Division of Medical Assistance Programs
Policy and Planning Section

Speech/Language Pathology, Audiology & Hearing Aid Services Program

Chapter 410, Division 129

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Table of Contents

410-129-0020 – Therapy Plan of Care, Goals/Outcomes and Record Requirements..... 1
410-129-0040 – Maintenance 2
410-129-0060 – Prescription Required..... 3
410-129-0065 – Licensing Requirements..... 4
410-129-0070 – Limitations..... 5
410-129-0080 – Prior Authorization 8
410-129-0100 – Medicare/Medicaid Claims 9
410-129-0180 – Procedure Codes 10
410-129-0190 – Client Copayments..... 11
410-129-0200 – Speech-Language Pathology Procedure Codes 12
Table 129-0200-1 – Speech Therapy Services.....13
Table 129-0200-2 – Other Speech Services 14
410-129-0220 – Augmentative Communications System or Device 16
410-129-0240 – Audiologist and Hearing Aid Procedure Codes 18
Table 129-0240-1 – Audiologist and Hearing Aid Procedure Codes 19
Table 129-0240-2 – Special Otorhinolaryngologic Services codes 20
410-129-0260 – Hearing Aids and Hearing Aid Technical Service and Repair 22
Table 129-0260 23
410-129-0280 – Hearing Testing for Diagnostic Purposes (On Physician's Referral Only) 25
Table 129 0280 – Hearing Testing.....26

410-129-0020 – Therapy Plan of Care, Goals/Outcomes and Record Requirements

(1) Therapy shall be based on a prescribing practitioner's written order and therapy treatment plan with goals and objectives developed from an evaluation or re-evaluation.

(2) The therapy regimen shall be taught to individuals, including the patient, family members, foster parents, and caregivers who can assist in the achievement of the goals and objectives. The Division of Medical Assistance Programs (Division) shall not authorize extra treatments for teaching.

(3) All speech-language pathology (SLP) treatment services require a therapy plan of care that is required for prior authorization (PA) for payment.

(4) The SLP therapy plan of care shall include:

(a) Client's name and diagnosis;

(b) The type, amount, frequency and duration of the proposed therapy;

(c) Individualized, measurably objective, short-term and long-term functional goals;

(d) Dated signature of the therapist or the prescribing practitioner establishing the therapy plan of care; and

(e) Evidence of certification of the therapy plan of care by the prescribing practitioner.

(5) SLP therapy records shall include:

(a) Documentation of each session;

(b) Therapy provided;

(c) Duration of therapy; and

(d) Signature of the Speech-Language-Pathologist.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.060

410-129-0040 – Maintenance

(1) Therapy becomes maintenance when any one of the following occur:

(a) The therapy treatment plan goals and objectives are reached; or

(b) There is no progress toward the therapy treatment plan goals and objectives; or

(c) The therapy treatment plan does not require the skills of a therapist; or

(d) The patient, family, foster parents, and/or caregiver have been taught and can carry out the therapy regimen and are responsible for the maintenance therapy.

(2) Therapy that becomes maintenance is not a covered service.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065, 681.135, 681.205

410-129-0060 – Prescription Required

(1) The prescription is the written order by the prescribing practitioner pursuant to state law governing speech-pathology, audiology and hearing aid services. Prescription must specify the ICD-9-CM diagnosis code for all speech-pathology, audiology and hearing aid services that require payment/prior authorization.

(2) The provision of speech therapy services must be supported by a written order and a therapy treatment plan signed by the prescribing practitioner. A practitioner means a person licensed pursuant to State law to engage in the provision of health care services within the scope of the practitioner's license and/or certification.

(3) A written order:

(a) Is required for the initial evaluation;

(b) For therapy, must specify the ICD-9-CM diagnosis code, service, amount and duration required.

(4) Written orders must be submitted with the payment (prior) authorization request and a copy must be on file in the provider's therapy record. The written order and the treatment plan must be reviewed and signed by the prescribing practitioner every six months.

