

**HEARING AID PROGRAM FEE SCHEDULE  
 Provider Specialty 087  
 Taxonomy: 237600000X, 237700000X  
 Fee Schedule effective January 1, 2014**

**The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DHB Web site.**

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		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)	\$215.82	\$215.82	1/1/2014
V5110	DISPENSING FEE, BILATERAL HEARING AIDS (for dispensing all binaural hearing aids)	\$348.12	\$348.12	1/1/2014
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)	\$174.07	\$174.07	1/1/2014
V5240	DISPENSING FEE, BICROS (for dispensing hearing aid repairs)	\$32.54	\$32.54	1/1/2014
V5241	DISPENSING FEE. MONAURAL HEARING AID, ANY TYPE (for dispensing replacement hearing aid)	\$84.88	\$84.88	1/1/2014
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)	\$30.02	\$30.02	1/1/2014
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)	\$13.15	\$13.15	1/1/2014

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