

IL Healthcare and Family Services
Audiology Fee Schedule

Effective 01/01/2021
Updated 01/19/2022

Procedure Code	Description	Rate **
92507	TREATMENT OF SPEECH, LANG, VOICE, COMM, AND/OR AUD PRO DIS	19.27
92521	EVALUATION OF SPEECH FLUENCY	35.41
92522	EVALUATION OF SPEECH SOUND PRODUCTION	35.41
92523	EVAL OF SPEECH SOUND PROD W/ EVAL OF LANG COMP & EXPRESSION	35.41
92524	BEHAVIORAL & QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	35.41
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL	23.02
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERL;MONOTHERMAL	11.73
92540	BASIC VESTIBULAR EVAL. INC. SPONTANEOUS NYSTAGMUS TEST	52.06
92541	SPONTANEOUS NYSTAGMUS TEST	21.55
92542	POSITIONAL NYSTAGMUS TEST	21.55
92544	OPTOKINETIC NYSTAGMUS TEST	21.55
92545	OSCILLATING TRACKING TEST	21.55
92546	TORSION SWING RECORDING	21.55
92547	SUPPLEMENTAL ELECTRICAL TEST	21.55
92550	TYMPANOMETRY	14.79
92551	PURE TONE HEARING TEST, AIR	14.79
92552	PURE TONE AUDIOMETRY, AIR	14.79
92553	AUDIOMETRY, AIR & BONE	14.79
92555	SPEECH THRESHOLD AUDIOMETRY	14.79
92556	SPEECH AUDIOMETRY, COMPLETE	14.79
92557	COMPREHENSIVE AUDIOMETRY	36.39
92558	EVKED OTOACOUSTIC EMISSION, AUTOMATED ANALYSIS	11.87
92563	TONE DECAY HEARING TEST	14.79
92564	SISI HEARING TEST	14.79
92565	STENGER TEST, PURE TONE	14.79
92567	TYMPANOMETRY	14.79
92568	ACOUSTIC REFLEX TESTING	13.33
92570	TYMPANOMETRY	14.79
92577	STENGER TEST, SPEECH	11.87
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	21.55
92582	CONDITIONING PLAY AUDIOMETRY	21.55
92583	SELECT PICTURE AUDIOMETRY	14.74
92584	ELECTROCOCHLEOGRAPHY	72.88
92587	EVKED OTOACOUSTIC EMISSIONS; LIMITED	51.28
92588	EVKED OTOACOUSTIC EMISSIONS, COMPR/DIAG EVALUATION	59.35
92590	HEARING EXAM, MONAURAL	36.39
92591	HEARING EXAM, BINAURAL	36.39
92592	HEARING AID CHECK MONAURAL	14.79
92593	HEARING AID CHECK BINAURAL	14.79
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID-MONAURAL	14.79
92595	ELECTROACOUSTIC BINAURAL	14.79
92601	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS W/REPROGRAMMING	53.52
92602	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS SUBSEQ REPROGRAM	37.67
92603	DIA ANALYSIS COCHLEAR IMPLANT W/PROGRAMMING	36.18
92604	DIAG ANALYSIS COCHLEAR IMPLANT W/SUBSEQ REPROGRAM	24.8

*Requires Prior Approval

**Rate reflects 2.7% reduction

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92626	EVAL. OF AUDITORY REHABILITATION STATUS; FIRST HOUR	44.48
92627	EA ADDL 15 MIN (LST SEPRTRY IN ADDN TO CODE FOR PRIME PROC)	10.22
92650	AUDIITORY EVOKED POTENTIALS;SCREENING W/ STIMULI, AUTOMATED	16.91
92651	AUDITORY EVOKED POTENTIALS;HEARING STATUS, INTERP & REPORT	50.74
92652	AUDITORY EVOKED POTENTIALS;THRESHOLD ESTIMAT,INTERP&REPORT	66.91
92653	AUDITORY EVOKED POTENTIALS;NEURODIAGNOSTIC,W/ INTERP&REPORT	48.79
V5299	HEARING SERVICE, MISCELLANEOUS.	*

Rates reflect 2.7% reduction

92585 Removed from FS - Obsolete effective 01/01/2021

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