

**IL Healthcare and Family Services
Audiology Fee Schedule**

Illinois Department of Healthcare & Family Services Audiology Fee Schedule

Effective 01/01/2024

Updated 02/27/2024

*Rates reflect 2.7% SMART Act Rate Reduction

Procedure Code	Description	State Max Amt*	Program Coverage	Rate
92507	TREATMENT OF SPEECH, LANG, VOICE, COMM, AND/OR AUD PRO DIS	19.80	04	\$19.27
92521	EVALUATION OF SPEECH FLUENCY	36.39	04	\$35.41
92522	EVALUATION OF SPEECH SOUND PRODUCTION	36.39	04	\$35.41
92523	EVAL OF SPEECH SOUND PROD W/ EVAL OF LANG COMP & EXPRESSION	36.39	04	\$35.41
92524	BEHAVIORAL & QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	36.39	04	\$35.41
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL	23.66	04	\$23.02
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERL;MONOTHERMAL	12.06	04	\$11.73
92540	BASIC VESTIBULAR EVAL. INC. SPONTANEOUS NYSTAGMUS TEST	53.50	04	\$52.06
92541	SPONTANEOUS NYSTAGMUS TEST	22.15	04	\$21.55
92542	POSITIONAL NYSTAGMUS TEST	22.15	04	\$21.55
92544	OPTOKINETIC NYSTAGMUS TEST	22.15	04	\$21.55
92545	OSCILLATING TRACKING TEST	22.15	04	\$21.55
92546	TORSION SWING RECORDING	22.15	04	\$21.55
92547	SUPPLEMENTAL ELECTRICAL TEST	22.15	04	\$21.55
92550	TYMPANOMETRY	15.20	04	\$14.79
92551	PURE TONE HEARING TEST, AIR	15.20	04	\$14.79
92552	PURE TONE AUDIOMETRY, AIR	15.20	04	\$14.79
92553	AUDIOMETRY, AIR & BONE	15.20	04	\$14.79
92555	SPEECH THRESHOLD AUDIOMETRY	15.20	04	\$14.79
92556	SPEECH AUDIOMETRY, COMPLETE	15.20	04	\$14.79
92557	COMPREHENSIVE AUDIOMETRY	37.40	04	\$36.39
92558	EVOKED OTOACOUSTIC EMISSION, AUTOMATED ANALYSIS	12.20	04	\$11.87
92563	TONE DECAY HEARING TEST	15.20	04	\$14.79
92565	STENGER TEST, PURE TONE	15.20	04	\$14.79
92567	TYMPANOMETRY	15.20	04	\$14.79
92568	ACOUSTIC REFLEX TESTING	13.70	04	\$13.33
92570	ACOUSTIC IMMITTANCE TESTING INC. TYMPANOMETRY & ACOUSTIC RFL	15.20	04	\$14.79
92577	STENGER TEST, SPEECH	12.20	04	\$11.87
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	22.15	04	\$21.55
92582	CONDITIONING PLAY AUDIOMETRY	22.15	04	\$21.55
92583	SELECT PICTURE AUDIOMETRY	15.15	04	\$14.74
92584	ELECTROCOCHLEOGRAPHY	74.90	04	\$72.88
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	52.70	04	\$51.28
92588	EVOKED OTOACOUSTIC EMISSIONS, COMPR/DIAG EVALUATION	61.00	04	\$59.35

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92590	HEARING EXAM, MONAURAL	37.40	04	\$36.39
92591	HEARING EXAM, BINAURAL	37.40	04	\$36.39
92592	HEARING AID CHECK MONAURAL	15.20	04	\$14.79
92593	HEARING AID CHECK BINAURAL	15.20	04	\$14.79
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID-MONAURAL	15.20	04	\$14.79
92595	ELECTROACOUSTIC BINAURAL	15.20	04	\$14.79
92601	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS W/REPROGRAMMING	55.01	04	\$53.52
92602	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS SUBSEQ REPROGRAM	38.72	04	\$37.67
92603	DIA ANALYSIS COCHLEAR IMPLANT W/PROGRAMMING	37.18	04	\$36.18
92604	DIAG ANALYSIS COCHLEAR IMPLANT W/SUBSEQ REPROGRAM	25.49	04	\$24.80
92622	DIAGNOSTIC ANALYSIS,PROGRAM OF ASSEOINTEGRATED PROCESSR,1ST 60 MIN	45.06	04	\$43.84
92623	DIAGNOSTIC ANALYSIS,PROGRAM ASSEOINTEGRATED PROCESSR,EA ADD 15 MIN	11.97	04	\$11.65
92626	EVAL. OF AUDITORY REHABILITATION STATUS; FIRST HOUR	45.71	04	\$44.48
92627	EA ADDL 15 MIN (LST SEPRTRY IN ADDN TO CODE FOR PRIME PROC)	10.50	04	\$10.22
92650	AUDITORY EVOKED POTENTIALS, SCREENING W/ STIMULI, AUTOMATED			\$16.92
92651	AUDITORY EVOKED POTENTIALS, HEARING STATUS, INTERP & REPORT			\$50.75
92652	AUDITORY EVOKED POTENTIALS, THRESHOLD ESTIMAT, INTERP & REPORT			\$66.92
92653	AUDITORY EVOKED POTENTIALS, NEURODIAGNOSTIC, W/ INTERP & REPORT			\$48.79
*V5299	HEARING SERVICE, MISCELLANEOUS		04	Hand Priced
	*Requires Prior Approval			
	Rates reflect 2.7% reduction			
UPDATES:	addition of CPT 92622 and 92623 effective 1/1/2024			