

HEARING AID SERVICE CODE UPDATES AND TIPS

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AN UPDATE THAT HAS NOTHING TO DO WITH HEARING AID SERVICE CODES

- **Updated Advanced Beneficiary Notice**

- Effective, March 13, 2026, the Centers for Medicare and Medicaid Services (CMS) have updated their [Advanced Beneficiary Notice](#) (ABN). The new form, which is attached here, is dated March 31, 2029. **This form is now the appropriate form. Please discard the current form, dated January 31, 2026, and use the new form.**
- January 31, 2026 form valid until May 12, 2026.
- **This form is applicable to traditional Medicare only. It is not applicable for Medicare Advantage or any other. A notice of non-coverage is the most appropriate form for most other payers and health plans.**
- **ADA in the process of updating no charge pre-filled ABNs in the [Forms Library](#).**

REVIEW CPT CHANGES 2026

CPT Changes describes the codes in greater detail.

This resource guided my presentation.

I always want documentation, from the AMA, licensure, or a payer to support what I share with you.

Documentation templates available at
<https://www.audiologist.org/audiologists/codes/ha-cpt-codes>

IMPLEMENTATION

- Some payers still may not recognize these codes, especially state Medicaid plans.
- Review allowable rate schedules in the payer portals (UHC) and request updated allowable rate schedules through portal and via contract options.
- VA Community Care recognizes the codes BUT the new codes themselves need to be included on your referral from the VA.
 - <https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp>

WHAT CODE DO I USE?

1. What is allowed within my state scope of practice?
 1. Assessment of cognitive and communication status.
 2. Assessment of visual and dexterity limitations.
 1. If not, lean into HCPCS codes.
2. Did I meet the requirements of the new hearing aid service CPT code, including the minimum time requirement?
 1. If not, lean into HCPCS codes.
3. Which codes (CPT and/or HCPCS) does the specific payer recognize and allow?
 1. Use the codes that are recognized and allowed by the payer and whose requirements you met OR consider them non-covered service and collect your usual and customary fee.
4. Which code (CPT or HCPCS) has the higher allowable rate?
 1. Use the codes with the higher allowable rate.

2026 HEARING AID SERVICE CODE ADDITIONS

- Important features
 - Documentation
 - If you did not document it, it did not happen.
 - Lean into templates available, at no charge, at <https://www.audiologist.org/audiologists/codes/ha-cpt-codes>
 - Unilateral or bilateral
 - Inclusive, bundled nature of each code.
 - Must perform all aspects of the procedure to bill it.
 - Cannot append a timed code with a 52 modifier (must meet minimum time requirements).
 - Required report for 92628, 92629, 92631, 92632, 92634, and 92635.
 - Interpretation
 - -52 modifier
 - 92639 and 92641 if only assess one ear/hearing aid.

2026 HEARING AID SERVICE CODE ADDITIONS

- Important features
 - Time requirements.
 - Document of start and end time of EACH timed procedure.
 - 60-min: Must spend 31 minutes.
 - 30-minute code: Must spend 16 minutes.
 - 15-minute code: Must spend 8 minutes.
 - Can include report writing time (documented) on same date of service.
 - Add-on codes
 - Billed in addition to primary procedure BUT must separate time to perform as paid separately.
 - 92638 (behavioral verification) and 92639 (probe microphone verification).
 - These will be added to 92634 and 92636 to indicate type of verification.

2026 HEARING AID SERVICE CODE ADDITIONS

- Important features
 - Requires performance by “qualified healthcare professional”
 - The American Medical Association defines “A physician or other qualified healthcare professional” is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his or her scope of practice and independently reports that professional service”.
 - Payers can determine if these services can be provided and billed by legally established audiology assistants or technicians incident to an audiologist or hearing aid dispenser.
 - You do need to have this role established in licensure.
 - Licensed.
 - Registered.
 - Exempted.

