

This Update has been revised since its original publication. Information under procedure code V5256 has been changed for GN ReSound and Unitron Hearing, Inc and V5257 has been changed for Unitron Hearing, Inc. The changes have been highlighted in red.

# Wisconsin Medicaid and BadgerCare update

June 2007 • No. 2007-52

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Audiologists

Hearing

Instrument  
Specialists

Speech and

Hearing Clinics

HMOs and Other

Managed Care  
Programs

## Changes to Contracted Hearing Instruments

Effective for hearing instruments dispensed on and after July 1, 2007, new contract agreements have been signed for volume purchase hearing instruments. This *Update* also republishes policy, claims submission information, and prior authorization requirements for hearing instrument specialists and audiologists.

Wisconsin Medicaid has signed volume purchase contracts again with hearing instrument manufacturers effective for hearing instruments dispensed on and after July 1, 2007. Wisconsin Medicaid was directed in the 2003 biennial budget to implement a volume purchase program for durable medical equipment.

### Procedure Code Changes

Wisconsin Medicaid has added Healthcare Common Procedure Coding System procedure codes V5254 (Hearing aid, digital, monaural, CIC) and V5258 (Hearing aid, digital, binaural, CIC) to the volume purchase contract.

### Manufacturers

Providers may purchase hearing instruments from the manufacturers who have entered a contract with Wisconsin Medicaid. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for manufacturers who have signed a volume purchase contract with Wisconsin Medicaid and have at least one model available through this contract.

Attachment 1 also includes the address, telephone number, fax number, and delivery time for each manufacturer.

### Purchase

Purchase rates have been established by the manufacturer for each hearing instrument model. When submitting prior authorization (PA) requests or claims to Wisconsin Medicaid, providers are required to indicate the contracted purchase rate of the hearing instrument model. Refer to Attachment 2 for a list of procedure codes, procedure code descriptions, manufacturers, hearing instrument models, purchase rates, and repair rates covered by the volume purchase contract. Providers are reimbursed at the net cash outlay for purchased hearing instruments; for contracted hearing instruments, the net cash outlay for purchase is the contracted purchase rate. Providers are reminded that PA is required for the purchase of any hearing instrument.

### Shipping

The manufacturer covers shipping expenses when a contracted hearing instrument model is sent to the provider or returned to the manufacturer.

### Hearing Instrument Package

The initial monaural hearing instrument purchase includes an ear mold and cord. The initial binaural hearing instrument purchase

includes two ear molds and two cords. Batteries are not included in the initial hearing instrument package. Providers may be reimbursed for batteries under procedure code V5266 (Battery for use in hearing device).

### **Custom Ear Mold**

A custom ear mold (V5264) for a behind-the-ear hearing instrument is not included in the hearing instrument package. A custom ear mold is separately reimbursable for the same date of service (DOS) as the hearing instrument purchase and should be submitted on the same claim. If V5264 is billed before the hearing instrument is billed, the reimbursement will be recouped when the provider is reimbursed for the hearing instrument. Prior authorization is not required for custom ear molds.

For recipients under 18 years of age, three ear molds and impressions per hearing instrument per year are allowed without PA. Prior authorization is required if more than three ear molds and impressions are needed per hearing instrument per year.

For recipients 18 years of age and older, one ear mold and impression per hearing instrument per year is allowed without PA. Prior authorization is required for more than one ear mold and impression per hearing instrument per year.

### **Hearing Instrument Modification**

Providers may receive reimbursement for *one* modification made by the manufacturer when the hearing instrument is purchased (V5014 [Repair/modification of a hearing aid]). To receive reimbursement for the modification, providers are required to submit the claim on the same DOS that the hearing instrument was dispensed. Providers are required to use modifier “LT,” “RT,” or “50” (Bilateral) as

appropriate. If modifier “50” is used for modification on a binaural hearing instrument, providers should request and submit claims for the quantity of “2.” Refer to the November 2003 *Update* (2003-156), titled “New policies and clarifications for hearing instruments and related services,” for more information on hearing instrument modifications.

### **Dispensing**

Even if a hearing instrument is replaced by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid, Wisconsin Medicaid covers the dispensing and fitting of replaced hearing instruments. However, Wisconsin Medicaid will *not* cover the additional dispensing if it occurs within 12 months of the original service guarantee. The dispensing of a hearing instrument includes the following services:

- A 12-month service guarantee and any necessary service to maintain proper function of the hearing instrument.
- Initial office visit.
- Proper fitting of the hearing instrument.
- Up to five post-fittings as necessary for adjustments and hearing instrument orientation. (This includes performance checks.)

### **Performance Check**

Although the trial period is 90 days, providers may submit a claim to Wisconsin Medicaid after the 30-day performance check is complete. A performance check is required 30 days after the dispensing date. After the 30-day performance check is complete, providers may submit a claim for all procedures included in dispensing the hearing instrument. Providers may submit a claim after 45 days if the recipient has not returned for a performance check.

**E**ven if a hearing instrument is replaced by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid, Wisconsin Medicaid covers the dispensing and fitting of replaced hearing instruments.

**C**ontracted hearing instrument models are covered by the manufacturer under a 24-month equipment warranty.

If, after a claim has been paid, the hearing instrument is returned to the manufacturer within 90 days and no replacement is made, the provider is required to return the overpayment to Wisconsin Medicaid within 30 days of the return. Providers should refer to the All-Provider Handbook for more information about refunding overpayments.

If a replacement is made, no refund is required. Because the original dispensing service guarantee is not expired, Wisconsin Medicaid will not cover the additional dispensing. In addition, no further reimbursement will be made for the replacement hearing instrument.

### **Trial Period**

Contracted hearing instrument models include a 90-day trial period. If a hearing instrument is not satisfactory to the recipient, the *provider* may return the hearing instrument to the *manufacturer* within 90 days of the dispensing date. The manufacturer will replace the hearing instrument at no cost to the provider, recipient, or Wisconsin Medicaid. In order to assure that the recipient has adequately tried the hearing instrument, the provider may not return the hearing instrument sooner than 30 days unless there is apparent damage. Prior authorization is not required for hearing instruments replaced by the manufacturer during the trial period.

### **Loss and Damage Warranty**

Contracted hearing instrument models are covered by the manufacturer under a 12-month loss and damage warranty.

Within 12 months of purchase, manufacturers are required to replace lost or damaged hearing instruments at no cost to the provider, recipient, or Wisconsin Medicaid. No more than one loss or damage claim may be filed with the manufacturer per hearing instrument during the

12-month period. Because the original dispensing service guarantee is not expired, Wisconsin Medicaid will not cover the additional dispensing. In addition, no further reimbursement will be made for the replacement hearing instrument. Prior authorization is not required for replacing a hearing instrument that is covered under the loss and damage warranty.

