

## CERTIFICATE OF MEDICAL NECESSITY

Patient Name	Medicaid ID Number
Date Billed	Description of Item/Service
Procedure Code	
Reason for Item/Service/Equipment/Supplies	
Date Prescribed	Diagnosis
Prognosis	
Attending/Prescribing Physician Name/Medicaid Contract ID/NPI  <div style="text-align: right; margin-top: 20px;">           _____            Signature         </div>	
Provider Name, Address, Medicaid Contract ID and NPI	
Provider Signature	Title

**Please attach this form to all claims requiring documentation of medical necessity.**

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**Table I-2(a). 2010 CPT<sup>1</sup> Fee Schedule for Audiology Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
69200	CLEAR OUTER EAR CANAL	\$143.36
69210	REMOVE IMPACTED EAR WAX	\$64.01
92506	SPEECH/HEARING EVALUATION	\$194.91
92507	SPEECH/HEARING THERAPY	\$83.24
92508	SPEECH/HEARING THERAPY	\$40.99
92516	FACIAL NERVE FUNCTION TEST	\$78.40
92532	POSITIONAL NYSTAGMUS TEST	\$63.75
92540	BASIC VESTIBULAR EVALUATION	\$135.14
92541	SPONTANEOUS NYSTAGMUS TEST	\$65.16
92542	POSITIONAL NYSTAGMUS TEST	\$65.32
92543	CALORIC VESTIBULAR TEST	\$29.75
92544	OPTOKINETIC NYSTAGMUS TEST	\$52.72
92545	OSCILLATING TRACKING TEST	\$49.26
92546	SINUSOIDAL ROTATIONAL TEST	\$102.95
92547	SUPPLEMENTAL ELECTRICAL TEST	\$4.93
92548	POSTUROGRAPHY	\$115.24
92550	TYMPANOMETRY & REFLEX THRESH	\$29.67
92551	PURE TONE HEARING TEST, AIR	\$12.16
92552	PURE TONE AUDIOMETRY, AIR	\$25.34
92553	AUDIOMETRY, AIR & BONE	\$32.57
92555	SPEECH THRESHOLD AUDIOMETRY	\$18.11
92556	SPEECH AUDIOMETRY, COMPLETE	\$27.90
92557	COMPREHENSIVE HEARING TEST	\$56.88
92560	BEKESY AUDIOMETRY, SCREEN	\$64.60
92561	BEKESY AUDIOMETRY, DIAGNOSIS	\$32.57
92562	LOUDNESS BALANCE TEST	\$29.60
92563	TONE DECAY HEARING TEST	\$24.49
92564	SISI HEARING TEST	\$22.79

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\* = PA Required  
# = Medical Justification or Written Report Required

**Audiology Services**  
Coverage and rates are subject to change  
Effective 1/1/2010 Dates of Service  
2/26/2010

*CPT code descriptions are shortened to 28 characters or less to comply with copyright restrictions. For full descriptions, please refer to your current CPT book.*

**Table I-2(a). 2010 CPT<sup>1</sup> Fee Schedule for Audiology Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
92565	STENGER TEST, PURE TONE	\$13.86
92567	TYMPANOMETRY	\$21.31
92568	ACOUSTIC REFL THRESHOLD TST	\$24.03
92570	ACOUSTIC IMMITTANCE TESTING	\$45.45
92571	FILTERED SPEECH HEARING TEST	\$18.96
92572	STAGGERED SPONDAIC WORD TEST	\$26.62
92575	SENSORINEURAL ACUITY TEST	\$45.33
92576	SYNTHETIC SENTENCE TEST	\$25.34
92577	STENGER TEST, SPEECH	\$17.26
92579	VISUAL AUDIOMETRY (VRA)	\$61.71
92582	CONDITIONING PLAY AUDIOMETRY	\$49.16
92583	SELECT PICTURE AUDIOMETRY	\$37.67
92584	ELECTROCOCHLEOGRAPHY	\$70.00
92585	AUDITOR EVOKE POTENT, COMPRE	\$124.18
92586	AUDITOR EVOKE POTENT, LIMIT	\$70.42
92587	EVOKED AUDITORY TEST	\$42.56
92588	EVOKED AUDITORY TEST	\$76.01
92590	HEARING AID EXAM, ONE EAR	\$80.00
92591	HEARING AID EXAM, BOTH EARS	\$150.00
92592	HEARING AID CHECK, ONE EAR	\$40.00
92593	HEARING AID CHECK, BOTH EARS	\$65.00
92594	ELECTRO HEARNG AID TEST, ONE	\$45.00
92595	ELECTRO HEARNG AID TST, BOTH	\$65.00
92596	EAR PROTECTOR EVALUATION	\$44.06
92597	ORAL SPEECH DEVICE EVAL	\$142.96
92601	COCHLEAR IMPLT F/UP EXAM < 7	\$212.99
92602	REPROGRAM COCHLEAR IMPLT < 7	\$131.35
92603	COCHLEAR IMPLT F/UP EXAM 7 >	\$198.16

