Hearing and Speech Centers
(See Database Explanation for Ancillary Services)

| CODE | DESCRIPTION | STATUS | FEE | LIMITS | PA | AGE LIMITS |
|---|---|---|---|---|---|---|
| 31579 | DIAGNOSTIC LARYNGOSCOPY | A | $111.70 | | N | 000-099 |
| 92506 | SPEECH/HEARING EVALUATION | A | $50.98 | 2 PER YEAR | N | 000-099 |
| 92507 | SPEECH/HEARING THERAPY | A | $27.04 | 75 PER 3 MONTHS | N | 000-099 |
| 92508 | SPEECH/HEARING THERAPY | A | $16.22 | 75 PER 3 MONTHS | N | 000-099 |
| 92510 | COCHLEAR REHAB FOR EAR IMPLANT | A | $100.00 | 2 PER YEAR | N | 000-099 |
| 92520 | LARYNGEAL FUNCTION STUDIES | A | $30.29 | | N | 000-099 |
| 92526 | ORAL FUNCTION THERAPY 25 MIN | A | $45.31 | 2 PER YEAR | N | 000-099 |
| 92551 | PUR TONE HEARING TEST, AIR | A | $19.13 | 2 PER YEAR | N | 000-099 |
| 92552 | PURE TONE AUDIOMETRY, AIR | A | $19.77 | 2 PER YEAR | N | 000-099 |
| 92553 | AUDIOMETRY, AIR AND BONE | A | $19.77 | 2 PER YEAR | N | 000-099 |
| 92555 | SPEECH THRESHOLD AUDIOMETRY | A | $28.10 | 2 PER YEAR | N | 000-099 |
| 92556 | SPEECH AUDIOMETRY, COMPLETE | A | $28.80 | 2 PER YEAR | N | 000-099 |
| 92557 | COMPREHENSIVE HEARING TEST | A | $29.16 | 2 PER YEAR | N | 000-099 |
| 92562 | LOUDNESS BALANCE TEST | A | $9.87 | | N | 000-099 |
| 92563 | TONE DECAY HEARING TEST | A | $9.20 | | N | 000-099 |
| 92564 | SISI HEARING TEST | A | $11.66 | | N | 000-099 |
| 92565 | STENGER TEST, PURE TONE | A | $9.64 | | N | 000-099 |
| 92567 | TYMPANOMETRY | A | $12.79 | | N | 000-099 |
| 92568 | ACOUSTIC REFLEX TESTING | A | $9.20 | | N | 000-099 |
| 92569 | ACOUSTIC REFLEX DECAY TEST | A | $9.87 | | N | 000-099 |
| 92571 | FILTERED SPEECH HEARING TEST | A | $9.42 | | N | 000-099 |
| 92573 | LOMBARD TEST | A | $8.52 | | N | 000-099 |
| 92576 | SYNTHETIC SENTENCE TEST | A | $10.99 | | N | 000-099 |
| 92577 | STENGER TEST, SPEECH | A | $17.50 | | N | 000-099 |
| 92579 | VISUAL AUDIOMETRY(VRA) | A | $19.13 | | N | 000-099 |
| 92582 | CONDITIONING PLAY AUDIOMETRY | A | $19.13 | | N | 000-099 |
| 92585 | AUDITOR EVOKE POTENT, COMPRE | A | $208.00 | 3 PER YEAR | N | 001-099 |
| 92586 | AUDITOR EVOKE POTENT, LIMIT | A | $36.10 | 3 PER YEAR | N | 000-099 |
| 92587 | EVOKED AUDITORY TEST | A | $35.89 | 3 PER YEAR | N | 000-001 |
| 92588 | EVOKED AUDITORY TEST | A | $51.91 | 2 PER YEAR | N | 000-099 |
| 92590 | HEARING AID EXAM MONAURAL | A | $50.98 | 2 PER YEAR | N | 000-099 |
| 92591 | HEARING AID EXAM, BINAURAL | A | $50.98 | 2 PER YEAR | N | 000-099 |
| 92594 | ELECTRO HEARING AID TEST, ONE | A | $14.77 | 2 PER YEAR | N | 000-099 |
| 92595 | ELECTRO HEARING AID TEST BOTH | A | $29.54 | 2 PER YEAR | N | 000-099 |
| 92597 | ACD EVALUATION PER HR | A | $64.83 | 2 PER YEAR | N | 000-099 |
| 92598 | MODIFY ORAL SPEECH DEVICE | D | $40.15 | | N | 000-099 |
| 92601 | COCHLEAR IMPLT F/UP EXAM <7 | A | $79.85 | 1 PER YEAR | N | 000-006 |
| 92602 | REPROGRAM COCHLEAR IMPLT <7 | A | $56.07 | 2 PER YEAR | N | 000-006 |
| 92603 | COCHLEAR IMPLT F/UP EXAM 7> | A | $53.83 | 1 PER YEAR | N | 007-099 |
| 92604 | REPROGRAM COCHLEAR IMPLT 7> | A | $36.78 | 2 PER YEAR | N | 007-099 |
| 92607 | EX FOR SPEECH DEVICE RX, 1 HR | A | $35.45 | 2 PER YEAR | N | 000-099 |
| 92608 | EX FOR SPEECH DEVICE RX ADDL | A | $13.23 | 4 PER YEAR | N | 000-099 |
| 92609 | USE OF SPEECH DEVICE SERVICE | A | $36.11 | 2 PER YEAR | N | 000-099 |
| 92610 | EVALUATE SWALLOWING FUNCTION | A | $25.79 | 4 PER YEAR | N | 000-099 |
| 94010 | BREATHING CAPACITY TEST | A | $15.03 | | N | 000-099 |
| 96115 | NEUROBEH STATUS EXAM PER HR | A | $42.62 | | N | 000-099 |
| 97532 | COGNITIVE SKILLS DEV 15 MIN | A | $15.26 | | N | 000-099 |