If a hearing instrument is lost or damaged beyond repair more than once during the 12-month period, PA is required for the replacement hearing instrument.

### **Equipment Warranty**

Contracted hearing instrument models are covered by the manufacturer under a 24-month equipment warranty. The 24-month equipment warranty includes parts and labor. It does not cover the ear mold, cord, or batteries. Repairs needed within 24 months of purchase will be made by the manufacturer at no cost to the provider, recipient, or Wisconsin Medicaid. Prior authorization is not required to repair a hearing instrument that is covered under the equipment warranty. After the dispensing service guarantee expires, providers may use *Current Procedural Terminology* (CPT) procedure code 92592 (Hearing aid check; monaural) or 92593 (Hearing aid check; binaural) for professional services associated with a major repair. Refer to the July 2006 *Update* (2006-63), titled “Procedure Code Changes for Audiology Services,” for a complete list of allowable audiology procedure codes.

If, within 24 months of purchase, persistent repairs are required due to equipment failure, the manufacturer may choose to replace the hearing instrument at no cost to the provider, recipient, or Wisconsin Medicaid. No further reimbursement will be made for the

replacement hearing instrument. However, if the manufacturer chooses to replace the hearing instrument after the original 12-month dispensing service guarantee has expired, Wisconsin Medicaid will cover the additional dispensing. Prior authorization is not required for replacing a hearing instrument that is covered under the equipment warranty. It is also not required for the dispensing of the replacement hearing instrument.

### **Replacement by the Manufacturer**

If, during the loss and damage warranty or the equipment warranty, the manufacturer replaces a hearing instrument, the new model must be equal to or better than the original model. The replacement must include a full 24-month equipment warranty, which begins the date the provider receives the hearing instrument.

### **Repair Warranty**

After the 24-month equipment warranty has expired, Wisconsin Medicaid covers major repairs (V5014) completed by the manufacturer.

Warranty lengths for repairs have been contracted separately for each hearing instrument model and are indicated in Attachment 2. Prior authorization is not required for major repairs unless a second, unrelated repair is needed during the repair warranty. Wisconsin Medicaid covers major repairs once within the duration of the repair warranty. After the dispensing service guarantee expires, providers may use CPT procedure code 92592 or 92593 for professional services associated with a major repair.

Repair rates are also contracted separately for each hearing instrument model. When submitting claims for major repairs done on contracted hearing instrument models, providers

are required to indicate the contracted repair rate. Providers are reimbursed at the net cash outlay for major repairs done on contracted hearing instruments; the net cash outlay for major repairs is the contracted repair rate.

### **Minor Repair**

After 12 months from the dispensing date for hearing instruments purchased through a volume purchase contract, Wisconsin Medicaid covers minor repairs (V5014 + modifier “52”) (i.e., repairs done in the office that involve care and cleaning) once every six months. Providers are required to bill their usual and customary charges for minor repairs. Prior authorization is not required for minor repairs unless a second repair is needed within six months of another minor repair.

### **Recasing or Replating**

For submitting claims for recasing or replating of the hearing instrument, providers should use procedure code V5014 with modifier “22.” Recasing or replating of a hearing instrument case is covered at a frequency of once per six-month period. Prior authorization is not required for recasing or replating of a hearing instrument case.

### **Life Expectancy**

If a hearing instrument is no longer covered under warranty and needs to be replaced within five years of purchase (i.e., the hearing instrument was purchased over 24 months ago but less than five years ago), PA is required for the replacement.

### **Noncontracted Hearing Instrument Styles**

Certain hearing instrument styles are not available through a volume purchase contract. For these hearing instrument styles, providers are not limited to the models or manufacturers

If, during the loss and damage warranty or the equipment warranty, the manufacturer replaces a hearing instrument, the new model must be equal to or better than the original model.

Wisconsin Medicaid permits fitting a recipient with two different hearing instruments when a contract hearing instrument is available with and without a specific modification, such as a telecoil, and the modification is desired only on one hearing instrument.

indicated in the list of contracted hearing instrument models or the list of manufacturers. Prior authorization is required for the purchase of a hearing instrument style that is not available through a volume purchase contract. Providers should refer to Attachment 3 for the maximum allowable fees for these procedure codes. For noncontracted hearing instrument styles, the manufacturer determines the trial period, loss and damage warranty, equipment warranty, and repair warranty.

### **Complex or High-Tech Models for Recipients 21 Years of Age and Under**

If a complex or high-tech hearing instrument model, which is not available through a volume purchase contract, is medically necessary for recipients 21 years of age and under, PA is required. Audiologists will be reimbursed at the net cash outlay for the hearing instrument. For complex or high-tech models, the net cash outlay for purchase is the manufacturer's invoice cost including end-of-month volume discounts.

When submitting a PA request for a complex or high-tech hearing instrument model, the audiologist is required to do the following:

- Indicate a procedure code from the Complex or High-Tech Hearing Instruments for Recipients 21 and Under chart in Attachment 3.
- Indicate modifier "TG" (Complex/high tech level of care) in Element 14 of the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), HCF 11020 (04/05).
- Indicate the manufacturer, model number, and size (i.e., full shell, half shell, low profile) of the hearing instrument in Element 16 of the PA/HIAS1.
- Include documentation to verify the medical necessity of the hearing instrument model.

- Indicate the audiological needs and the language, educational, vocational, or physical needs of the recipient.
- Include a copy of the manufacturer's invoice that indicates the list price charged to the audiologist.

For complex or high-tech hearing instrument models that are not available through a volume purchase contract, the manufacturer determines the trial period, loss and damage warranty, equipment warranty, and repair warranty.

### **Binaural Fitting with Two Different Hearing Aids**

Wisconsin Medicaid permits fitting a recipient with two different hearing instruments when a contract hearing instrument is available with and without a specific modification, such as a telecoil, and the modification is desired only on one hearing instrument. Providers should request separate monaural hearing instruments with relevant ear modifiers (i.e., V5256 with modifier "RT" and V5256 with modifier "LT"). Providers should submit claims for a binaural dispensing fee code (V5160).

### **Prior Authorization**

Providers are required to enter the manufacturer, model number, and size of the hearing instrument in Element 16 of the PA/HIAS1. In Element 18, providers are required to indicate the contracted rate when purchasing or repairing a contracted hearing instrument.

### **Approved Prior Authorization Requests**

For approved PA requests with a dispensing date on and after July 1, 2007, providers are required to submit claims for the amounts listed in Attachment 2.

