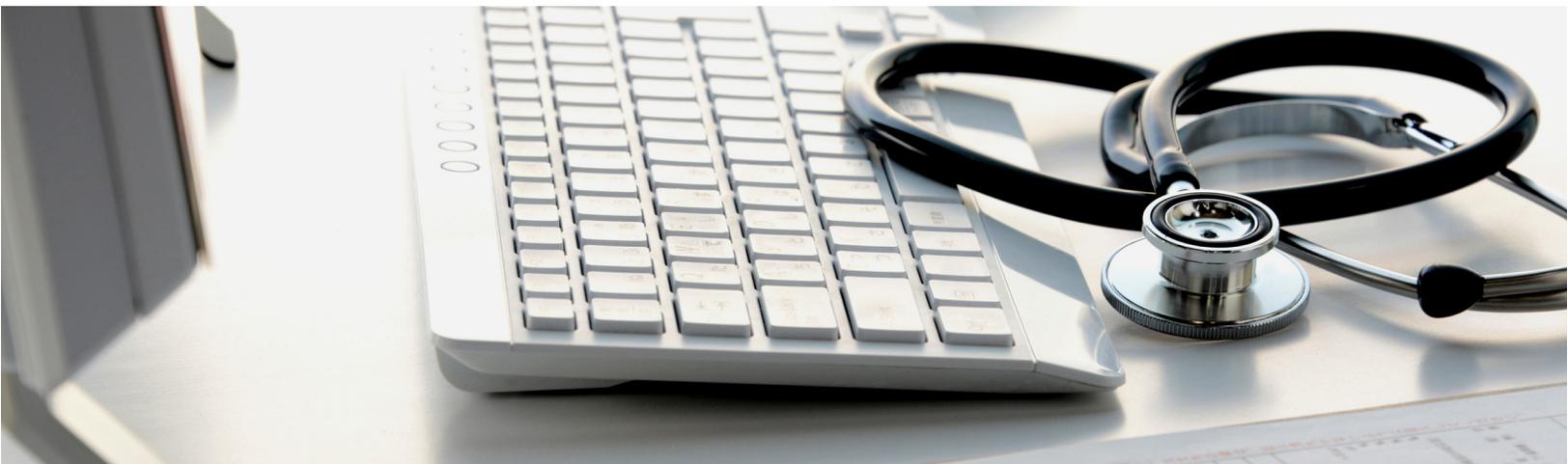


ForwardHealth UPDATE

Wisconsin serving you

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REVISED HEARING AID CONTRACT MODELS AND PRICING EFFECTIVE SEPTEMBER 2019

Effective for hearing aids dispensed on and after September 1, 2019, ForwardHealth has implemented manufacturer revisions on the volume purchase contracts for hearing aids. The volume purchase contracts for hearing aids are part of the volume purchase program for durable medical equipment. Some manufacturers, models, and purchase rates have changed under the volume purchase contract, but policies and procedures for hearing aids have not changed.

Note: There is a five-year product life expectancy on hearing aids for adults and a three-year product life expectancy on hearing aids for children ages 20 and younger.

Hearing Aid Manufacturers

Providers may only purchase hearing aids from the manufacturers that have entered a contract with ForwardHealth. Refer to [Attachment A](#) of this ForwardHealth Update for manufacturers that have signed a

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Audiologists, Hearing Instrument Specialists, Speech and Hearing Clinics, HMOs and Other Managed Care Programs

QUICK LINKS

- [Contracted Hearing Aid Models topic \(#2996\)](#)
- [Modifications topic \(#2973\)](#)

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

volume purchase contract and have at least one model available through this contract.

Hearing Aid Models and Purchase Rates Available

Refer to [Attachment B](#) for an updated list of procedure codes, procedure code descriptions, manufacturers, hearing aid models, purchase rates, and repair rates covered by the volume purchase contract. Purchase rates were established by the manufacturers for the hearing aid models available through the volume purchase contract. Providers are reminded that the contracted purchase rate for the hearing aids listed in Attachment B (not their usual and customary charge) must be indicated on claims and prior authorization (PA) requests. PA is required for the purchase of any hearing aid.

“Contracted hearing aid models are covered by the manufacturer under a minimum 24-month equipment warranty.”

Policies and Procedures for Hearing Aids

Contracted Hearing Aids

Policies and procedures regarding contracted hearing aids have not changed. For more information regarding shipping, repairs, warranties, trial periods, replacements, and PA requirements for contracted hearing aids, refer to the [Covered Services and Requirements chapter](#) of the Covered and Noncovered Services section of the Hearing service area of the ForwardHealth Online Handbook.

