



Appendix 4 Hearing Program Fee Schedule

*DPH reimbursement rates are for services rendered according to program policy in effect at time service delivered. These rates may vary from current Medicaid or other insurance rates. **PRIOR AUTHORIZATION IS REQUIRED.***

Service Recipient may be CRS or Medicaid Eligible for Codes Listed in Table 4-1. Refer to [Hearing Policy](#) For codes in **Table 4-1. If service recipient is a Medicaid member, audiologist must bill Medicaid directly (not DPH) – No Authorization Issued from CYSHCN.**

TABLE 4-1			
PROCEDURE CODE - MODIFIER	DESCRIPTION OF SERVICE	FREQUENCY	FEE
92552	Pure Tone Audiometry (Threshold); air only	6 every 12 months	\$15.49
92553	Pure Tone Audiometry (Threshold); air and bone	6 every 12 months	\$15.49
92557	Hearing Evaluation-comprehensive Audiometry Threshold evaluation & Speech Recognition (92553 & 92556 combined)	1 every 12 months	\$42.06
92557-52	Hearing Re-Evaluation (92553 & 92556 combined)	6 every 12 months	\$28.75
92567	Tympanometry/Impedance Testing	6 every 12 months	\$18.49
92579	Visual Reinforcement Audiometry (VRA)	2 units (15 min./unit) per day	\$50.00 per unit
92582	Condition Play Audiometry	2 units (15 min./unit) per day	\$50.00 per unit
92650	Auditory evoked potentials, screening of auditory potential with broadband stimuli, automated analysis		
92651	For hearing status determination, broadband stimuli, with interpretation and report		
92652	For threshold estimation at multiple frequencies, with interpretation and report (Do not report 92652 in conjunction with 92651)		
92653	Neurodiagnostic, with interpretation and report		
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	No Limit	\$53.08
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	No Limit	\$70.90
92631	Hearing Aid Selection Services – Unilateral or Bilateral, first 30 minutes. (Not allowed on the same day as 92636, 92637 per same patient. Not allowed on the same day as 92622, 92623, 92626, 92627 per same ear.)	1 every 12 months	\$39.24
V5014-52	Repair/modification of hearing aid (Reduced Services – “Minor” repairs performed in office) (Not allowed on the same day as 92631, 92632, 92634, 92635, 92636, 92637, per same patient). Includes in-office tubing change.	1 per day and up to 3 per 12 months for unilateral hearing aid. 2 per day and up to 6 per 12 months for bilateral hearing aids.	\$16.66
92632	Hearing Aid Selection Services – Unilateral or Bilateral, each additional 15 minutes. (Must be billed in conjunction with 92631. Not allowed on the same day as 92636, 92637 per same patient. Not allowed on the same day as 92622, 92623, 92626, 92627 per same ear.)	1 every 12 months	\$9.81
92636	Hearing Aid Post-Fitting Follow-Up Services, Unilateral or Bilateral, first 30 minutes. (Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient.)	1 per day and up to 4 per 12 months.	\$42.26



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TABLE 4-1			
PROCEDURE CODE - MODIFIER	DESCRIPTION OF SERVICE	FREQUENCY	FEE
92639	Hearing-aid measurement, verification with probe microphone. (Must be used in conjunction with 92634 or 92636. This service reflects bilateral measurement. May be billed with modifier 52 for unilateral measurement.)	1 per day and up to 2 per 12 months.	\$65.00 Modifier 52 - \$32.50
92634	Hearing Aid Fitting Services – Unilateral or Bilateral, first 60 minutes. (Not allowed on the same day as 92636 or 92637 per same patient.)	1 per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing.	\$250.00
92635	Hearing Aid Fitting Services - Unilateral or Bilateral, each additional 15 minutes. (Must be billed in conjunction with 92634. Not allowed on the same day as 92636 or 92637 per same patient.)	1 per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing.	\$30.00
92637	Hearing Aid Post-Fitting Follow-Up Services, Unilateral or Bilateral, each additional 15 minutes. (Must be billed in conjunction with 92636. Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient.)	1 per day and up to 4 per 12 months.	\$10.56
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed	1 per day and up to 2 within 12 months post hearing aid fitting.	\$67.97
92641	Hearing device verification through electroacoustic analysis. (Not allowed on the same day as 92628, 92629, 92631, 92632, 92636, 92637, per same patient. This service reflects bilateral analysis. May be billed with modifier 52 for unilateral analysis.)	1 per 12 months.	\$10.50 Modifier 52- \$5.25
V5275	Ear Impression (each)	6 every 12 months	\$29.16
V5299	Reprogramming of Hearing Device	2 per 12 months per aid	\$25.00 per reprogramming
92521	Evaluation of speech fluency (e.g., stuttering, cluttering) (can't be billed if initial eval already reimbursed under 92506	1 per lifetime	\$70.80
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (can't be billed if initial eval already reimbursed under 92506	1 per lifetime	\$57.67
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) (can't be billed if initial eval already reimbursed under 92506	1 per lifetime	\$119.49
92524	Behavioral and qualitative analysis of voice and resonance (can't be billed if initial eval already reimbursed under 92506	1 per lifetime	\$59.05
92507	Speech Therapy		\$115.16 per hour \$28.79 per 15-minute unit
92508	Group Therapy (2 or more children) per hour* Divided by # of children in group		\$54.52 per hour
92700	Interpreters for the Hearing Impaired ONLY		\$45.00 per hour