## **Ordering a Hearing Instrument from a Manufacturer**

When ordering a hearing instrument model that is available through a volume purchase contract for a Medicaid recipient, providers should indicate to the manufacturer that the hearing instrument is for a Wisconsin Medicaid recipient.

## **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT 1

## Manufacturers and Contact Information

The following table lists the manufacturers who have signed a volume purchase contract with Wisconsin Medicaid.

| Manufacturer and Contact Name                                       | Address  | Telephone Number and Fax Number                  | Delivery Time |
|---|--|--|---------------|
| <b>GN ReSound Hearing Care Corporation</b><br>Contact: Chuck Lentz  | 8001 Bloomington Fwy<br>Bloomington MN 55420                 | Telephone: (952) 769-8480<br>Fax: (952) 769-8480 | 1-3 days      |
| <b>Micro-Tech</b><br>Contact: Matthew Davis                         | 6425 Flying Cloud Dr<br>Eden Prairie MN 55344                | Telephone: (800) 943-7142<br>Fax: (952) 995-8955 | 5 days        |
| <b>Oticon, Inc.</b><br>Contacts: Cathleen Van Evra<br>Irene Hnidj   | 29 Schoolhouse Rd<br>Somerset NJ 08873                       | Telephone: (800) 526-3921<br>Fax: (732) 560-0029 | 5-7 days      |
| <b>Phonak Hearing Systems, LLC</b><br>Contact: Joan Holland         | 4520 Weaver Pkwy<br>Warrenville IL 60555                     | Telephone: (800) 777-7333<br>Fax: (630) 393-7400 | 7 days        |
| <b>Siemens Hearing Instruments, Inc.</b><br>Contact: Monica Kuhnert | 10 Constitution Ave<br>Piscataway NJ 08855-1397              | Telephone: (847) 808-1200<br>Fax: (847) 808-1299 | 5 days        |
| <b>Sonic Innovations</b><br>Contact: Scott Bloom                    | 2795 E Cottonwood Pkwy<br>Ste 660<br>Salt Lake City UT 84121 | Telephone: (801) 365-2800<br>Fax: (801) 365-3001 | 3-5 days      |
| <b>Starkey Laboratories, Inc.</b><br>Contact: Tony Farmer           | 6700 Washington Ave S<br>Eden Prairie MN 55344               | Telephone: (800) 328-8602<br>Fax: (952) 828-6904 | 5-7 days      |
| <b>Unitron Hearing, Inc.</b><br>Contact: Jessie Thielbar            | 2300 Berkshire Ln N<br>Plymouth MN 55441                     | Telephone: (763) 744-3469<br>Fax: (763) 557-8828 | 5 days        |

# ATTACHMENT 2

## Contracted Hearing Instrument Models

### Modifiers for Contracted Hearing Instrument Models

The following modifiers are allowable for contracted hearing instrument models.

| Modifier | Description |
|----------|-------------|
| LT       | Left side   |
| RR*      | Rental      |
| RT       | Right side  |

\*The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require prior authorization. Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

### Contracted Hearing Instrument Models

Wisconsin Medicaid will approve only medically necessary hearing instrument models available through a volume purchase contract. The following procedure codes are allowable for the corresponding hearing instrument models. Many of the manufacturers and models listed in this table are registered or trademarked by the manufacturer. All new hearing instrument orders have a two-year manufacturer warranty.

| V5030 — Hearing aid, monaural; body worn, air conduction (Applicable modifiers: LT, RR, RT) |  |               |             |                 |
|---|--|---------------|-------------|-----------------|
| Manufacturer and Style  | Model                                    | Purchase Rate | Repair Rate | Repair Warranty |
| Oticon, Inc.  | P11P                                     | \$300.00      | \$90.00     | 12 months       |
|   | P11P with cord                           | \$308.00      |             |                 |
|   | P11P with single air conduction receiver | \$325.00      |             |                 |
|   | P11P with Y-cord                         | \$315.00      |             |                 |

| V5040 — Hearing aid, monaural; body worn, bone conduction (Applicable modifiers: LT, RR, RT)<br>For binaural, use V5080 — Glasses; bone conduction (Applicable modifier: LT, RR, RT). |  |               |             |                 |
|---|--|---------------|-------------|-----------------|
| Manufacturer and Style  | Model                                    | Purchase Rate | Repair Rate | Repair Warranty |
| Oticon, Inc.  | P11P                                     | \$300.00      | \$90.00     | 12 months       |
|   | P11P with cord                           | \$308.00      |             |                 |
|   | P11P with single air conduction receiver | \$375.00      |             |                 |
|   | P11P with Y-cord                         | \$315.00      |             |                 |
| Starkey Laboratories, Inc.  | BC1 with headband                        | \$318.74      | \$56.69     | 24 months       |
|   | BC1 without headband                     | \$285.00      |             |                 |



**V5060 — Hearing aid, monaural; behind the ear (Applicable modifiers: LT, RR, RT)**

For binaural, use V5140 — Binaural; behind the ear (Applicable modifier: RR).

| Manufacturer and Style      | Model                                  | Purchase Rate for Monaural | Purchase Rate for Binaural | Repair Rate Per Unit | Repair Warranty |
|-----------------------------|--|----------------------------|----------------------------|----------------------|-----------------|
| Oticon, Inc.                | Personic 410 Classic CROS or BICROS    | \$375.00                   | \$750.00                   | \$90.00              | 12 months       |
|                             | Personic 410 Classic                   | \$300.00                   | \$600.00                   |                      |                 |
|                             | Personic 420 Power                     | \$300.00                   | \$600.00                   |                      |                 |
|                             | Personic 420 Power CROS or BICROS      | \$375.00                   | \$750.00                   |                      |                 |
|                             | Personic 425 Power Plus                | \$300.00                   | \$600.00                   |                      |                 |
|                             | Personic 425 Power Plus CROS or BICROS | \$375.00                   | \$750.00                   |                      |                 |
|                             | 380P                                   | \$300.00                   | \$600.00                   |                      |                 |
|                             | 380P CROS or BICROS                    | \$375.00                   | \$750.00                   |                      |                 |
| Phonak Hearing Systems, LLC | PICO FORTE3 PP-C-L-P BTE               | \$203.50                   | \$407.00                   | \$94.00              | 12 months       |
|                             | PICO FORTE3 PP-C-P BTE                 | \$203.50                   | \$407.00                   |                      |                 |
|                             | PICO FORTE3 PP-SC BTE                  | \$203.50                   | \$407.00                   |                      |                 |
|                             | PICO FORTE3 SC/SC-D BTE                | \$203.50                   | \$407.00                   |                      |                 |
|                             | SUPER FRONT PP-C-4 BTE                 | \$234.00                   | \$468.00                   |                      |                 |
|                             | SUPER FRONT PP-C-L-4 BTE               | \$234.00                   | \$468.00                   |                      |                 |
|                             | SUPER FRONT PP-C-L-4+ BTE              | \$234.00                   | \$468.00                   |                      |                 |
|                             | SUPER FRONT PP-SC BTE                  | \$234.00                   | \$468.00                   |                      |                 |
| Unitron Hearing, Inc.       | US80 SuperPower                        | \$324.00                   | \$648.00                   | \$75.00              | 24 months       |

