

**Hearing Services Fee Schedule
Effective July 1, 2012**

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. Fee increase is limited to physicians. 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	25.67		1	
92541		Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording	27.44	10.35	1	
92542		Positional Nystagmus Test, Minimum Of 4 Positions, With Recording	28.63	8.62	1	
92543		Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes Four Tests), With Recording	13.21	2.76	4	
92544		Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording	23.04	6.90	1	
92545		Oscillating Tracking Test, With Recording	22.02	6.03	1	
92546		Sinusoidal Vertical Axis Rotational Testing	45.13	7.41	1	
92547		Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure)	3.10		1	
92550		Tympanometry And Reflex Threshold Measurements	10.52		1	
92552		Pure Tone Audiometry (Threshold); Air Only	13.05		1	
92553		Pure Tone Audiometry (Threshold); Air And Bone	16.78		1	
92555		Speech Audiometry Threshold;	9.11		1	
92556		Speech Audiometry Threshold; With Speech Recognition	11.84		1	
92557		Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556 Combined)	23.45		1	
92567		Tympanometry (Impedance Testing)	9.34		1	
92568		Acoustic Reflex Testing; Threshold	7.93		1	
92570		Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing	16.21		1	
92571		Filtered Speech Test	9.52		1	
92572		Staggered Spondaic Word Test	12.22		1	

Code	Mod	Description	Base Fee	Base PC Fee	Units	Spec
92579		Visual Reinforcement Audiometry (VRA)	21.73		1	
92582		Conditioning Play Audiometry	25.26		1	
92585		Auditory Evoked Potentials For Evoked Response Audiometry And/Or Testing Of The Central Nervous System; Comprehensive	56.94	13.10	2	
92586		Auditory Evoked Potentials For Evoked Response Audiometry And/Or Testing Of Central Nervous System; Limited	33.54		2	
92587		Evoked Otoacoustic Emissions; Limited (Single Stimulus Level, Either Transient Or Distortion Products)	24.47	4.16	2	
92588		Evoked Otoacoustic Emissions; Comprehensive Or Diagnostic Evaluation (Comparison Of Transient And/Or Distortion Product Otoacoustic Emissions At Multiple Levels And Frequencies)	27.28	10.14	2	
92601		Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Years Of Age; With Programming	83.96		1	
92602		Diagnostic Analysis Of Cochlear Implant, Patient Younger Than 7 Years Of Age; Subsequent Reprogramming	57.95		1	
92603		Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; With Programming	73.71		1	
92604		Diagnostic Analysis Of Cochlear Implant, Age 7 Years Or Older; Subsequent Reprogramming	43.89		1	
92620		Evaluation Of Central Auditory Function, With Report; Initial 60 Minutes	41.33		1	
92621		Evaluation Of Central Auditory Function, With Report; Each Additional 15 Minutes	10.38		1	
92626		Evaluation Of Auditory Rehabilitation Status; First Hour	42.99		1	
92627		Evaluation Of Auditory Rehabilitation Status; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure)	9.97		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	28.03		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 Other 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

Code	Mod	Description	Base Fee	Base PC Fee	Units	Spec
L8619		Cochlear Implant External Speech Processor And Controller, Integrated System, Replacement			1	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
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
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