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**Table I-2(a). 2010 CPT <sup>1</sup> Fee Schedule for Audiology Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
92604	REPROGRAM COCHLEAR IMPLT 7 >	\$115.67
92605	EVAL FOR NONSPEECH DEVICE RX	\$147.73
92606	NON-SPEECH DEVICE SERVICE	\$80.01
92607	EX FOR SPEECH DEVICE RX, 1HR	\$185.65
92608	EX FOR SPEECH DEVICE RX ADDL	\$37.67
92609	USE OF SPEECH DEVICE SERVICE	\$100.69
92610	EVALUATE SWALLOWING FUNCTION	\$152.46
92620	AUDITORY FUNCTION, 60 MIN	\$113.96
92621	AUDITORY FUNCTION, + 15 MIN	\$26.27
92625	TINNITUS ASSESSMENT	\$88.30
92626 #	EVAL AUD REHAB STATUS	\$116.79
92627	EVAL AUD STATUS REHAB ADD-ON	\$28.07
92630	AUD REHAB PRE-LING HEAR LOSS	\$123.55
92633	AUD REHAB POSTLING HEAR LOSS	\$122.83
92700 *	ENT PROCEDURE/SERVICE	50% of Billed Charges
97532	COGNITIVE SKILLS DEVELOPMENT	\$35.79
97533	SENSORY INTEGRATION	\$38.34
99201	OFFICE/OUTPATIENT VISIT, NEW	\$53.09
99202	OFFICE/OUTPATIENT VISIT, NEW	\$93.36
99203	OFFICE/OUTPATIENT VISIT, NEW	\$136.23
99204	OFFICE/OUTPATIENT VISIT, NEW	\$214.71
99205	OFFICE/OUTPATIENT VISIT, NEW	\$271.78
99211	OFFICE/OUTPATIENT VISIT, EST	\$25.25
99212	OFFICE/OUTPATIENT VISIT, EST	\$53.09
99213	OFFICE/OUTPATIENT VISIT, EST	\$92.05
99214	OFFICE/OUTPATIENT VISIT, EST	\$138.70
99215	OFFICE/OUTPATIENT VISIT, EST	\$188.34

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**Table I-2(b). 2010 HCPC Fee Schedule for Audiology Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
L7510	# REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	By Report
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$20.00
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8619 *	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	By Report
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	\$1.00
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	By Report
L8623 *	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	By Report
L8624 *	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	By Report
V5008	HEARING SCREENING	\$20.00
V5010	ASSESSMENT FOR HEARING AID	By Report
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$150.20
V5014	# REPAIR/MODIFICATION OF A HEARING AID	\$200.00
V5020	CONFORMITY EVALUATION	\$80.00
V5050 * **	HEARING AID, MONAURAL, IN THE EAR	\$1,500.00
V5060 * **	HEARING AID, MONAURAL, BEHIND THE EAR	\$1,500.00
V5090	# DISPENSING FEE, UNSPECIFIED HEARING AID	\$250.00
V5130 * **	BINAURAL, IN THE EAR	\$3,000.00
V5140 * **	BINAURAL, BEHIND THE EAR	\$3,000.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$50.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$50.00
V5266	BATTERY FOR USE IN HEARING DEVICE	\$0.90

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\*\* = Price Effective 2/1/2010

**Audiology Services**  
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 2/26/2010

**Table I-2(b). 2010 HCPC Fee Schedule for Audiology Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
V5267	# HEARING AID SUPPLIES / ACCESSORIES	By Report
V5274 *	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	By Report
V5275	EAR IMPRESSION, EACH	\$70.00
V5298 *	HEARING AID, NOT OTHERWISE CLASSIFIED	By Report
V5299 *	HEARING SERVICE, MISCELLANEOUS	By Report

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\*\* = Price Effective 2/1/2010

**Audiology Services**  
 Coverage and rates are subject to change  
 Effective 1/1/2010 Dates of Service  
 2/26/2010

**Table I-3. 2010 HCPC Fee Schedule For Hearing Aid Dealer Services**

<b>Code</b>	<b>Description</b>	<b>Maximum Allowable</b>
L7510 #	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	By Report
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$20.00
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	By Report
L8619 *	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	By Report
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	\$1.00
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	By Report
L8623 *	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	By Report
L8624 *	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	By Report
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$150.20
V5014 #	REPAIR/MODIFICATION OF A HEARING AID	\$200.00
V5050 * **	HEARING AID, MONAURAL, IN THE EAR	\$1,500.00
V5060 * **	HEARING AID, MONAURAL, BEHIND THE EAR	\$1,500.00
V5090 #	DISPENSING FEE, UNSPECIFIED HEARING AID	\$250.00
V5130 * **	BINAURAL, IN THE EAR	\$3,000.00
V5140 * **	BINAURAL, BEHIND THE EAR	\$3,000.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$50.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$50.00
V5266	BATTERY FOR USE IN HEARING DEVICE	\$0.90
V5267 #	HEARING AID SUPPLIES / ACCESSORIES	By Report
V5274 *	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	By Report
V5275	EAR IMPRESSION, EACH	\$70.00
V5298 *	HEARING AID, NOT OTHERWISE CLASSIFIED	By Report
V5299 *	HEARING SERVICE, MISCELLANEOUS	By Report

\* = PA Required

# = Medical Justification or Written Report Required

\*\* = Price Effective 2/1/2010

**Hearing Aid Services**  
Coverage and rates are subject to change

Effective 1/1/2010 Dates of Service

2/26/2010