

**KY MEDICAID AUDIOLOGY FEE SCHEDULE 2023** revised 10.23.2023

- Notes:**
- Red indicates new codes or changes for the most current revision date.
  - All codes now billable for adults and children Effective 1/1/2023
  - 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.
  - 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	Effective Date	Comments
92516	FACIAL NERVE FUNCTION TEST	\$52.13	1/1/1990	
92517	VEMP TESTING OF LOWER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	\$67.08	1/1/2021	
92518	VEMP TESTING OF UPPER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	\$62.43	1/1/2021	
92519	VEMP TESTING OF UPPER AND LOWER BRANCHES OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	\$104.35	1/1/2021	
92537	CALORIC VSTBLR TEST W/REC - TEST TO ASSESS BALANCE DURING WARM <b>AND</b> COOL IRRIGATION IN BOTH EARS	\$31.70	1/1/2016	
92538	CALORIC VSTBLR TEST W/REC - TEST TO ASSESS BALANCE DURING WARM <b>OR</b> COOL IRRIGATION IN BOTH EARS	\$16.10	1/1/2016	
92540	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$82.26	1/1/2010	
92541	SPONTANEOUS NYSTAGMUS TEST - TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$31.41	1/1/1990	
92542	POSITIONAL NYSTAGMUS TEST - TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$27.75	1/1/1990	
92544	OPTOKINETIC NYSTAGMUS TEST - TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$21.45	1/1/1990	
92545	OSCILLATING TRACKING TEST - TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$18.45	1/1/1990	
92546	SINUSOIDAL ROTATIONAL TEST - TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$23.94	1/1/1990	
92547	SUPPLEMENTAL ELECTRICAL TEST - USE OF ELECTRODES DURING BALANCE TESTING	\$15.67	1/1/1990	
92548	CDP-SOT 6 COND W/I&R - TEST FOR BALANCE AND POSTURE	\$48.38	1/1/1997	Invoice required, attach to paper claim.
92549	CDP-SOT 6 COND W/I&R MCT&ADT - TEST FOR BALANCE AND POSTURE WITH MOTOR CONTROL AND ADAPTION TEST	\$49.50	1/1/2020	
92550	TYMPANOMETRY & REFLEX THRESH - TEST FOR EARDRUM AND MUSCLE FUNCTION	\$12.48	1/1/2012	
92551	PURE TONE HEARING TEST AIR - TEST FOR SCREENING HEARING	\$8.60	1/1/1990	



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92552	PURE TONE AUDIOMETRY AIR - TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	\$12.24	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92553	AUDIOMETRY AIR & BONE - TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BONE	\$28.00	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92555	SPEECH THRESHOLD AUDIOMETRY - TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	\$10.63	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92556	SPEECH AUDIOMETRY COMPLETE - TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	\$15.94	1/1/1990	
92557	COMPREHENSIVE HEARING TEST - COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	\$33.47	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
<b>92562</b>	<b>TEST TO DETECT LOUDNESS DIFFERENCES</b>	<b>\$28.06</b>	<b>1/1/2023</b>	
<b>92563</b>	<b>TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS</b>	<b>\$18.01</b>	<b>1/1/2023</b>	
92565	STENGER TEST, PURE TONE - TEST TO ASSESS HEARING LOSS	\$11.21	1/1/1990	
92567	TYMPANOMETRY - TEST TO ASSESS MIDDLE EAR FUNCTION	\$14.87	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92568	ACOUSTIC REFL THRESHOLD TST - TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	\$10.63	1/1/1990	
<b>92570</b>	<b>TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS</b>	<b>\$20.15</b>	<b>1/1/2023</b>	
<b>92575</b>	<b>TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES</b>	<b>\$39.65</b>	<b>1/1/2023</b>	
92577	STENGER TEST SPEECH - TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAME EAR	\$10.16	1/1/1990	
92579	VISUAL AUDIOMETRY (VRA) - TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	\$20.21	1/1/1999	1 per calendar year for >21 , 4 per calendar year for <21
92582	CONDITIONING PLAY AUDIOMETRY - TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	\$53.67	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92583	SELECT PICTURE AUDIOMETRY - TEST TO ASSESS HEARING USING PICTURES	\$35.27	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21
92584	ELECTROCOCHLEOGRAPHY - TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF SOUND STIMULATION	\$54.53	1/1/1990	
92587	EVOKED AUDITORY TEST LIMITED - PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$43.18	1/1/1995	1 per calendar year for >21 , 4 per calendar year for <21
92588	EVOKED AUDITORY TST COMPLETE - PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$60.05	1/1/1995	1 per calendar year for >21 , 4 per calendar year for <21
92590	HEARING AID EXAM ONE EAR	\$45.00	1/1/1990	
92591	HEARING AID EXAM BOTH EARS	\$65.00	1/1/1990	
92592	HEARING AID CHECK ONE EAR	\$25.00	1/1/1990	
92593	HEARING AID CHECK BOTH EARS	\$25.00	1/1/1990	1 per member >20 per calendar yr
92594	ELECTRO HEARNG AID TEST ONE - EVALUATION OF HEARING AID FUNCTION, 1 EAR	\$14.17	1/1/1990	1 per member >20 per calendar yr
92595	ELECTRO HEARNG AID TST BOTH - EVALUATION OF HEARING AID FUNCTION, BOTH EARS	\$28.34	1/1/1990	1 per member >20 per calendar yr
92601	COCHLEAR IMPLT F/UP EXAM <7 - ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$87.63	1/1/2003	Younger than 7 years old