**V5080** — Refer to V5040.**V5140** — Refer to V5060.**V5180 — Hearing aid, CROS; behind the ear (Applicable modifiers: LT, RR, RT)**

For BICROS, use V5220 — Hearing aid, BICROS; behind the ear (Applicable modifiers: LT, RR, RT).

| Manufacturer and Style | Model   | Purchase Rate for CROS/<br>BICROS | Repair Rate | Repair Warranty |
|------------------------|---|-----------------------------------|-------------|-----------------|
| Oticon, Inc.           | Sumo E  | \$375.00                          | \$100.00    | 12 months       |
| Unitron Hearing, Inc.  | Unison 6 WiFi Cross/BiCross binaural system/per ear | \$449.00                          | \$75.00     | 24 months       |

**V5220** — Refer to V5180.

| <b>V5246 — Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (Applicable modifiers: LT, RR, RT)</b><br>For binaural, use V5252 — Hearing aid, digitally programmable, binaural, ITE (Applicable modifier: RR). |                       |                                   |                                   |                             |                        |
|---|-----------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| <b>Manufacturer and Style</b>   | <b>Model</b>          | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
| Oticon, Inc. – Full Shell   | Ergo FS               | \$295.00                          | \$590.00                          | \$100.00                    | 12 months              |
|   | Ergo FS with telecoil | \$320.00                          | \$640.00                          |                             |                        |
| Oticon, Inc. – Half Shell   | Ergo HS               | \$295.00                          | \$590.00                          | \$100.00                    | 12 months              |
|   | Ergo HS with telecoil | \$320.00                          | \$640.00                          |                             |                        |
| Oticon, Inc. – Low Profile  | Ergo LP               | \$295.00                          | \$590.00                          | \$100.00                    | 12 months              |
|   | Ergo LP with telecoil | \$320.00                          | \$640.00                          |                             |                        |

| <b>V5247 — Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)</b><br><b>(Applicable modifiers: LT, RR, RT)</b><br>For binaural, use V5253 — Hearing aid, digitally programmable, binaural, BTE (Applicable modifier: RR). |                               |                                   |                                   |                             |                        |
|---|-------------------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| <b>Manufacturer and Style</b>   | <b>Model</b>                  | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
| Oticon, Inc.  | Ergo BTE                      | \$295.00                          | \$590.00                          | \$100.00                    | 12 months              |
|   | Ergo BTE CROS or BICROS       | \$370.00                          | \$740.00                          |                             |                        |
|   | Ergo BTE Power                | \$295.00                          | \$590.00                          |                             |                        |
|   | Ergo BTE Power CROS or BICROS | \$370.00                          | \$740.00                          |                             |                        |
|   | Sumo E                        | \$300.00                          | \$600.00                          |                             |                        |
| Oticon, Inc. – Full Shell   | Ergo FS                       | \$295.00                          | \$590.00                          | \$100.00                    | 12 months              |

**V5252** — Refer to V5246.

**V5253** — Refer to V5247.

| <b>V5254 — Hearing aid, digital, monaural, CIC (completely in the canal)</b><br><b>(Applicable modifiers: LT, RR, RT)</b><br>For binaural, use – V5258 (Hearing aid, digital, binaural, CIC) (Applicable modifier: RR) |                                 |                                   |                                   |                             |                        |
|--|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| <b>Manufacturer and Style</b>  | <b>Model</b>                    | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
| GN ReSound   | Plus5 Power CIC                 | \$312.00                          | \$624.00                          | \$95.00                     | 12 months              |
|  | Plus5 Power, Push-Button CIC    | \$312.00                          | \$624.00                          |                             |                        |
|  | Plus5 Standard CIC              | \$300.00                          | \$600.00                          |                             |                        |
|  | Plus5 Standard, Push-Button CIC | \$300.00                          | \$600.00                          |                             |                        |

**V5255 — Hearing aid, digital, monaural, ITC (Applicable modifiers: LT, RR, RT)**

For binaural, use V5259 — Hearing aid, digital, binaural, ITC (Applicable modifier: RR).

| Manufacturer and Style  | Model                                   | Purchase Rate for Monaural | Purchase Rate for Binaural | Repair Rate Per Unit | Repair Warranty |
|-------------------------|---|----------------------------|----------------------------|----------------------|-----------------|
| GN ReSound              | Plus5 Power, Directional ITC            | \$302.00                   | \$604.00                   | \$95.00              | 12 months       |
|                         | Plus5 Power ITC                         | \$290.00                   | \$580.00                   |                      |                 |
|                         | Plus5 Standard, Directional ITC         | \$290.00                   | \$580.00                   |                      |                 |
|                         | Plus5 Standard ITC                      | \$276.00                   | \$552.00                   |                      |                 |
| Micro-Tech – Half Shell | RADIUS 2 HS                             | \$304.99                   | \$609.98                   | \$89.99              | 24 months       |
|                         | RADIUS 2 HS TC                          | \$309.99                   | \$619.98                   |                      |                 |
|                         | RADIUS 4 HS                             | \$369.99                   | \$739.98                   |                      |                 |
|                         | RADIUS 4 HS TC                          | \$374.99                   | \$749.98                   |                      |                 |
|                         | RADIUS 4 HS TCDS D                      | \$379.99                   | \$759.98                   |                      |                 |
|                         | RADIUS 8 HS                             | \$379.99                   | \$759.98                   |                      |                 |
|                         | RADIUS 8 HS TC                          | \$384.99                   | \$769.98                   |                      |                 |
|                         | RADIUS 8 HS TCDS D                      | \$389.99                   | \$779.98                   |                      |                 |
| Sonic Innovations       | Tribute CIC                             | \$325.00                   | \$650.00                   | \$99.00              | 12 months       |
|                         | Tribute ITC                             | \$325.00                   | \$650.00                   |                      |                 |
|                         | Tribute ITC with directional microphone | \$375.00                   | \$750.00                   |                      |                 |
|                         | Tribute ITC with telecoil               | \$375.00                   | \$750.00                   |                      |                 |

