

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		

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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		

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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		
92582	CONDITIONING PLAY AUDIOMETRY	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92583	SELECT PICTURE AUDIOMETRY	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92584	ELECTROCOCHLEOGRAPHY	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED		
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	AUDIOLOGY	REQUIRED	No Restriction	PRICED		

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92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED		
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING	AUDIOLOGY	REQUIRED	Age <=7 years old	PRICED		
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH SUBSEQUENT PROGRAMMING	AUDIOLOGY	REQUIRED	Age >= 1 & <= 7 Years Old	PRICED		
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	AUDIOLOGY	REQUIRED	Age >7 &- <21 yearsold	PRICED		
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH SUBSEQUENT PROGRAMMING	AUDIOLOGY	REQUIRED	Age >7 &- <21 yearsold	PRICED		
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT, INITIAL 60 MINUTES	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED	2 requests per year for 92620	
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION WITH REPORT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED	2 requests year for 92621 AND 92620	
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	2 requests per year	
92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED	2 requests per year	
92627	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)	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 requests per calendar year for 92627 AND 92626	
92700	UNLISTED OTORHINOLARYNGOLOGICAL	AUDIOLOGY	REQUIRED	Age <= 20 years old	NOT PRICED	Child only	
l8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED	2 per lifetime	
l8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	AUDIOLOGY	REQUIRED	No Restriction	PRICED	2 per year	

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L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	AUDIOLOGY	REQUIRED	No Restriction	PRICED	2 per year	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	AUDIOLOGY	REQUIRED	No Restriction	PRICED	2 per year	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	AUDIOLOGY	REQUIRED	No Restriction	PRICED	2 per year	
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	AUDIOLOGY	REQUIRED	No Restriction	PRICED	2 per lifetime	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	AUDIOLOGY	Required - Beyond Service Limits	No Restriction	PRICED	90 per 3 months	
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	180 per 3 months	
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per calendar year	
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	AUDIOLOGY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per 3 years	
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED		
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED		
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	AUDIOLOGY	REQUIRED	Age <= 20 years old	NOT PRICED		
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	AUDIOLOGY	REQUIRED	Age <= 20 years old	PRICED		
EPSDT	EPSDT SERVICE	AUDIOLOGY	REQUIRED	Age <= 20 years old	NOT PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx

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OON Service	OUT-OF-NETWORK SERVICE	AUDIOLOGY	REQUIRED	No Restriction	NOT PRICED		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.