

Dec. 23, 2025
MB# 25-041

MEDICAID BULLETIN

TO: Audiologists, Local Education Agencies, BabyNet Providers

SUBJECT: Audiology Services Policy Updates

Effective for dates of service on or after Jan. 1, 2026, the South Carolina Department of Health and Human Services (SCDHHS) will update certain State Plan audiology services rendered by audiologists; local education agencies (LEA); and Individuals with Disabilities Education Act Part C, commonly referred to as BabyNet, providers. These changes are needed to comply with the 2026 American Medical Association (AMA), Current Procedural Terminology (CPT®)¹ code updates received from the Centers for Medicare and Medicaid Services in December 2025.

These policy updates will be published in the [Rehabilitative Therapy and Audiological Services provider manual](#) and [Local Education Agencies Services provider manual](#) by Jan. 1, 2026.

Criteria, limitations and reimbursement rates for these CPT codes are included below.

2026 CPT Code Updates

SCDHHS will update procedure codes and add coverage for the audiology services listed in the table below. These code changes are applicable for services rendered to:

- Full benefit Healthy Connections Medicaid members up to 21 years of age;
- Healthy Connections Medicaid members aged 21 years and older who are enrolled in the Head and Spinal Cord Injury, and Intellectual Disability and Related Disabilities waiver programs; and
- Members enrolled in the BabyNet program

Code	Description	Criteria and Limitations	Rate
92631	Hearing aid selection services for one or both ears, first 30 minutes	Allowed one 92631 per 12 months per patient. Not allowed on the same day as 92636, 92637 per same patient. Not allowed on the same day as 92622, 92623, 92626, 92627 per same ear.	\$39.24

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92632	Hearing aid selection services for one or both ears, each additional 15 minutes	Allowed one 92632 per 12 months per patient. Must be billed in conjunction with 92631. Not allowed on the same day as 92636, 92637 per same patient. Not allowed on the same day as 92622, 92623, 92626, 92627 per same ear.	\$9.81
92634	Hearing aid fitting services for one or both ears, first 60 minutes	Allowed once per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing. Not allowed on the same day as 92636 or 92637 per same patient.	\$250
92635	Hearing aid fitting services for one or both ears, each additional 15 minutes	Allowed once per fitting of new or replacement hearing aids. Includes orientation, programming and dispensing. Must be billed in conjunction with 92634. Not allowed on the same day as 92636 or 92637 per same patient.	\$30
92636	Hearing aid post-fitting follow-up services for one or both ears, first 30 minutes	Allowed one per day and up to four 92636 per 12 months per patient. Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient.	\$42.26
92637	Hearing aid post-fitting follow-up services for one or both ears, each additional 15 minutes	Allowed one per day and up to four 92637 per 12 months per patient. Must be billed in conjunction with 92636. Not allowed on the same day as 92631, 92632, 92634, 92635 per same patient.	\$10.56
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed	Allowed one 92638 per day and up to two within 12 months post hearing aid fitting per patient.	\$67.97
92639	Hearing-aid measurement, verification with probe microphone	Allowed one 92639 per day and up to two per 12 months per patient. Must be used in conjunction with 92634 or 92636. This service reflects	\$65

		bilateral measurement. May be billed with modifier 52 for unilateral measurement.	Modifier 52- \$32.50
92641	Hearing device verification through electroacoustic analysis	Allowed one 92641 per 12 months per patient. Not allowed on the same day as 92628, 92629, 92631, 92632, 92636, 92637, per same patient. This service reflects bilateral analysis. May be billed with modifier 52 for unilateral analysis.	\$10.50 Modifier 52- \$5.25
V5014	Repair/modification of hearing aid	Allowed one V5014 per day and up to three per 12 months per patient for unilateral hearing aid. Allowed two V5014 per day and up to six per 12 months per patient for bilateral hearing aids. Not allowed on the same day as 92631, 92632, 92634, 92635, 92636, 92637, per same patient	\$16.66

Additional Coverage Updates

SCDHHS will also add coverage for the following State Plan audiology services when rendered to full-benefit Healthy Connections Medicaid members:

Code	Description	Criteria and Limitations	Rate
92622	Analysis, programming and verification of sound processor for bone-anchored inner ear implant, first hour	Allowed one per day and up to four 92622 per patient within 12 months of initial fitting and up to two 92622 per 12 months per patient thereafter.	\$52.77
92623	Analysis, programming and verification of sound processor for bone-anchored inner ear implant, each additional 15 minutes	Allowed one per day and up to four 92623 per patient within 12 months of initial fitting and up to two 92623 per 12 months per patient thereafter.	\$13.60

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the authorizations, coverage and reimbursement related to the services described in this bulletin for members enrolled in an MCO.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at <https://www.scdhhs.gov/providers/contact-provider-representative>.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Eunice Medina