

Audiology Fee Schedule Changes and KeyEffective 1/1/2016
Updated 3/29/2016

New Codes – Update 3/29/16	
92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL
92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERL;MONOTHERMAL
Deleted Codes	
92543	Use 92537 or 92538

Audiology Fee Schedule	
Column Heading	Description
Procedure Code	5 digit procedure code
Description	Full description of procedure
Rate	The maximum allowable price HFS will reimburse for the item. Public Act 097-0689 requires the Department to reduce reimbursement rates by 2.7%.

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

Effective 01/01/2016
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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	EVOKED 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	ACOUSTIC IMMITTANCE TESTING INC. TYMPANOMETRY & ACOUSTIC RFL	\$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
92585	BRAINSTEM EVOKED RESPONSE REC	\$52.25
92586	AUDITORY EVOKED POTENTIALS COMPREHENSIVE, LIMITED	\$39.76
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED	\$51.28
92588	EVOKED 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	\$24.80
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
*V5299	HEARING SERVICE, MISCELLANEOUS	Hand Priced
	*Requires Prior Approval	
	Rates reflect 2.7% reduction	