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92628: Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (for example, speech-in-noise, suprathreshold hearing measures) discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes
 - First 16-37 minutes.
 - Cannot bill with 92622, 92623, 92626, or 92627 on the same ear on the same date of service.
 - Cannot report in conjunction with 92636, 92637, or 92642.
- CPT code 92629: Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (for example, speech-in-noise, suprathreshold hearing measures) discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes
 - At least eight minutes.
 - Will be limited to coverage of two units maximum (coding edit).

DOCUMENTATION OF 92628/9

- Less prescriptive (per CPT Changes 2026) of new codes.
- Document (include in required report):
 - Otoscopy.
 - Results of review of medical record, including diagnostic audiologic test results.
 - Focused medical history.
 - Results of provided inventories, if provided.
 - Results of speech in noise, if provided.
 - Results of MCL/UCL, if provided.
 - Candidacy recommendation, treatment plan and counseling outcomes.

IF DO NOT MEET MINIMUM REQUIREMENTS OF 92628....

- Utilize:
 - V5010 (assessment for hearing aid) with RT/LT or 50 modifier or
 - 99202/3/12/13 (evaluation and management) as allowed by state scope of practice.
 - Nine states explicitly allow audiologists to evaluate and manage.

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92631: (Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes
 - First 16-37 minutes.
 - Cannot bill with 92622, 92623, 92626, or 92627 on the same ear on the same date of service.
 - Cannot report in conjunction with 92636, 92637, or 92642.
- CPT code 92632: Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; each additional 15 minutes
 - At least eight minutes.
 - Will be limited to coverage of two units maximum (coding edit).

DOCUMENTATION OF 9263 I/2

- Prescriptive.
- Document (include in required report):
 - Otoscopy.
 - Results of review of medical record.
 - Results of assessment for hearing aid (V50 I0), hearing aid candidacy (92628/9) or E/M.
 - Focused medical history.
 - Results of assessment of visual and dexterity limitations.
 - Psychosocial factors.
 - Discussion of device recommendations, including device type, output requirements, signal processing strategies, and additional features.

IF DO NOT MEET MINIMUM REQUIREMENTS OF 92631....

- Utilize V5010 (assessment for hearing aid) with RT/LT or 50 modifiers.

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92634: Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes.
 - First 31-67 minutes.
 - Cannot report in conjunction with 92636, 92637, and 92642.
- CPT code 92635: Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes.
 - At least eight minutes.
 - Will be limited to coverage of two units maximum (coding edit).

DOCUMENTATION OF 92634/5

- Prescriptive.
- Document (in the medical record):
 - Otoscopy.
 - Physical fit.
 - Programming.
 - Verification (behavioral or probe mic).
 - Orientation, including cleaning, maintenance, battery replacement or charging, insertion, removal, and use of the aids.
 - Hearing aid connection to other devices.
 - Counseling.
 - Follow-up services.

IF DO NOT MEET THE REQUIREMENTS OF 92634...

- Use V5011 (fitting/orientation/checking of hearing aid) with RT/LT or 50 modifiers and V5090, V5160, V5200, V5240 or V5241 (appropriate dispensing fee).
- Add, when performed,
 - V5020 (conformity evaluation) with RT/LT or 50 modifiers.
 - 92630/3 (auditory rehabilitation).
 - 92641 (hearing aid verification, electroacoustic analysis) with RT/LT or 50 modifiers.
 - 92642 (hearing assistive device, supplemental technology fitting services (for example, personal frequency modulation (FM)/digital modulation (DM) system, remote microphone, alerting devices).

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92636: Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (for example, verification, programming adjustment(s), device connection(s), and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes.
 - First 16-37 minutes.
 - Cannot report in conjunction with 92628, 92629, 92631, 92632, 92634, 92635, and 92642.
- CPT code 92637: Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (for example, verification, programming adjustment(s), device connection(s), and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes.
 - At least eight minutes.
 - Will be limited to coverage of two units maximum (coding edit).

