



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
 ONE ASHBURTON PLACE, BOSTON, MA 02108
 (617) 573-1600



MAURA T. HEALEY
 GOVERNOR

KIAME MAHANIAH, MD, MBA
 SECRETARY

KIMBERLEY DRISCOLL
 LIEUTENANT GOVERNOR

MIKE LEVINE
 UNDERSECRETARY
 FOR MASSHEALTH

Administrative Bulletin 26-07

101 CMR 323.00: Rates for Hearing Services

Effective January 1, 2026

2026 CPT Code Updates

Summary

In accordance with 101 CMR 323.01(5): *Coding Updates and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new codes, deleting outdated codes, and cross-walking deleted codes to replacement codes. These changes are effective for dates of service provided on or after January 1, 2026. Rates listed in this administrative bulletin are applicable until revised rates are issued by EOHHS. Deleted codes are not available for use for dates of service provided after December 31, 2025.

Added Codes

Code	Description
92628	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
92629	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,

Code	Description
	assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)
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
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 (List separately in addition to code for primary procedure)
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
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 (List separately in addition to code for primary procedure)
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) (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
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) (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)
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)
92639	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)
92641	Hearing device verification, electroacoustic analysis

Code	Description
92641-52	Hearing device verification, electroacoustic analysis (modifier 52 – reduced services)
92642	Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)

Deleted Codes

Code	Description
92590	Hearing aid examination and selection; monaural
92591	Hearing aid examination and selection; binaural
92592	Hearing aid check; monaural
92593	Hearing aid check; binaural
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural

Cross-walked Codes

Deleted Code	Replacement Code(s)
92590	92631
92591	92631
92590, 92591	92632
92592	92636
92593	92636
92592, 92593	92637
92594	92641-52
92595	92641

Rates for New Codes

Code	Rate
92628	IC
92629	IC
92631	\$35.23
92632	\$17.62

Code	Rate
92634	IC
92635	IC
92636	\$28.75
92637	\$14.38
92638	IC
92639	IC
92641	\$82.32
92641-52	\$41.64
92642	IC