Hearing and Speech Centers
(See Database Explanation for Ancillary Services)

| CODE | DESCRIPTION | STATUS | FEE | LIMITS | PA | AGE LIMITS |
|---|---|---|---|---|---|---|
| **97533** | SENSORY ITEGRATION 15 MIN | A | $16.60 | | N | 000-099 |
| **97799** | PHYSICAL MEDICINE PROCEDURE | M | $0.01 | | Y | 000-099 |
| **G0193** | ENDOSCOPICSTUDYSWALLOWFUNCTN | D | $0.01 | 2 PER YEAR | N | 000-099 |
| **G0194** | SENSORYTESTINGENDOSCOPICSTUDY | D | $0.01 | 2 PER YEAR | N | 000-099 |
| **G0195** | CLINICALEVALSWALLOWINGFUNCT | D | $90.00 | 4 PER YEAR | N | 000-099 |
| **G0196** | EVALOFSWALLOWINGWITHRADIOOPA | D | $0.01 | 2 PER YEAR | N | 000-099 |
| **G0198** | PATIENT ADAPT & TRAIN -25 MIN | D | $46.43 | 2 PER YEAR | N | 000-099 |
| **G0199** | REEVALUATIONOFPATIENTUSESPEC | D | $61.91 | 2 PER YEAR | N | 000-099 |
| **V5020** | CONFORMITY EVALUATION | A | $32.38 | 2 PER YEAR | N | 000-099 |
| **V5264** | EAR MOLD/INSERT | M | $41.24 | | N | 000-099 |
| **Z6001** | ALD EVAL & SEL 21 YR AND OLDER | D | $10.00 | 2 PER YEAR | N | 021-099 |
| **Z6002** | MONAURAL PROBE-MIC MEAS PEREAR | D | $15.00 | 2 PER YEAR | N | 000-099 |
| **Z6004** | COC IMP SPEECH PROC MAP 16&UP | D | $129.00 | 2 PER YEAR | N | 016-099 |
| **Z6005** | COC IMP SPEEC PROC MAP UNDER16 | D | $156.00 | 2 PER YEAR | N | 000-015 |
| **Z6006** | COC IMP SPEEC PROC TECH CALB | D | $129.00 | 2 PER YEAR | N | 000-099 |
| **Z6007** | COC IMP SPEEC PROC BHAVE CALB | D | $65.00 | 2 PER YEAR | N | 000-099 |