**V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT)**

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

| Manufacturer and Style  | Model                       | Purchase Rate for Monaural | Purchase Rate for Binaural | Repair Rate Per Unit | Repair Warranty |
|-------------------------|-----------------------------|----------------------------|----------------------------|----------------------|-----------------|
| GN ReSound – Full Shell | Plus5 Power                 | \$290.00                   | \$580.00                   | \$95.00              | 12 months       |
|                         | Plus5 Power, Directional    | \$302.00                   | \$604.00                   |                      |                 |
|                         | Plus5 Standard              | \$276.00                   | \$552.00                   |                      |                 |
|                         | Plus5 Standard, Directional | \$290.00                   | \$580.00                   |                      |                 |
| GN ReSound – Half Shell | Plus5 Power                 | \$290.00                   | \$580.00                   | \$95.00              | 12 months       |
|                         | Plus5 Power, Directional    | \$302.00                   | \$604.00                   |                      |                 |
|                         | Plus5 Standard              | \$276.00                   | \$552.00                   |                      |                 |
|                         | Plus5 Standard, Directional | \$290.00                   | \$580.00                   |                      |                 |
| Micro-Tech – Full Shell | RADIUS 2 ITE                | \$294.99                   | \$589.98                   | \$89.99              | 24 months       |
|                         | RADIUS 2 ITE TC             | \$299.99                   | \$599.98                   |                      |                 |
|                         | RADIUS 4 ITE                | \$359.99                   | \$719.98                   |                      |                 |
|                         | RADIUS 4 ITE TC             | \$364.99                   | \$729.98                   |                      |                 |
|                         | RADIUS 4 ITE TCDS D         | \$369.99                   | \$739.98                   |                      |                 |
|                         | RADIUS 8 ITE                | \$369.99                   | \$739.98                   |                      |                 |
|                         | RADIUS 8 ITE TC             | \$374.99                   | \$749.98                   |                      |                 |
|                         | RADIUS 8 ITE TCDS D         | \$379.99                   | \$759.98                   |                      |                 |

**V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)**

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

| <b>Manufacturer and Style</b> | <b>Model</b>                               | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
|-------------------------------|--|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| Micro-Tech – Low Profile      | RADIUS 2 LPF                               | \$299.99                          | \$599.98                          | \$89.99                     | 24 months              |
|                               | RADIUS 2 LPF TC                            | \$304.99                          | \$609.98                          |                             |                        |
|                               | RADIUS 4 LPF                               | \$364.99                          | \$729.98                          |                             |                        |
|                               | RADIUS 4 LPF TC                            | \$369.99                          | \$739.98                          |                             |                        |
|                               | RADIUS 4 LPF TCDS                          | \$374.99                          | \$749.98                          |                             |                        |
|                               | RADIUS 8 LPF                               | \$374.99                          | \$749.98                          |                             |                        |
|                               | RADIUS 8 LPF TC                            | \$379.99                          | \$759.98                          |                             |                        |
|                               | RADIUS 8 LPF TCDS                          | \$384.99                          | \$769.98                          |                             |                        |
| Oticon, Inc. – Full Shell     | Gaia Full Shell Power                      | \$375.00                          | \$750.00                          | \$100.00                    | 12 months              |
|                               | Gaia Full Shell Power P1/P2                | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Full Shell Power P1/P2 with telecoil  | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Full Shell Power with telecoil        | \$400.00                          | \$800.00                          |                             |                        |
|                               | GO Pro FS                                  | \$300.00                          | \$600.00                          |                             |                        |
|                               | GO Pro FS with auto phone/autoTcoil        | \$385.00                          | \$770.00                          |                             |                        |
|                               | GO Pro FS with telecoil                    | \$325.00                          | \$650.00                          |                             |                        |
| Oticon, Inc. – Half Shell     | Gaia Half Shell                            | \$375.00                          | \$750.00                          | \$100.00                    | 12 months              |
|                               | Gaia Half Shell Directional                | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Half Shell Directional with telecoil  | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Half Shell P1/P2                      | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Half Shell P1/P2 with telecoil        | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Half Shell Power                      | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Half Shell Power P1/P2                | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Half Shell Power P1/P2 with telecoil  | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Half Shell Power with telecoil        | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Half Shell with telecoil              | \$400.00                          | \$800.00                          |                             |                        |
|                               | GO Pro HS                                  | \$300.00                          | \$600.00                          |                             |                        |
|                               | GO Pro HS with auto phone/autoTcoil        | \$385.00                          | \$770.00                          |                             |                        |
|                               | GO Pro HS with telecoil                    | \$325.00                          | \$650.00                          |                             |                        |
|                               | GO Pro HS Power                            | \$300.00                          | \$600.00                          |                             |                        |
|                               | GO Pro HS Power auto phone/autoTcoil       | \$385.00                          | \$770.00                          |                             |                        |
| GO Pro HS Power with telecoil | \$325.00                                   | \$650.00                          |                                   |                             |                        |
| Oticon, Inc. – Low Profile    | Gaia Low Profile                           | \$375.00                          | \$750.00                          | \$100.00                    | 12 months              |
|                               | Gaia Low Profile Directional               | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Low Profile Directional with telecoil | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Low Profile P1/P2                     | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Low Profile P1/P2 with telecoil       | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Low Profile Power P1/P2               | \$375.00                          | \$750.00                          |                             |                        |
|                               | Gaia Low Profile Power P1/P2 with telecoil | \$400.00                          | \$800.00                          |                             |                        |
|                               | Gaia Low Profile with telecoil             | \$400.00                          | \$800.00                          |                             |                        |
|                               | GO Pro LP                                  | \$300.00                          | \$600.00                          |                             |                        |
|                               | GO Pro LP with auto phone/autoTcoil        | \$385.00                          | \$770.00                          |                             |                        |
|                               | GO Pro LP with telecoil                    | \$325.00                          | \$650.00                          |                             |                        |
|                               | GO Pro LP Power                            | \$300.00                          | \$600.00                          |                             |                        |
|                               | GO Pro LP Power with auto phone/autoTcoil  | \$385.00                          | \$770.00                          |                             |                        |
|                               | GO Pro LP Power with telecoil              | \$325.00                          | \$650.00                          |                             |                        |

**V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)**

For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR).

