Implementation of New Hearing Device Services codes
Effective Jan 1, 2026
Office Based Audiologist

Overview (Office-Based Audiologist)

Effective **January 1, 2026**, new CPT codes for hearing device services go live. Use this brief roadmap to align coding, documentation, EHR/charge capture, payer setup, pricing, and staff education so claims flow on day one and patient access is uninterrupted.

What to stand up now

- **Ownership & Scope:** Name a New-Code Lead; pull in billing/coding, front desk, clinician lead, and IT/EHR.

- **Code Facts:** Confirm descriptors, effective date, and any parentheticals/guidelines; ensure AMA CPT licensing for internal training aids.

- **Coding Rules:** Set global/units/modifier rules (e.g., 25, 59/XS); confirm site-of-service is **office (professional)**; document "use vs. don't use" with examples.

- **Documentation:** Create concise templates/smart phrases prompting indication, work performed, measurements, interpretation, and plan.

- **EHR/Billing Build:** Add orderables/charges mapped to CPT; validate EHR→claim interfaces; send **test 837P** claims via clearinghouse; verify edits fire.

- **Pricing & CDM:** Load codes with rational fee schedule; update price list/estimator; align any supply add-ons if applicable.

- **Payer Readiness:** Determine processes for deletion of 92590 – 92594; notify key plans to load new codes; update payer grid (coverage, PA, documentation, modifiers); stage PA/appeal templates.

- **Revenue Cycle Controls:** Configure payer-specific edits; plan pre-bill spot checks for the first 30–60 days; map common CARC/RARC denials.

Go-live timeline (anchored to 1/1/2026)

- **T-45 to T-30 (Nov 17–Dec 2, 2025):** Coding bulletin out; CDM/pricing loaded; payer notifications; EHR orders/charges built.

- **T-21 to T-7 (Dec 11–Dec 25, 2025):** Staff training; send test claims; finalize PA/appeal kits.

- **Go-Live Week (Dec 29, 2025–Jan 4, 2026):** Hypercare channel (coding + billing + IT); daily huddles; pre-bill audits.

- **Post-Launch +30 / +60 / +90 (Jan 31 / Mar 2 / Apr 1, 2026):** Review volumes, paid amounts, denials, PAs, DSO; tune documentation; escalate payers; adjust pricing/comp proxy as needed.