

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING							
AUDIOLOGY SERVICES							
For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793							
Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL (EXCLUDES AURAL AND REHABILITATION); INDIVIDUAL	AUDIOLOGY	REQUIRED	No Restriction	PRICED	Adult - 20 visits per year	
92521	EVALUATION OF SPEECH FLUENCY (EG STUTTERING, CLUTTERING)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION NYSTAGMUS WITH RECORDING, POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING, OPTOKINETIC NYSTAGMUS TEST BI-DIRECTIONAL FOVEAL AND PERIPHERAL STIMULATION, WITH RECORDING, AND OSCILLATING TRACKING TEST, WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES 4 TESTS), WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92544	OPTOKINETIC NYSTAGMUS TEST, BI-DIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92545	OSCILLATING TRACKING TEST, WITH RECORDING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		

92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLATFORM SWAY, EYES CLOSED PLATFORM SWAY, PLATFORM AND VISUAL SWAY), INCLUDING INTERPRETATION AND REPORT;	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92551	SCREENING TEST, PURE TONE, AIR ONLY	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92555	SPEECH AUDIOMETRY THRESHOLD	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553, 92556)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92561	BEKESY AUDIOMETRY DIAGNOSTIC	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92563	TONE DECAY TEST	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92565	STENGER TEST, PURE TONE	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92567	TYPANOMETRY (IMPEDANCE TESTING)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92568	ACOUSTIC REFLEX TESTING, THRESHOLD	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING, ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92571	FILTERED SPEECH TEST	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92572	STAGGERED SPONDAIC WORD TEST	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92575	SENSORINEURAL ACUITY LEVEL TEST	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92577	STENGER TEST, SPEECH	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		

<b>92582</b>	CONDITIONING PLAY AUDIOMETRY	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92583</b>	SELECT PICTURE AUDIOMETRY	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92584</b>	ELECTROCOCHLEOGRAPHY	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	No Restriction	PRICED		
<b>92585</b>	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92586</b>	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92587</b>	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92588</b>	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
<b>92596</b>	EAR PROTECTOR ATTENUATION MEASUREMENTS	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED		
<b>92597</b>	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	No Restriction	PRICED		
<b>92601</b>	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <=7 years old	PRICED		
<b>92602</b>	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH SUBSEQUENT PROGRAMMING	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age >= 1 & <= 7 Years Old	PRICED		
<b>92603</b>	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age >7 &- <21 yearsold	PRICED		
<b>92604</b>	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH SUBSEQUENT PROGRAMMING	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age >7 &- <21 yearsold	PRICED		
<b>92620</b>	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT, INITIAL 60 MINUTES	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED	2 requests per year for 92620	
<b>92621</b>	EVALUATION OF CENTRAL AUDITORY FUNCTION WITH REPORT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED	2 requests year for 92621 AND 92620	
<b>92625</b>	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per year	
<b>92626</b>	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED	2 requests per year	

<b>92627</b>	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 requests per calendar year for 92627 AND 92626	
<b>92700</b>	UNLISTED OTORHINOLARYNGOLOGICAL	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	<b>NOT PRICED</b>	Child only	
<b>L8614</b>	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED	2 per lifetime	
<b>L8615</b>	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED	2 per year	
<b>L8616</b>	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED	2 per year	
<b>L8617</b>	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED	2 per year	
<b>L8618</b>	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED	2 per year	
<b>L8619</b>	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	No Restriction	PRICED	2 per lifetime	
<b>L8621</b>	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	No Restriction	PRICED	90 per 3 months	
<b>L8622</b>	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED	180 per 3 months	
<b>L8623</b>	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per calendar year	
<b>L8624</b>	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	<b>AUDIOLOGY</b>	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per 3 years	
<b>L8690</b>	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED		
<b>L8691</b>	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED		
<b>L8692</b>	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	<b>NOT PRICED</b>		
<b>L8694</b>	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	PRICED		
<b>EPSDT</b>	EPSDT SERVICE	<b>AUDIOLOGY</b>	<b>REQUIRED</b>	Age <= 20 years old	<b>NOT PRICED</b>		For program requirements and additional resources, please visit the following website: <a href="https://dhhr.wv.gov/HealthCheck/Pages/default.aspx">https://dhhr.wv.gov/HealthCheck/Pages/default.aspx</a>

OON Service	OUT-OF-NETWORK SERVICE	AUDIOLOGY	<i><b>REQUIRED</b></i>	No Restriction	<b>NOT PRICED</b>		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.
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