| <b>Manufacturer and Style</b>                  | <b>Model</b>   | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
|--|--|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| Phonak Hearing Systems, LLC<br>– Full Shell    | AMIO 22 FS   | \$224.40                          | \$448.80                          | \$110.00                    | 12 months              |
|  | EXTRA 22 AZ FS                                       | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 22 FS  | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 AZ FS                                       | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 FS  | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 POWER FS                                    | \$324.35                          | \$648.70                          |                             |                        |
|  | UNA AZ FS  | \$240.00                          | \$480.00                          |                             |                        |
|  | UNA FS   | \$239.99                          | \$479.98                          |                             |                        |
|  | UNA P FS   | \$240.00                          | \$480.00                          |                             |                        |
| Phonak Hearing Systems, LLC<br>– Half Shell    | EXTRA 22 AZ HS mild to moderate                      | \$324.37                          | \$648.74                          | \$110.00                    | 12 months              |
|  | EXTRA 22 AZ HS moderate to severe                    | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 22 HS  | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 AZ HS                                       | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 HS  | \$324.35                          | \$648.70                          |                             |                        |
|  | EXTRA 33 POWER HS                                    | \$324.35                          | \$648.70                          |                             |                        |
|  | UNA AZ HS mild to moderate                           | \$240.01                          | \$480.02                          |                             |                        |
|  | UNA AZ HS moderate to severe                         | \$240.00                          | \$480.00                          |                             |                        |
|  | UNA HS mild to moderate                              | \$240.00                          | \$480.00                          |                             |                        |
|  | UNA HS moderate to severe                            | \$239.99                          | \$479.98                          |                             |                        |
| Phonak Hearing Systems, LLC<br>– Low Profile   | AMIO 22 HS   | \$224.39                          | \$448.78                          | \$110.00                    | 12 months              |
| Siemens Hearing Instruments, Inc. – Full Shell | Intuis ITE   | \$274.38                          | \$548.76                          | \$85.00                     | 24 months              |
|  | Intuis ITE with AutoPhone                            | \$320.63                          | \$641.26                          |                             |                        |
|  | Intuis ITE with directional microphone               | \$349.98                          | \$699.96                          |                             |                        |
|  | Intuis ITE with directional microphone and AutoPhone | \$396.23                          | \$792.46                          |                             |                        |
|  | Intuis ITE with directional microphone and telecoil  | \$399.98                          | \$799.96                          |                             |                        |
|  | Intuis ITE with telecoil                             | \$324.38                          | \$656.76                          |                             |                        |
|  | Phoenix ONE  | \$259.38                          | \$518.76                          |                             |                        |
|  | Phoenix ONE with telecoil                            | \$309.38                          | \$618.76                          |                             |                        |
| Siemens Hearing Instruments, Inc. – Half Shell | Intuis ITE   | \$274.38                          | \$548.76                          | \$85.00                     | 24 months              |
|  | Intuis ITE with AutoPhone                            | \$320.63                          | \$641.26                          |                             |                        |
|  | Intuis ITE with directional microphone               | \$349.98                          | \$699.96                          |                             |                        |
|  | Intuis ITE with directional microphone and AutoPhone | \$396.23                          | \$792.46                          |                             |                        |
|  | Intuis ITE with directional microphone and telecoil  | \$399.98                          | \$799.96                          |                             |                        |
|  | Intuis ITE with telecoil                             | \$324.38                          | \$656.76                          |                             |                        |
|  | Phoenix ONE  | \$259.38                          | \$518.76                          |                             |                        |
|  | Phoenix ONE with telecoil                            | \$309.38                          | \$618.76                          |                             |                        |
| Sonic Innovations – Full Shell                 | Tribute ITE  | \$325.00                          | \$650.00                          | \$99.00                     | 12 months              |
|  | Tribute ITE with directional microphone              | \$375.00                          | \$750.00                          |                             |                        |
|  | Tribute ITE with telecoil                            | \$375.00                          | \$750.00                          |                             |                        |
| Starkey Laboratories, Inc.                     | Destiny 200  | \$298.90                          | \$597.80                          | \$56.69                     | 24 months              |
|  | Destiny 800  | \$369.26                          | \$738.52                          |                             |                        |
|  | Genesis DX 2K  | \$246.83                          | \$493.66                          |                             |                        |
|  | Genesis Intelli Power                                | \$261.71                          | \$523.42                          |                             |                        |
| Starkey Laboratories, Inc. – Full Shell        | Destiny 200  | \$298.90                          | \$597.80                          | \$56.69                     | 24 months              |
|  | Destiny 800  | \$369.26                          | \$738.52                          |                             |                        |

| <b>V5256 — Hearing aid, digital, monaural, ITE (Applicable modifiers: LT, RR, RT) (Continued)</b><br>For binaural, use V5260 — Hearing aid, digital, binaural, ITE (Applicable modifier: RR). |                                    |                                   |                                   |                             |                        |
|---|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| <b>Manufacturer and Style</b>   | <b>Model</b>                       | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
| Starkey Laboratories, Inc. – Half Shell   | Destiny 200                        | \$298.54                          | \$597.08                          | \$56.69                     | 24 months              |
|   | Destiny 800                        | \$369.77                          | \$739.54                          |                             |                        |
|   | Genesis DX 2K                      | \$246.97                          | \$493.94                          |                             |                        |
|   | Genesis Intelli Power              | \$261.86                          | \$523.72                          |                             |                        |
| Starkey Laboratories, Inc. – Low Profile  | Destiny 200                        | \$298.90                          | \$597.80                          | \$56.69                     | 24 months              |
|   | Destiny 800                        | \$369.26                          | \$738.52                          |                             |                        |
| Unitron Hearing, Inc. – Full Shell  | Element 4 FS VC, Directional       | \$292.30                          | \$584.60                          | \$75.00                     | 24 months              |
|   | Element 8 FS VC, Directional       | \$376.00                          | \$752.00                          |                             |                        |
|   | Element 4 Power FS VC              | \$292.30                          | \$584.60                          |                             |                        |
|   | Element 8 Power FS VC, Directional | \$376.00                          | \$752.00                          |                             |                        |
|   | Element 16 FS VC, Directional      | \$449.00                          | \$898.00                          |                             |                        |
| Unitron Hearing, Inc. – Half Shell  | Element 4 HS VC, Directional       | \$292.30                          | \$584.60                          | \$75.00                     | 24 months              |
|   | Element 8 HS VC, Directional       | \$376.00                          | \$752.00                          |                             |                        |
| Unitron Hearing, Inc. – Low Profile   | Element 4 LP VC, Directional       | \$292.30                          | \$584.60                          | \$75.00                     | 24 months              |
|   | Element 8 LP VC, Directional       | \$376.00                          | \$752.00                          |                             |                        |

