

**HEARING SERVICES FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2008**

| CODE  | DESCRIPTION   | 00-20<br>MAX FEE | 00-20<br>PC FEE | 21+<br>MAX<br>FEE | 21+ PC<br>FEE | MAX<br>UNITS | SPEC |
|-------|---|------------------|-----------------|-------------------|---------------|--------------|------|
| 69210 | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS             | 24.35            | 0.00            | 23.41             | 0.00          | 1            |      |
| 92541 | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH REC | 31.22            | 10.41           | 30.02             | 10.01         | 1            |      |
| 92542 | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING           | 32.39            | 8.44            | 31.14             | 8.12          | 1            |      |
| 92543 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION C | 15.12            | 2.75            | 14.54             | 2.64          | 1            |      |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION | 25.92            | 6.68            | 24.92             | 6.42          | 1            |      |
| 92545 | OSCILLATING TRACKING TEST, WITH RECORDING                                   | 24.74            | 5.89            | 23.79             | 5.66          | 1            |      |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING                                 | 41.82            | 7.46            | 40.21             | 7.17          | 1            |      |
| 92547 | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | 3.34             | 0.00            | 3.21              | 0.00          | 1            |      |
| 92552 | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY                                  | 12.76            | 0.00            | 12.27             | 0.00          | 1            |      |
| 92553 | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE                              | 16.30            | 0.00            | 15.67             | 0.00          | 1            |      |
| 92555 | SPEECH AUDIOMETRY THRESHOLD;  | 8.83             | 0.00            | 8.49              | 0.00          | 1            |      |
| 92556 | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION                        | 11.19            | 0.00            | 10.76             | 0.00          | 1            |      |
| 92557 | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 | 27.10            | 0.00            | 26.06             | 0.00          | 1            |      |
| 92567 | TYMPANOMETRY (IMPEDANCE TESTING)  | 10.80            | 0.00            | 10.38             | 0.00          | 1            |      |
| 92568 | ACOUSTIC REFLEX TESTING; THRESHOLD  | 8.44             | 0.00            | 8.12              | 0.00          | 1            |      |
| 92569 | ACOUSTIC REFLEX TESTING; DECAY  | 7.66             | 0.00            | 7.37              | 0.00          | 1            |      |
| 92571 | FILTERED SPEECH TEST  | 9.42             | 0.00            | 9.06              | 0.00          | 1            |      |
| 92572 | STAGGERED SPONDAIC WORD TEST  | 11.78            | 0.00            | 11.33             | 0.00          | 1            |      |
| 92579 | VISUAL REINFORCEMENT AUDIOMETRY (VRA)                                       | 21.79            | 0.00            | 20.95             | 0.00          | 1            |      |
| 92582 | CONDITIONING PLAY AUDIOMETRY  | 24.15            | 0.00            | 23.22             | 0.00          | 1            |      |
| 92585 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF | 54.38            | 13.88           | 52.29             | 13.35         | 2            |      |
| 92586 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF | 30.43            | 0.00            | 29.26             | 0.00          | 2            |      |
| 92587 | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSI | 28.28            | 3.93            | 27.19             | 3.78          | 2            |      |
| 92588 | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPA | 31.81            | 9.42            | 30.59             | 9.06          | 2            |      |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH | 97.02            | 0.00            | 93.29             | 0.00          | 1            |      |
| 92602 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBS | 66.97            | 0.00            | 64.39             | 0.00          | 1            |      |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAM | 68.91            | 0.00            | 66.26             | 0.00          | 1            |      |
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT R | 41.23            | 0.00            | 39.64             | 0.00          | 1            |      |
| 92620 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES    | 39.07            | 0.00            | 37.57             | 0.00          | 1            |      |
| 92621 | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MI | 9.82             | 0.00            | 9.44              | 0.00          | 1            |      |
| 92626 | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR                    | 40.64            | 0.00            | 39.08             | 0.00          | 1            |      |
| 92627 | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (L | 9.42             | 0.00            | 9.06              | 0.00          | 4            |      |
| 92630 | AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS                           | 71.61            | 0.00            | 68.86             | 0.00          | 1            |      |
| 92633 | AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS                          | 71.61            | 0.00            | 68.86             | 0.00          | 1            |      |
| 92640 | DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOU | 26.50            | 0.00            | 25.48             | 0.00          | 1            |      |
| 92700 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE                        | 0.00             | 0.00            | 0.00              | 0.00          | 1            | R    |
| 99070 | SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER  | 0.00             | 0.00            | 0.00              | 0.00          | 0            | R    |
| L7510 | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS                  | 0.00             | 0.00            | 0.00              | 0.00          | 0            | R PA |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS              | 0.00             | 0.00            | 0.00              | 0.00          | 1            | R    |
| L8615 | HEADSET / HEADPIECE FOR USE WITH COCHLER IMPLANT DEVICE                     | 0.00             | 0.00            | 0.00              | 0.00          | 1            | R PA |
| L8616 | MICROPHONE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT                 | 299.52           | 0.00            | 288.00            | 0.00          | 1            | PA   |
| L8617 | TRANSMITTER COIL FOR USE WITH COCHLER IMPLANT DEVICE                        | 0.00             | 0.00            | 0.00              | 0.00          | 1            | R PA |

|       |  |        |      |        |      |   |   |    |
|-------|--|--------|------|--------|------|---|---|----|
| L8618 | TEANSMITTER CABLE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT         | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| L8619 | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT                    | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| L8621 | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH   | 0.00   | 0.00 | 0.00   | 0.00 | 2 | R | PA |
| L8622 | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ONLY SIZE,          | 7.80   | 0.00 | 7.50   | 0.00 | 2 |   | PA |
| L8623 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| L8690 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, INCLUDES ALL    | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED                                | 0.00   | 0.00 | 0.00   | 0.00 | 1 | R | PA |
| V5010 | ASSESSMENT FOR HEARING AID   | 46.80  | 0.00 | 45.00  | 0.00 | 1 |   |    |
| V5014 | REPAIR/MODIFICATION OF A HEARING AID (USE FOR FACTORY REPAIR)              | 118.56 | 0.00 | 114.00 | 0.00 | 2 |   |    |
| V5014 | TS OFFICE REPAIR   | 15.60  | 0.00 | 15.00  | 0.00 | 2 |   |    |
| V5050 | HEARING AID; MONAURAL, IN THE EAR (USE FOR CATEGORY 2 HEARING AIDS)        | 237.12 | 0.00 | 228.00 | 0.00 | 2 |   |    |
| V5050 | SC CATEGORY 1 HEARING AID  | 183.04 | 0.00 | 176.00 | 0.00 | 2 |   |    |
| V5090 | DISPENSING FEE, UNSPECIFIED HEARING AID                                    | 119.60 | 0.00 | 115.00 | 0.00 | 2 |   |    |
| V5200 | DISPENSING FEE, CROS   | 26.00  | 0.00 | 25.00  | 0.00 | 1 |   |    |
| V5240 | DISPENSING FEE, BICROS   | 52.00  | 0.00 | 50.00  | 0.00 | 1 |   |    |
| V5264 | EARMOLD REGULAR OR TUBE TYPE.  | 18.72  | 0.00 | 18.00  | 0.00 | 2 |   |    |
| V5299 | HEARING SERVICE, MISCELLANEOUS   | 0.00   | 0.00 | 0.00   | 0.00 | 0 | R | PA |