

FEE SCHEDULES FOR SPEECH AND HEARING PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit	Description
31510	Laryngoscopy, indirect; with biopsy	00	00	25	4/1/1989	\$59.00		
31510	Laryngoscopy, indirect; with biopsy	00	00	40	4/1/1989	\$23.50		
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	00	00	25	4/1/1989	\$118.00		
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	00	00	40	4/1/1989	\$158.00		
42820	Tonsillectomy and adenoidectomy; younger than age 12	00	00	20	1/1/1998	\$184.00		
42820	Tonsillectomy and adenoidectomy; younger than age 12	00	00	40	1/1/1998	\$121.00		
42821	Tonsillectomy and adenoidectomy; age 12 or over	00	00	20	1/1/1998	\$199.00		
42821	Tonsillectomy and adenoidectomy; age 12 or over	00	00	40	1/1/1998	\$128.00		
42830	Adenoidectomy, primary; younger than age 12	00	00	20	1/1/1998	\$134.00		
42830	Adenoidectomy, primary; younger than age 12	00	00	40	1/1/1998	\$120.50		

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42831	Adenoidectomy, primary; age 12 or over	00	00	20	1/1/1998	\$134.00	
42831	Adenoidectomy, primary; age 12 or over	00	00	40	1/1/1998	\$120.50	
69200	Removal foreign body from external auditory canal; without general anesthesia	00	00	20	4/1/1989	\$30.00	
69205	Removal foreign body from external auditory canal; with general anesthesia	00	00	20	4/1/1989	\$92.50	
69205	Removal foreign body from external auditory canal; with general anesthesia	00	00	40	4/1/1989	\$87.00	
69300	Otoplasty, protruding ear, with or without size reduction	00	00	20	4/1/1989	\$441.50	
69300	Otoplasty, protruding ear, with or without size reduction	00	00	27	7/1/1999	\$776.00	
69300	Otoplasty, protruding ear, with or without size reduction	00	00	40	4/1/1989	\$216.50	
69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	20	4/1/1989	\$1,000.00	
69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	27	7/1/1999	\$776.00	

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69320	Reconstruction external auditory canal for congenital atresia, single stage	00	00	40	4/1/1989	\$626.50	
69420	Myringotomy including aspiration and/or eustachian tube inflation	00	00	20	1/1/1998	\$74.50	
69420	Myringotomy including aspiration and/or eustachian tube inflation	00	00	40	1/1/1998	\$96.50	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	00	00	20	4/1/1989	\$74.50	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	00	00	40	4/1/1989	\$96.50	
69424	Ventilating tube removal requiring general anesthesia	00	00	20	1/1/1998	\$57.00	
69424	Ventilating tube removal requiring general anesthesia	00	00	40	1/1/1998	\$27.50	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	00	00	20	4/1/1989	\$75.50	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	00	00	40	4/1/1989	\$89.00	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	00	00	20	4/1/1989	\$98.50	

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69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	00	00	40	4/1/1989	\$89.00		
69440	Middle ear exploration through postauricular or ear canal incision	00	00	20	4/1/1989	\$419.50		
69440	Middle ear exploration through postauricular or ear canal incision	00	00	40	4/1/1989	\$175.00		
69502	Mastoidectomy; complete	00	00	20	1/1/1998	\$591.00		
69502	Mastoidectomy; complete	00	00	40	1/1/1998	\$256.50		
69505	Mastoidectomy; modified radical	00	00	20	1/1/1998	\$694.50		
69505	Mastoidectomy; modified radical	00	00	40	1/1/1998	\$261.00		
69603	Revision mastoidectomy; resulting in radical mastoidectomy	00	00	20	1/1/1998	\$702.00		
69603	Revision mastoidectomy; resulting in radical mastoidectomy	00	00	40	1/1/1998	\$223.50		
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	00	00	20	1/1/1998	\$83.00		

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69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	00	00	40	1/1/1998	\$43.50	
69620	Myringoplasty (surgery confined to drumhead and donor area)	00	00	20	1/1/1998	\$525.00	
69620	Myringoplasty (surgery confined to drumhead and donor area)	00	00	40	4/1/1989	\$260.00	
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	00	00	20	1/1/1998	\$694.00	
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	00	00	40	1/1/1998	\$210.00	
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	00	00	20	1/1/1998	\$518.50	
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	00	00	40	1/1/1998	\$256.00	
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular repl	00	00	20	1/1/1998	\$761.00	
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular repl	00	00	40	1/1/1998	\$208.00	

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date End Date	Fee	Limit Description
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	00	00	20	1/1/1998	\$880.00	
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	00	00	40	1/1/1998	\$247.50	
69650	Stapes mobilization	00	00	20	4/1/1989	\$448.00	
69650	Stapes mobilization	00	00	40	4/1/1989	\$220.50	
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	00	00	20	4/1/1989	\$820.50	
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	00	00	40	4/1/1989	\$335.00	
69662	Revision of stapedectomy or stapedotomy	00	00	20	1/1/1998	\$647.00	
69662	Revision of stapedectomy or stapedotomy	00	00	27	7/1/1999	\$776.00	
69662	Revision of stapedectomy or stapedotomy	00	00	40	1/1/1998	\$591.00	
69670	Mastoid obliteration (separate procedure)	00	00	20	4/1/1989	\$675.00	

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69670	Mastoid obliteration (separate procedure)	00	00	40	4/1/1989	\$335.00	
69820	Fenestration semicircular canal	00	00	20	4/1/1989	\$749.00	
69820	Fenestration semicircular canal	00	00	40	4/1/1989	\$370.50	
69840	Revision fenestration operation	00	00	20	4/1/1989	\$429.00	
69840	Revision fenestration operation	00	00	40	4/1/1989	\$93.50	
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	00	00	54	4/1/1989	\$46.50	
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	00	00	57	4/1/1989	\$19.00	
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	00	00	RD	4/1/1989	\$27.50	
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	00	00	54	4/1/1989	\$37.50	
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	00	00	57	4/1/1989	\$15.00	

