

# KY MEDICAID AUDIOLOGY FEE SCHEDULE 2021



A referral by a physician to an audiologist shall be required for an audiology service (907 KAR 1:038)

**NOTICE:** ANY AUDIOLOGY/HEARING CLAIM THAT REQUIRES THE SUBMISSION OF AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM

NOTE: COVERAGE FOR HEARING AIDS FOR KY MEDICAID RECIPIENTS IS LIMITED TO RECIPIENTS UNDER 21 YEARS OF AGE

**The appearance on this schedule of a code and rate is not an indication of coverage, nor a guarantee of payment**

Procedure Code	Procedure Name	Proc Rate	Comments
92516	FACIAL NERVE TEST	52.13	Code now billable for members age 21 and older.
92537	CALORIC VESTIBULAR TEST,BILATERAL;BITHERMAL	31.70	
92538	CALORIC VESTIBULAR TEST, BILATERAL; MONOTHERMAL	16.10	
92540	BASIC VESTIBULAR EVALUATION	82.26	Code now billable for members age 21 and older.
92541	SPONTANEOUS NYSTAGMUS TEST	31.41	Code now billable for members age 21 and older.
92542	POSITIONAL NYSTAGMUS TEST	27.75	Code now billable for members age 21 and older.
92543	CALORIC VESTIBULAR TEST	35.33	Code now billable for members age 21 and older.
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	
92551	PURE TONE AUDIOMETRY TEST; AIR ONLY	8.60	Code now billable for members age 21 and older.
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	12.24	Code now billable for members age 21 and older.
92553	AUDIOMETRY AIR & BONE	28.00	Code now billable for members age 21 and older.
92555	SPEECH AUDIOMETRY THRESHOLD	10.63	Code now billable for members age 21 and older.
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	15.94	Code now billable for members age 21 and older.
92557	COMPREHENSIVE AUDIOMETRY EVALUATION	33.47	Code now billable for members age 21 and older.
92565	STENGER TEST, PURE TONE	11.21	Code now billable for members age 21 and older.
92567	TYMPANOMETRY	14.87	Code now billable for members age 21 and older.
92568	ACOUSTIC REFLEX TESTING	10.63	Code now billable for members age 21 and older.
92577	STENGER TEST SPEECH	10.16	
92579	VISUAL REINFORCEMENT AUDIOMETRY	20.21	
92582	CONDITIONING PLAY AUDIOMETRY	53.67	
92583	SELECT PICTURE AUDIOMETRY	35.27	
92584	ELECTROCOCHLEOGRAPHY	54.53	Code now billable for members age 21 and older.

## KY MEDICAID AUDIOLOGY FEE SCHEDULE

The appearance on this schedule of a code and rate is not an indication of coverage, nor a guarantee of payment

Procedure Code	Procedure Name	Proc Rate	Comments
92585	AUDITORY EVOKED POTENTIALS	109.38	<b>Code Terminated by CMS effective 12/21/2020</b>
92586	AUDITOR EVOKE POTENT LIMIT	49.67	<b>Code now billable for members age 21 and older.</b>
92587	EVOKED OTOACOUSTIC EMISSIONS	43.18	<b>Code now billable for members age 21 and older.</b>
92588	COMP OR DIAGNOSTIC EVAL (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQ.)	60.05	<b>Code now billable for members age 21 and older.</b>
92590	HEARING AID EXAM ONE EAR	<b>45.00</b>	
92591	HEARING AID EXAM BOTH EARS	65.00	
92592	HEARING AID ONE EAR	<b>25.00</b>	
92593	HEARING AID CHECK BOTH EARS	<b>25.00</b>	
92594	ELECTRO HEARING AID TEST ONE	<b>14.17</b>	
92595	ELECTRO HEARING AID TEST BOTH	<b>28.34</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	<b>Code now billable for members age 21 and older.</b>
92604	REPROGRAM COCHLEAR IMPLT 7/>	52.49	<b>Code now billable for members age 21 and older.</b>
92620	AUDITORY FUNCTION TEST 60 MIN	74.94	<b>Code now billable for members age 21 and older.</b>
92621	AUDITORY FUNCTION TEST 15 MIN	17.94	<b>Code now billable for members age 21 and older.</b>
92625	TINNITUS ASSESSMENT	55.96	<b>Code now billable for members age 21 and older.</b>
92626	EVALUATION OF HEARING REHABILITATION	53.42	<b>Code now billable for members age 21 and older.</b>
92627	EVALUATION OF AUDITORY FUNCTION ADDL 15 MIN	12.80	<b>Code now billable for members age 21 and older.</b>
92640	AUDITORY BRAINSTEM IMPLANT PROG PER HOUR	72.36	<b>Code now billable for members age 21 and older.</b>
92650	AEP SCR AUDITORY POTENTIAL	22.64	
92651	AEP HEARING STATUS DETER I&R	71.00	
92652	AEP THRESHLD EST MLT FREQ I&R	94.37	
92653	AEP NEURODIAGNOSTIC I&R	69.32	
95940	IONM OPERATING ROOM 15 MIN	26.35	
L9900	O&P SUPPLY/ACCESSORY/SERVICE	<b>M</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

## KY MEDICAID AUDIOLOGY FEE SCHEDULE

The appearance on this schedule of a code and rate is not an indication of coverage, nor a guarantee of payment

Procedure Code	Procedure Name	Proc Rate	Comments
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
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>	EAR IMPRESSION	<b>M</b>	
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	60.00	