**Update for January 2023**
- Removed services per updated DHB Physician fee schedule
- Added Enhanced B3 Respite service
- Added GT modifier for two codes

**Update for December 2022**
- Added 99406 & 99407 for NP
- New rate for T1019 U4 as of December 1, 2022. Providers were notified of the change.
- Cardinal to Alliance code crosswalk removed. Please refer to previously posted rate schedules for information.

**Update for November 1, 2022**
- Effective November 1, 2022, Alliance Health will implement new rates for the following residential codes:
  - H0019 and applicable modifiers
  - H0046
  - H2020
  - S5145

**Update as of September 2022**
- Rate changed for T2041 22 Z1 and T2041 22 Z1 U4
- Added new service - MORES
- Removed CR and/or GT CR from COVID specific services pursuant to Special Bulletin COVID-19 #251: Sunsetting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency.
- The following services have an end date of September 30, 2022 pursuant to provider communication:
  - H2012 HA 22 - $61
  - H2017 U5 - $13.55
  - T1016 CR - $15

**Changes for July 1, 2022 Revised**
- H0038 Peer Support can no longer be billed with the CR or GT CR modifiers
- H0019 Residential
- H2020 Residential
- Various Outpatient and E&M codes
- Added Community Guide Self Directed - Innovations

**Changes for July 1, 2022**
- Rate change effective May 1, 2022 for Intensive In Home Services. This rate change was previously communicated to impacted providers.
- Mobile Crisis COVID rate has been made permanent by DHB
- COVID rates have been extended
- Rates effective prior to the current period have been removed. Please refer to other rate schedules.
- New B3 services have been added.
- New TBI services added effective July 1, 2022
- Various other updates highlighted
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*Not subject to TPL or Medicare

**Claims will not be paid to provider. Used for informational purposes only.
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**Page 6**
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### B3 SERVICE RATES

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<td>Hourly</td>
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## ALLIANCE HEALTH
### B3 SERVICE RATES

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<th>Modifier</th>
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<th>Rate</th>
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* (b)(3) DI services are available through a slot allocation type process and exclusive to individuals transitioning from ICF/IID facilities

**Specific limitations apply to computer and hardware. Please see Care Coordinator for details.

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<tr>
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<th>Rate</th>
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### ALLIANCE HEALTH
#### INNOVATIONS SERVICE RATES

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<th>Modifier</th>
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<th>Rate</th>
<th>Limitation*</th>
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*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.

** CR XU cannot be billed with COVID rate

#### Innovations Supplies

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## ABA SERVICE RATES

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## ALLIANCE HEALTH

### MEDICAID OUTPATIENT SERVICE RATES

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### Specialized Services

**SPECIALIZED SERVICES**

COVID Rates for the Following Services Only

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<td>90837</td>
<td>Psychotherapy - 53+ Minutes</td>
<td>53+ minutes</td>
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Notes:
- The GT modifier can be used with codes 90785 - 90837
- For child services, please include HE modifier. Only billable by MD.
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<td>PHONE E/M PHYS/QHP 5-10 MIN</td>
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CR removed as of 6/30/2022. Service can be billed without modifier.
### ALLIANCE HEALTH
#### MEDICAID E & M SERVICE RATES

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<tr>
<th>Procedure Code</th>
<th>Procedure Code Description</th>
<th>Unit</th>
<th>MD/Psychiatrist</th>
<th>Spec 112 - Nurse Pract</th>
<th>Spec 210 - Physician Assistants</th>
<th>GT CR</th>
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<td>99202</td>
<td>New patient office or other outpatient visit, typically 20 minutes</td>
<td>per event</td>
<td>$ 69.62</td>
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<td>99212 22</td>
<td>Medication Assisted Treatment Expanded</td>
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<td>Established patient office or other outpatient visit, typically 15 minutes</td>
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<td>99213 22</td>
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<td>Established patient office or other outpatient, visit typically 25 minutes</td>
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<tr>
<td>99214 22</td>
<td>Medication Assisted Treatment Moderate</td>
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<td>Established patient office or other outpatient, visit typically 40 minutes</td>
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<td>Initial hospital inpatient care, typically 70 minutes per day</td>
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<td>99231</td>
<td>Subsequent hospital inpatient care, typically 15 minutes per day</td>
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<td>99232</td>
<td>Subsequent hospital inpatient care, typically 25 minutes per day</td>
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<td>Subsequent hospital inpatient care, typically 35 minutes per day</td>
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<td>$ 75.25</td>
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<td>Hospital observation or inpatient care low severity, 40 minutes per day</td>
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<td>Hospital observation or inpatient care moderate severity, 50 minutes per day</td>
<td>per event</td>
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<td>Hospital observation or inpatient care high severity, 55 minutes per day</td>
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<td>Hospital discharge day management, more than 30 minutes</td>
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<td>Outpatient consultation, severe, typically 40 minutes</td>
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<td>Outpatient consultation, severe, typically 60 minutes</td>
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<td>Outpatient consultation, severe, typically 80 minutes</td>
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<td>Procedure Code</td>
<td>Procedure Code Description</td>
<td>Unit</td>
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<td>Spec 112 - Nurse Pract</td>
<td>Spec 210 - Physician Assistants</td>
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<td>per event</td>
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<td>$126.22</td>
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<tr>
<td>99406</td>
<td>smoking &amp; tobacco use cessation counseling visit; intermediate, &gt;3 mins, max 10 mins</td>
<td>per event</td>
<td>$11.57</td>
<td>$11.57</td>
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<td>99407</td>
<td>smoking &amp; tobacco use cessation counseling visit; intensive, &gt; 10 mins</td>
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<td>$22.36</td>
<td>$22.36</td>
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<td>99408</td>
<td>alcohol and/or substance (other than tobacco) abuse structured screening (eg. audit,</td>
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*Specific limitations apply to computer and hardware. Please see Care Coordinator for details.