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Service Recipient may be CRS OR Medicaid Eligible for Codes Listed in **Table 4-2**. Refer to [Hearing Policy](#)

TABLE 4-2			
PROCEDURE CODE-MODIFIER	DESCRIPTION OF SERVICE	FREQUENCY	FEE
V5014 OLT/ORT	Hearing aid repair – Major repairs sent to a manufacturer.	2 every 12 months per ear	Cost up to \$250/aid including S&H
V5030 OLT/ORT	Hearing aid, monaural, body worn, air conduction	2 every 12 months per ear	Mfr list price up to \$900.00/aid
V5040 OLT/ORT	Hearing aid, monaural, body worn, bone conduction		
V5050 OLT/ORT	Hearing aid, monaural, in ear		
V5060 OLT/ORT	Hearing aid, monaural, behind ear		
V5171 OLT/ORT	Hearing aid, contralateral routing device, monaural, in ear		
V5172 OLT/ORT	Hearing aid, contralateral routing device, monaural, in canal		
V5181 OLT/ORT	Hearing aid, contralateral routing device, monaural, behind ear		
V5211 OLT/ORT	Hearing aid, contralateral routing system, binaural, in ear		
V5212 OLT/ORT	Hearing aid, contralateral routing system, binaural, in ear/in canal		
V5213 OLT/ORT	Hearing aid, contralateral routing system, binaural, in ear/behind ear		
V5214 OLT/ORT	Hearing aid, contralateral routing system, binaural, in canal		
V5215 OLT/ORT	Hearing aid, contralateral routing system, binaural, in canal/behind ear		
V5221 OLT/ORT	Hearing aid, contralateral routing system, binaural, behind ear		
V5254 OLT/ORT	Hearing aid, digital, monaural, completely in canal		
V5255 OLT/ORT	Hearing aid, digital, monaural, in the canal		
V5256 OLT/ORT	Hearing aid, digital, monaural, in the ear		
V5257 OLT/ORT	Hearing aid, digital, monaural, behind the ear		
V5258 OLT/ORT	Hearing aid, digital, binaural, completely in canal		
V5259 OLT/ORT	Hearing aid, digital, binaural, in the canal		



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V5260 OLT/ORT	Hearing aid, digital, binaural, in the ear		
V5261 OLT/ORT	Hearing aid, digital, binaural, behind the ear		
V5298 OLT/ORT	Hearing aid, not otherwise classified		
V5264 OLT/ORT	Ear mold, non-disposable	2 every 12 months per ear	Cost up to \$77.00 + S&H
V5265 OLT/ORT	Ear mold, disposable	2 every 12 months per ear	Cost up to \$40.00 + S&H
V5266	Hearing aid batteries	Initial purchase (8 batteries per new hearing aid)	Cost + S&H
V5267	Hearing aid accessories and supplies (excludes hearing aid kit below)	Monthly	Cost + \$9.50 S&H
	Hearing aid kits with stethoset and Dri-aid	1 every 5 years	Cost up to \$30.00 + \$9.50 S&H

NOTES:

- (1) Prior authorization from CYSHCN required for all devices in **table 4-2** above.
- (2) Extended warranties are NOT covered.
- (3) Reimbursement for hearing aids based on manufacturer list price provided with request for approval.
- (4) Central Office CYSHCN Program approval required if manufacturer list price for hearing aid is more than \$900.00 (including shipping and handling), or if estimated cost of hearing aid repair is more than \$250.00 (including shipping and handling).
- (5) Authorization for new hearing aids will include up to eight batteries each.
- (6) Replacement batteries are available through CYSHCN for most hearing aids purchased through DPH. See policy manual for detailed information. No authorization will be issued to audiologists for replacement batteries.



