TABLE 2 – THE FOLLOWING PROCEDURE CODES WILL GO INTO EFFECT WHEN THE NEW CLAIMS SYSTEM, MIHMS, GOES LIVE. MAINECARE WILL SEND A WRITTEN NOTICE TO ALL PROVIDERS AT LEAST 30 DAYS IN ADVANCE

Procedure Code	CPT or HCPCS Description	Unit	Prior to July 1, 2010 Agency Rate	July 1, 2010 Agency Rate	Independent Rate
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	15 minutes	$17.69	$17.75	$19.72
92507 GN	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual	15 minutes	$17.69	$17.75	$12.87
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two (2) or more individuals	15 minutes	$10.76	$10.80	$7.80
S9152	Speech therapy, re-evaluation	15 minutes	$16.22	$16.28	$11.75
92507 TF	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual – intermediate level of care (assistant)	15 minutes	$15.92	$15.98	$11.59
92508 TF	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two (2) or more individuals – intermediate level of care (assistant)	15 minutes	$9.68	$9.72	$7.02
V5362	Speech screening	15 minutes	$17.70	$17.76	$12.87
V5362 TF	Speech screening, assistant	15 minutes	$14.60	$14.65	$10.58
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face to face with the	60 minutes	$67.05		

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Procedure Code	CPT or HCPCS Description	Unit	Prior to July 1, 2010 Agency Rate	July 1, 2010 Agency Rate	Independent Rate
	patient; first hour			$67.29	$48.58
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face to face with the patient, each additional 30 minutes (list separately in addition to code for primary procedure)	30 minutes	$19.13	$19.20	$13.86
92609	Therapeutic services for the use of speech-generating device, including programming and modification	15 minutes	$16.22	$16.28	$11.75
92620	Evaluation of central auditory function, with report; initial 60 minutes	60 minutes	$33.99	$34.11	$29.20
92621	Evaluation of central auditory function, with report; each additional 15 minutes	15 minutes	$8.59	$8.62	$7.38
V5010	Assessment for hearing aid	15 minutes	$17.69	$17.75	$12.78
92593	Hearing aid check; binaural	15 minutes	$20.07	$20.14	$14.54
V5008	Hearing screening	15 minutes	$16.96	$17.02	$12.86
V5008 TF	Hearing screening, assistant	15 minutes	$15.26	$15.32	$11.57
92551	Screening test, pure tone, air only	15 minutes	$7.59	$7.62	$6.52
92552	Pure tone audiometry (threshold); air only	15 minutes	$11.54	$11.58	$9.91

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92553	Pure tone audiometry (threshold); air and bone	15 minutes	$17.05	$17.11	$14.64
92555	Speech audiometry threshold;	15 minutes	$9.50	$9.53	$8.16
92561	Bekesy audiometry; diagnostic	15 minutes	$14.51	$14.56	$12.47
92562	Loudness balance test, alternate binaural or monaural	15 minutes	$10.04	$10.08	$8.63
92564	Short increment sensitivity index (SISI)	15 minutes	$9.69	$9.73	$8.32
V5363	Language screening	15 minutes	$17.70	$17.76	$12.87
V5363 TF	Language screening, assistant	15 minutes	$14.60	$14.65	$10.58
V5264	Ear mold/insert, not disposable, any type	Per unit	$34.49	$34.61	$25.00
92556	Speech audiometry threshold; with speech recognition	15 minutes	$15.07	$15.12	$12.95
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	15 minutes	$31.34	$31.45	$26.92
92567	Tympanometry (independence testing)	15 minutes	$13.39	$13.44	$11.51
92579	Visual reinforcement audiometry (VRA)	15 minutes	$20.27	$20.34	$17.41
92582	Conditioning play audiometry	15 minutes	$16.88	$16.94	$14.50

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Procedure Code	CPT or HCPCS Description	Unit	Prior to July 1, 2010 Agency Rate	July 1, 2010 Agency Rate	Independent Rate
92583	Select picture audiometry	15 minutes	$16.39	$16.45	$14.08
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	15 minutes	$43.97	$44.13	$37.77
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	15 minutes	$35.55	$35.68	$30.54
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	15 minutes	$52.33	$52.52	$44.95
92592	Hearing aid check, monaural	15 minutes	$12.84	$12.89	$9.30
92601	Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming	15 mintues	$88.86	$89.18	$76.34
92602	Subsequent reprogramming	15 minutes	$60.21	$60.43	$51.73
92603	Diagnostic analysis of cochlear implant, age 7 years or older, with programming	15 minutes	$61.34	$61.56	$52.70
92630	Auditory rehabilitation; prelingual hearing loss	15 minutes	$16.22	$16.28	$11.75
92630 HQ	Auditory rehabilitation; prelingual hearing loss; group	15 minutes	$10.76	$10.80	$7.80
92633	Postlingual hearing loss	15 minutes	$16.22	$16.28	$11.75

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Procedure Code	CPT or HCPCS Description	Unit	Prior to July 1, 2010 Agency Rate	July 1, 2010 Agency Rate	Independent Rate
92633 HQ	Postlingual hearing loss; group	15 minutes	$10.76	$10.80	$7.80