

HEARING AID PROGRAM FEE SCHEDULE			
Provider Specialty 091			
		Medicaid Maximum Allowable	
CODE	DESCRIPTION	FACILITY	NON-FACILITY
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)	\$230.57	\$230.57
V5110	DISPENSING FEE, BILATERAL HEARING AIDS (for dispensing all binaural hearing aids)	\$371.93	\$371.93
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)	\$185.96	\$185.96
V5240	DISPENSING FEE, BICROS (for dispensing hearing aid repairs)	\$34.76	\$34.76
V5241	DISPENSING FEE. MONAURAL HEARING AID, ANY TYPE (for dispensing replacement hearing aid)	\$90.69	\$90.69
V5264	EARMOLD, INSERT, NOT DISPOSABLE	Attach Invoice	Attach Invoice
V5266	BATTERY FOR HEARING DEVICE (Maximum: \$35 per claim with 6 claims per 365 days)	Attach Invoice	Attach Invoice
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)	\$14.06	\$14.06

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

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EFFECTIVE DATE
4/1/2004
7/1/2003
8/1/2002
8/1/2003
8/1/2003
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chedule.