** CR XU cannot be billed with COVID rate
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<td>97026</td>
<td>PHYSICAL MEDICINE TREATMENT INFRARED</td>
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<td>97028</td>
<td>PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET</td>
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<td>97032</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS;</td>
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<td>APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES</td>
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<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS;</td>
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<td>APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES</td>
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<td>97036</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS;</td>
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<td>97110</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC</td>
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<tr>
<td>97112</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR</td>
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<tr>
<td>97116</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING</td>
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## ALLIANCE HEALTH
### TBI SERVICE RATES
### PHYSICAL THERAPY - PROVIDER SPECIALITY 065

<table>
<thead>
<tr>
<th>CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>RATE</th>
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<tbody>
<tr>
<td>97124</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING</td>
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<tr>
<td>97140</td>
<td>MANUAL THERAPY TECHNIQUES</td>
<td>$21.25</td>
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<td>97161</td>
<td>EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES</td>
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<td>97162</td>
<td>EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES</td>
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<td>97163</td>
<td>PT EVAL HIGH COMPLEX 45 MIN</td>
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<tr>
<td>97164</td>
<td>PT RE-EVAL EST PLAN CARE</td>
<td>$44.80</td>
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<tr>
<td>97530</td>
<td>THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT</td>
<td>$24.10</td>
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<tr>
<td>97533</td>
<td>SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE</td>
<td>$21.27</td>
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<tr>
<td>97535</td>
<td>SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL))</td>
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<tr>
<td>97542</td>
<td>WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES</td>
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<td>97750</td>
<td>PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)</td>
<td>$23.46</td>
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<tr>
<td>97760</td>
<td>ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)</td>
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<td>97761</td>
<td>PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES</td>
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<td>ORTHC/PROSTC MGMT SBSQ ENC</td>
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<tr>
<td>92507</td>
<td>TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY</td>
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<td>92508</td>
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<tr>
<td>92521</td>
<td>EVALUATION OF SPEECH FLUENCY</td>
<td>$91.67</td>
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<td>92522</td>
<td>EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION</td>
<td>$74.55</td>
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<tr>
<td>92523</td>
<td>EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION</td>
<td>$154.64</td>
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<td>92524</td>
<td>BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE</td>
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<tr>
<td>92526</td>
<td>TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING</td>
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<td>92550</td>
<td>TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS</td>
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<td>92551</td>
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<td>HEARING TEST</td>
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<td>HEARING TEST</td>
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<tr>
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<td>SPEECH AUDIOMETRY THRESHOLD;</td>
<td>$12.11</td>
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<tr>
<td>92556</td>
<td>SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION</td>
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<td>COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION</td>
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<td>TYMPANOMETRY</td>
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<td>92568</td>
<td>ACOUSTIC REFLEX TESTING</td>
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<td>ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING)</td>
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<tr>
<td>92571</td>
<td>SPECIAL HEARING TEST</td>
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<td>92579</td>
<td>VISUAL REINFORCEMENT AUDIOMETRY (VRA)</td>
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<tr>
<td>92582</td>
<td>SPECIAL HEARING TEST</td>
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<td>92583</td>
<td>SPECIAL HEARING TEST</td>
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<td>92585</td>
<td>AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY</td>
<td>$80.72</td>
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<tr>
<td>92587</td>
<td>EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSENT</td>
<td>$29.48</td>
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<td>EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION</td>
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<td>92590</td>
<td>HEARING AID EXAMINATION AND SELECTION MONAURAL</td>
<td>$34.82</td>
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<td>92591</td>
<td>HEARING AID EXAM AND SELECTION BINAURAL</td>
<td>$52.29</td>
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<td>92592</td>
<td>HEARING AID CHECK MONAURAL</td>
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<td>HEARING AID CHECK BINAURAL</td>
<td>$23.04</td>
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<td>ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURAL</td>
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<td>92595</td>
<td>ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURAL</td>
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<td>92607</td>
<td>EVAL FOR PRESCRIPTION FOR SPEECH GENERATING &amp; ALT. COMM. DEVICE - FACE TO FACE</td>
<td>$117.41</td>
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<tr>
<td>CODE</td>
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<tr>
<td>92608</td>
<td>EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)</td>
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<td>92609</td>
<td>THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. &amp; MODIF.</td>
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<td>92610</td>
<td>EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING</td>
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<tr>
<td>92612</td>
<td>ENDOSCOPIC STUDY OF SWALLOWING</td>
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<td>92620</td>
<td>EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES</td>
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<td>92621</td>
<td>EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES</td>
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<td>92626</td>
<td>EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR</td>
<td>$ 64.19</td>
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<tr>
<td>92627</td>
<td>EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES</td>
<td>$ 15.65</td>
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<tr>
<td>92630</td>
<td>AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS</td>
<td>$ 109.18</td>
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<tr>
<td>92633</td>
<td>AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS</td>
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<td>96125</td>
<td>STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING)</td>
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