

471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

HEARING AID SERVICES V5000 – V5999

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in hearing aid policy and billing guidance.

- Hearing Aid Services Provider Manual at:
http://dhhs.ne.gov/medicaid/Pages/med_phhear.aspx
- Provider Bulletins at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092 or see Provider Information: http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx

For policy issues, email the hearing aid services mailbox: DHHS.hearingAid@nebraska.gov Only the listed procedure codes are covered by NE Medicaid. These are organized numerically and indicate coverage, maximum payment amount and special billing instructions. Payment is the lesser amount of the maximum allowable amount or the provider's submitted charge.

Medicaid does not pay separately for provider's mileage or postage, or supplier's shipping and handling; see dispensing fee.

Submitted charge for batteries must reflect provider's usual /customary charge to general public.

SPECIAL PRICING -

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) must be included for review and pricing
- B. "IC" (Invoice Cost) - Paid at actual invoice cost, up to maximum allowable \$724.78 per aid). An invoice must be attached to the claim and reflect provider's actual cost minus any discounts, rebates or cost reductions. .

MODIFIERS & BILLING

- 1) Use RT for Right side and LT for left side with monaural hearing aid codes.
- 2) Replacement: A replacement hearing aid is not a covered service. A subsequent or later hearing aid provided according to Criteria in 471 NAC 8-000 is not considered a replacement
 - a. All manufacturer and provider warrantied must be pursued
 - b. Hearing Aids replaced/repared under warranty are not a covered service.
 - c. Dispensing fees for hearing aids under warranty are a covered service.
 - d. Hearing aids replaced more frequently than every 4 years for adults (see 471NAC Chapter 8) and any related dispensing fees are not a covered service.
- 3) Repair: All manufacturer and provider warrantied must be pursued
 - a. If at any time the manufacturer's usual business practice to provide a replacement when it is more effective than a repair, the provider will submit it as a repair as it was sent to the manufacturer for repair
 - b. Use V5014 when billing an outside-lab's/manufacturer's actual cost invoice for a repair to a hearing aid,
 - c. Use the RB modifier with V5160 or V5241, when billing a dispensing fee in conjunction with a repair to a hearing aid by an outside Lab/ manufacturer.

- 4) For equipment related to cochlear implants, other than V 5273, See Durable Medical Equipment Fee Schedule.
- 5) Assistive Listening Devices used with Hearing Aids to control the environment or other equipment, e.g. FM receivers, are not covered in this chapter.
- 6) Dispensing fee is all- inclusive of the provider's services;

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Modifier	Description
RA	Replacement ear molds
RB	Repair of aid
RT	Right ear
LT	Left ear
22	(Special) ear mold/insert for RIE/RITE

Code	Modifier	Description	Medicaid Maximum Allowable	Comments
V5014		Repair/modification of aid (by outside lab/manufacturer)	IC	prior auth. over \$150
V5020		Conformity evaluation	\$20. 92	
V5030	RT	Hearing Aid, Monaural, body worn, air conduction; Right Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5030	LT	Hearing Aid, Monaural, body worn, air conduction; Left Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5040	RT	Hearing Aid, Monaural; body worn, bone conduction; Right Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5040	LT	Hearing Aid, Monaural; body worn, bone conduction; Left Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5050	RT	Hearing Aid ,Monaural in the Right Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5050	LT	Hearing aid, monaural, in the Left Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5060	RT	Monaural, behind the Right Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5060	LT	Monaural, behind the Left Ear	IC up to \$724.78	IC; prior authorize over \$500.00
V5070		Glasses, Air conduction	IC up to \$724.78	IC; prior authorize over \$500.00
V5080		Glasses, bone Conduction	IC up to \$724.78	IC ;prior authorize over \$500.00
V5100		Hearing Aid, bilateral, body worn	IC up to \$1449.57	IC; prior authorize over \$1,000.00

Code	Modifier	Description	Medicaid Maximum Allowable	Comments
V5120		Binaural, body worn	IC up to \$1449.57	IC; prior authorize over \$1,000.00
V5130		Binaural, in the ear	IC up to \$1449.57	IC; prior authorize over \$1,000.00
V5140		Binaural, behind the ear	IC up to \$1449.57	IC; prior authorize over \$1,000.00
V5150		Binaural, glasses	IC up to \$1449.57	IC; prior authorize over \$1,000.00
V5160		Dispensing fee, binaural	\$538.78	2 aids = 1 unit
V5160	RB	Dispensing fee, binaural, repair	\$105.26	Repair of 2 aids = 1 unit
V5241		Dispensing fee, monaural hearing aid, any type	\$269.40	1 aid = 1 unit
V5241	RB	Dispensing fee, monaural hearing aid, any type; repair	\$52.63	Repair of 1 aid = 1 unit
V5264		Ear mold/insert, not disposable, any type	IC	For impressions see V5275
V5264	22	Ear mold/insert with receiver in the ear ; RIE or RITE	IC	Prior Authorize all ear molds/inserts with receiver in the ear
V5266		Battery for use in hearing device; each	\$1.05	Up to (32 units per claim)
V5267		Hearing Aid supplies/ accessories; (items not dispensed with the initial aid ; e.g. dry brick , case, wax guards)	BR	Prior Authorize over \$150.
V5273		Assistive listening device for use with Cochlear implant	BR	Prior Authorize; All other related equipment see DME
V5275	RA	Ear Impression, each, <u>Replacement</u>	\$20.00	
V5298		Hearing aid, not otherwise classified (Pocket Talker, only)	IC	Prior Authorize over \$500.00
V5299		Hearing Services, Miscellaneous; (minor cleaning, repair & replacement of minor parts by the provider)	BR	Prior authorize over \$150; For batteries use V5266