

# Audiological Services: Billing Codes and Reimbursement Rates

Page updated: August 2020

This section lists the HCPCS codes and maximum allowances for audiological services. Refer to the *Audiological Services* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances (*California Code of Regulations [CCR]*, Title 22, Section 51507.2).

## Codes and Rates

Audiological services are reimbursed as listed below:

### Basic Procedures

HCPCS Code	Description	Maximum Allowance «(in dollars)»
V5008	Audiometry screening (including infant screening)	18.07
X4500	Diagnostic audiological evaluation, including pure tone audiometry, speech reception threshold and discrimination	66.05
X4501	Pure tone audiometry (with complete audiogram)	35.79
X4502	Audiological preliminary evaluation rehabilitation, Nursing Facilities Levels A and B	33.03
X4504	Audiometry during surgery	By Report

### Other Audiological Services (Following Audiological Evaluation Procedures)

HCPCS Code	Description	Maximum Allowance «(in dollars)»
V5010	Assessment for hearing aid	52.70
V5264	Ear mold/insert, not disposable, any type	27.52
V5265	Ear mold/insert, disposable, any type	By Report
X4520	Visual Evoked Potential Response Test	160.10
X4522	Evoked Response Audiometry Test, physician evaluation	160.10
X4526	Hearing therapy (individual) per hour	45.40
X4530	Impedance Audiometry (bilateral)	33.14
X4532	Electroacoustic analysis of hearing aid as a monaural procedure	23.32
X4535	Unlisted audiological services	By Report
X4540	Tympanometry	22.94
X4542	Electroacoustic Analysis of Hearing Aid as a binaural procedure	42.81
X4544	Diagnostic Evaluation for Severely Physically/Mentally Handicapped Person over Age Seven	84.75

**Note:** Modifier -YW must be added to HCPCS V5008 thru V5010, X4500 thru X4544 for licensed Medi-Cal providers billing for audiological services performed by unlicensed graduates working under their supervision to fulfill Required Professional Experience (RPE) for licensure. Refer to the *Audiological Services* section in this manual for further information regarding criteria for RPE utilization and additional claim requirements.

**«Other Audiological Services (Cochlear Implantation)»**

<b>«HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance (in dollars)</b>
L7510	Repair of prosthetic device, repair or replace minor parts	By Report
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	16.51
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	0.42
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	101.57
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	By Report
L8690	Auditory osseointegrated device, includes all internal and external components	By Report
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	By Report
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	By Report
L8693	Auditory osseointegrated device abutment, any length, replacement only, each	By Report
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	By Report
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	By Report»

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.