

# Modernizing Audiology Coding: New CPT® Codes for Hearing Aid-Related Services Take Effect in 2026

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**A**s part of a major effort to modernize audiological coding, the long-standing Current Procedural Terminology (CPT®) codes used to report professional hearing aid services are being deleted and replaced. The legacy codes—CPT 92590 through 92595—have been in place since 1993, developed during a time when hearing aid services were relatively uniform, and far less complex than they are today. Since then, the field of audiology has advanced significantly. We have seen an evolution from analog to digital technology, providing much greater capacity

for adjustment and feature manipulation, the clinical use of real-ear measurement and other verification protocols, expanded candidacy criteria, and utilization of sophisticated patient management strategies to improve outcomes. Despite these clinical advancements, the existing codes remained unchanged for decades and no longer reflect the scope or complexity of contemporary audiological practice.

When the legacy hearing aid codes were developed, only analog and digitally controlled analog aids were available. Audiologists continued to use a comparative

hearing aid examination and selection approach where patients were assessed with different makes and/or models of hearing instruments to determine which product would meet their audiometric loss and not exceed their comfort levels (Mynders, 2003). Hearing aids fitted today are much more sophisticated with the application of advanced digital technologies, including noise reduction, spectral enhancements, compression, and feedback management systems. These advanced technologies make this type of comparative approach, in a traditional clinical environment, less valuable as the complexity of typical listening environments cannot be reproduced well in the clinic.

Recognizing the need for reform, the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA) jointly led a multiyear initiative to modernize the CPT coding structure for hearing aid-related professional services. The process involved extensive collaboration among clinical experts, coding professionals, and practice leaders, all focused on developing a coding framework that aligns with current best practices, incorporates emerging technologies, and reflects the individualized nature of hearing-health care. In addition, other interested organizations, including audiology societies that represent specific segments of the profession and the American Academy of Otolaryngology-Head and Neck Surgeons (AAO-HNS), provided input and feedback regarding the developing code structure.

The modernized coding structure includes a set of 12 new CPT codes (American Medical Association, 2024).

Effective January 1, 2026, audiologists will adopt these codes to more accurately describe the range and intensity of services they provide. The new code set captures four key stages of care: candidacy evaluation, device selection, fitting and verification, and follow-up. Each stage includes codes that account for differences in patient complexity, age, and clinical need, enabling providers to report services with greater specificity and alignment to real-world workflows.

The resulting CPT code set is structured around four critical phases of care: candidacy evaluation, device selection, fitting and verification, and follow-up services. The rationale for this coding structure was to ensure the totality of the clinical work involved when providing hearing aids to patients was accurately captured. The codes will allow audiologists to appropriately code and be recognized for evaluating the patient's hearing ability in different listening environments, utilizing patient questionnaires and surveys to inform decision-making, and determining the available treatment options for the individual. In addition, audiologists providing hearing aid services spend considerable time with their patients selecting the style, level of technology, and available features for their individual listening needs. Finally, after the initial fitting and verification of the device(s), patients typically return to their audiologist for follow-up services during the life of their hearing instruments. These follow-up services are just as critical as they support ongoing positive outcomes for the patient. Within each phase, time-based codes were introduced to reflect variation in patient

needs, age, and complexity of hearing loss. Additional standalone codes were created to describe verification procedures, including in-situ probe microphone measurements, sound field behavioral assessments, electroacoustic analysis, and the fitting of supplemental hearing assistive technologies. This structure allows audiologists to report services with greater clinical precision while improving communication with payers and other health-care stakeholders.

Importantly, these new CPT codes pertain exclusively to *professional services* and do not affect the HCPCS Level II “V-codes” that are used to report hearing aid devices. While there are currently a few V-codes that describe hearing aid-related services, moving forward, all new professional services will need to be developed through the CPT Editorial Panel utilizing their processes. Audiologists and billing professionals should be aware of this distinction to ensure accurate claims submission and compliance.

This transition represents more than just a coding update; it reflects the profession’s commitment to ensuring that hearing care services are appropriately represented in national health-care data and reimbursement systems. By replacing outdated, generic codes with a detailed, clinically relevant framework, including the descriptions of the procedures that occur during each stage of the process, audiologists can better communicate the value of their services to payers, policy makers, and patients. This change also supports broader efforts to improve access to and recognition of hearing health services as an

essential component of overall well-being, with less focus placed on the device(s) and more emphasis on the services needed for successful outcomes with the device(s).

This modernization effort represents a landmark achievement for the profession. With the new codes, audiologists are better positioned to demonstrate the value of the services they provide, advocate for equitable reimbursement, and support long-term sustainability of patient-centered care. While it may take some time for payers to recognize the new code set, because it more clearly represents the work audiologists provide, it will assist with advocacy efforts nationally and at the grassroots level. This milestone not only reflects the maturation of audiology as a clinical discipline but also sets the stage for broader recognition and integration within today’s evolving health-care landscape. <sup>A1</sup>



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## References

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