| <b>V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT)</b><br>For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR). |                          |                                   |                                   |                             |                        |
|---|--------------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------|
| <b>Manufacturer and Style</b>   | <b>Model</b>             | <b>Purchase Rate for Monaural</b> | <b>Purchase Rate for Binaural</b> | <b>Repair Rate Per Unit</b> | <b>Repair Warranty</b> |
| GN ReSound  | Plus5 Mini BTE DI        | \$278.00                          | \$556.00                          | \$95.00                     | 12 months              |
|   | Plus5 Mini BTE VI        | \$264.00                          | \$528.00                          |                             |                        |
|   | Plus5 Power BTE DVI      | \$310.00                          | \$620.00                          |                             |                        |
|   | Plus5 Power BTE VI       | \$292.00                          | \$584.00                          |                             |                        |
|   | Plus5 Standard BTE       | \$264.00                          | \$528.00                          |                             |                        |
|   | Plus5 Standard BTE D     | \$278.00                          | \$556.00                          |                             |                        |
|   | Plus5 Standard BTE DI    | \$278.00                          | \$556.00                          |                             |                        |
|   | Plus5 Standard BTE DV    | \$278.00                          | \$556.00                          |                             |                        |
|   | Plus5 Standard BTE DVI   | \$278.00                          | \$556.00                          |                             |                        |
|   | Plus5 Standard BTE I     | \$264.00                          | \$528.00                          |                             |                        |
|   | Plus5 Standard BTE V     | \$264.00                          | \$528.00                          |                             |                        |
|   | Plus5 Standard BTE VI    | \$264.00                          | \$528.00                          |                             |                        |
| Micro-Tech  | RADIUS 2 BTE             | \$299.99                          | \$599.98                          | \$89.99                     | 24 months              |
|   | RADIUS 4 BTE             | \$369.99                          | \$739.98                          |                             |                        |
|   | RADIUS 8 BTE             | \$379.99                          | \$759.98                          |                             |                        |
|   | RADIUS 12 Power Plus BTE | \$389.99                          | \$779.98                          |                             |                        |

**V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT) (Continued)**

For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

| Manufacturer and Style            | Model                           | Purchase Rate for Monaural | Purchase Rate for Binaural | Repair Rate Per Unit | Repair Warranty |
|-----------------------------------|---------------------------------|----------------------------|----------------------------|----------------------|-----------------|
| Oticon, Inc.                      | Gaia BTE                        | \$375.00                   | \$750.00                   | \$100.00             | 12 months       |
|                                   | Gaia BTE CROS or BICROS         | \$450.00                   | \$900.00                   |                      |                 |
|                                   | Gaia BTE Direct                 | \$375.00                   | \$750.00                   |                      |                 |
|                                   | Gaia BTE Direct CROS or BICROS  | \$450.00                   | \$900.00                   |                      |                 |
|                                   | Gaia BTE Power                  | \$375.00                   | \$750.00                   |                      |                 |
|                                   | Gaia BTE Power CROS or BICROS   | \$450.00                   | \$900.00                   |                      |                 |
|                                   | Gaia BTE VC                     | \$375.00                   | \$750.00                   |                      |                 |
|                                   | Gaia BTE VC CROS or BICROS      | \$450.00                   | \$900.00                   |                      |                 |
|                                   | GoPro BTE                       | \$300.00                   | \$600.00                   |                      |                 |
|                                   | GoPro BTE CROS or BICROS        | \$375.00                   | \$750.00                   |                      |                 |
|                                   | GoPro BTE VC                    | \$300.00                   | \$600.00                   |                      |                 |
|                                   | GoPro BTE VC CROS or BICROS     | \$375.00                   | \$750.00                   |                      |                 |
|                                   | GoPro Power                     | \$300.00                   | \$600.00                   |                      |                 |
|                                   | GoPro Power CROS or BICROS      | \$375.00                   | \$750.00                   |                      |                 |
|                                   | GoPro Power Direct              | \$300.00                   | \$600.00                   |                      |                 |
| GoPro Power Direct CROS or BICROS | \$375.00                        | \$750.00                   |                            |                      |                 |
| Phonak Hearing Systems, LLC       | EXTRA 211 AZ BTE                | \$377.65                   | \$755.30                   | \$110.00             | 12 months       |
|                                   | EXTRA 211 AZ with easyphone BTE | \$377.65                   | \$755.30                   |                      |                 |
|                                   | EXTRA 311 AZ BTE                | \$377.65                   | \$755.30                   |                      |                 |
|                                   | EXTRA 311 AZ with easyphone BTE | \$377.65                   | \$755.30                   |                      |                 |
|                                   | EXTRA 411 AZ BTE                | \$373.45                   | \$746.90                   |                      |                 |
|                                   | EXTRA 411 AZ with easyphone BTE | \$373.45                   | \$746.90                   |                      |                 |
|                                   | MAXX 211 BTE                    | \$239.85                   | \$479.70                   |                      |                 |
|                                   | MAXX 211 D BTE (directional)    | \$259.35                   | \$518.70                   |                      |                 |
|                                   | MAXX 311 Forte BTE              | \$259.35                   | \$518.70                   |                      |                 |
|                                   | micro eXtra 100 AZ BTE          | \$376.97                   | \$753.94                   |                      |                 |
|                                   | Power MAXX 411 BTE              | \$368.90                   | \$737.80                   |                      |                 |
|                                   | SUPERO+ 411                     | \$377.65                   | \$755.30                   |                      |                 |
|                                   | SUPERO+ 412                     | \$377.70                   | \$755.40                   |                      |                 |
|                                   | Una M AZ BTE                    | \$274.99                   | \$549.98                   |                      |                 |
|                                   | Una M BTE                       | \$275.00                   | \$550.00                   |                      |                 |
| Una SP BTE                        | \$274.99                        | \$549.98                   |                            |                      |                 |
| Siemens Hearing Instruments, Inc. | Intuis Dir                      | \$316.25                   | \$632.50                   | \$85.00              | 24 months       |
|                                   | Intuis LIFE                     | \$333.75                   | \$667.50                   |                      |                 |
|                                   | Intuis S                        | \$316.25                   | \$632.50                   |                      |                 |
|                                   | Intuis SP                       | \$338.13                   | \$676.26                   |                      |                 |
|                                   | Phoenix 113                     | \$248.75                   | \$497.50                   |                      |                 |
|                                   | Phoenix 213                     | \$248.75                   | \$497.50                   |                      |                 |
|                                   | Phoenix 313                     | \$248.75                   | \$497.50                   |                      |                 |
| Sonic Innovations                 | Tribute BTE                     | \$290.00                   | \$580.00                   | \$99.00              | 12 months       |
| Starkey Laboratories, Inc.        | Davinci PxP                     | \$374.24                   | \$748.48                   | \$56.69              | 24 months       |
|                                   | Destiny 200                     | \$298.90                   | \$597.80                   |                      |                 |
|                                   | Destiny 200 Power               | \$308.49                   | \$616.98                   |                      |                 |
|                                   | Destiny 800                     | \$369.26                   | \$738.52                   |                      |                 |

