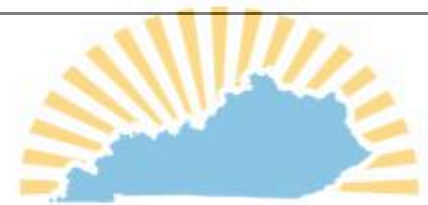


KY MEDICAID AUDIOLOGY FEE SCHEDULE 2022**Notes:**

- **Red indicates new codes or changes for the most current revision date.**
- A referral by a physician to an audiologist shall be required for an audiology service (907 KAR 1:038)
- "M" = Manually Priced (manufacturer's invoice + 20% except where noted)□
- **CLAIMS THAT REQUIRE AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM WITH INVOICE ATTACHED.**
- It is the responsibility of the provider to check member eligibility.□
- **HEARING AIDS LIMITED TO RECIPIENTS UNDER 21 YEARS OF AGE UNLESS NOTED**
- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. □
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Procedure Code	Procedure Name	Proc Rate	Comments
92516	FACIAL NERVE TEST	\$52.13	Code now billable for members age 21 and older.
92517	VEMP TEST I&R CERVICAL	\$67.08	
92518	VEMP TEST I&R OCULAR	\$62.43	
92519	VEMP TST I&R CERVICAL&OCULAR	\$104.35	
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.
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	
92548	CDP-SOT 6 COND W/I&R	M	Invoice required, attach to paper claim.
92549	CDP-SOT 6 COND W/I&R MCT&ADT	\$49.50	
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.
92587	EVOLED OTOACOUSTIC EMISSIONS	\$43.18	Code now billable for members age 21 and older.

Procedure Code	Procedure Name	Proc Rate	Comments
92588	COMP OR DIAGNOSTIC EVAL (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQ.)	\$60.05	Code now billable for members age 21 and older.
92590	HEARING AID EXAM ONE EAR	\$45.00	
92591	HEARING AID EXAM BOTH EARS	\$65.00	
92592	HEARING AID ONE EAR	\$25.00	
92593	HEARING AID CHECK BOTH EARS	\$25.00	
92594	ELECTRO HEARING AID TEST ONE	\$14.17	
92595	ELECTRO HEARING AID TEST BOTH	\$28.34	
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	Code now billable for members age 21 and older.
92604	REPROGRAM COCHLEAR IMPLT 7/>	\$52.49	Code now billable for members age 21 and older.
92620	AUDITORY FUNCTION TEST 60 MIN	\$74.94	Code now billable for members age 21 and older.
92621	AUDITORY FUNCTION TEST 15 MIN	\$17.94	Code now billable for members age 21 and older.
92625	TINNITUS ASSESSMENT	\$55.96	Code now billable for members age 21 and older.
92626	EVALUATION OF HEARING REHABILITATION	\$53.42	Code now billable for members age 21 and older.
92627	EVALUATION OF AUDITORY FUNCTION ADDL 15 MIN	\$12.80	Code now billable for members age 21 and older.
92640	AUDITORY BRAINSTEM IMPLANT PROG PER HOUR	\$72.36	Code now billable for members age 21 and older.
92650	AEP SCR AUDITORY POTENTIAL	\$22.64	
92651	AEP HEARING STATUS DETER I&R	\$71.00	
92652	AEP THRSHLD EST MLT FREQ I&R	\$94.37	
92653	AEP NEURODIAGNOSTIC I&R	\$69.32	
L9900	O&P SUPPLY/ACCESSORY/SERVICE	M	Invoice required, attach to paper claim.
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
V5030	BODY-WORN HEARING AID AIR	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5040	BODY-WORN HEARING AID BONE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5050	HEARING AID MONAURAL IN EAR	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5060	BEHIND EAR HEARING AID	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5070	GLASSES AIR CONDUCTION	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier

Procedure Code	Procedure Name	Proc Rate	Comments
V5080	GLASSES BONE CONDUCTION	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5090	HEARING AID DISPENSING FEE	\$150.00	EFFECTIVE 11/20/07
V5095	IMPLANT MID EAR HEARING PROS	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5100	BODY-WORN BILAT HEARING AID	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5120	BODY-WORN BINAUR HEARING AID	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5130	IN EAR BINAURAL HEARING AID	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5140	BEHIND EAR BINAUR HEARING AI	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5150	GLASSES BINAURAL HEARING AID	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5160	DISPENSING FEE, BINAURAL	\$200.00	EFFECTIVE 11/20/07
V5171	HEARING AID MONAURAL ITE	M	Invoice required, attach to paper claim.
V5172	HEARING AID MONAURAL ITC	M	Invoice required, attach to paper claim.
V5181	HEARING AID MONAURAL BTE	M	Invoice required, attach to paper claim.
V5190	HEARING AID MONAURAL GLASSES	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5200	DISP FEE CONTRALATERAL MONAU	M	Invoice required, attach to paper claim.
V5211	HEARING AID BINAURAL ITE/ITE	M	Invoice required, attach to paper claim.
V5212	HEARING AID BINAURAL ITE/ITC	M	Invoice required, attach to paper claim.
V5213	HEARING AID BINAURAL ITE/BTE	M	Invoice required, attach to paper claim.
V5214	HEARING AID BINAURAL ITC/ITC	M	Invoice required, attach to paper claim.
V5215	HEARING AID BINAURAL ITC/BTE	M	Invoice required, attach to paper claim.
V5221	HEARING AID BINAURAL BTE/BTE	M	Invoice required, attach to paper claim.
V5230	HEARING AID BINAURAL GLASSES	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5240	DISP FEE CONTRALATERAL BINAU	\$200.00	
V5242	HEARING AID, MONAURAL, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier

Procedure Code	Procedure Name	Proc Rate	Comments
V5243	HEARING AID, MONAURAL, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5244	HEARING AID, PROG, MON, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5245	HEARING AID, PROG, MON, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5246	HEARING AID, PROG, MON, ITE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5247	HEARING AID, PROG, MON, BTE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5248	HEARING AID, BINAURAL, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5249	HEARING AID, BINAURAL, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5250	HEARING AID, PROG, BIN, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5251	HEARING AID, PROG, BIN, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5252	HEARING AID, PROG, BIN, ITE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5253	HEARING AID, PROG, BIN, BTE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5254	HEARING ID, DIGIT, MON, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5255	HEARING AID, DIGIT, MON, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5256	HEARING AID, DIGIT, MON, ITE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5257	HEARING AID, DIGIT, MON, BTE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier

Procedure Code	Procedure Name	Proc Rate	Comments
V5258	HEARING AID, DIGIT, BIN, CIC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5259	HEARING AID, DIGIT, BIN, ITC	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5260	HEARING AID, DIGIT, BIN, ITE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5261	HEARING AID, DIGIT, BIN, BTE	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5262	HEARING AID, DISP, MONAURAL	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5263	HEARING AID, DISP, BINAURAL	M	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$800.00 per ear per 36 months. LT/RT modifier
V5264	EARMOLD	\$40.00	
V5266	REPLACEMENT BATTERY	\$2.00	
V5267	PRO FEE REPLACE CORD	\$21.50	
V5275	EAR IMPRESSION	M	Invoice required, attach to paper claim.
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	\$60.00	