

## Testing Center Fee Schedule

92557	COMP AUDIOMETRY EVAL	76.00
92567	TYMPANOMETRY	29.00
92570	ACOUSTIC IMMITTANCE TEST	64.00
92587	EVOKED OTOACOUSTIC EM	43.00
92588	COMP OTOACOUSTIC EMISSION	110.00
93224	HOLTER MONITOR COMPLETE	248.00
93784	BLOOD PRESSURE MONITORING	107.00
93924	PAD STRESS STUDY	340.00
94060	BRONCHOSPASM EVAL	121.00
95800	HOME SLEEP STUDY	450.00
95806	HOME SLEEP STUDY	400.00
99070	SUPPLIES/MATERIALS	55.00