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Service Recipient **Must be Medicaid Eligible for Cochlear Implant DME** Listed In **Table 4-3**

CYSHCN Central Office Issues Authorizations for Cochlear Implant DME.

TABLE 4-3			
PROCEDURE CODE - MODIFIER	DESCRIPTION OF SERVICE	FREQUENCY	FEE
V5014 OUC OLT/ORT	Cochlear Implant Repair DPH CYSHCN Audiology Prior Authorization Required	No Limit	Cost + S&H
L8615 OLT/ORT	Headset/headpiece for use with Cochlear Implant device, replacement	2 orders per 12 months per Cochlear Implant	Cost – up to \$451.11 each + \$9.50 S&H
L8616 OLT/ORT	Microphone for use with Cochlear Implant device, replacement	2 orders per 12 months per Cochlear Implant	Cost – up to \$149.00 each + \$9.50 S&H
L8617 OLT/ORT	Transmitting coil for use with Cochlear Implant device, replacement	2 orders per 12 months per Cochlear Implant	Cost – up to \$295.00 each + \$9.50 S&H
L8618 OLT/ORT	Transmitter cable for use with Cochlear Implant device, replacement	2 orders per 12 months per Cochlear Implant	Cost – up to \$350.00 each + \$9.50 S&H
L8629 OLT/ORT	Transmitting coil and cable, integrated, for use with Cochlear Implant device, replacement	2 orders per 12 months	Cost – up to \$295.00 each + \$9.50 S&H
L8619 ONU OLT/ORT	Cochlear Processor Replacement DPH CYSHCN Audiology Prior Authorization Required	1 processor every 5 years per Cochlear Implant	Cost + S&H
L9900 OLT/ORT	Cochlear Supplies	Monthly Maximum	Monthly Max – Up to \$700.00 + S&H
L8621 OLT/ORT	Zinc air battery for use in Cochlear Implant device or Baha, replacement, each	8 orders per 12 months per Cochlear Implant. Minimum order – 50 battery six packs (Total 300 batteries)	Cost – up to \$214.00/300 Batteries + \$9.50 S&H
L8622 OLT/ORT	Alkaline battery for use in Cochlear Implant device, any size, replacement, each	8 orders per 12 per Cochlear Implant. Minimum order – 3 batteries	Cost – up to \$27.00/battery + \$9.50 S&H
L8623 OLT/ORT	Lithium ion battery for use in Cochlear Implant device speech processor, other than ear level, replacement, each	4 orders per 12 months per Cochlear Implant. Minimum order – 3 batteries	Cost – up to \$297.00/battery + \$9.50 S&H
L8624 OLT/ORT	Lithium ion battery for use in Cochlear Implant device speech processor, ear level, replacement, each	2 orders per 12 months per Cochlear Implant. Minimum order – 2 batteries	Cost – up to \$345.00/battery + \$9.50 S&H



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Service Recipient Must be Medicaid Eligible for BAHA DME Listed in **Table 4-4**

CYSHCN Central Office Issues Authorizations for Bone Anchored Hearing Aid (BAHA) DME

Table 4-4			
PROCEUDRE CODE-MODIFIER	DESCRIPTION OF SERVICE	FREQUENCY	FEE
L8691 OLT/ORT	Baha External Sound Processor Replacement DPH CYSHCN Audiology Prior Authorization	1 processor every 2 years per ear	Cost - up to \$5000.00 + S&H
L8692 OLT/ORT	Auditory osseointegrated device used without osseointegration (Softband with sound processor and other means of external attachment) DPH CYSHCN Audiology Prior Authorization	1 system every 2 years per ear	Cost – up to \$5000.00+ S&H
L7510 OLT/ORT	Baha Repair	No limit	Cost - up to \$500 + S&H
L7520 OLT/ORT	Repair Baha device component(s), labor component, per 15 minutes	As needed	Manually priced + 9.50 S&H
L9900 OLT/ORT	Cochlear/Baha Supplies	Monthly Maximum	Cost up to \$700.00 + S&H

Medical Justification – *Audiologist should order only what is medically necessary to avoid a situation where the child is without sound.* The audiologist's written justification should support the medical necessity of all items ordered. Claims for services exceeding the frequency limit must be submitted with documentation justifying the medical need for additional units.

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