

Hearing Services Fee Schedule  
Effective March 2, 2009

Code	Mod	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Units	Spec
69210		REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	24.27		23.34		1	
92541		SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	31.71	10.77	30.49	10.36	1	
92542		POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	33.08	8.81	31.81	8.47	1	
92543		CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH RECORDING	15.27	2.74	14.68	2.63	1	
92544		OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	26.62	6.85	25.60	6.59	1	
92545		OSCILLATING TRACKING TEST, WITH RECORDING	25.45	6.07	24.47	5.84	1	
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	42.67	7.63	41.03	7.34	1	
92547		USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3.33		3.20		1	
92552		PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	12.33		11.86		1	
92553		PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	15.86		15.25		1	
92555		SPEECH AUDIOMETRY THRESHOLD;	8.61		8.28		1	
92556		SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	11.19		10.76		1	
92557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	27.10		26.06		1	
92567		TYMPANOMETRY (IMPEDANCE TESTING)	10.80		10.38		1	
92568		ACOUSTIC REFLEX TESTING; THRESHOLD	8.42		8.10		1	
92569		ACOUSTIC REFLEX TESTING; DECAY	7.66		7.37		1	
92571		FILTERED SPEECH TEST	9.00		8.65		1	
92572		STAGGERED SPONDAIC WORD TEST	11.55		11.11		1	
92579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)	21.92		21.08		1	

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92582		CONDITIONING PLAY AUDIOMETRY	23.88		22.96		1	
92585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE	53.83	13.51	51.76	12.99	2	
92586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CENTRAL NERVOUS SYSTEM; LIMITED	31.71		30.49		2	
92587		EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	28.28	3.93	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)	31.52	9.59	30.31	9.22	2	
92601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING	97.02		93.29		1	
92602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING	66.97		64.39		1	
92603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	69.69		67.01		1	
92604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING	41.50		39.90		1	
92620		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	39.07		37.57		1	
92621		EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	9.82		9.44		1	
92626		EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	40.64		39.08		1	
92627		EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9.42		9.06		4	
92630		AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS	71.61		68.86		1	
92633		AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS	71.61		68.86		1	
92640		DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	26.50		25.48		1	
92700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE					1	R

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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	
L8615		HEADSET / HEADPIECE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT					1	PA
L8616		MICROPHONE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT			288.00		1	PA
L8617		TRANSMITTER COIL FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT					1	PA
L8618		TRANSMITTER CABLE FOR USE WITH COCHLER IMPLANT DEVICE, REPLACEMENT					1	PA
L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, 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
L8690		AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS					1	PA
L8691		AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT					1	PA
L8699		PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED					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	

Code	Mod	Description	00-20 Max Fee	00-20 PC Fee	21+ Max Fee	21+ PC Fee	Units	Spec
V5240		DISPENSING FEE, BICROS			50.00		1	
V5264		EARMOLD/INSERT, NOT DISPOSABLE, ANY TYPE.			18.00		2	
V5299		HEARING SERVICE, MISCELLANEOUS						PA