(5) Authorization of payment to an audiologist or hearing aid dealer for a hearing aid will be considered only after examination for ear pathology and written prescription for a hearing aid by an ear, nose, and throat specialist (ENT) or general practitioner who has training to examine the ear and performs within the scope of his/her practice, i.e. primary care physician (not appropriate is an orthopedic specialist, chiropractor, gynecologist, etc.).

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065

410-129-0065 – Licensing Requirements

(1) The Division of Medical Assistance Programs (Division) enrolls only the following types of providers as performing providers under the Speech-Language Pathology, Audiology and Hearing Aid Services program:

(a) A person licensed by the relevant state licensing authority to practice speech-language pathology (SLP);

(b) A person licensed by the relevant state licensing authority to practice audiology; and

(c) A person licensed by the relevant state licensing authority for “dealing in hearing aids” as defined in Oregon Revised Statute 694.015.

(2) The Oregon Board of Examiners for SLP and Audiology licenses (and the Division recognizes services provided by):

(a) Conditional Speech-Language Pathologists; and

(b) SLP Assistants.

(3) Services of graduate SLP students, furnished under a Conditional SLP License:

(a) Shall be provided in compliance with supervision requirements of the state licensing board and the American Speech-Language-Hearing Association;

(b) Shall be compliant with applicable record and documentation requirements (see also Oregon Administrative Rules in chapter 335, division 010); and

(c) Are reimbursed to the licensed supervising Speech-Language Pathologist.

(4) The Division shall not reimburse for services of a licensed Speech-Language Pathologist while the pathologist is teaching or supervising students in SLP.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065

410-129-0070 – Limitations

(1) Speech-Language pathology (SLP) services:

(a) Shall be provided by a practitioner as described in Oregon Administrative Rule (OAR) 410-129-0065(1);

(b) Therapy treatment:

(A) May not exceed one hour per day, either group or individual;

(B) Shall be either group or individual and cannot be combined in the authorization period; and

(C) Requires prior authorization.

(c) The following SLP services do not require payment authorization but are limited to:

(A) Two SLP evaluations in a 12-month period;

(B) Two evaluations for dysphagia in a 12-month period;

(C) Up to four re-evaluations in a 12-month period;

(D) One evaluation for speech-generating/augmentative communication system or device shall be reimbursed per recipient in a 12-month period;

(E) One evaluation for voice prosthesis or artificial larynx shall be reimbursed in a 12-month period;

(F) Purchase, repair or modification of electrolarynx;

(G) Supplies for speech therapy shall be reimbursed up to two times in a 12month period, not to exceed $5.00 each;

(d) The purchase, rental, repair or modification of a speech-generating/augmentative communication system or device requires prior authorization. Rental of a speech-generating/ augmentative communication system or device is limited to one month. All rental fees shall be applied to the purchase price. See OAR 410-129-0220.

(2) Audiology and hearing aid services:

(a) All hearing services must be performed by a licensed physician, audiologist or hearing aid specialist;

(b) Reimbursement is limited to one (monaural) hearing aid every five years for adults (age 21 and older) who meet the following criteria: Loss of 45 decibel (dB) hearing level or greater in two or more of the following three frequencies: 1000, 2000, and 3000 Hertz (Hz) in the better ear;

(c) Adults who meet the criteria above and, in addition, have vision correctable to no better than 20/200 in the better eye, may be authorized for two hearing aids for safety purposes. A vision evaluation shall be submitted with the prior authorization request;

(d) Two (binaural) hearing aids shall be reimbursed no more frequently than every three years for children (birth through age 20), who meet the following criteria:

(A) Pure tone average of 25dB for the frequencies of 500Hz, 1000Hz and 2000Hz; or

(B) High frequency average of 35dB for the frequencies of 3000Hz, 4000Hz and 6000Hz;

(e) An assistive listening device may be authorized for individuals aged 21 or over who are unable to wear, or who cannot benefit from, a hearing aid. An assistive listening device is defined as a simple amplification device designed to help the individual hear in a particular listening situation. It is restricted to a hand-held amplifier and headphones;

(f) Services that do not require payment authorization:

(A) One basic audiologic assessment in a 12-month period;

