

March 3, 2026

Provider Finance
Texas Health and Human Services Commission
Department, Mail Code H-400, P.O. Box 149030
Austin, Texas 78714-9030

Dear Provider Finance Team,

Thank you for the opportunity to comment on the proposed Texas Medicaid reimbursement rates associated with the new audiology CPT codes. As practicing audiologists and Medicaid providers, we appreciate HHSC's work in modernizing the code set and incorporating time-based valuations. We also remain deeply concerned that the proposed rates do not adequately reflect the true professional effort, regulatory requirements, or equipment costs associated with delivering high quality hearing health services.

Members of the Texas Speech-Language-Hearing Association (TSHA) have consulted with practicing audiologists to collect feedback regarding the rollout of the new CPT codes and the proposed Medicaid rates. In our review, we compared the old CPT code Medicaid rates to the rates for the comparable new codes, and estimated relative value of the technical skill, physical effort, and judgement required by a provider. Providers also reviewed past Medicaid billing history and evaluated how providers would be compensated for those services within the new rates.

We are encouraged to see encounter time explicitly included in the new code structure as part of the adjustments. We believe this new structure better aligns audiologists with the autonomy in coding that other healthcare professionals, physicians, and ENTs use.

At the same time, we strongly urge HHSC to strengthen the proposed reimbursement amounts. The reimbursement values assigned per time increment fall far below the actual cost of labor for the equivalent time increment for some of the codes. Current salary benchmarks for audiologists in Texas translate to an hourly rate that is significantly higher than the implied compensation under the proposed per minute values (see reference table at end of letter). As a result, some proposed rates do not cover even the basic costs of employing licensed audiologists, let alone the overhead required to deliver these services at the quality level now mandated. The current proposed values also do not align with the increased regulatory expectations, documentation standards, or clinical precision that the new codes are specifically designed to represent.

Several of the new codes encourage real-ear verification, which necessitates the use of advanced diagnostic equipment. Verification systems such as the Audioscan Verifit typically cost **\$15,000–\$18,000**, representing a substantial capital investment for providers. Even this estimate does not fully account for ongoing calibration and supplies costs required to maintain accurate use of the equipment under American National Standards Institute (ANSI) requirements. Rates must account for this equipment requirement, particularly since verification of hearing aid output is considered best practice and is encouraged throughout the new code set.

Regarding CPT 92636 specifically, we strongly recommend that the reimbursement value be set at least double the previous payment assigned to code V5014 (15-minute increment) or aligned with the historical rates for 92592/92593 (unilateral/bilateral hearing aid checks). Ideally, reimbursement can be structured to represent approximately half of the value assigned to CPT 92634 (60-minute hearing aid fitting). This approach would align Texas Medicaid with the RVU-based effort estimation frameworks used by CMS nationally and would produce a reimbursement figure that more accurately reflects the time and professional effort required.

Without reimbursement that recognizes these increased demands, providers will face mounting financial strain, and access to high-quality hearing care for Medicaid beneficiaries may be compromised. Medicaid network adequacy depends on having a sufficient number of qualified providers who are willing and able to participate in the program. When reimbursement rates do not cover the actual cost of delivering care, providers are placed in a financially unsustainable position—and many are forced to limit or discontinue Medicaid participation as a result. This dynamic directly harms beneficiary access and creates measurable network adequacy deficiencies across the state.

In summary, the proposed rates fall short of covering the true cost of care, do not reflect the professional expertise required, and risk undermining the quality and accessibility of audiologic services for Texans who rely on Medicaid. We respectfully urge HHSC to revise these rates to better align with provider effort, equipment investment, and national reimbursement standards.

Thank you for your consideration and for your continued partnership in improving care for Texans with communication, hearing, and other related disorders.

The Texas Speech-Language-Hearing Association would be happy to engage in continued dialogue with HHSC regarding these rates and other matters. We have provided contact information below for our Executive Director, President, and Vice President for Audiology, in addition to a table referencing salary data.

Respectfully,

The Texas Speech-Language Hearing Association (TSHA)



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Reference:

In the table below, we have provided a breakdown of Audiology salaries, modified by years of experience, accounting for a typical number of vacation days (15-18). This data is from the American Speech-Language-Hearing Association (ASHA) 2023 salary survey published here: <https://www.asha.org/siteassets/surveys/2023-audiology-survey-annual-salaries.pdf> and the VA level 1/starting salary rate provided for an Austin-specific locality which is designated as Zone GS 12, published here: <https://www.federalpay.org/gs/locality/austin>

Position (12 mo/ employment)	Years of experience	Salary	Daily rate (working days) = Hourly pay
ASHA AUD	Starting, 1-3yrs	\$75,500	\$308.16 (245) = \$38.52
AUD – Austin VA (Zone GS 12)	Starting, 1st year	\$90,000	\$367.34 (245) = \$45.91
ASHA AUD	Mid-career, 10–12yrs	\$92,500	\$382.23 (242) = \$47.77
ASHA AUD Texas	Median (1-15+ yrs averaged)	\$86,940	\$354.85 (245) = \$44.35
ASHA AUD Urban	Median (1-15+ yrs averaged)	\$93,000	\$379.59 (245) = \$47.44