

Modernized Hearing Device Services Codes

Descriptions of Procedures & Clinical Examples

Codes effective 1-1-2026

**Information extracted from the
American Medical Association's 2026 Changes. An Insider's View.
CPT® current procedural terminology, 2025, pp.163-169**

92628 Evaluation Hearing Aid Candidacy, first 30 minutes

Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, 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.

(Do not report 92628 in conjunction with 92631, 92632, 92636, 92637, 92642)
(Do not report 92628 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)
(For hearing testing, see 92550-92588)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. His primary complaint is a hearing problem that makes it increasingly difficult to communicate with his spouse, other family members, and at work meetings. He is referred for an evaluation to determine hearing-aid candidacy.

Description of Procedure:

The qualified health care professional (QHP) reviews the patient's medical record, including any communications and/or treatments from the referring physician or other QHP, diagnostic audiologic evaluations, relevant comorbidities, and other psychosocial factors that may direct strategies for the patient's care plan. Obtain a focused medical history from the patient and/or his family or caregiver, including relevant comorbidities, present or previous experience with hearing technology, perception of the hearing deficit and its effects on functional communication, and treatment goals. If indicated, administer formal questionnaires to further assess communication status, typical listening environments, patient well-being, and psychosocial factors that may direct strategies for hearing-amplification treatment. Perform an otoscopic examination. The QHP chooses and completes any additional testing necessary to determine the patient's loudness-discomfort levels, speech-in-noise ability, cognitive and communication status, and other tests as appropriate. The QHP synthesizes relevant medical history, diagnostic audiologic evaluation, communication needs, and additional test results to formulate a hearing-technology candidacy recommendation and treatment plan. The QHP describes the patient's current diagnostic audiologic test results and explains how those results might affect the patient's communication function, as well as the results of the hearing-aid candidacy determination evaluation, to the patient and/or his family or caregiver. The QHP provides an overview of the recommended care plan and hearing-device treatment options, if needed. The QHP responds to any additional questions from the patient and/or his family or caregiver. The QHP prepares a report on the candidacy-evaluation and counseling outcomes and documents the encounter in the medical record. If indicated, provide the patient and/or his family or caregiver with information on hearing-aid candidacy selection services.

92629 Evaluation Hearing Aid Candidacy, each additional 15 minutes

Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, 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 (List separately in addition to code for primary procedure).

(Use 92629 in conjunction with 92628)

Clinical Example:

A 69-year-old male, who has just undergone 30 minutes of service, requires and receives an additional 15 minutes of service beyond the 30 minutes during a hearing-aid candidacy evaluation. [Note: This is an add-on code. Only consider the additional work related to the primary service.]

Description of Procedure:

The qualified health care professional (QHP) continues to assess the patient's loudness-discomfort levels, speech-in-noise ability, cognitive and communication status, and other tests as appropriate. The QHP synthesizes relevant medical history, diagnostic audiologic evaluation, communication needs, and additional test results to formulate a hearing-technology candidacy recommendation and treatment plan. The QHP counsels the patient and/or his family or caregiver regarding current diagnostic audiologic test results and effects of hearing loss on his communication function and reviews the hearing-aid candidacy determination evaluation. The QHP provides an overview of the patient's recommended care plan and hearing-device treatment options, if needed. The QHP responds to any additional questions from the patient and/or his family or caregiver.

92631 Hearing Aid Selection Services, first 30 minutes

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.

(Do not report 92631 in conjunction with 92628, 92629, 92636, 92637, 92642)

(Do not report 92631 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. His primary complaint is a hearing problem that makes it increasingly difficult to communicate with his spouse, other family members, and at work meetings. Results of a hearing-aid candidacy determination indicate that he would benefit from hearing-device amplification. He is referred for hearing-aid selection services to determine technology type, signal-processing strategy, style, and features.

