

471-000-508 NEBRASKA MEDICAID HEARING AID (HA) FEE SCHEDULE

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 8.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to CPT. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT. The AMA assumes no liability for the data contained herein.

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MODIFIER INFORMATION

Modifier Definitions for Hearing Aids

Modifier	Description
22	(Special) Ear Mold/Insert Not Included With Aid On Invoice
LT	Left Ear
RA	Replacement Ear Molds And Dispensing Fee When Under Warranty
RB	Repair Of Aid
RT	Right Ear

PRIOR AUTHORIZATION INFORMATION

Prior authorization is required for:

1. All hearing aids and assistive listening devices billed at \$501.00 or greater;
2. All repairs and accessories of \$150.00 or greater per line item; and
3. All replacements of lost or stolen hearing aids or assistive listening devices. The cost factor is not applicable.

All requests for prior authorization and supporting documentation must be submitted to the utilization management organization under contract with the Department.

Prior authorizations are good for one year unless otherwise noted for specific equipment. Medical necessity may expire within that year period therefore new medical necessity must be obtained if the medical necessity expires within the service dates of the claim.

Prior authorizations are done prior to the dispensing of the hearing aids or assistive listening devices. Prior authorizations are reviewed retroactively when the client is either a ward of the state or if someone becomes retroactively eligible for Medicaid.

CLAIM INFORMATION

The following information must be submitted with each claim:

1. A detailed physician's order for the item
2. A copy of the prior authorization
3. A clear description of the item dispensed such as brand/model
4. A copy of any Medicaid forms used
5. A copy of the quote, and
6. The actual cost invoice from the manufacturer with the client's name on it. An actual cost invoice is the supplier's invoice that the provider actually paid, and includes any discounts and rebates to the provider.

CLIENTS IN NURSING HOMES OR INTERMEDIATE CARE FACILITIES / DEVELOPMENTALLY DISABLED FACILITIES

1. Replacement batteries for hearing aids are covered under the facility's per diem;
2. Repairs for hearing aids will be paid directly to the provider not the facility; and
3. Dispensing fees for repairs will be paid directly to the provider not the facility.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

RATES EFFECTIVE JULY 1, 2016

CODE	MOD	DESCRIPTION	P A	COMMENTS	CO PAY	MEDICAID ALLOWABLE
V5014		REPAIR / MODIFICATION OF A HEARING AID	X	PRIOR AUTHORIZE IF OVER \$150		
V5020		CONFORMITY EVALUATION		USE APPROPRIATE MODIFIER EAR (LT OR RT)		\$22.26
V5050		HEARING AID, MONAURAL, IN THE EAR	X	INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
V5060		HEARING AID, MONAURAL, BEHIND THE EAR	X	INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
V5130		BINAURAL, IN THE EAR	X	INVOICE COST UP TO MAX ALLOWABLE	X	\$1,541.79
V5140		BINAURAL, BEHIND THE EAR	X	INVOICE COST UP TO MAX ALLOWABLE	X	\$1,541.79
V5160		DISPENSING FEE, BINAURAL, HEARING AID				\$573.06
V5160	RA	DISPENSING FEE, BINAURAL, HEARING AID		ONLY WITH INVOICE - NO PAYMENT TO MANUFACTURER		\$111.96
V5160	RB	DISPENSING FEE, BINAURAL, HEARING AID		UNDER MANUFACTURERS WARRANTY		\$111.96
V5170		HEARING AID, CROS, IN THE EAR				\$802.21
V5180		HEARING AID, CROS, BEHIND THE EAR				\$802.21
V5200		DISPENSING FEE, CROS			X	\$293.41
V5210		HEARING AID, BICROS, IN THE EAR				\$1,604.40
V5220		HEARING AID, BICROS, BEHIND THE EAR				\$1,604.40
V5240		DISPENSING FEE BICROS			X	\$572.98
V5241		DISPENSING FEE, MONAURAL HEARING AID				\$286.54
V5241	RA	DISPENSING FEE , MONAURAL AID , REPLACEMENT				\$55.98
V5241	RB	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE				\$55.98

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CODE	MOD	DESCRIPTION	P A	COMMENTS	CO PAY	MEDICAID ALLOWABLE
V5264		EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE				\$46.81
V5264	22	EAR MOLD/INSERT WITH RECIEVER IN THE EAR	X	PRIOR AUTHORIZE IF OVER \$45		
V5266		BATTERY FOR USE IN HEARING DEVICE		UP TO (32 UNITS PER CLAIM) 1 BATTERY = 1 UNIT		\$1.12
V5267		HEARING AID SUPPLIES / ACCESSORIES		PRIOR AUTHORIZE IF OVER \$150		
V5273		ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	X	INVOICE COST		
V5275	RA	EAR IMPRESSION, REPLACEMENT ONLY				\$21.27
V5281		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5282		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5283		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5284		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5285		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5286		ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5287		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5288		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		

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CODE	MOD	DESCRIPTION	P A	COMMENTS	CO PAY	MEDICAID ALLOWABLE
V5289		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5290		ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	X	COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE		
V5298		HEARING AID, NOT OTHERWISE CLASSIFIED		INVOICE COST		
V5299		HEARING SERVICE, MISCELLANEOUS		PRIOR AUTHORIZATION REQUIRED IF OVER \$150		

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