

MDHHS
Hearing Services Database
January 2018

Revised 03/28/2018

Outpatient Audiology Services

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	PA	Comments
92507		Speech/Hearing Therapy		\$43.98	0-124	36 per 3 Months		
92508		Speech/Hearing Therapy		\$12.88	0-124	36 per 3 Months		
92537		Caloric vstblr test w/rec		\$22.78	0-124	1 per Day		
92538		Caloric vstblr test w/rec		\$11.69	0-124	1 per Day		
92540		Basic Vestibular Evaluation		\$57.05	0-124	1 per Day		
92541		Spontaneous Nystagmus Test		\$13.87	0-124	1 per Day		
92542		Positional Nystagmus Test		\$15.85	0-124	1 per Day		
92544		Optokinetic Nystagmus Test		\$9.51	0-124	1 per Day		
92545		Oscillating Tracking Test		\$8.91	0-124	1 per Day		
92546		Sinusoidal Rotational Test		\$58.64	0-124	1 per Day		
92547		Supplemental Electrical Test		\$3.37	0-124	1 per Day		
92548		Posturography		\$55.47	0-124	1 per Day		
92550		Tympanometry & Reflex Thresh		\$12.08	0-124	1 per Day		
92551		Pure Tone Hearing Test Air		\$6.93	0-20	2 per Year		
92552		Pure Tone Audiometry Air		\$17.83	0-124	2 per Year		
92553		Audiometry Air & Bone		\$21.39	0-124	2 per Year		
92555		Speech Threshold Audiometry		\$13.47	0-124	2 per Year		
92556		Speech Audiometry Complete		\$21.39	0-124	2 per Year		
92557		Comprehensive Hearing Test	P	\$21.20	0-124	2 per Year		
92558		Evoked Auditory Test Qual		\$5.55	0-124	3 per Year		
92562		Loudness Balance Test		\$26.15	0-124	1 per Day		
92563		Tone Decay Hearing Test		\$17.43	0-124	1 per Day		
92564		Sisi Hearing Test		\$14.66	0-124	1 per Day		
92565		Stenger Test Pure Tone		\$8.72	0-124	1 per Day		
92567		Tympanometry		\$8.12	0-124	1 per Day		
92568		Acoustic Refl Threshold Tst		\$8.91	0-124	1 per Day		
92570		Acoustic Immittance Testing		\$18.03	0-124	1 per Day		
92571		Filtered Speech Hearing Test		\$15.45	0-124	1 per Day		
92576		Synthetic Sentence Test		\$21.20	0-124	1 per Day		
92577		Stenger Test Speech		\$8.12	0-124	1 per Day		
92579		Visual Audiometry (Vra)		\$25.75	0-124	1 per Day		
92582		Conditioning Play Audiometry		\$38.23	0-124	1 per Day		
92585		Auditor Evoke Potent Compre		\$76.07	0-124	3 per Year		
92586		Auditor Evoke Potent Limit		\$50.12	0-124	3 per Year		

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Hearing Services Database
January 2018

Revised 03/28/2018

Outpatient Audiology Services (Continued)								
HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	PA	Comments
92587		Evoked Auditory Test Limited		\$12.08	0-124	3 per Year		
92588		Evoked Auditory Tst Complete		\$18.42	0-124	2 per Year		
92590		Hearing Aid Exam One Ear		\$45.02	0-124	2 per Year		
92591		Hearing Aid Exam Both Ears		\$45.02	0-124	2 per Year		
92594		Electro Hearng Aid Test One		\$13.04	0-124	2 per Year		
92595		Electro Hearng Aid Tst Both		\$26.10	0-124	2 per Year		
92601		Cochlear Implt F/Up Exam <7		\$92.71	0-6	1 per Year		
92602		Reprogram Cochlear Implt <7		\$57.45	0-6	2 per Year		
92603		Cochlear Implt F/Up Exam 7/>		\$85.98	7-124	1 per Year		
92604		Reprogram Cochlear Implt 7/>		\$50.91	7-124	2 per Year		
92625		Tinnitus Assessment		\$39.42	0-124	1 per Day		
92626		Eval Aud Rehab Status		\$50.52	0-124	2 per Year		
92627		Eval Aud Status Rehab Add-On		\$12.68	0-124	8 per Year		
92630		Aud Rehab Pre-Ling Hear Loss		\$32.68	0-124	36 per 3 Months		
92633		Aud Rehab Postling Hear Loss		\$32.68	0-124	36 per 3 Months		
92700		Ent Procedure/Service		M	0-124	1 per Day	Y	
S9152		Speech Therapy, Re-Eval		\$36.64	0-124	2 per Year		
V5020		Conformity Evaluation		\$28.60	0-124	2 per Year		
V5264	LT/RT	Ear Mold/Insert		\$36.43	0-124			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

MDHHS
Hearing Services Database
January 2018

Revised 03/28/2018

Cochlear Implant Manufacturers Only								
HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	PA	Comments
L7510		Prosthetic Device Repair Rep		\$200.00	0-124	\$400 per Year		
L8615		Coch Implant Headset Replace		M	0-124		Y	
L8616		Coch Implant Microphone Repl		\$254.36	0-124	1 per Year		
L8617		Coch Implant Trans Coil Repl		\$132.48	0-124	1 per Year		
L8618		Coch Implant Trans Cable Repl		\$57.40	0-124	4 per 6 Months		
L8619		Coch Imp Ext Proc/Contr Rplc		\$5,255.04	0-124		Y	
L8621		Repl Zinc Air Battery		\$0.66	0-124	150 per 6 Months		
L8622		Repl Alkaline Battery		\$6.62	0-124	2 per Year		
L8623		Lith Ion Batt Cid, Non-Earlvl		\$60.94	0-124	2 per Year		
L8624		Lith Ion Batt Cid, Ear Level		M	0-124	2 per Year	Y	
L8627		Cid Ext Speech Process Repl		\$3,691.50	0-124	1 per 4 Years	Y	
L8628		Cid Ext Controller Repl		\$1,035.00	0-124	1 per Year	Y	
L8629		Cid Transmit Coil And Cable		M	0-124	1 per Year	Y	
L8691		Osseointegrated Snd Proc Rpl		M	0-124	1 per 3 Years	Y	
L8692		Non-Osseointegrated Snd Proc		M	0-124	1 per 4 Years	Y	
L8693		Aud Osseo Dev, Abutment		M	0-124	1 per 3 Years	Y	
L8694		Aoi transducer/actuator repl		\$44.16	0-124		Y	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.