

# Illinois Department of Healthcare & Family Services Audiology Fee Schedule

Effective 04/01/2024

Updated 07/16/2024

This fee schedule applies to charges submitted by Audiologists.

Please note the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered by the Department's Medical Programs.

CPT codes and descriptions only are copyrighted by the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply. National Correct Coding Institute (NCCI) edits apply.

**Key:** \*Rate reflects maximum reimbursement amount after 2.7% SMART Act reduction  
 \*\*Requires Prior Authorization

Procedure Code	Description	State Max Amt	*Rate with 2.7% SMART Act reduction
92507	TREATMENT OF SPEECH, LANG, VOICE, COMM, AND/OR AUD PRO DIS	50.81	\$49.44
92521	EVALUATION OF SPEECH FLUENCY	88.57	\$86.18
92522	EVALUATION OF SPEECH SOUND PRODUCTION	74.45	\$72.44
92523	EVAL OF SPEECH SOUND PROD W/ EVAL OF LANG COMP & EXPRESSIO	151.90	\$147.80
92524	BEHAVIORAL & QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	73.40	\$71.42
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL	26.30	\$25.59
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERL;MONOTHERM	14.83	\$14.43
92540	BASIC VESTIBULAR EVAL. INC. SPONTANEOUS NYSTAGMUS TEST	70.24	\$68.34
92541	SPONTANEOUS NYSTAGMUS TEST	22.15	\$21.55
92542	POSITIONAL NYSTAGMUS TEST	22.15	\$21.55
92544	OPTOKINETIC NYSTAGMUS TEST	16.91	\$16.45
92545	OSCILLATING TRACKING TEST	15.96	\$15.53
92546	TORSION SWING RECORDING	84.11	\$81.84
92547	SUPPLEMENTAL ELECTRICAL TEST	9.56	\$9.30
92550	TYMPANOMETRY	14.40	\$14.01
92551	PURE TONE HEARING TEST, AIR	15.20	\$14.79
92552	PURE TONE AUDIOMETRY, AIR	23.94	\$23.29
92553	AUDIOMETRY, AIR & BONE	28.95	\$28.17
92555	SPEECH THRESHOLD AUDIOMETRY	18.29	\$17.80
92556	SPEECH AUDIOMETRY, COMPLETE	28.33	\$27.57
92557	COMPREHENSIVE AUDIOMETRY	30.11	\$29.30
92558	EVOKED OTOACOUSTIC EMISSION, AUTOMATED ANALYSIS	12.20	\$11.87
92563	TONE DECAY HEARING TEST	21.85	\$21.26
92565	STENGER TEST, PURE TONE	15.20	\$14.79
92567	TYMPANOMETRY	10.29	\$10.01
92568	ACOUSTIC REFLEX TESTING	13.70	\$13.33
92570	ACOUSTIC IMMITTANCE TESTING INC. TYMPANOMETRY & ACOUSTIC RF	19.30	\$18.78
92577	STENGER TEST, SPEECH	13.90	\$13.52
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	24.41	\$23.75
92582	CONDITIONING PLAY AUDIOMETRY	54.46	\$52.99
92583	SELECT PICTURE AUDIOMETRY	35.85	\$34.88
92584	ELECTROCOCHLEOGRAPHY	74.90	\$72.88
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	14.30	\$13.91

92588	EVOKED OTOACOUSTIC EMISSIONS, COMPR/DIAG EVALUATION	22.02	\$21.43
92590	HEARING EXAM, MONAURAL	37.40	\$36.39
92591	HEARING EXAM, BINAURAL	37.40	\$36.39
92592	HEARING AID CHECK MONAURAL	15.20	\$14.79
92593	HEARING AID CHECK BINAURAL	15.20	\$14.79
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID-MONAURAL	15.20	\$14.79
92595	ELECTROACOUSTIC BINAURAL	15.20	\$14.79
92601	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS W/REPROGRAMMING	80.96	\$78.77
92602	DIAG ANALYSIS COCHLEAR IMPLANT < 7 YEARS SUBSEQ REPROGRAM	45.59	\$44.36
92603	DIA ANALYSIS COCHLEAR IMPLANT W/PROGRAMMING	78.76	\$76.63
92604	DIAG ANALYSIS COCHLEAR IMPLANT W/SUBSEQ REPROGRAM	43.60	\$42.42
92622	DIAGNOSTIC ANALYSIS,PROGRAM OF ASSEOINTEGRATED PROCESSR,1	45.06	\$43.84
92623	DIAGNOSTIC ANALYSIS,PROGRAM ASSEOINTEGRATED PROCESSR,EA A	11.97	\$11.65
92626	EVAL. OF AUDITORY REHABILITATION STATUS; FIRST HOUR	45.71	\$44.48
92627	EA ADDL 15 MIN (LST SEPRTY IN ADDN TO CODE FOR PRIME PROC)	10.50	\$10.22
92650	AUDITORY EVOKED POTENTIALS, SCREENING W/ STIMULI, AUTOMATED	17.38	\$16.91
92651	AUDITORY EVOKED POTENTIALS, HEARING STATUS, INTERP & REPORT	54.40	\$52.93
92652	AUDITORY EVOKED POTENTIALS, THRESHOLD ESTIMAT, INTERP & REP	74.12	\$72.12
92653	AUDITORY EVOKED POTENTIALS, NEURODIAGNOSTIC, W/ INTERP & RE	54.82	\$53.34
**V5299	HEARING SERVICE, MISCELLANEOUS		Hand Priced