(B) One basic comprehensive audiometry (audiologic evaluation) in a 12month period;

(C) One hearing aid examination and selection in a 12-month period;

(D) One pure tone audiometry (threshold) test; air and bone in a 12-month period;

(E) One electroacoustic evaluation for hearing aid; monaural in a 12month period;

(F) One electroacoustic evaluation for hearing aid; binaural in a 12-month period;

(G) Hearing aid batteries -- maximum of 60 individual batteries in a 12-month period. Clients shall meet the criteria for a hearing aid;

(g) Services that require payment authorization:

(A) Hearing aids;

(B) Repair of hearing aids, including ear mold replacement;

(C) Hearing aid dispensing and fitting fees;

(D) Assistive listening devices;

(E) Cochlear implant batteries.

(h) Services not covered:

(A) FM systems -- vibro-tactile aids;

(B) Earplugs;

(C) Adjustment of hearing aids is included in the fitting and dispensing fee and is not reimbursable separately;

(D) Aural rehabilitation therapy is included in the fitting and dispensing fee and is not reimbursable separately;

(E) Tinnitis masker(s).

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065

410-129-0080 – Prior Authorization

(1) Speech-language pathology, audiology and hearing aid providers must obtain prior authorization (PA) for services as specified in rule.

(2) Providers must request PA as follows (see the Speech-Language Pathology, Audiology and Hearing Aid Services Program Supplemental Information booklet for contact information):

(a) For Medically Fragile Children's Unit (MFCU) clients, from the Oregon Health Authority (Authority) MFCU;

(b) For clients enrolled in the fee-for-service Medical Case Management program, from the Medical Case Management contractor;

(c) For clients enrolled in a prepaid health plan, from the prepaid health plan;

(d) For all other clients, from the Division of Medical Assistance Programs (Division).

(3) For services requiring authorization, providers must contact the responsible unit for authorization within five working days following initiation or continuation of services. The FAX or postmark date on the request will be honored as the request date. It is the provider's responsibility to obtain payment authorization.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS , 413.042

Stats. Implemented: ORS 414.025 & 414.065

410-129-0100 – Medicare/Medicaid Claims

(1) When an individual, not in managed care, has both Medicare and Medicaid coverage, audiologists must bill audiometry and all diagnostic testing to Medicare first. Medicare will automatically forward these claims to Medicaid. Refer to Oregon Administrative Rule (OAR) 410-120-1210 (General Rules) for information on the Division of Medical Assistance Programs (Division) reimbursement. For managed care clients with Medicare, contact the client's Managed Care Organization (MCO).

(2) Audiologists must bill all hearing aids and related services directly to the Division on a DMAP 505. Payment authorization is required on most of these services. (See OARs 410-129-0240 and 410-129-0260)

(3) If Medicare transmits incorrect information to the Division, or if an out-of-state Medicare carrier or intermediary was billed, providers must bill the Division using a DMAP 505 form. If any payment is made by the Division, an adjustment request must be submitted to correct payment, if necessary.

(4) Send all completed DMAP 505 forms to the Division of Medical Assistance Programs.

(5) Hearing aid dealers must bill all services directly to the Division on a CMS-1500. Payment authorization is required on most services (See OARs 410-129-0240 and 410-129-0260).

(6) When a client, not in managed care, has both Medicare and Medicaid coverage, speech-language pathologists must bill services to Medicare first. Medicare will automatically forward these claims to Medicaid. Refer to OAR 410-120-1210 (General Rules) for information on Division reimbursement. For managed care clients with Medicare, contact the client's Managed Care Organization (MCO).

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.034, 414.065, 414.329, 414.705, 414.706, 414.707, 414.708 & 414.710

410-129-0180 – Procedure Codes

(1) Procedure codes listed in the Speech-Language Pathology, Audiology and Hearing Aid Services Program rules are intended for use by licensed speech-language pathologists, licensed audiologists and certified hearing aid dealers.

