



# Considerations for the Implementation of the Modernized Hearing Device Service Codes

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**T**he launch and implementation of the modernized Current Procedural Terminology (CPT®) hearing device services code set on January 1, 2026, presents an opportunity for audiologists to advocate for our profession and to highlight the importance of the professional services we provide.

The previous hearing device services codes did not define the services

themselves. However, the new codes describe in detail the complex cognitive work involved in the provision of hearing aid-related services and are applicable to a diverse array of practice settings. Services may be utilized and reported to payers across bundled, unbundled, and hybrid service models. This flexibility ensures practices may continue utilizing the billing structure that best serves their patients and business models.

Professional services and the expertise of the audiologist play a key role in patient adherence to treatment recommendations and successful outcomes for hearing health. The comprehensive design of the modernized hearing device services code set incorporates principles of evidence-based hearing care. Clear CPT® code descriptors highlight the standards of audiological clinical practice, while allowing for customization of care based on patient factors. The code sets are organized around four essential phases of hearing aid-related services: candidacy evaluation, selection, fitting and orientation, and follow-up. There are also associated codes for advanced verification techniques. The new code set is intended to reduce reliance on unlisted codes and the corresponding administrative burden.

It is important to note that eight of the twelve codes are time-based. To ensure accurate and compliant use of time-based codes, practices should work to develop a system, such as timestamps or procedure start-stop times, and identify any payer requirements to account for time spent in procedure as well as the specific professional activities performed during each encounter. However, the CPT® midpoint rule requires only that documentation clearly states that at least the midpoint, or “minimum time to report,” has been reached for each time-based code billed. Please see the resource on the Academy’s website: [www.audiology.org/wp-content/uploads/2025/09/Time-based-at-a-Glance.pdf](http://www.audiology.org/wp-content/uploads/2025/09/Time-based-at-a-Glance.pdf), which provides the minimum time to report for each of the revised hearing device

service codes. Practices may consider the use of electronic health record templates or simple time-capture tools to streamline workflows for clinical and administrative staff.

The modernized code set introduces an updated structure for billing professional services. Successful implementation of the codes will depend on coordinated communication with payers to build their understanding of the features of the modernized code set and provide educational resources. Ultimately, each payer will determine if, when, and how they will utilize the revised codes, and that decision-making process will take time.

The implementation of the modernized code set does not change the ability of providers or payers to use or report the current Health care Common Procedure Coding System (HCPCS) Level II “V” codes for hearing devices and a limited number of related services. Hearing devices and accessories will continue to be reported via the “V” codes. Some providers and payers may continue to require the use of the “V” codes available for reporting professional services. A “crosswalk” resource, shown in TABLE 1, has been developed by the Academy and the American Speech-Language-Hearing Association, and will be available soon as a resource for members.

Members are advised to contact their third-party payers via their provider portals or provider resource phone numbers to inform them of the code set transition for hearing device services and to provide any requested information.

**TABLE 1.** Modernized/Existing Codes Related to Hearing Device Services

SERVICE	MODERNIZED CPT® (s)	EXISTING CPT®/HCPCS CODE(s)
Hearing aid candidacy	92628 (30 minutes) +92629 (add'l 15 minutes)	92590 (Deleted) Hearing Aid Exam & Selection Monaural 92591 (Deleted) Hearing Aid Exam & Selection Binaural V5010 Assessment for Hearing Aid
Hearing aid device selection	92631 (30 minutes) +92632 (add'l 15 minutes)	92590 (Deleted) Hearing Aid Exam & Selection Monaural 92591 (Deleted) Hearing Aid Exam & Selection Binaural V5010 Assessment for Hearing Aid
Hearing aid fitting, verification, and device orientation	92634 (60 minutes) +92635 (add'l 15 minutes)	No CPT® Code
		V5011 Fitting / Orientation / Checking of Hearing Aid
		V5110 Dispensing Fee, bilateral
		V5241 Dispensing Fee, monaural
		V5160 Dispensing Fee, binaural
		V5200 Dispensing Fee, Contralateral, monaural
Hearing aid follow-up/ reprogramming	92636 (30 minutes) +92637 (add'l 15 minutes)	V5240 Dispensing Fee, Contralateral, binaural
		92592 (Deleted) Hearing Aid Check Monaural
		92593 (Deleted) Hearing Aid Check Binaural
		92594 (Deleted) Electroacoustic Eval Monaural
		92595 (Deleted) Electroacoustic Eval Binaural
Behavioral evaluation	+92638	V5020 Conformity Evaluation
		No CPT® Code
Probe microphone evaluation	+92639	V5020 Conformity Evaluation
		No CPT® Code
Electroacoustic evaluation	92641	V5020 Conformity Evaluation
		92594 (Deleted) Electroacoustic Eval Monaural
Hearing assistive device fitting	92642	92595 (Deleted) Electroacoustic Eval Binaural
		No CPT® Code
		No HCPCS Code

Audiologists should anticipate varying payer adoption timelines and potential short-term reimbursement inconsistencies.