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70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	00	00	RD	4/1/1989	\$22.50		
70250	Radiologic examination, skull; less than 4 views	00	00	54	4/1/1989	\$35.00		
70250	Radiologic examination, skull; less than 4 views	00	00	57	4/1/1989	\$14.00		
70250	Radiologic examination, skull; less than 4 views	00	00	RD	4/1/1989	\$21.00		
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	00	00	54	1/1/1998	\$19.00		
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	00	00	57	4/1/1989	\$7.50		
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	00	00	RD	4/1/1989	\$11.50		
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	00	00	54	1/1/1998	\$46.50		
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	00	00	57	1/1/1998	\$19.00		
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	00	00	RD	1/1/1998	\$27.50		

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76120	Cineradiography/videoradiography, except where specifically included	00	00	54	4/1/1989	\$57.50	
76120	Cineradiography/videoradiography, except where specifically included	00	00	57	4/1/1989	\$22.50	
76120	Cineradiography/videoradiography, except where specifically included	00	00	RD	4/1/1989	\$35.00	
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	00	00	ST	1/1/1998	\$45.00	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	00	00	AU	1/1/1998	\$21.70	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	00	00	ST	1/1/1998	\$21.70	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	00	00	AU	1/1/1998	\$10.00	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	00	00	ST	1/1/1998	\$10.00	
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	00	00	AZ	1/1/1998	\$7.94	
92553	Pure tone audiometry (threshold); air and bone	00	00	AU	7/1/1999	\$14.00	

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92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	00	00	AU	4/1/1989	\$29.00		
92560	Bekesy audiometry; screening	00	00	AU	1/1/1998	\$10.00		
92567	Tympanometry (impedance testing)	00	00	60	4/1/1989	\$12.00		
92567	Tympanometry (impedance testing)	00	00	AU	4/1/1989	\$12.00		
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	00	00	80	1/1/1998	\$26.50		
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	00	00	AU	1/1/1998	\$26.50		
92590	Hearing aid examination and selection; monaural	00	00	AU	1/1/1998	\$18.00		
92592	Hearing aid check; monaural	00	00	AU	1/1/1998	\$9.00		
92594	Electroacoustic evaluation for hearing aid; monaural	00	00	AU	1/1/1998	\$9.00		
92595	Electroacoustic evaluation for hearing aid; binaural	00	00	AU	1/1/1998	\$12.00		

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95999	Unlisted neurological or neuromuscular diagnostic procedure	00	00	60	1/1/1998	\$35.00	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling a	00	00	60	1/1/1998	\$20.00	
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers	00	00	90	1/1/1998	\$30.00	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	00	00	60	1/1/1998	\$8.00	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	00	00	AU	1/1/1998	\$8.00	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	00	00	ST	1/1/1998	\$8.00	
ADJ	ADJUSTMENT FOR PRIOR CLAIM (FOR DEPT OF HEALTH USE ONLY)	00	00	00	4/1/1989	\$1,000.00	
DRG	INPATIENT HOSPITAL COSTS (FOR DEPT OF HEALTH USE ONLY)	00	00	00	10/1/1997	50,000.00	
SN514	ACCESSORIES, INVOICE + 30%	00	00	00	3/1/1999	\$500.00	

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SN520	INTERPRETING, SIGN, FOREIGN, ORAL, CUED 1/2 HOUR	00	00	60	3/1/1999	\$13.50	FEE IS PER 1/2 HOUR
SN520	INTERPRETING, SIGN, FOREIGN, ORAL, CUED 1/2 HOUR	00	00	AU	3/1/1999	\$13.50	FEE IS PER 1/2 HOUR
SN520	INTERPRETING, SIGN, FOREIGN, ORAL, CUED 1/2 HOUR	00	00	ST	3/1/1999	\$13.50	FEE IS PER 1/2 HOUR
V5014	Repair/modification of a hearing aid	00	00	00	1/1/1998	\$265.00	
V5090	Dispensing fee, unspecified hearing aid	00	00	00	1/1/1998	\$200.00	
V5110	Dispensing fee, bilateral	00	00	00	1/1/1998	\$275.00	
Y5242	EAR MOLD	00	00	AU	3/1/1999	\$15.00	
Y5298	HEARING AID (MANUFACTURER'S INVOICE; UP TO A MAX OF \$500.00); 1 PKG OF BATTERIES+AN EARMOLD FOR EA HEARING AID IS TO BE FURNISHED TO CLIENT AT NO ADDTL CHARGE	00	00	00	3/1/1999	\$500.00	
Y9600	DIAGNOSTIC INTELLECTUAL EVALUATION (LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	5 HRS (FEE IS PER HALF HR)
Y9601	INDIVIDUAL DIAGNOSTIC PERSONALITY EVALUATION (LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	8 HRS (FEE IS PER HALF HR)

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Y9602	COMPREHENSIVE DIAGNOSTIC PSYCHOLOGICAL EVALUATION (LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	10 HRS (FEE IS PER HALF HR)
Y9603	COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION (LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	12 HRS (FEE IS PER HALF HR)
Y9604	COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION W/PERSONALITY ASSESSMENT(LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	12 HRS (FEE IS PER HALF HR)
Y9606	PSYCHOLOGICAL EVALUATION (LIMIT OF 3 PER YR OF ANY COMBINATION OF THE PROCEDURES W/SERVICE TYPE PS)	41	00	PS	3/1/1999	\$26.25	3 HRS (FEE IS PER HALF HR)