4,20

DEPARTMENT OF SPECIAL SERVICES TOWNSHIP OF UNION PUBLIC SCHOOLS M-E-M-O-R-A-N-D-U-M

TO:

Gerry Benaquista

C:

Diane Cappiello Julia Vicidomini Elizabeth Esposito

Kim Conti

Re:

From:

Board Agenda

Date:

May 3, 2021

Approve Summit Speech to provide Pure Tone Audiometry: air conduction (CPT code 92552) at the rate of \$175.00 and Speech Audiometry; with speech recognition (CPT code 92566) at the rate of \$75.00 not to exceed \$250.00 for the 2020-2021 school year. (11-000-219-320-01-19)

Audiology Services

2020-2021 Fee Schedule

Consultative

| Service | Fee |
|---|--|
| Acoustic Evaluation | K through 5th grade: \$450.00 |
| | 6th through 12th grade: \$600.00 |
| Staff In-service (care and use of HAs, CIs, Bahas, DM/FM systems) | \$200.00 per hour |
| Staff in-service (educational regarding auditory disorders) | \$200.00 per hour |
| Record Review | \$75.00 per hour |
| Student/Classroom Observation | \$200.00 per hour |
| IEP | |
| Planning meeting w/ staff | Conference call: \$150.00; On-site: \$200.00 |
| Meeting w/staff and parents | Conference call: \$150.00; On-site: \$200.00 |
| Equipment Troubleshooting (on-site) | \$200.00 per hour |
| Other Consultative Services | \$200.00 per hour |
| To consult directly or indirectly with the Educational Audiologist in the form of email, phone call, text and/or mail | \$200.00/hour |
| Extensive record review at district with recommendations | \$200.00/hour |
| Diagnostic report review via email | \$100.00/hour |

<u>Diagnostic</u> (Performed at Summit Speech School)

| CPT | Procedure | Fee |
|---------|---|--|
| Audiolo | gical Assessment Procedures | |
| 92552 | Pure tone audiometry; air conduction | \$175.00 |
| 92553 | Pure tone audiometry; air and bone conduction | \$225.00 |
| 92557 | Comprehensive audiometry threshold; w/ speech recognition | \$325.00 |
| 92555 | Speech Audiometry threshold | \$50.00 |
| 92566 | Speech audiometry; w/ speech recognition | \$75.00 |
| 92567 | Tympanometry | \$75.00 |
| 92568 | Acoustic Reflex Testing | \$40.00 |
| 92579 | Visual reinforcement audiometry | \$200.00 first hr.; \$50.00 each visit after |
| Hearing | Aid, Cochlear Implant, Baha, FM/DM System | Procedures |
| 92592 | Hearing Aid, Cochlear Implant, Baha check; monaural | \$75.00 |
| | Hearing Aid, Cochlear Implant, Baha check; binaural | \$100.00 |
| 92626 | Evaluation of auditory rehabilitation status | \$400.00 |

Documentation

| Service | Fee |
|---------------------------------|---|
| Comprehensive Evaluation Report | \$75.00 to \$500.00 (Based on complexity) |