(2) Physicians and nurse practitioners are subject to the administrative rules contained in the Division of Medical Assistance Programs (Division) Medical-Surgical Services Program administrative rules and must bill the Division using the processes and procedure codes identified in those rules.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025 & 414.065

410-129-0190 – Client Copayments

Copayments may be required for certain services. See OAR 410-120-1230 for specific details.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.010, 414.065

410-129-0200 – Speech-Language Pathology Procedure Codes

(1) Inclusion of a current procedural terminology (CPT) or healthcare common procedure coding system (HCPCS) code in the following tables does not imply a code is covered. Refer to OARs 410-141-0480, 410-141-0500, and 410-141-0520 for information on coverage.

(2) Speech therapy services codes: Table 129-0200-1.

(3) Other speech services codes: Table 129-0200-2.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065

Table 129-0200-1 – Speech Therapy Services

92506 – Evaluation of speech, language, voice, communication, and/or auditory processing limited to two per 12-month period

92507 – Treatment of speech/language, voice, communication and/or auditory processing disorder; individual-Prior authorization (PA) required

92508 – Group, two or more individuals-PA required

92526 – Treatment of swallowing dysfunction and/or oral function for feeding-PA required

92610 – Evaluation of oral and pharyngeal swallowing function- limited to two per 12-month period

92611 – Motion fluoroscopic evaluation of swallowing function by cine or video recording-limited to two per 12-month period

S9152 – Speech therapy, re-evaluation-limited to four per 12-month period

Table 129-0200-2 – Other Speech Services

92597 – Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

92607 – Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

92608 – Each additional 30 minutes (List separately in addition to code for primary procedure)

92609 – Therapeutic services for the use of speech-generating device, including programming and modification

A4649 – Supplies for speech therapy-limited to two per calendar year, not to exceed $4.75 each

E2500 – Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time-Prior authorization (PA) required

E2502 – Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than 20 minutes-PA requiredE2504 Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than 40 minutes-PA required

E2506 – Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time-PA required

E2508 – Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device-PA required

E2510 – Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access-PA required

E2511 – Speech generating software program, for personal computer or personal digital assistant-PA required

E2512 – Accessory for speech generating device, mounting system-PA required

E2599 – Accessory for speech generating device, not otherwise classified-PA required

L7510 – Repair of prosthetic device, repair or replace minor parts-PA required

L7520 – Repair prosthetic device, labor component, per 15 minutes-PA required

L8500 – Artificial larynx, any type

L8501 – Tracheostomy speaking valve

L8507 – Tracheo-esophageal voice prosthesis, patient inserted, any type, each

L8509 – Tracheo-esophageal voice prosthesis, inserted by a licensed health provider, any type

L8510 – Voice amplifier-PA required

L8515 – Gelatin capsule, application device for use with tracheoesphageal voice prosthesis, each

L9900 – Orthotic and prosthetic supply necessary or service component of another HCPCS L code

V5336 – Repair/modification of augmentative communication system or device (excludes adaptive hearing aid) PA required

410-129-0220 – Augmentative Communications System or Device

(1) Augmentative Communications System or Device and the necessary attachment equipment to bed or wheelchair are a covered benefit of the Division of Medical Assistance Programs (Division).

(2) The requested system or device must be approved, registered or listed as a medical device with the Food and Drug Administration.

(3) Criteria for coverage: Providers must meet each of the following components and submit documentation to the Division with the prior authorization request for review:

(a) A physician's statement of diagnosis and medical prognosis (not a prescription for an augmentative device) documenting the inability to use speech for effective communication as a result of the diagnosis;

(b) The client must have reliable cognitive ability and a consistent motor response to communicate that can be measured by standardized or observational tools:

(A) Object permanence – ability to remember objects and realize they exist when they are not seen; and

(B) Means end – ability to anticipate events independent of those currently in progress – the ability to associate certain behaviors with actions that will follow;

(c) The client must be assessed by a Speech Pathologist and when appropriate an Occupational Therapist and/or Physical Therapist. The evaluation report(s) must include:

(A) A completed DMAP 3047 form: Augmentative Communication Device Selection Report Summary (page 1) and required elements of the Formal Augmentative/Alternative Communication Evaluation (page 2). Attach additional pages required to complete information requested;

(B) An explanation of why this particular device is best suited for this client and why the device is the lowest level that will meet basic functional communication needs;

(C) Evidence of a documented trial of the selected device and a report on the client’s success in using this device; and

(D) A therapy treatment plan with the identification of the individual responsible to program the device, monitor and reevaluate on a periodic basis;

(d) Providers send requests for augmentative communications systems or devices to the Division; and

(e) The manufacturer's MSRP and the vendor's acquisition cost quotations for the device must accompany each request including where the device is to be shipped.

