

## Testing Center Fee Schedule

CPT	DESCRIPTION	FEE
92557	COMP AUDIOMETRY EVAL	\$ 76.00
92567	TYMPANOMETRY	\$ 32.00
92570	ACOUSTIC IMMITTANCE TEST	\$ 62.00
92587	EVOKED OTOACOUSTIC EM	\$ 66.00
92588	COMP OTOACOUSTIC EMISSION	\$ 110.00
93224	HOLTER MONITOR COMPLETE	\$ 259.00
93784	BLOOD PRESSURE MONITORING	\$ 150.00
93924	PAD STRESS STUDY	\$ 340.00
94060	BRONCHOSPAM EVAL	\$ 103.00
95800	HOME SLEEP STUDY	\$ 450.00
95806	HOME SLEEP STUDY	\$ 400.00
99070	SUPPLIES/MATERIALS	\$ 55.00