

Hearing Services Fee Schedule
Effective January 1, 2010

Note: The fees listed below are reimbursed for services provided to recipients age 21 and over. To find the fee for children under 21, multiply the base fee or the base PC fee by 1.04. 1.04 represents a 4% increase over the base fee. Example: Base fee for code 69210 is \$23.34 X 1.04 = \$24.27 (under 21 fee). Fees are rounded to the nearest hundredth.

| Code | Mod | Description | Base Fee | Base PC Fee | Units | Spec |
|-------------|------------|---|-----------------|--------------------|--------------|-------------|
| 69210 | | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS | 23.34 | | 1 | |
| 92541 | | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING | 30.49 | 10.36 | 1 | |
| 92542 | | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING | 31.81 | 8.47 | 1 | |
| 92543 | | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH RECORDING | 14.68 | 2.63 | 1 | |
| 92544 | | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING | 25.60 | 6.59 | 1 | |
| 92545 | | OSCILLATING TRACKING TEST, WITH RECORDING | 24.47 | 5.84 | 1 | |
| 92546 | | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING | 41.03 | 7.34 | 1 | |
| 92547 | | USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 3.20 | | 1 | |
| 92550 | | TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS | 10.73 | | 1 | |
| 92552 | | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY | 11.86 | | 1 | |
| 92553 | | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE | 15.25 | | 1 | |
| 92555 | | SPEECH AUDIOMETRY THRESHOLD; | 8.28 | | 1 | |
| 92556 | | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION | 10.76 | | 1 | |
| 92557 | | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED) | 26.06 | | 1 | |
| 92567 | | TYMPANOMETRY (IMPEDANCE TESTING) | 10.38 | | 1 | |
| 92568 | | ACOUSTIC REFLEX TESTING; THRESHOLD | 8.10 | | 1 | |

**Hearing Services Fee Schedule
Effective January 1, 2010**

| Code | Mod | Description | Base Fee | Base PC Fee | Units | Spec |
|-------------|------------|---|-----------------|--------------------|--------------|-------------|
| 92570 | | ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING | 23.55 | | 1 | |
| 92571 | | FILTERED SPEECH TEST | 8.65 | | 1 | |
| 92572 | | STAGGERED SPONDAIC WORD TEST | 11.11 | | 1 | |
| 92579 | | VISUAL REINFORCEMENT AUDIOMETRY (VRA) | 21.08 | | 1 | |
| 92582 | | CONDITIONING PLAY AUDIOMETRY | 22.96 | | 1 | |
| 92585 | | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE | 51.76 | 12.99 | 2 | |
| 92586 | | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CENTRAL NERVOUS SYSTEM; LIMITED | 30.49 | | 2 | |
| 92587 | | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS) | 27.19 | 3.78 | 2 | |
| 92588 | | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES) | 30.31 | 9.22 | 2 | |
| 92601 | | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING | 93.29 | | 1 | |
| 92602 | | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING | 64.39 | | 1 | |
| 92603 | | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING | 67.01 | | 1 | |
| 92604 | | DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING | 39.90 | | 1 | |
| 92620 | | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES | 37.57 | | 1 | |
| 92621 | | EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES | 9.44 | | 1 | |
| 92626 | | EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR | 39.08 | | 1 | |

Hearing Services Fee Schedule
Effective January 1, 2010

| Code | Mod | Description | Base Fee | Base PC Fee | Units | Spec |
|-------------|------------|--|-----------------|--------------------|--------------|-------------|
| 92627 | | EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 9.06 | | 4 | |
| 92630 | | AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS | 68.86 | | 1 | |
| 92633 | | AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS | 68.86 | | 1 | |
| 92640 | | DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR | 25.48 | | 1 | |
| 92700 | | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE | | | 1 | R |
| 99070 | | SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR ORHTER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED) | | | | R |
| L7510 | | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS | | | | PA |
| L8614 | | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | | | 1 | PA |
| L8615 | | HEADSET / HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | | | 1 | PA |
| L8616 | | MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | 288.00 | | 1 | PA |
| L8617 | | TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | | | 1 | PA |
| L8618 | | TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | | | 1 | PA |
| L8619 | | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT | | | 1 | PA |
| L8621 | | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH | | | 2 | PA |
| L8622 | | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH | 7.50 | | 2 | PA |
| L8623 | | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH | | | 1 | PA |
| L8624 | | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH | | | 1 | PA |

**Hearing Services Fee Schedule
Effective January 1, 2010**

| Code | Mod | Description | Base Fee | Base PC Fee | Units | Spec |
|-------|-----|--|----------|-------------|-------|------|
| L8627 | | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT | | | 1 | PA |
| L8628 | | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT | | | 1 | PA |
| L8629 | | TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT | | | 2 | PA |
| L8690 | | AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | | | 2 | PA |
| L8691 | | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT | | | 1 | PA |
| L8692 | | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT | | | 1 | PA |
| V5010 | | ASSESSMENT FOR HEARING AID | 45.00 | | 1 | |
| V5014 | | REPAIR/MODIFICATION OF A HEARING AID (USE FOR FACTORY REPAIR) | 114.00 | | 2 | |
| V5014 | TS | REPAIR/MODIFICATION OF A HEARING AID (USE FOR OFFICE REPAIR) | 15.00 | | 2 | |
| V5050 | | HEARING AID; MONAURAL, IN THE EAR (USE FOR CATEGORY 2 HEARING AIDS) | 228.00 | | 2 | |
| V5050 | SC | HEARING AID; (USE FOR CATEGORY 1 HEARING AIDS) | 176.00 | | 2 | |
| V5090 | | DISPENSING FEE, UNSPECIFIED HEARING AID | 115.00 | | 2 | |
| V5200 | | DISPENSING FEE, CROS | 25.00 | | 1 | |
| V5240 | | DISPENSING FEE, BICROS | 50.00 | | 1 | |
| V5264 | | EARMOLD/INSERT, NOT DISPOSABLE, ANY TYPE. | 18.00 | | 2 | |
| V5299 | | HEARING SERVICE, MISCELLANEOUS | | | | PA |