Manufacturer Equipment Warranty

Contracted hearing aid models are covered by the manufacturer under a minimum 24-month equipment warranty. The equipment warranty includes parts and labor. The equipment warranty does not cover the ear mold, cord, or batteries. Some manufacturers offer an equipment warranty greater than 24 months.

Effective September 1, 2019, equipment warranties for each manufacturer by contractual agreement are as follows:

- Beltone—24 months
- GN Resound—36 months
- Oticon, Inc.—36 months
- Sonova USA, Inc. (product line: Phonak)—24 or 36 months

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

- Sonova USA, Inc. (product line Unitron)—48 months
- Sivantos, Inc. (products lines: Rexton, Signia)—36 months
- Starkey Laboratories, Inc.—24 or 36 months
- Widex USA, LLC—36 months

Non-Warranty Repairs

The vendor must continue to honor the repair pricing of the contract under which the hearing aid was sold for the life of the hearing aid, whether the hearing aid has been discontinued from the contract, the vendor has terminated their participation in the contract, or the contract has been cancelled or expired. An invoice must accompany the repaired hearing aid when returned to the audiologist or hearing instrument specialist from the vendor.

Noncontracted Hearing Aids

Policies and procedures for noncontracted hearing aids are not changing at this time. For more information about noncontracted hearing aids, refer to the [Covered Services and Requirements chapter](#) of the Covered and Noncovered Services section of the Hearing service area of the Online Handbook.

Coverage of Telecoils

The Wisconsin Office for the Deaf and Hard of Hearing and the Wisconsin Council for the Deaf and Hard of Hearing recommend that audiologists and hearing instrument specialists inform and educate all individuals seeking hearing aids of the benefits of telecoils. When a device includes a telecoil, it is also recommended that audiologists and hearing instrument specialists activate the telecoil.

“The Wisconsin Office for the Deaf and Hard of Hearing and the Wisconsin Council for the Deaf and Hard of Hearing recommend that audiologists and hearing instrument specialists inform and educate all individuals seeking hearing aids of the benefits of telecoils.”

Providers are reminded that telecoils are included in the purchase price of many hearing aids and are reimbursable as a modification at the time of purchase if not included in the contracted purchase price. For more information regarding ForwardHealth reimbursement of telecoils, refer to the following Online Handbook topics in the Hearing service area:

- The [Contracted Hearing Aid Models](#) topic (#2996)
- The [Modifications](#) topic (#2973)

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

This Update was issued on 10/10/2019 and information contained in this Update was incorporated into the Online Handbook on 10/24/2019.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT A

Manufacturers and Contact Information

The following table lists the manufacturers that have signed a volume purchase contract with ForwardHealth. For all manufacturers, delivery time is as required.

MANUFACTURER AND CONTACT NAME	ADDRESS	PHONE NUMBER AND FAX NUMBER
Beltone Contact: Courtney Massie Email: cmassie@beltone.com	2601 Patriot Blvd Glenview IL 60026	Phone: 800-621-1275 Fax: 847-832-3667
GN ReSound Contact: Paul Rozendaal Email: prozendaal@gnresound.com	8001 E Bloomington Fwy Bloomington MN 55420	Phone: 800-248-4357, ext. 8259 Fax: 952-769-8259
Oticon, Inc. Email: box@oticonusa.com	580 Howard Ave Somerset NJ 08873	Phone: 800-526-3921 Fax: 732-560-0029
Sonova USA, Inc. Product Line: Phonak Contact: Susan Tornblom Email: Susan.Tornblom@sonova.com	14755 27 th Ave N Plymouth MN 55441	Phone: 763-331-3784
Sonova USA, Inc. Product Line: Unitron Contact: Jessica Dancis Email: Jessica.Dancis@unitron.com	14755 27 th Ave N Plymouth MN 55441	Phone: 612-816-3358
Sivantos, Inc. Product Line: Rexton Email: orders@sivantos.com	3033 Campus Dr W125 Plymouth MN 55441	Phone: 732-529-3651
Sivantos, Inc. Product Line: Signia Email: midwest-shi@sivantos.com	10 Constitution Ave Piscataway NJ 08855	Phone: 732-529-3651
Starkey Laboratories, Inc. Email: starkeysupport@starkey.com	6700 Washington Ave S Eden Prairie MN 55344	Phone: 952-941-6401 Fax: 952-828-6904
Widex USA, LLC Contact: Maria Balcerak Email: customerservice@widexusa.com	185 Commerce Dr Hauppauge NY 11788	Phone: 800-221-0639, option 2 Fax: 631-273-0639

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

ATTACHMENT B

Contracted Hearing Aid Models

The following modifiers are allowable for contracted hearing aid 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 and BadgerCare Plus do not reimburse providers for dispensing fees for rental hearing instruments.

