

KY MEDICAID AUDIOLOGY FEE SCHEDULE 2026 revised 5.18.2026

- Notes:
- **Red indicates new codes or changes for the most current revision date.**
 - **Blue indicates code is end dated**
 - 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.
 - Medicare bypass list column with a checkmark, for dually eligible members, bill as a straight claim. (Does not apply to QMB members).
 - It is the responsibility of the provider to check member eligibility.
 - Billing Instructions: <http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx>
 - 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 Description	Proc Rate	Effective Date	Comments	Medicare Bypass list
92516	STUDY OF FACIAL NERVE FUNCTION	\$52.13	7/1/2019		✓
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	TEST TO ASSESS BALANCE DURING WARM AND COOL IRRIGATION IN BOTH EARS	\$31.70	1/1/2016		
92538	TEST TO ASSESS BALANCE DURING WARM OR COOL IRRIGATION IN BOTH EARS	\$16.10	1/1/2016		
92540	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$82.26	1/1/2010		
92541	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$31.41	1/1/1990		
92542	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$27.75	1/1/2014		
92544	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$21.45	11/20/2007		
92545	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$18.45	11/20/2007		



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92546	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$23.94	11/20/2007		
92547	USE OF ELECTRODES DURING BALANCE TESTING	\$15.67	11/20/2007		
92548	TEST FOR BALANCE AND POSTURE	\$48.38	1/1/2014	Invoice required, attach to paper claim.	
92549	TEST FOR BALANCE AND POSTURE WITH MOTOR CONTROL AND ADAPTION TEST	\$49.50	1/1/2022		
92550	TEST FOR EARDRUM AND MUSCLE FUNCTION	\$12.48	1/1/2010		
92551	TEST FOR SCREENING HEARING	\$8.60	7/1/2019		✓
92552	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	\$12.24	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92553	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BONE	\$28.00	1/1/2009	1 per calendar year for >21 , 4 per calendar year for <21	
92555	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	\$10.63	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92556	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	\$15.94	11/20/2007		
92557	COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	\$33.47	1/1/1990	1 per calendar year for >21 , 4 per calendar year for <21	
92562	TEST TO DETECT LOUDNESS DIFFERENCES	\$28.06	1/1/2023	DMS End dated 12/31/2025	
92563	TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS	\$18.01	1/1/2014		
92565	TEST TO ASSESS HEARING LOSS	\$11.21	1/1/2014		
92567	TEST TO ASSESS MIDDLE EAR FUNCTION	\$14.87	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92568	TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	\$10.63	11/20/2007		
92570	COMPREHENSIVE HEARING TEST	\$20.15	1/1/2023		
92575	TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES	\$39.65	1/1/2023	DMS End dated 12/31/2025	
92577	TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAME EAR	\$10.16	1/1/2014		
92579	TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	\$20.21	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92582	TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	\$53.67	1/1/2014	1 per calendar year for >21 , 4 per calendar year for <21	
92583	TEST TO ASSESS HEARING USING PICTURES	\$35.27	1/1/2014	1 per calendar year for >21 , 4 per calendar year for <21	
92584	TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF SOUND STIMULATION	\$54.53	1/1/2014		

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92587	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$43.18	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92588	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$60.05	11/20/2007	1 per calendar year for >21 , 4 per calendar year for <21	
92590	HEARING AID EXAM ONE EAR	\$45.00	1/1/1990	DMS End dated 12/31/2025	✓
92591	HEARING AID EXAM BOTH EARS	\$65.00	1/1/1990	DMS End dated 12/31/2025	✓
92592	HEARING AID CHECK ONE EAR	\$25.00	1/1/1990	DMS End dated 12/31/2025	✓
92593	HEARING AID CHECK BOTH EARS	\$25.00	1/1/1990	1 per member >20 per calendar yr. DMS End dated 12/31/2025	✓
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. DMS End dated 12/31/2025	✓
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. DMS End dated 12/31/2025	✓
92601	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$87.63	9/8/2016	Younger than 7 years old	
92602	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$53.34	9/8/2016	Younger than 7 years old	
92603	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$87.63	9/8/2016	7 years or older	
92604	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$52.49	9/8/2016	7 years or older - 1 per member per calendar yr	
92620	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	\$74.94	1/1/2014		
92621	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	\$17.94	1/1/2014		
92622	ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, FIRST HOUR	\$55.59	1/1/2024		
92623	ANALYSIS, PROGRAMMING, AND VERIFICATION OF SOUND PROCESSOR FOR BONE-ANCHORED INNER EAR IMPLANT, EACH ADDITIONAL 15 MINUTES	\$14.75	1/1/2024		
92625	EVALUATION OF HEARING RINGING IN EAR	\$55.96	1/1/2014		
92626	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, FIRST HOUR	\$53.42	1/1/2014	1 per member >20 per calendar yr	
92627	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, EACH ADDITIONAL 15 MINUTES	\$12.80	1/1/2014		

