family Services Therapy Providers Fee Schedule

Effective 01/01/2024 Updated 7/30/2024

Please Note: Except for CPT 31579, all procedure codes must be billed in 15-minute increments, with the 'Unit Price' reflective of the reimbursement rate for for each 15-minute increment. The 'Max Qty' reflects the maximum number of units payable per code, per date of service.

Proc Code	Definition	Note	Effective Date	Accepted Modifier(s)	Unit Price Child 0-20 yr	Max Qty Child 0-20 yr	State Max Child 0-20 yr	Unit Price Adult	Max Qty Adult	State Max Adult
31579	Laryngoscopy flex or rigid fiberoptic w/ stroboscopy		1/1/2024	GN	214.40	1	214.40	214.40	1	214.40
92507	Treatment of speech, language, voice, communication and/or auditory processing, individual	A	1/1/2024	GN	14.84	4	59.36	10.27	4	41.10
92520	Laryngeal function studies		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92521	Evaluation of speech fluency		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92522	Evaluation of speech sound production		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92523	Evaluation of speech sound production with evaluation of language comprehension and expression		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92524	Behavioral and qualitative analysis of voice and resonance		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92605	Evaluation for prescription of non-speech-generating augmentative & alternative communication device, first hr		1/1/2024	GN	14.84	4	59.36	10.27	4	41.10
92618*	each additional 30 min of 92605		1/1/2024	GN	14.84	4	59.36	*	*	*
92607	Evaluation for prescription for speech generating augmentative & alternative communication device, first hr		1/1/2024	GN	14.84	4	59.36	10.27	4	41.10
92608*	each additional 30 min of 92607		1/1/2024	GN	14.84	4	59.36	*	*	*
92610	Evaluation of oral & pharyngeal swallowing function		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
92626	Evaluation of auditory rehabilitation status, first hour		1/1/2024	GN	14.84	4	59.36	10.27	4	41.10
92627*	Each additional 15 min of 92626		1/1/2024	GN	14.84	4	59.36	*	*	*
96105	Assessment of aphasia (including assessment of expressive & receptive speech & language function, language comprehension, speech production ability, reading, spelling, writing,...) with interp & report		1/1/2024	GN	14.84	8	118.71	10.27	4	41.10
96110	Developmental screening w/interpretation & report, per standardized instrument form		1/1/2024	GP, GO or GN	14.84	8	118.71	10.27	4	41.10
96112	Developmental test administration, w/ interpretation & report, first hour		1/1/2024	GP, GO or GN	14.84	4	59.36	10.27	4	41.10
96113*	Developmental test administration, each additional 30 min of 96112		1/1/2024	GP, GO or GN	14.84	4	59.36	*	*	*

96125	Standardized cognitive performance testing per hour of a qualified health care professional's time		1/1/2024	GN	14.84	8	118.71		10.27	4	41.10
97161	PT Evaluation Low Complexity		1/1/2024	GP	14.84	8	118.71		10.27	4	41.10
97162	PT Evaluation Moderate Complexity		1/1/2024	GP	14.84	8	118.71		10.27	4	41.10
97163	PT Evaluation High Complexity		1/1/2024	GP	14.84	8	118.71		10.27	4	41.10
97165	OT Evaluation Low Complexity		1/1/2024	GO	18.49	8	147.92		18.49	4	73.95
97166	OT Evaluation Moderate Complexity		1/1/2024	GO	19.63	8	157.01		19.63	4	78.51
97167	OT Evaluation High Complexity		1/1/2024	GO	20.27	8	162.15		20.27	4	81.08
97110	Therapeutic procedure, 1 or more areas, each 15 min increment, therapeutic exercises to develop strength & endurance, flex & ROM	B	1/1/2024	GP or GO	14.84	4	59.36		10.27	4	41.10

* Service not covered for adults age 21 and older