

**HEARING AID PROGRAM FEE SCHEDULE
Provider Specialty 087**

| | | Medicaid Maximum Allowable | | |
|-------|---|----------------------------|----------------|----------------|
| CODE | DESCRIPTION | FACILITY | NON-FACILITY | EFFECTIVE DATE |
| V5014 | REPAIR/MODIFICATION OF HEARING AID | Attach Invoice | Attach Invoice | |
| V5050 | HEARING AID, MONAURAL, IN THE EAR (bill for all newly fit monaural hearing aid) | Attach Invoice | Attach Invoice | |
| V5060 | HEARING AID, MONAURAL, BEHIND THE EAR (bill for all replacement hearing aids) | Attach Invoice | Attach Invoice | |
| V5090 | DISPENSING FEE, UNSPECIFIED HEARING AID (for dispensing all monaural hearing aid) | \$227.03 | \$227.03 | 10/1/2009 |
| V5110 | DISPENSING FEE, BILATERAL HEARING AIDS (for dispensing all binaural hearing aids) | \$366.21 | \$366.21 | 10/1/2009 |
| V5130 | BINUARAL, IN THE EAR (bill for all newly fit binaural hearing aids) | Attach Invoice | Attach Invoice | |
| V5160 | DISPENSING FEE;BINUARAL (for dispensing assistive listening/FM system) | \$183.11 | \$183.11 | 10/1/2009 |
| V5240 | DISPENSING FEE, BICROS (for dispensing hearing aid repairs) | \$34.23 | \$34.23 | 10/1/2009 |
| V5241 | DISPENSING FEE. MONAURAL HEARING AID, ANY TYPE (for dispensing replacement hearing aid) | \$89.29 | \$89.29 | 10/1/2009 |
| V5264 | EARMOLD, INSERT, NOT DISPOSABLE | Attach Invoice | Attach Invoice | |
| V5266 | BATTERY FOR HEARING DEVICE (Maximum: \$31.58 per claim with 6 claims per 365 days) | \$31.58 | \$31.58 | 10/1/2009 |
| V5267 | ACCESSORIES (Care kit and approved accessories) | Attach Invoice | Attach Invoice | |
| V5274 | ASSISTIVE LISTENING DEVICE/FM | Attach Invoice | Attach Invoice | |
| V5299 | HEARING SERVICES, MISCELLANEOUS (for dispensing ear molds, care kits, accessories) | \$13.84 | \$13.84 | 10/1/2009 |

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.