



P. O. Box 15045  
 Flagstaff, AZ 86011  
 www.csd.nau.edu/clinic

**Speech-Language-Hearing Clinic**  
 Encounter form-NAU

Phone: 928-523-8110  
 Fax: 928-523-0034  
 e mail: [shclinic@nau.edu](mailto:shclinic@nau.edu)

Client's name \_\_\_\_\_ File # \_\_\_\_\_ Date \_\_\_\_\_ NAU Tax ID# 74-2579628

Graduate clinician's signature \_\_\_\_\_ Supervisor's signature \_\_\_\_\_ Minutes \_\_\_\_\_

**CPT Codes & Charges - Audiology**

92551	Screening test	\$ 35.00
92552	Pure tone audiometry (threshold) air only	\$ 25.00
92553	Air and bone	\$ 45.00
92555	Speech audiometry threshold	\$ 16.00
92556	Speech audiometry with speech recognition	\$ 25.00
92557	Comprehensive audiometry threshold evaluation and speech recognition	\$ 75.00
92567	Tympanometry (impedance testing)	\$ 25.00
92568	Acoustic reflex testing; threshold	\$ 25.00
92569	Acoustic reflex decay test	\$ 30.00
92587	Evoked otoacoustic emissions; limited	\$ 40.00
92588	Comprehensive or diagnostic evaluation	\$ 67.00
92590	Hearing aid exam and selection; monaural	\$100.00
92591	Hearing aid exam and selection; binaural	\$100.00
92592	Hearing aid check; monaural (follow-up)	\$ 35.00
92593	Hearing aid check; binaural (follow-up)	\$ 35.00
92596	Ear protector attenuation measurements	\$ 35.00
	Ear molds	\$100.00
	Ear impressions	\$ 55.00
	Sound suppressor	\$100.00
	Swim ear molds	\$120.00
	Musician plugs	\$150.00
	Hearing aid: cleaning & check	\$ 10.00
	Hearing aid: repair (outside manufacturer warranty)	\$150.00
92620	Evaluation of central auditory processing,w/report	\$200.00
92621	Each additional 15 minutes	\$ 25.00
92625	Tinnitus assessment	\$ 68.00

**ICD Codes - Audiology**

386.10	Peripheral vertigo, unspecified
388.12	Noise-induced hearing loss
388.30	Tinnitus, unspecified
388.40	Abnormal auditory perception, unspecified
388.43	Impairment of auditory discriminaion
388.44	Recruitment
388.70	Otalgia, unspecified (not listed anymore)
389.00	Conductive hearing loss, unspecified
389.10	Sensorineural hearing loss, unspecified
389.20	Mixed conductive and sensorineural hearing loss
389.90	Unspecified hearing loss

**ICD Codes - Speech-Language**

161.00	Malignant neoplasm of larynx
212.10	Benign Neoplasm, larynx
300.11	Hysterical deafness, blindness, paralysis
307.00	Stuttering
315.31	Expressive language disorder; Developmental aphasia; Word deafness
315.32	Mixed receptive-expressive language disorder; central auditory processing disorder
315.39	Other; Developmental articulation disorder; Dyslalia
315.40	Developmental coordination disorder (Dyspraxia syndrome; specific motor development disorder)
332.00	Parkinson's Disease
333.00	Other extrapyramidal disease and abnormal movement disorders (Tics, Huntington's chorea)
334.00	Spinocerebellar disease (ataxia)
358.00	Myasthenia gravis
464.00	Acute laryngitis
438.00	Cognitive deficits
438.10	Speech and Language Deficits
476.00	Chronic laryngitis
478.30	Paralysis of vocal cords or larynx
478.40	Polyp of vocal cord or larynx
478.50	Other diseases of vocal cords (Nodules)
478.79	Other disease of larynx
748.00	Congenital anomalies of the respiratory system (web)
749.00	Cleft palate
749.10	Cleft lip
749.20	Cleft palate with cleft lip
784.30	Aphasia
784.41	Aphonia, Loss of voice
784.42	Dysphonia, Hoarseness
784.43	Hypernasality
784.44	Hyponasality
784.51	Dysarthria
784.69	Apraxia
787.20	Dysphagia

**CPT Codes & Charges - Speech-Language**

92506	Evaluation of speech, language, voice, communication, and/or auditory processing	\$135.00
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder	
	individual, 1 hr.	\$ 30.00
	individual, 45 minutes	\$ 23.00
	individual, 30 minutes	\$ 15.00
92508	Group therapy	
	group	\$ 20.00
	aphasia group, per term	\$ 35.00
	support groups	\$ 0.00
	summer programs, per term	\$350.00
92508	Group therapy, two or more	\$ 20.00
92526	Treatment of swallowing dysfunction and/or oral function for feeding	\$ 30.00
92605	Therapeutic services for use of non-speech generating AAC devices	\$ 30.00
92606	Therapeutic services for use of non-speech generating Devices, including programming and modification	\$ 30.00
92607	Evaluation for speech-generatingAAC device	\$120.00
92609	Therapeutic services for use of speech-generating device, including programming and modification	\$ 30.00
92610	Evaluation of oral & pharyngeal swallowing function	\$ 70.00
92612	Flexible fiberoptic endoscopic evaluation of swallowing function by cine or video recording	\$120.00
92626	Evaluation of auditory rehabilitation status	\$ 90.00
92633	Auditory rehabilitation	\$ 30.00
96105	Assessment of Aphasia	\$ 120.00
96125	Standardized cognitive performance testting	\$ 120.00
97532	Development of cognitive skills	\$ 30.00

**Reduced fees for individuals on federal/state programs  
 NAU faculty/staff/students**

<b>Evaluation</b>	<b>\$ 30.00</b>
<b>Treatment</b>	<b>\$ 5.00</b>
<b>Services provided by Faculty are an additional</b>	<b>\$20.00/hour</b>
<b>Fee for "no show" or "cancelled appt. less than 24 hr. notice"</b>	<b>\$10.00</b>
<b>Total due today:</b>	_____
<b>Paid today by:</b>	Cash _____ Credit card _____
	Check amount _____ Check # _____

Codes and fees are based on ASHA Medicare Fee Schedules and the AMA clinical/healthcare coding system.  
 Items/prices are subject to change at the discretion of Northern Arizona University.

Form revised: 3/25/2010