

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

CODE	DESCRIPTION	00-20 MAX FEE	00-20 PC FEE	21+ MAX FEE	21+ PC FEE	MAX 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