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92602	REPROGRAM COCHLEAR IMPLT <7 - ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$53.34	1/1/2003	Younger than 7 years old
92603	COCHLEAR IMPLT F/UP EXAM 7/> - ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$87.63	1/1/2003	7 years or older
92604	REPROGRAM COCHLEAR IMPLT 7/> - ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$52.49	1/1/2003	7 years or older - 1 per member per calendar yr
92620	AUDITORY FUNCTION 60 MIN - EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	\$74.94	1/1/2005	
92621	AUDITORY FUNCTION + 15 MIN - EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	\$17.94	1/1/2005	
92625	TINNITUS ASSESSMENT - EVALUATION OF HEARING RINGING IN EAR	\$55.96	1/1/2005	
92626	EVAL AUD FUNCJ 1ST HOUR - EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, FIRST HOUR	\$53.42	1/1/2006	1 per member >20 per calendar yr
92627	EVAL AUD FUNCJ EA ADDL 15 - EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, EACH ADDITIONAL 15 MINUTES	\$12.80	1/1/2006	
92640	AUD BRAINSTEM IMPLT PROGRAMG - EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$72.36	1/1/2007	
92650	AEP SCR AUDITORY POTENTIAL - SCREENING EVALUATION OF BRAIN RESPONSE TO SOUND WITH AUTOMATED ANALYSIS	\$22.64	1/1/2021	Children under 21 only
92651	AEP HEARING STATUS DETER I&R - EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING STATUS WITH INTERPRETATION AND REPORT	\$71.00	1/1/2021	Children under 21 only
92652	AEP THRSHTD EST MLT FREQ I&R - EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING THRESHOLD WITH INTERPRETATION AND REPORT	\$94.37	1/1/2021	Children under 21 only - 1 per calendar year for >21 , 4 per calendar year for <21
92653	AEP NEURODIAGNOSTIC I&R - EVALUATION OF BRAIN RESPONSE TO SOUND FOR DIAGNOSIS OF NERVOUS SYSTEM DISORDERS WITH INTERPRETATION AND REPORT	\$69.32	1/1/2021	Children under 21 only
L9900	O&P SUPPLY/ACCESSORY/SERVICE - ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	M	1/1/2004	Invoice required, attach to paper claim.
V5008	HEARING SCREENING	\$30.00	1/1/2003	
V5010	ASSESSMENT FOR HEARING AID	\$26.00	1/1/1990	
V5011	HEARING AID FITTING/CHECKING - FITTING/ORIENTATION/CHECKING OF HEARING AID	\$42.26	8/1/2003	6 per recipient per year
V5014	HEARING AID REPAIR/MODIFYING - REPAIR/MODIFICATION OF A HEARING AID	\$115.00	10/16/2023	
V5020	CONFORMITY EVALUATION	\$47.12	1/1/1990	3 VISITS WITHIN 6 MO PERIOD
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	M	1/1/1990	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier

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V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	M	1/1/1990	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier
V5050	HEARING AID MONAURAL IN EAR	M	1/1/1990	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	M	1/1/1990	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier
V5070	GLASSES AIR CONDUCTION	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier
V5080	GLASSES BONE CONDUCTION	M	1/1/1990	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200.00 per ear per 36 months. LT/RT modifier
V5090	HEARING AID DISPENSING FEE	\$150.00	1/1/1990	
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5100	HEARING AID, BILATERAL, BODY WORN	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5120	BODY-WORN BINAURAL HEARING AID	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5130	IN EAR BINAURAL HEARING AID	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5140	BEHIND EAR BINAUR HEARING AID	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5150	GLASSES BINAURAL HEARING AID	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5160	DISPENSING FEE, BINAURAL	\$200.00	1/1/1998	
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier

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V5190	HEARING AID, CONTRALATERAL ROUTING, MONAURAL, GLASSES	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5213	HEARING AID BINAURAL ITE/BTE - HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	M	1/1/2022	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5230	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, GLASSES	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL	\$200.00	11/20/2007	
<b>V5241</b>	<b>DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE</b>	<b>\$125.94</b>	<b>11/20/2007</b>	
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier

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V5248	HEARING AID, ANALOG, BINAURAL, CIC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5249	HEARING AID, ANALOG, BINAURAL, ITC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5250	HEARING AID, PROG, BIN, CIC - HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	M	12/1/2006	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5254	HEARING ID, DIGIT, MON, CIC - HEARING AID, DIGITAL, MONAURAL, CIC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	M	10/1/2006	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier



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V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	M	11/20/2007	Manufacturers invoice required, attach to paper claim. Limited to a maximum of \$1200 per ear per 36 months. LT/RT modifier
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$40.00	10/16/2003	
V5266	BATTERY FOR USE IN HEARING DEVICE	\$2.00	10/16/2003	Limitation changed to 12 per ear per calendar year - LT/RT modifier required - effective 4/18/2023
V5267	HEARING AID SUPPLIES - PRO FEE REPLACE CORD ONLY	\$21.50	10/16/2003	Cord replacement only no other supplies to be billed.
V5275	EAR IMPRESSION, EACH	\$20.00	7/1/2014	6 per recipient per ear per calendar year
V5299	HEARING SERVICE, MISCELLANEOUS	\$60.00	8/21/2003	