Description of Procedure:

The qualified health care professional (QHP) reviews the patient's medical record, including any communications and/or treatments from the referring physician or other QHP, diagnostic audiologic evaluations, relevant comorbidities, and other psychosocial factors that may direct strategies for hearing-amplification treatment. Obtain a focused medical history from the patient and/or his family or caregiver, including relevant comorbidities, present or previous experience with hearing technology, perception of the hearing deficit, its effects on functional communication, and treatment goals. Provide a review and explanation of previous audiometric and candidacy determination results. Perform an otoscopy to assess ear canal and pinna status to inform potential acoustic effects of different device styles. Review the patient's visual and dexterity limitations, as they may relate to the successful use of various device styles. Perform additional behavioral testing, if indicated (reported separately). The QHP provides information about the types of amplification devices, individualized factors relating to hearing aid styles, levels of signal processing, wireless connectivity, and additional assistive devices if indicated. The QHP provides an overview of the recommended hearing-device treatment options and the recommended care plan to the patient and/or his family or caregiver after answering their questions. Finalize the amplification type, signal-processing strategy, style, and necessary device features. The QHP determines the need for custom coupling to the ear. If indicated, the QHP prepares the patient and takes ear impressions (reported separately). The QHP prepares a report of the amplification-selection process outcomes and documents the encounter in the patient's medical record. Provide the patient and/or his family or caregiver with information on amplification-device fitting.

92632 Hearing Aid Selection Services, each additional 15 minutes

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 (List separately in addition to code for primary procedure).

(Use 92632 in conjunction with 92631)

Clinical Example:

A 69-year-old male, who has just undergone 30 minutes of service, requires and receives an additional 15 minutes of service beyond the 30 minutes during a hearing-aid selection service. [Note: This is an add-on code. Only consider the additional work related to the primary service.]

Description of Procedure:

The qualified health care professional (QHP) continues to assess the patient's visual and physical limitations as they relate to successful use of various hearing aid styles. Perform additional behavioral testing, if indicated (reported separately). The QHP provides information about the types of amplification devices, individualized factors relating to hearing aid styles, signal-processing levels, wireless connectivity, and additional assistive devices if indicated. The QHP provides an overview of recommended hearing-device treatment options and the recommended care plan to the patient and/or his family or caregiver after answering their questions. Finalize the amplification type, signal-processing strategy, style, and necessary device features. The QHP determines the need for custom coupling to the ear, and if indicated, prepares the patient and takes ear impressions (reported separately).

92634 Hearing Aid Fitting Services, first 60 minutes

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.

(Do not report 92634 in conjunction with 92636, 92637, 92642)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. His primary complaint is a hearing problem that makes it increasingly difficult to communicate with his spouse, other family members, and at work meetings. He was determined to be a candidate for a hearing aid, and bilateral behind-the-ear style hearing aids were selected and obtained for the fitting process.

Description of Service:

The qualified health care professional (QHP) reviews the patient's medical record and results of the candidacy determination and amplification-selection appointments. Review, explain, and discuss the candidacy and selection decisions with the patient. The QHP inspects the hearing aid to ensure conformity with the selection recommendations. If indicated, the QHP completes an electroacoustic analysis to ensure devices meet expected quality standards (reported separately). Perform an otoscopic examination to assess the ear canal and pinna status. The QHP fits the patient with the hearing aid and examines the physical fit, making modifications to the earmold if indicated. The QHP connects the devices to the programming software, selects a prescriptive fitting formula based on patient-specific needs, and programs the device to the patient's type, degree, and configuration of hearing loss and sound tolerances. Adjust controls for noise reduction, feedback, occlusion, and other factors, including the need for multiple program memories for different listening environments. Then perform device verification to validate effective programming (eg, speech intelligibility judgments and speech quality judgments). Verification may be completed by measuring the acoustic output in the patient's ear canal with probe mic measurements (reported separately). Verification of functional performance in the sound field may be performed with behavioral (warbled tone and speech) measures (reported separately). Programming adjustments may be made based on verification procedures completed. Export the finalized settings into the hearing aids. The QHP provides the patient with an orientation to the devices and demonstrates and trains the patient and/or his family or caregiver regarding cleaning, maintenance, battery replacement or charging, insertion, removal, and use of the devices. The QHP provides hearing-aid connection and verification to telecommunication devices, remote microphone systems, and other assistive technologies as indicated. The QHP provides information on effective communication strategies with communicative partners, techniques to maximize the effectiveness of the aids, realistic expectations, and responds to any additional questions from the patient and/or his family or caregiver. The QHP documents the fitting process outcomes in the patient's medical record and provides him with information on follow-up services.