(4) The Division shall reimburse for the lowest level of service that meets the medical need.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 413.042 & 414.065

410-129-0240 – Audiologist and Hearing Aid Procedure Codes

(1) Inclusion of a CPT/HCPCS code on the following tables does not imply that a code is covered. Refer to OARs 410-141-0480, 410-141-0500, and 410-141-0520 for information on coverage.

(2) Audiologist and hearing aid procedure codes: Table 0240-1.

(3) Special Otorhinolaryngologic services codes: Table 0240-2. These codes only apply to services for cochlear implants. These services include medical diagnosis evaluation by the otology physician.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065 & 681.605

Table 129-0240-1 – Audiologist and Hearing Aid Procedure Codes

92553 – Pure tone audiometry, air and bone - limited to one per calendar year

92557 – Comprehensive audiometry threshold evaluation and speech recognition Includes pure tone, air and bone, and speech threshold and discrimination. Also includes testing necessary to determine feasibility of amplification

92590 – Hearing aid examination and selection; monaural May include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and to determine if the ear should receive amplification

92591 – Hearing aid examination and selection; binaural May include sound field speech reception tests, speech discrimination tests, determination of appropriate style of hearing aid, and which ear should receive amplification

V5011 – Fitting/orientation/checking of hearing aid. Includes adjusting aid to the wearer, instructions to wearer, and follow-up care - requires payment authorization prior to provision of services

V5160 – Hearing aid dispensing fee, binaural - requires payment authorization prior to provision of services

V5200 – Hearing aid dispensing fee, CROS - requires payment authorization prior to provision of services

V5240 – Hearing aid dispensing fee, BICROS - requires payment authorization prior to provision of services

V5241 – Hearing aid dispensing fee, monaural hearing aid, any type - requires payment authorization prior to provision of services

S9092 – Canolith repositioning, per visit, limited to one per calendar year

Table 129-0240-2 – Special Otorhinolaryngologic Services codes

92601 – Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming

92602 – Subsequent reprogramming

92603 – Diagnostic analysis of cochlear implant, age 7 years or older; with programming

92604 – Subsequent reprogramming

92626 – Evaluation of auditory rehabilitation status; first hour

92627 – Each additional 15 minutes

92630 – Auditory rehabilitation; pre-lingual hearing loss

92633 – Post-lingual hearing loss

L8614 – Cochlear device/system (only reimbursed to hospitals)

L8615 – Headset/headpiece for use with cochlear implant device, replacement

L8616 – Microphone for use with cochlear implant device, replacement

L8617 – Transmitting coil for use with cochlear implant device, replacement

L8618 – Transmitter cable for use with cochlear implant device, replacement

L8619 – Cochlear implant external speech processor, replacement

L8621 – Zinc air battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months) L8622 Alkaline battery for use with cochlear implant device, replacement, each (maximum of 420 batteries per 12 months)

L8623 – Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each (maximum of two rechargeable per 12 months)

L8624 – Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each (maximum of two rechargeable per 12 months)

L7510 – Repair of prosthetic device, repair or replace minor parts — requires payment authorization prior to provision of services

L7520 – Repair prosthetic device, labor component, per 15 minutes— requires payment authorization prior to provision of services

410-129-0260 – Hearing Aids and Hearing Aid Technical Service and Repair

(1) Hearing aids must be billed to the Division of Medical Assistance Programs (Division) at the provider's “acquisition cost”, and will be reimbursed at such rate. For purposes of this rule, acquisition cost is defined as the actual dollar amount paid by the provider to purchase the item directly from the manufacturer (or supplier) plus any shipping and/or postage for the item.

