

**Department for Medicaid Services Hearing Program Fee Schedule December 2016**

<b>AUDIOLOGY FEE SCHEDULE 2020</b>			
<b>Coverage only for KY Medicaid recipients under age 21</b>			
<b>New Codes for 2020 are in RED</b>			
<b>A referral by a physician to an audiologist shall be required for an audiology service (907 KAR 1:038)</b>			
<b>NOTICE: ANY AUDIOLOGY/HEARING CLAIM THAT REQUIRES THE SUBMISSION OF AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM</b>			
The appearance on this schedule of a code and rate is not an indication of coverage, nor a guarantee of payment			
<b>Procedure Code</b>	<b>Procedure Name</b>	<b>Procedure Rate</b>	<b>Comments</b>
92537	CALORIC VESTIBULAR TEST,BILATERAL;BITHERMAL	\$31.70	
92538	CALORIC VESTIBULAR TEST, BILATERAL; MONOTHERMAL	\$16.10	
92541	SPONTANEOUS NYSTAGMUS TEST	\$31.41	
92542	POSITIONAL NYSTAGMUS TEST	\$27.75	
92544	OPTOKINETIC NYSTAGMUS TEST	\$21.45	
92545	OSCILLATING TRACKING TEST	\$18.45	
92546	SINUSODIAL VERTICAL AXIS ROTATIONAL TESTING	\$23.94	
92547	USE OF VERTICAL ELECTRODES	\$15.67	
92550	TYMPANOMETRY & REFLEX THRESH	\$12.48	
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$12.24	
<b>92553</b>	<b>AUDIOMETRY AIR &amp; BONE</b>	<b>\$28.00</b>	<b>Effective 01/01/2020</b>
92555	SPEECH AUDIOMETRY THRESHOLD	\$10.63	
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$15.94	
92557	COMPREHENSIVE AUDIOMETRY EVALUATION	\$33.47	
92567	TYMPANOMETRY	\$14.87	
92568	ACOUSTIC REFLEX TESTING	\$10.63	
92579	VISUAL REINFORCEMENT AUDIOMETRY	\$20.21	
<b>92582</b>	<b>CONDITIONING PLAY AUDIOMETRY</b>	<b>\$53.67</b>	<b>Effective 01/01/2020</b>
<b>92583</b>	<b>SELECT PICTURE AUDIOMETRY</b>	<b>\$35.27</b>	<b>Effective 01/01/2020</b>
92585	AUDITORY EVOKED POTENTIALS	\$109.38	
92586	AUDITOR EVOKE POTENT LIMIT	\$49.67	
92587	EVOKED OTOACOUSTIC EMISSIONS	\$43.18	
92588	COMP OR DIAGNOSTIC EVAL (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQ.)	\$60.05	
<b>92590</b>	<b>HEARING AID ECAM ONE EAR</b>	<b>\$45.00</b>	<b>Effective 04/01/2020</b>
92591	HEARING AID EXAM BOTH EARS	\$65.00	

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<b>92592</b>	<b>HEARING AID ONE EAR</b>	<b>\$25.00</b>	<b>Effective 04/01/2020</b>
<b>92593</b>	<b>HEARING AID CHECK BOTH EARS</b>	<b>\$25.00</b>	<b>Effective 04/01/2020</b>
<b>92594</b>	<b>ELECTRO HEARING AID TEST ONE</b>	<b>\$14.17</b>	<b>Effective 04/01/2020</b>
<b>92595</b>	<b>ELECTRO HEARING AID TEST BOTH</b>	<b>\$28.34</b>	<b>Effective 04/01/2020</b>
92601	COCHLEAR IMPLT F/UP EXAM <7	\$87.63	
92602	REPROGRAM COCHLEAR IMPLT 7/>	\$53.34	
92603	COCHLEAR IMPLT F/UP EXAM 7/>	\$87.63	
92604	REPROGRAM COCHLEAR IMPLT 7/>	\$52.49	
92626	EVALUATION OF HEARING REHABILITATION	\$53.42	
<b>L9900</b>	<b>O&amp;P SUPPLY/ACCESSORY/SERVICE</b>	<b>M</b>	<b>Effective 04/01/2020</b>
V5010	ASSESSMENT FOR HEARING AID	\$26.00	
V5011	SIX-MONTH CHECK-UP	\$5.00	
V5014	PROF FEE+REPAIR OF AID (MAXIMUM ALLOWABLE AMOUNT)	\$115.00	
V5020	CONFORMITY EVALUATION	\$9.75	UP TO 3 VISITS WITHIN 6 MO PERIOD
V5030	BODY-WORN HEARING AID AIR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5040	BODY-WORN HEARING AID BONE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5050	HEARING AID MONAURAL IN EAR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5060	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5090	HEARING AID DISPENSING FEE	\$150.00	EFFECTIVE 11/20/07
V5120	BINAURAL BODY AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5130	IN EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5140	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO

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V5160	DISPENSING FEE, BINAURAL	\$200.00	EFFECTIVE 11/20/07
V5170	WITHIN EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5180	BEHIND EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5210	IN EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5220	BEHIND EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5261	HEARING AID DIGITAL BINARAL BTE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5264	EARMOLD	\$40.00	
V5266	REPLACEMENT BATTERY	\$2.00	
V5267	PRO FEE REPLACE CORD	\$21.50	
<b>V5275</b>	<b>EAR IMPRESSION</b>	<b>M</b>	<b>Effective 04/01/2020</b>
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	\$60.00	