

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

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**TO:** Greg Tatum  
**C:** Diane Cappiello  
Julia Vicidomini

**From:** Kim Conti 

**Re:** Board Agenda

**Date:** May 25, 2017

**Please place the following on the board agenda.**

**Approve Summit Speech to provide Audiological Evaluations at the rate of \$325.00 (CPT code 92557) and Tympanometry \$75.00 (CPT code 92567). A more extension evaluation of added benefit will be billed at \$400.00 (CPT code 92626) not to exceed \$1150.00 for the 2017-2018 school year. (11-000-219-320-01-19)**



**SUMMIT  
SPEECH  
SCHOOL**

at the E.M. Kirby Center

705 Central Avenue • New Providence, New Jersey 07974 • V/TTY (908) 508-0011 Fax (908) 508-0012

**Diagnostic Audiology Services**

(Performed at Summit Speech School)

CPT	Procedure	Fee
<b>Audiological Assessment Procedures</b>		
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
92567	Tympanometry	\$75.00
92568	Acoustic Reflex Testing	\$40.00
92579	Visual reinforcement audiometry	\$200.00 first hr.; \$50.00 each visit after
<b>Hearing Aid, Cochlear Implant, Baha, FM/DM System Procedures</b>		
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)

**Travel**

No charge for up to 50 miles roundtrip; \$.40 per mile over 50 miles per roundtrip.