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92628	EVALUATION FOR HEARING AIDS IN ONE OR BOTH EARS, FIRST 30 MINUTES	\$65.00	1/1/2026	Modifier 52 (reduced services) if performed on 1 ear \$45. One per Calendar Year per patient. Do not report in conjunction with , 92636, Do not report in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear	✓
92636	HEARING AID POST-FITTING FOLLOW-UP SERVICES FOR ONE OR BOTH EARS, FIRST 30 MINUTES	\$25.00	1/1/2026	One allowed per calendar year for members over 21. No limits for members under 21.	✓
92640	AUD BRAINSTEM IMPLT PROGRAMG - EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$72.36	1/1/2007	DMS End dated 12/31/2025	
92641	HEARING DEVICE VERIFICATION THROUGH ELECTROACOUSTIC ANALYSIS	\$28.34	1/1/2026	Modifier 52 (reduced services) if performed on 1 ear only-\$14.17. One per calendar year for members over 21. No limitation for members under 21 Not allowed on the same day as 92628, 92636, per same patient.	✓
92650	SCREENING EVALUATION OF BRAIN RESPONSE TO SOUND WITH AUTOMATED ANALYSIS	\$22.64	1/1/2021	Children under 21 only	✓
92651	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 THRSHL D 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	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	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	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$42.26	1/1/2007	6 per recipient per year	✓
V5014	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	✓

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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	✓
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	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	✓
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	\$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	✓

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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	✓
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	✓

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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, 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		✓
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	\$125.94	11/20/2007		✓

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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	✓
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	✓

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V5250	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 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	✓

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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	✓
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 month - LT/RT modifier required - Effective date 5/1/2024	✓
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		✓

KY Medicaid Audiology Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
1/1/2023	Add the following codes to the fee schedule effective date 1/1/2023: 92562 \$28.06; 92563 \$18.01; 92570 \$20.15; 92575 \$39.65; V5241 \$125.94 Codes were payable in the system however, was not showing on the fee schedule.	8/24/2023
N/A	Add long description for each code. Add limitations in the notes column for codes that have limitations. Add Effective Date column. Remove V5200 from being payable as no claims billed in the past 10 years effective 10/01/2023	10/23/2023
1/1/2024	Add 2 new codes effective 1/1/2024: 92622, 92623	2/6/2024
5/1/2024	Updated limitation on code V5266 to show as 12 per ear per month instead of 12 per ear per year. Effective date 5/1/2024	5/14/2024
8/1/2024	Added the following notation in the notes section and added a column labeled Medicare Bypass List: Medicare bypass list column with checkmark means Medicare does not pay. Dual covered members do not need to bill Medicare first. (Does not apply to QMB members). Effective 8/1/2024	8/16/2024
1/1/2025	Update to description: 92570	7/1/2025
1/1/2026	<p>Code Replacements additions : 92628 (replacing 92590, 92591), 92636 (replacing 92593), and 92641 (replacing 92595). CMS Termed Codes, End dated 12/31/2025: 92590, 92591, 92592, 92593, 92594, and 92595. DMS Termed Codes, End dated 12/31/2025: 92640, 92562, and 92575. Description updates: 92516, 92537, 92538, 92541, 92542, 92544, 92545, 92546, 92547, 92548, 92549, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92565, 92567, 92568, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92601, 92602, 92603, 92604, 92620, 92621, 92625, 92626, 92627, 92628, 92650, 92651, 92653, L9900, V5011, V5014, V5090, V5213, V5250, V5254. Codes Added to Medicare ByPass List: V5299, V5275, V5267, V5266, V5264, V5263, V5262, V5261, V5260, 92628, 92636, and 92641. Code Effective dates on Fee Schedule Updated: 92516, 92542, 92544, 92545, 92546, 92547, 92548, 92549, 92550, 92551, 92552, 92553, 92555, 92556, 92563, 92565, 92567, 92568, 92577, 92579, 92582, 92583, 92584, 92587, 92588, 92601, 92602, 92603, 92604, 92620, 92621, 92625, 92626, 92627, V5011, and V5080.</p>	5/18/2026