Beginning in January 2026, applicable payment policies and guidelines should be monitored for updates as the revised codes are incorporated into payer systems. As soon as payer policy updates and fee schedules for 2026 are available, review and identify where

additional clarity might be needed in your practice setting. It is important to verify each payer's policy on using the new codes for professional services alongside existing HCPCS Level II "V" codes, to ensure accurate reporting and reimbursement. Tracking payer-specific updates and reimbursement trends during the first year of implementation is highly recommended.

Our transition to a modernized hearing device services code structure represents a significant step forward in elevating the visibility and value of audiological care. By preparing thoughtfully and engaging proactively with payers, we can support accurate recognition of our services and ensure patients continue to receive high-quality, evidence-based hearing care.

### **The following are recommended adaptations to clinic systems and processes that clinics should consider if the modernized code set will be utilized:**

- Evaluate clinical workflow relative to the revised codes to determine necessary adjustments to visit types/timeframes.
- Update office billing systems by removing the legacy codes and adding the revised codes as of January 1, 2026.
- Prepare biller/coder resources regarding the revised codes, including draft transmittals noting coding changes specific to each payer and establishing a process for monitoring denials/edits as well as trends in reimbursement.
- Create or modify existing templates for documentation of time-based codes in conjunction with non-time-based codes. Determine the best way to ensure that documentation is compliant with requirements for billing time-based codes and captures other services completed during the encounter.
- Update clinic fee schedule, assigning usual and customary fees (accounting for bundled, unbundled, itemized billing as applicable).

- Provide staff education specific to how the revised codes will be utilized within the clinic.

### **The following is general billing guidance for audiology practices that choose to use the modernized hearing device services code set:**

- Bill CPT® service codes for professional work; bill devices separately using the appropriate HCPCS Level II supply codes.
- Document the following thoroughly:
  - Reason for encounter (new diagnosis, device upgrade, and troubleshooting).
  - Services performed (selection, counseling, verification, and management).
  - Time spent when reporting time-based codes.
- Use modifiers only as required by payer (e.g., -52 reduced service, -59 distinct service). Modifiers should not be used for timed codes.
- Track denials/edits closely as payers update systems with revised codes.

### **Key Talking Points for Payers**

Without payer recognition of the codes, claims may default to unlisted codes or inappropriate substitutes, leading to denials and administrative burden. When advocating for payer coverage of the modernized hearing device services code set, be sure to communicate the following points:

- The revised codes replace obsolete CPT® codes that no longer were reflective of current clinical practice.
- The revised codes represent professional time, expertise, and counseling, distinct

from the device itself, and are critical to successful device outcomes and patient adherence.

- Coverage of the codes ensures patients receive evidence-based hearing care and minimizes device abandonment.
- Adoption of the codes by payers promotes standardized reporting and fair reimbursement.

Academy volunteers and staffs have developed resources to support payer advocacy and education efforts. The Academy website will be updated on an ongoing basis based on member questions and feedback received. Please visit [www.audiology.org/practice-resources/coding/hearing-device-services-codes-resource-center/](https://www.audiology.org/practice-resources/coding/hearing-device-services-codes-resource-center/) to view information, educational videos, and resources for implementation of the revised hearing device services code set.

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## Additional Resources

American Academy of Audiology. (2025, September). *Hearing Device Services Codes – Resource Center*. <https://www.audiology.org/practice-resources/coding/hearing-device-services-codes-resource-center/>

American Medical Association. (2025). *CPT® 2026* (professional ed.). American Medical Association.

American Speech-Language-Hearing Association. (2025). *New Hearing Device Services Codes: Modernizing Audiologic Services*. <https://www.asha.org/practice/reimbursement/coding/new-hearing-device-services-codes-modernizing-audiologic-services/>

Centers for Medicare & Medicaid Services. (2026). *Medicare physician fee schedule Addendum B*. <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule-cms-1832-f>

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