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Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.  
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COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

- 03 - Full Service. The file from which physician, physician-owned lab and independent lab services are paid. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee.
- 05 - Professional component. Claims with modifier -26 are priced from this file.
- 07 - Full service file for physician services for recipients 0 through 15 (0-15) years of age. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for immunizations and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%.  
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
- 09 - Rehabilitation Centers.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its limits.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
09	92507	TREATMENT OF SPEECH, LANGUAGE, AUDITOR	30.00			X		X			
09	92508	TREATMENT OF SPEECH, LANG, AUD-GROUP	30.00	00 20		X		X			
09	92521	EVALUATION OF SPEECH FLUENCY	# 45.00	01 99				X	X		
09	92522	EVALUATE SPEECH PRODUCTION	# 45.00	01 99				X	X		
09	92523	SPEECH SOUND LANG COMPREHENSION	# 45.00	01 99				X	X		
09	92524	BEHAVRAL QUALIT ANALYS VOICE	# 45.00	01 99				X	X		
03	92551	SCREENING; PURE TONE; AIR ONLY	6.59								
07	92551	SCREENING; PURE TONE; AIR ONLY	7.91	00 15							
03	92552	PURE TONE AUDIOMETRY; AIR ONLY	# 13.41						X		
07	92552	PURE TONE AUDIOMETRY; AIR ONLY	# 16.10	00 15					X		
03	92553	PURE TONE AUDIOMETRY; AIR AND BONE	# 17.97						X		
07	92553	PURE TONE AUDIOMETRY; AIR AND BONE	# 21.56	00 15					X		
03	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	# 10.00						X		
07	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	# 12.01	00 15					X		
03	92556	SPEECH AUDIOMETRY, COMPLETE	# 15.46						X		
07	92556	SPEECH AUDIOMETRY, COMPLETE	# 18.55	00 15					X		
03	92557	BASIC COMPREHENSIVE AUDIOMETRY	# 30.32						X		
07	92557	BASIC COMPREHENSIVE AUDIOMETRY	# 36.39	00 15					X		
03	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	# MP		X						
07	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	# MP	00 15	X						
03	92563	TONE DECAY HEARING TEST	# 12.73						X		
07	92563	TONE DECAY HEARING TEST	# 15.29	00 15					X		
03	92565	STENGER TEST, PURE TONE	# 7.97						X		
07	92565	STENGER TEST, PURE TONE	# 9.55	00 15					X		
03	92567	TYMPANOMETRY	# 11.78						X		
07	92567	TYMPANOMETRY	# 14.15	00 15					X		
03	92568	ACOUSTIC REFLEX TESTING	# 12.29						X		
07	92568	ACOUSTIC REFLEX TESTING	# 14.75	00 15					X		
03	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	# 21.99						X		
07	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	# 26.38	00 15					X		
03	92571	FILTERED SPEECH TEST	# 10.24						X		
07	92571	FILTERED SPEECH TEST	# 12.28	00 15					X		
03	92572	STAGGERED SPONDAIC WORD TEST	# 10.68						X		
07	92572	STAGGERED SPONDAIC WORD TEST	# 12.81	00 15					X		
03	92575	SENSORINEURAL ACUITY LEVEL TEST	# 21.58						X		
07	92575	SENSORINEURAL ACUITY LEVEL TEST	# 25.90	00 15					X		
03	92576	SYNTHETIC SENTENCE ID TEST	# 13.19						X		
07	92576	SYNTHETIC SENTENCE ID TEST	# 15.83	00 15					X		
03	92577	STENGER TEST, SPEECH	# 10.93						X		
07	92577	STENGER TEST, SPEECH	# 13.12	00 15					X		
03	92579	VISUAL AUDIOMETRY (VRA)	# 29.71						X		
07	92579	VISUAL AUDIOMETRY (VRA)	# 35.66	00 15					X		
03	92582	CONDITIONING PLAY AUDIOMETRY	# 25.46						X		
07	92582	CONDITIONING PLAY AUDIOMETRY	# 30.55	00 15					X		
03	92583	SELECT PICTURE AUDIOMETRY	# 20.70						X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

\*PROCEDURE MODIFIER UD (WHEELCHAIR SEATING EVALUATION (STATE ASSIGNED)) IS REQUIRED FOR PROCEDURE CODES

97161, 97162, 97163, 97165, 97166 AND 97167 WHEN SUBMITTED FOR A WHEELCHAIR SEATING EVALUATION

#PAYMENT FOR THESE AUDIOLOGY CODES IS RESTRICTED TO ONE PER RECIPIENT PER 180 DAYS:

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
07	92583	SELECT PICTURE AUDIOMETRY	# 24.84	00 15					X		
03	92584	ELECTROCOCHLEOGRAPHY	# 42.33						X		
07	92584	ELECTROCOCHLEOGRAPHY	# 50.79	00 15					X		
03	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 24.76								
05	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 9.90								
07	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 29.71	00 15							
03	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 40.70								
05	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 16.28								
07	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	# 48.85	00 15							
03	92590	HEARING AID EXAM/SELECTION;MONAURAL	# 55.94								
07	92590	HEARING AID EXAM/SELECTION;MONAURAL	# 55.94	00 15							
03	92591	HEARING AID EXAM/SELECTION;BINAURAL	# 55.94								
07	92591	HEARING AID EXAM/SELECTION;BINAURAL	# 55.94	00 15							
03	92592	HEARING AID CHECK; MONAURAL	# 21.52								
07	92592	HEARING AID CHECK; MONAURAL	# 21.52	00 15							
03	92593	HEARING AID CHECK; BINAURAL	# 43.04								
07	92593	HEARING AID CHECK; BINAURAL	# 43.04	00 15							
03	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	# 21.52								
07	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	# 21.52	00 15							
03	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	# 43.04								
07	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	# 43.04	00 15							
09	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	25.41	00 20		X		X			X
09	97161	PHYSICAL THERAPY EVALUATION: LOW COM *	66.79	00 20				X	X		
09	97162	PHYSICAL THERAPY EVALUATION: MODERAT *	66.79	00 20				X	X		
09	97163	PHYSICAL THERAPY EVALUATION: HIGH CO *	66.79	00 20				X	X		
09	97165	OCCUPATIONAL THERAPY EVALUATION: LOW *	64.90	00 20				X	X		
09	97166	OCCUPATIONAL THERAPY EVALUATION: MOD *	64.90	00 20				X	X		
09	97167	OCCUPATIONAL THERAPY EVALUATION: HIG *	64.90	00 20				X	X		
09	97530	THERAPEUTIC ACTIVITIES, DIRECT,15MIN	27.65	00 20		X		X			X

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