

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 compliant billing modifiers not listed below that apply to the service. The Modifier(s) column below is for reference only. Professional judgment of Qualified Professional Staff in accordance with 109-09.3 should make the final determination.

Modifier GN if services are delivered under an outpatient speech-language pathology plan of care.

Modifier TF applicable for Assistant services.

Modifier HQ for group services (two (2) to four (4) members with one clinician).

Modifier 52 if the service is reduced, or applied to one ear and not both.

Modifier TL for services performed under an *Individualized Family Service Plan (IFSP)*.

Modifier TM if performed under an *Individualized Education Plan (IEP)* with MaineCare Addendum.

Modifier 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 additional work and the reason for that additional work. If so, after manual clinical review by the Department or authorized agent, the provider will receive an additional twenty-percent (20%) reimbursement for the service.)

***Procedure codes 92526, 92550, 92565, 92568, 92610, V5364, V5364 TF added in this proposed rule will be reimbursed retroactively to 09/01/2010.**

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

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
92506	GN	Evaluation of speech, language, voice, communication, and/or auditory processing (Use for evaluation and re-evaluation.)	\$87.82	\$63.42	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 member per session
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

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
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 member per session
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

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
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

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
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
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

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
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 member per session
92633	HQ,GN	Auditory rehabilitation; post-lingual hearing loss (Group)	\$36.63	\$26.45	per member per session
96110	GN	Developmental testing; limited, (eg. Early Language Milestone Screen) with interpretation and report	\$5.32	\$3.85	per session

HCPCS CODES					
Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
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