MDCH Hearing and Speech Centers Database
(See Database Instructions for further explanation.)

Outpatient Audiology Services

HCPCS CODE	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

MDCH Hearing and Speech Centers Database
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Cochlear Implant Manufacturers Only

HCPCS CODE	INFO MOD	CODE DESCRIPTION	STATUS CODE		LIMITS	PA	AGE LIMITS
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	M	$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