**V5257 — Hearing aid, digital, monaural, BTE (Applicable modifiers: LT, RR, RT) (Continued)**  
 For binaural, use V5261 — Hearing aid, digital, binaural, BTE (Applicable modifier: RR).

| Manufacturer and Style | Model                               | Purchase Rate for Monaural | Purchase Rate for Binaural | Repair Rate Per Unit | Repair Warranty |
|------------------------|-------------------------------------|----------------------------|----------------------------|----------------------|-----------------|
| Unitron Hearing, Inc.  | Element 4 BTE VC, Directional       | \$292.30                   | \$584.60                   | \$75.00              | 24 months       |
|                        | Element 4 M BTE No VC, Directional  | \$292.30                   | \$584.60                   |                      |                 |
|                        | Element 4 BTE Moda, Directional     | \$376.00                   | \$752.00                   |                      |                 |
|                        | Element 4 BTE Moxi CRT, Directional | \$376.00                   | \$752.00                   |                      |                 |
|                        | Element 4 Power BTE VC, Directional | \$329.30                   | \$658.60                   |                      |                 |
|                        | Element 8 BTE VC, Directional       | \$376.00                   | \$752.00                   |                      |                 |
|                        | Element 8 M BTE No VC, Directional  | \$376.00                   | \$752.00                   |                      |                 |

**V5258** — Refer to V5254.

**V5259** — Refer to V5255.

**V5260** — Refer to V5256.

**V5261** — Refer to V5257.



## ATTACHMENT 3

# Noncontracted Hearing Instruments and Related Services

### Modifiers for Noncontracted Hearing Instruments and Related Services

The following modifiers are allowable for noncontracted hearing instruments and related services.

| Modifier | Description   |
|----------|---|
| 22       | Unusual procedural services [recasing or replating] |
| 50       | Bilateral procedure [both ears]                     |
| 52       | Reduced services [minor repairs]                    |
| LT       | Left side   |
| RR*      | Rental  |
| RT       | Right side  |
| TG       | Complex/high tech level of care                     |

\*The maximum allowable fee for all rentals is \$27.34 per 30-day period. All rented hearing instruments require prior authorization. Wisconsin Medicaid does not reimburse providers for dispensing fees for rental hearing instruments.

### Noncontracted Hearing Instrument Styles

The following procedure codes are allowable for hearing instrument styles that are not available through a volume purchase contract. These procedure codes are allowable for recipients of any age.

| Procedure Code | Description                  | Applicable Modifiers | Maximum Allowable Fee |
|----------------|------------------------------|----------------------|-----------------------|
| V5070          | Glasses; air conduction      | LT, RR, RT           | \$331.60              |
| V5080          | Glasses; bone conduction     | LT, RR, RT           | \$331.60              |
| V5150          | Binaural; glasses            | RR                   | \$642.27              |
| V5190          | Hearing aid, CROS; glasses   | LT, RR, RT           | \$451.54              |
| V5230          | Hearing aid, BICROS; glasses | RR                   | \$571.48              |

## Complex or High-Tech Hearing Instruments for Recipients 21 and Under

The following procedure codes are allowable for complex or high-tech hearing instrument models when medically necessary for recipients 21 years of age and under. *Modifier “TG” must be used with these procedure codes.*

| Procedure Code | Description  | Required Modifier | Applicable Modifiers |
|----------------|--|-------------------|----------------------|
| V5246          | Hearing aid, digitally programmable analog, monaural, ITE (in the ear)     | TG                | LT, RR, RT           |
| V5247          | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) | TG                | LT, RR, RT           |
| V5252          | Hearing aid, digitally programmable, binaural, ITE                         | TG                | RR                   |
| V5253          | Hearing aid, digitally programmable, binaural, BTE                         | TG                | RR                   |
| V5256          | Hearing aid, digital, monaural, ITE  | TG                | LT, RR, RT           |
| V5257          | Hearing aid, digital, monaural, BTE  | TG                | LT, RR, RT           |
| V5260          | Hearing aid, digital, binaural, ITE  | TG                | RR                   |
| V5261          | Hearing aid, digital, binaural, BTE  | TG                | RR                   |

## Hearing Instruments and Related Services

The following procedure codes are allowable for hearing instruments and related services that are not available through a volume purchase contract.

| Procedure Code | Description  | Required Modifier | Applicable Modifiers | Maximum Allowable Fee |
|----------------|--|-------------------|----------------------|-----------------------|
| V5014          | Repair/modification of a hearing aid                         |                   | 50, LT, RT           | \$129.50              |
| V5014          | Repair/modification of a hearing aid [major repair]          |                   | 50, LT, RT           | \$129.50*             |
| V5014          | Repair/modification of a hearing aid [minor repair]          | 52                | 50, LT, RT           | \$26.52               |
| V5014          | Repair/modification of a hearing aid [recasing or replating] | 22                | 50, LT, RT           | \$60.88               |
| V5110          | Dispensing fee, bilateral                                    |                   |                      | \$537.53              |
| V5160          | Dispensing fee, binaural                                     |                   |                      | \$537.53              |
| V5200          | Dispensing fee, CROS   |                   | LT, RT               | \$298.63              |
| V5240          | Dispensing fee, BICROS                                       |                   |                      | \$537.53              |
| V5241          | Dispensing fee, monaural hearing aid, any type               |                   | LT, RT               | \$298.63              |
| V5264          | Ear mold/insert, not disposable, any type                    |                   | 50, LT, RT           | \$42.58               |
| V5266          | Battery for use in hearing device                            |                   |                      | \$1.02                |
| V5267          | Hearing aid supplies/accessories                             |                   | 50, LT, RT           | \$27.20               |
| V5273          | Assistive listening device, for use with cochlear implant    |                   |                      | \$177.16              |
| V5274          | Assistive listening device, not otherwise specified          |                   |                      | \$177.16              |
| V5275          | Ear impression, each   |                   | LT, RT               | \$20.00               |
| V5299          | Hearing service, miscellaneous                               |                   |                      | Manually priced       |

\*\$129.50 is the maximum fee allowable for major repairs made to *noncontracted* hearing instrument models. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for contracted repair rates for major repairs made to *contracted* hearing instrument models.