DOCUMENTATION OF 92636/7

- Less prescriptive per CPT Changes 2026.
- Document (in medical record):
 - Otoscopy.
 - Listening check.
 - Physical fit, condition of hearing aids and overall comfort.
 - Data logs.
 - Programming adjustment, as needed.
 - Informal verification of sound quality.
 - Verification (behavioral or probe mic), as needed.
 - Review of routine care and maintenance.
 - Results of baseline communication inventories.
 - Discussion of other assistive devices.
 - Follow-up services.

IF DO NOT MEET THE REQUIREMENTS OF 92636...

- Use V5011 (fitting/orientation/checking of hearing aid) with RT/LT or 50 modifiers or V5299 (comprehensive timed service visit)
- Add, when performed,
 - V5020 (conformity evaluation) with RT/LT or 50 modifiers.
 - 92630/3 (auditory rehabilitation).
 - 92641 (hearing aid verification, electroacoustic analysis) with RT/LT or 50 modifiers.
 - 92642 (hearing assistive device, supplemental technology fitting services (for example, personal frequency modulation (FM)/digital modulation (DM) system, remote microphone, alerting devices).

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92638: Behavioral verification of amplification including aided thresholds functional gain, speech in noise, when performed
 - Add-on code.
 - Can add onto code 92634 and 92636
- CPT code 92639: Hearing-aid measurement, verification with probe-microphone
 - Add on code.
 - Can add onto code 92634 and 92636
 - Add -52 modifier if only assess one ear.

DOCUMENTATION OF 92638 AND 92639

- 92638
 - Document (in medical record):
 - Otoscopy.
 - Results of behavioral verification.
- 92639
 - Document (in medical record):
 - Otoscopy.
 - Results of probe microphone verification.
 - Stores test data in medical record.

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92641: Hearing device verification, electroacoustic analysis
 - Add a 52 modifier if only assess one hearing aid.
 - Do not include the time associated with this procedure in the total time documented for 92634 or 92636.
 - Documentation (in medical record):
 - Procedure.
 - Stores test data in medical record.

2026 HEARING AID SERVICE CODE ADDITIONS

- CPT code 92642: Hearing assistive device, supplemental technology fitting services (for example, personal frequency modulation (FM)/digital modulation (DM) system, remote microphone, alerting devices).
- Cannot report in conjunction with 92631, 92632, 92634, 92635, 92636, 92637, 92638, and 92639.
- Can bill with multiple units if fit multiple accessories on the same date of service.
- Documentation (in medical record):
 - Informal verification of sound quality.
 - Demonstrates and instructs on function, maintenance, and troubleshooting.

IMPLEMENTATION

- Commercial health plans generally do not cover service or long-term care.
 - This will be indicated in the hearing aid benefit language.
 - Do not bill it to them as they could reduce to allowable rate or bundle into benefit and assign it to contractual obligation.
 - Have the patient complete a notice of non-coverage prior to the service being rendered and pay your usual and customary rate.
 - Notice of non-coverage forms are available in the [ADA Forms Library](#) (for a reduced fee for members).
- If not included in your allowable rate schedule, the service is non-covered so do not bill it.
 - Have the patient complete a notice of non-coverage prior to the service being rendered and pay your usual and customary rate.

MANAGED CARE PLAN POLICY UPDATES

- [Aetna](#)
 - Check allowable rates.
- BCBS
 - Know new codes recognized by most BCBS Association plans.
 - Check all allowable rates.
- [United Healthcare](#)
 - Deleted all service codes from coverage policy.

RENEGOTIATION?

- Medicaid implementation and renegotiation
 - Work through your state audiology association.
- Commercial insurance implementation
 - Work through your state audiology association.
- Commercial insurance renegotiation
 - This, in my humble opinion, is something that should be negotiated by the individual practice as all of you do not have the same allowable rates for hearing aid services and you do not want to negatively impact one practice to potentially help another.
 - The dollars to allow for these new codes have to come from somewhere.

QUESTIONS?