

Outpatient Audiology Services							
HCP	CS	INFO MOD	CODE DESCRIPTION	STATUS CODE	MAXIMUM FEE	LIMITS	PA AGE LIMITS
92506			SPEECH/HEARING EVALUATION	A	\$74.92	2 PER YEAR	N 000-099
92507			SPEECH/HEARING THERAPY	A	\$35.52	36 PER 3 MONTHS	N 000-099
92508			SPEECH/HEARING THERAPY	A	\$16.79	36 PER 3 MONTHS	N 000-099
92551			PUR TONE HEARING TEST, AIR	A	\$10.33	2 PER YEAR	N 000-099
92552			PURE TONE AUDIOMETRY, AIR	A	\$10.33	2 PER YEAR	N 000-099
92553			AUDIOMETRY, AIR AND BONE	A	\$15.50	2 PER YEAR	N 000-099
92555			SPEECH THRESHOLD AUDIOMETRY	A	\$9.04	2 PER YEAR	N 000-099
92556			SPEECH AUDIOMETRY, COMPLETE	A	\$13.56	2 PER YEAR	N 000-099
92557			COMPREHENSIVE HEARING TEST	A	\$28.20	2 PER YEAR	N 000-099
92562			LOUDNESS BALANCE TEST	A	\$9.69		N 000-099
92563			TONE DECAY HEARING TEST	A	\$9.04		N 000-099
92564			SISI HEARING TEST	A	\$11.20		N 000-099
92565			STENGER TEST, PURE TONE	A	\$9.47		N 000-099
92567			TYMPANOMETRY	A	\$12.49		N 000-099
92568			ACOUSTIC REFLEX TESTING	A	\$9.04		N 000-099
92569			ACOUSTIC REFLEX DECAY TEST	A	\$9.69		N 000-099
92571			FILTERED SPEECH HEARING TEST	A	\$9.26		N 000-099
92573			LOMBARD TEST	A	\$8.40		N 000-099
92576			SYNTHETIC SENTENCE TEST	A	\$10.55		N 000-099
92577			STENGER TEST, SPEECH	A	\$17.01		N 000-099
92579			VISUAL AUDIOMETRY(VRA)	A	\$17.01		N 000-099
92582			CONDITIONING PLAY AUDIOMETRY	A	\$17.01		N 000-099
92585			AUDITOR EVOKE POTENT, COMPRE	A	\$58.78	3 PER YEAR	N 000-099
92586			AUDITOR EVOKE POTENT, LIMIT	A	\$42.84	3 PER YEAR	N 000-099
92587			EVOKED AUDITORY TEST	A	\$34.88	3 PER YEAR	N 000-099
92588			EVOKED AUDITORY TEST	A	\$45.86	2 PER YEAR	N 000-099
92590			HEARING AID EXAM MONAURAL	A	\$48.94	2 PER YEAR	N 000-099
92591			HEARING AID EXAM, BINAURAL	A	\$48.94	2 PER YEAR	N 000-099
92594			ELECTRO HEARING AID TEST, ONE	A	\$14.18	2 PER YEAR	N 000-099
92595			ELECTRO HEARING AID TEST BOTH	A	\$28.36	2 PER YEAR	N 000-099
92601			COCHLEAR IMPLT F/UP EXAM <7	A	\$76.86	1 PER YEAR	N 000-006
92602			REPROGRAM COCHLEAR IMPLT <7	A	\$52.75	2 PER YEAR	N 000-006
92603			COCHLEAR IMPLT F/UP EXAM 7>	A	\$47.58	1 PER YEAR	N 007-099
92604			REPROGRAM COCHLEAR IMPLT 7>	A	\$30.57	2 PER YEAR	N 007-099
92700			ENT PROCEDURE/SERVICE	M	\$0.01		Y 000-999
V5020			CONFORMITY EVALUATION	A	\$31.08	2 PER YEAR	N 000-099
V5264		LT/RT	EAR MOLD/INSERT	M	\$39.59		N 000-099

Cochlear Implant Manufacturers Only							
HCPCS CODE	INFO MOD	CODE DESCRIPTION	STATUS CODE		LIMITS	PA	AGE LIMITS
K0731		LITH ION BATT CID, ON BODY	A	\$66.24	2 PER YEAR	N	000-099
K0732		LITH ION BATT CID BEHIND EAR	M	\$0.01	2 PER YEAR	Y	000-099
L7510		PROSTHETIC DEVICE REPAIR REP	A	\$200.00	\$400 PER YEAR	N	000-099
L8615		COCH IMPLANT HEADSET REPLACE	M	\$0.01	1 PER 3 YEARS	Y	000-099
L8616		COCH IMPLANT MICROPHONE REPL	A	\$276.48	1 PER YEAR	N	000-099
L8617		COCH IMPLANT TRANS COIL REPL	A	\$144.00	1 PER YEAR	N	000-099
L8618		COCH IMPLANT TRAN CABLE REPL	A	\$62.40	4 PER 6 MONTHS	N	000-099
L8619		REPLACE COCHLEAR PROCESSOR	M	\$5,712.00		Y	000-099
L8620		REPL LITHIUM ION BATTERY	D	\$0.01	2 PER YEAR	Y	000-099
L8621		REPL ZINC AIR BATTERY	A	\$0.72	150 PER 6 MONTHS	N	000-099
L8622		REPL ALKALINE BATTERY	A	\$7.20	2 PER YEAR	N	000-099
Outpatient Speech Therapy Services Refer to the Outpatient Therapy Services Database							