92635 Hearing Aid Fitting Services, each additional 15 minutes

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 (List separately in addition to code for primary procedure).

(Use 92635 in conjunction with 92634)

Clinical Example:

A 69-year-old male, who has just undergone 60 minutes of service, requires and receives an additional 15 minutes of service beyond the first hour during a hearing-aid fitting service. [Note: This is an add-on code. Only consider the additional work related to the primary service.]

Description of Procedure:

The qualified health care professional (QHP) continues to make necessary programming adjustments, assists the patient with orientation to the aids, and trains the patient and/or his family or caregiver on the cleaning, maintenance, battery replacement or charging, insertion, removal, and use of the devices. With the hearing aids still connected to the programming software, make additional adjustments, or add settings to optimize the patient's auditory performance. Verification may be repeated to validate effective programming. The QHP confirms connectivity to telecommunication devices and other assistive technology, as needed, and validates function. Export the finalized settings into the hearing aids.

92636 Hearing Aid Post-Fitting Follow-up Services, first 30 minutes

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) (eg, 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

(Do not report 92636 in conjunction with 92628, 92629, 92631, 92632, 92634, 92635, 92642)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. His primary complaint is a hearing problem that makes it increasingly difficult to communicate with his spouse, other family members, and at work meetings. He was fitted with bilateral behind-the-ear style hearing aids and is returning for a follow-up to verify fit, address device-performance issues, and validate benefit and satisfaction.

Description of Procedure:

The qualified health care professional (QHP) reviews the medical record and the candidacy-determination and hearing-aid fitting results. The QHP determines the patient's experience, benefit, and satisfaction with the hearing devices. Perform a listening check of the aids to ensure sound quality. Perform an otoscopy to assess the ear canal and pinna status. The QHP examines the physical fit and condition of the hearing aids, assesses overall comfort, and verifies available data logs of use and environmental data recorded in the devices. The QHP makes programming adjustments of the devices as clinically indicated. Informal verification of sound quality is assessed. Verification of expected acoustic output in the ear canal may be made with real-ear measurement as indicated (reported separately). Verification of functional performance may be made with behavioral measures as indicated (reported separately). The QHP reviews routine care and maintenance with the patient. Re-administer baseline communication inventories. Discussion of other assistive devices (eg, remote microphones, TV connectors, captioning phones) to improve communication abilities may be discussed because of the communication inventory outcomes and patient needs. Fitting assistive devices to the patient is separately reported. The QHP prepares a report of the follow-up process outcomes and documents the encounter in the patient's medical record and provides him with information on follow-up services.

92637 Hearing Aid Post-Fitting Follow-up Services, each additional 15 minutes

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) (eg, 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 (List separately in addition to code for primary procedure)

(Use 92637 in conjunction with 92636)

Clinical Example:

A 69-year-old male, who has just undergone 30 minutes of service, requires and receives an additional 15 minutes of service beyond the 30 minutes during a hearing aid post-fitting follow-up service. [Note: This is an add-on code. Only consider the additional work related to the primary service.]

Description of Service:

The qualified health care professional (QHP) continues to examine physical fit, overall comfort, and the condition of the hearing aids and verifies available data logs of use and environmental data recorded in the devices. The QHP makes programming adjustments to the devices as clinically indicated. Informal verification of sound quality is assessed. Verification of expected acoustic output in the ear canal may be made with real-ear measurement as indicated (reported separately). Verification of functional performance may be made with behavioral measures as indicated (reported separately). The QHP reviews routine care and maintenance with the patient. Re-administer baseline communication inventories. Discussion of other assistive devices to improve communication abilities may be discussed because of the communication inventory outcomes and patient needs.

92638 Behavioral Verification of Amplification

Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)

(Use 92638 in conjunction with 93634, 92636)

(Do not include the time for 92638 within the overall time used for reporting 92634, 92636)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. Verification of hearing aid performance is determined by behavioral verification measurements (eg, warble tone, speech, speech in noise). [Note: This is an add-on code. Only consider the additional work related to the primary procedure.]