(2) Submit history of hearing aid use and an audiogram when requesting payment authorization for hearing aids.

(3) Procedure codes: Table 129-0260.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065 & 681.605

Table 129-0260

92594 – Electroacoustic evaluation for hearing aid; monaural

92595 – Electroacoustic evaluation for hearing aid; binaural

V5014 – Repair/modification of hearing aid - requires payment authorization prior to provision of services

V5266 – Hearing aid batteries - limited to 60 individual batteries per calendar year

V5264 – Ear mold/insert, not disposable, any type – requires payment authorization prior to provision of services

V5274 – Assistive listening device, not otherwise specified - requires payment authorization prior to provision of services

V5030 – Hearing aid, monaural, body worn, air conduction - requires payment authorization prior to provision of services

V5040 – Hearing aid, monaural, body worn, bone conduction – requires payment authorization prior to provision of services

V5050 – Hearing aid, monaural, in the ear - requires payment authorization prior to provision of services

V5060 – Hearing aid, monaural, behind the ear - requires payment authorization prior to provision of services

V5130 – Hearing aid, binaural, in the ear - requires payment authorization prior to provision of services

V5140 – Hearing aid, binaural, behind the ear - requires payment authorization prior to provision of services

V5170 – Hearing aid, CROS, in the ear - requires payment authorization prior to provision of services

V5180 – Hearing aid, CROS, behind the ear - requires payment authorization prior to provision of services

V5210 – Hearing aid, BICROS, in the ear - requires payment authorization prior to provision of services

V5220 – Hearing aid, BICROS, behind the ear - requires payment authorization prior to provision of services

V5246 – Hearing aid, digitally programmable analog, monaural, ITE (in the ear) – requires payment authorization prior to provision of services

V5247 – Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) – requires payment authorization prior to provision of services

V5252 – Hearing aid, digital programmable, binaural, ITE, requires payment authorization prior to provision of services

V5253 – Hearing aid, digital programmable, binaural, BTE, requires payment authorization prior to provision of services

V5256 – Hearing aid, digital, monaural, ITE, requires payment authorization prior to provision of services

V5257 – Hearing aid, digital, monaural, BTE, requires payment authorization prior to provision of services

V5260 – Hearing aid, digital, binaural, ITE, requires payment authorization prior to provision of services

V5261 – Hearing aid, digital, binaural, BTE, requires payment authorization prior to provision of services

410-129-0280 – Hearing Testing for Diagnostic Purposes (On Physician's Referral Only)

A physician's referral is required for the tests shown in this rule. The tests may only be performed and billed by a licensed audiologist or a licensed physician. Procedure codes: Table 0280.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.025, 414.065, 681.605

Table 129 0280 – Hearing Testing

92541 **–** Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

92542 – Positional nystagmus test, minimum of four positions, with recording

92543 – Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests) with recording

92544 – Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

92545 – Oscillating tracking test, with recording

92546 – Sinussoidal vertical axis rotational testing

92547 – Use of vertical electrodes in any or all of above tests counts as one additional test

92551 – Screening test, pure tone, air only

92552 – Pure tone audiometry (threshold); air only

92555 – Speech audiometry; threshold only

92556 – With speech recognition

92562 – Loudness balance test, alternate binaural or monaural

92563 – Tone decay test

92564 – Short increment sensitivity index (SISI)

92565 – Stenger test, pure tone

92567 – Tympanometry

92568 – Acoustic reflex testing; threshold

92569 – Acoustic reflex testing; decay

92571 – Filtered speech tests

92572 – Staggered spondaic word test

92576 – Synthetic sentence identification test

92577 – Stenger test, speech

92579 – Visual reinforcement audiometry (VRA)

92582 – Conditioning play audiometry

92583 – Select picture audiometry

92585 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive

92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited

92587 – Evoked Otacoustic Emissions - limited (single stimulus level, either transient or distortion products)

92588 – Evoked Otacoustic Emissions - comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)

92589 Central auditory function test(s) (specify)