

**HEARING SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	MAX FEE	PC FEE	MAX	
				UNITS	SPEC
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	23.04	0.00	1	
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH REC	29.08	10.01	1	
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	30.21	8.12	1	
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION C	14.36	2.64	1	
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION	24.36	6.42	1	
92545	OSCILLATING TRACKING TEST, WITH RECORDING	23.41	5.66	1	
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	40.03	7.17	1	
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	3.21	0.00	1	
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	11.33	0.00	1	
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	14.54	0.00	1	
92555	SPEECH AUDIOMETRY THRESHOLD;	7.93	0.00	1	
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	10.76	0.00	1	
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553	26.06	0.00	1	
92567	TYMPANOMETRY (IMPEDANCE TESTING)	10.38	0.00	1	
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	6.79	0.00	1	
92569	ACOUSTIC REFLEX TESTING; DECAY	7.36	0.00	1	
92571	FILTERED SPEECH TEST	8.31	0.00	1	
92572	STAGGERED SPONDAIC WORD TEST	11.52	0.00	1	
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	17.00	0.00	1	
92582	CONDITIONING PLAY AUDIOMETRY	21.34	0.00	1	
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF	48.72	12.65	2	
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF	29.08	0.00	2	
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSI	27.19	3.78	2	
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPA	37.39	9.83	2	
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH	93.29	0.00	1	
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBS	64.39	0.00	1	
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAM	61.18	0.00	1	
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT R	40.79	0.00	1	
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	36.44	0.00	1	
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MI	8.68	0.00	1	
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	36.07	0.00	1	

CODE	DESCRIPTION	MAX FEE	PC FEE	MAX	
				UNITS	SPEC
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (L	8.31	0.00	4	
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	68.86	0.00	1	
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	68.86	0.00	1	
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOU	26.63	0.00	1	
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	0.00	0.00	1	R
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0	R
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	0.00	0.00	0	R PA
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	0.00	0.00	1	R
L8615	HEADSET / HEADPIECE FOR USE WITH COCHLER IMPLANT DEVICE	0.00	0.00	1	R PA
L8616	MICROPHONE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT	288.00	0.00	1	PA
L8617	TRANSMITTER COIL FOR USE WITH COCHLER IMPLANT DEVICE	0.00	0.00	1	R PA
L8618	TEANSMITTER CABLE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT	0.00	0.00	1	R PA
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	0.00	0.00	1	R PA
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	0.00	0.00	2	R PA
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ONLY SIZE,	7.50	0.00	2	PA
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR,	0.00	0.00	1	R PA
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR,	0.00	0.00	1	R PA
L8690	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, INCLUDES ALL	0.00	0.00	1	R PA
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	0.00	0.00	1	R PA
V5010	ASSESSMENT FOR HEARING AID	45.00	0.00	1	
V5014	REPAIR/MODIFICATION OF A HEARING AID (USE FOR FACTORY REPAIR)	114.00	0.00	2	
V5014 TS	OFFICE REPAIR	15.00	0.00	2	
V5050	HEARING AID; MONAURAL, IN THE EAR (USE FOR CATEGORY 2 HEARING AIDS)	228.00	0.00	2	
V5050 SC	CATEGORY 1 HEARING AID	176.00	0.00	2	
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	115.00	0.00	2	
V5200	DISPENSING FEE, CROS	25.00	0.00	1	
V5240	DISPENSING FEE, BICROS	50.00	0.00	1	
V5264	EARMOLD REGULAR OR TUBE TYPE.	18.00	0.00	2	
V5299	HEARING SERVICE, MISCELLANEOUS	0.00	0.00	0	R PA
92582	CONDITIONING PLAY AUDIOMETRY	21.34	0.00	1	
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	0.00	0.00	0	R PA
V5010	ASSESSMENT FOR HEARING AID	45.00	0.00	1	
V5014	REPAIR/MODIFICATION OF A HEARING AID (USE FOR FACTORY REPAIR)	114.00	0.00	2	
V5014 TS	OFFICE REPAIR	15.00	0.00	2	
V5050	HEARING AID; MONAURAL, IN THE EAR (USE FOR CATEGORY 2 HEARING AIDS)	228.00	0.00	2	

CODE	DESCRIPTION	MAX FEE	PC FEE	MAX	
				UNITS	SPEC
V5050 SC	CATEGORY 1 HEARING AID	176.00	0.00	2	
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	115.00	0.00	2	
V5200	DISPENSING FEE, CROS	25.00	0.00	1	
V5240	DISPENSING FEE, BICROS	50.00	0.00	1	
V5264	EARMOLD REGULAR OR TUBE TYPE.	18.00	0.00	2	
V5299	HEARING SERVICE, MISCELLANEOUS	0.00	0.00	0	R PA