Description of Procedure:

Perform an otoscopic examination. The qualified health care professional (QHP) seats the patient in a sound-controlled environment with loudspeakers located at defined azimuths for controlled signal presentation and sound intensity. Assess sound-field warble tone thresholds and/or speech intelligibility with patient responses in the aided, or aided and unaided, conditions. The QHP determines thresholds using presentation of speech or tonal stimuli, as indicated, at varying intensities until an auditory threshold is established. Determine speech recognition of sentences and/or words in quiet and/or noise at varying sound intensities at one or more loudspeaker locations. Use responses for device(s) programming to optimize the patient's auditory performance. The QHP connects the hearing device(s) to the computer programming software. Make additional adjustments and repeat verification as indicated. Score and interpret the examination results and document them in the patient's medical record.

92639 Hearing Aid Measurement, Verification with Probe-Microphone

Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)

(Use 92639 in conjunction with 92634, 92636)

(Do not include the time for 92639 within the overall time used for reporting 92634, 92636)

(For unilateral procedure, report 92639 with modifier 52)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss. Verification of hearing aid performance is determined by probe-microphone measurement. [Note: This is an add-on code. Only consider the additional work related to the primary procedure.]

Description of Procedure:

Enter the patient's demographic data and audiometric results into the device programming software. Perform an otoscopic examination. The qualified health care professional (QHP) connects the hearing device(s) to the computer programming software. Attach a probe tube to a sensitive microphone and insert it into the ear canal at the appropriate measured depth, proximal to the tympanic membrane. Then place the hearing aid and make activated measurements in each ear at multiple intensities and stimuli, as indicated. Use responses for device programming to optimize the patient's auditory performance. Make additional adjustments and repeat verification as indicated. Export the finalized settings into the hearing device(s). The QHP compares the results to the prescribed or expected output of the hearing aid. The QHP explains test results to the patient and/or his family or caregiver, documents the encounter, and stores the compiled test data in the patient's medical record.

92641 Hearing Device Verification, Electroacoustic Analysis

Hearing device verification, electroacoustic analysis

(Do not include the time for 92641 within the overall time used for reporting 92634, 92636)
(For unilateral procedure, report 92641 with modifier 52)

Clinical Example:

A 69-year-old male presents with a diagnosis of moderate, bilateral sensorineural hearing loss and a recent onset of difficulty hearing with his hearing devices. A hearing aid electroacoustic analysis is performed on hearing aids to determine the functional status of the device(s) (eg, full-on-gain, output, distortion, equivalent input noise).

Description of Procedure:

The qualified health care professional (QHP) connects the hearing device(s) to the programming software to adjust the device(s) to the manufacturer's default settings. The QHP connects the hearing device to the appropriate coupler inside the test chamber and selects the applicable test sequence and acoustic stimuli needed. Deliver stimuli to the sound chamber to assess the function of the hearing device. Generate frequency-response curves using acoustic input at several intensity levels. Analyze output from the device(s) (eg, device gain, maximum output, circuit noise, distortion) with varying levels of input. The QHP compares the results of this analysis to the manufacturer's technical specifications for the device(s) and determines if the device(s) is functioning within acceptable tolerance levels. Evaluate additional device(s) features, if indicated. The QHP readjusts the hearing device(s) to the patient's settings. The QHP documents the procedure and stores the compiled test data in the patient's medical record.

92642 Hearing Assistive Device, Supplemental Technology Fitting Services

Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)

(Do not report 92642 in conjunction with 92631, 92632, 92634, 92635, 92636, 92637, 92638, 92639)

Clinical Example:

A 68-year-old female, who has worn bilateral hearing aids successfully for 5 years, has developed a reduced ability to communicate effectively in the presence of background noise, despite well-performing hearing aids. She is referred to have her current hearing devices adapted to hearing assistive, remote-microphone technology

Description of Procedure:

The qualified health care professional (QHP) couples the assistive technology to the hearing aids, if indicated. Informal verification of sound quality is assessed. The QHP demonstrates and instructs the patient and/or her family or caregiver on the device's function and information on the maintenance and troubleshooting strategies for the devices. The QHP documents the encounter in the patient's medical record.