

**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 | 24.34 | 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 | 32.38 | 8.44 | 31.14 | 8.12 | 1 | |
| 92543 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION C | 15.12 | 2.74 | 14.54 | 2.64 | 1 | |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION | 25.91 | 6.67 | 24.92 | 6.42 | 1 | |
| 92545 | OSCILLATING TRACKING TEST, WITH RECORDING | 24.74 | 5.88 | 23.79 | 5.66 | 1 | |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING | 41.81 | 7.45 | 40.21 | 7.17 | 1 | |
| 92547 | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | 3.33 | 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 | 16.29 | 0.00 | 15.67 | 0.00 | 1 | |
| 92555 | SPEECH AUDIOMETRY THRESHOLD; | 8.82 | 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) | 10.79 | 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) | 21.78 | 0.00 | 20.95 | 0.00 | 1 | |
| 92582 | CONDITIONING PLAY AUDIOMETRY | 24.14 | 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 | 28.27 | 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 | 66.96 | 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 | 41.22 | 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 | 9.81 | 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 | 26.49 | 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 |

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|-------|--|--------|------|--------|------|---|---|----|
| 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 |