Contracted Hearing Aid Models

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

V5171—HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) (APPLICABLE MODIFIERS: LT, RR, RT) (For binaural ITE, use V5211 [Applicable modifier: LT, RR, RT])					
MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR CROS	PURCHASE RATE FOR BICROS	REPAIR RATE PER UNIT	REPAIR WARRANTY
Phonak—Full Shell and Half Shell	CROS II Venture 30 Level for Virto V	\$678.00	\$678.00	\$110.00	12 months
	CROS II Venture 50 Level for Virto V	\$764.00	\$764.00		
	CROS B Custom 30 Level for Belong Virto	\$678.00	\$678.00		

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

V5171—HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE) (APPLICABLE MODIFIERS: LT, RR, RT) (CONT.)

(For binaural ITE, use V5211 [Applicable modifier: LT, RR, RT])

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR CROS	PURCHASE RATE FOR BICROS	REPAIR RATE PER UNIT	REPAIR WARRANTY
Phonak—Full Shell and Half Shell (Cont.)	CROS B Custom 50 Level for Belong Virto	\$764.00	\$764.00	\$110.00	12 months
Signia	CROS+Insio 3Nx	\$683.00	\$683.00	\$95.00	12 months

V5181—HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) (APPLICABLE MODIFIERS: LT, RR, RT)

(For binaural BTE, use V5221 [Applicable modifier: LT, RR, RT])

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR CROS	PURCHASE RATE FOR BICROS	REPAIR RATE PER UNIT	REPAIR WARRANTY
Phonak	CROS B 30 Level: For Belong Audeo/Bolero Excludes Rechargeable BTE/RIC	\$678.00	\$678.00	\$110.00	12 months
	CROS B R-Rechargeable 50 Level for Audeo B	\$829.48	\$829.48		
	CROS B 50 Level: For Belong Audeo/Bolero Excludes Rechargeable BTE/RIC	\$764.00	\$764.00		
	CROS II Venture 30 Level For Audeo V/ Bolero V	\$678.00	\$678.00		
	CROS II Venture 50 Level For Belong Audeo V/Bolero V	\$764.00	\$764.00		

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V5181—HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) (APPLICABLE MODIFIERS: LT, RR, RT) (CONT.)

(For binaural BTE, use V5221 [Applicable modifier: LT, RR, RT])

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR CROS	PURCHASE RATE FOR BICROS	REPAIR RATE PER UNIT	REPAIR WARRANTY
Rexton	CROS + Emerald S 60 8c	\$683.00	\$683.00	\$95.00	12 months
	CROS + Emerald S 80 8c	\$683.00	\$683.00		
	CROS + Mosaic 60 8c	\$683.00	\$683.00		
	CROS + Mosaic 80 8c	\$683.00	\$683.00		
Signia	CROS + Pure 3Nx RIC	\$683.00	\$683.00	\$95.00	12 months
	CROS Pure Charge & Go transmitter + Pure Charge & Go 3 Nx RIC	\$796.00	\$796.00		
	CROS Pure Charge & Go transmitter + Motion Charge & Go 3 Nx BTE	\$796.00	\$796.00		
	CROS + Motion 3Nx	\$683.00	\$683.00		
Starkey Laboratories, Inc.	CrosMuse i1600, available as B, P+, mRIC, RIC, RIC-R (includes Muse IQ versions, RIC-R)	\$738.00	\$738.00	\$84.99	12 months
	CrosMuse i2000, available as B, P+, mRIC, RIC, RIC-R (includes Muse IQ versions, RIC-R)	\$758.00	\$758.00		

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V5181—HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE) (APPLICABLE MODIFIERS: LT, RR, RT) (CONT.)

(For binaural BTE, use V5221 [Applicable modifier: LT, RR, RT])

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR CROS	PURCHASE RATE FOR BICROS	REPAIR RATE PER UNIT	REPAIR WARRANTY
Starkey Laboratories, Inc. (Cont.)	CrosMuse i2400 available as B, P+, mRIC, RIC, RIC-R (includes Muse IQ versions, RIC-R)	\$778.00	\$778.00	\$84.99	12 months
	CrosLivio 1000 RIC, RIC-R	\$618.00	\$618.00		
	CrosLivio 1200 RIC, RIC-R	\$668.00	\$668.00		
	CrosLivio 1600 RIC, RIC-R	\$738.00	\$738.00		
	CrosLivio 2000 RIC, RIC-R	\$758.00	\$758.00		
	CrosLivio 2400 RIC, RIC-R	\$778.00	\$778.00		
Widex USA, LLC	Evoke 110 Fashion, Fashion Power, mini, RIC	\$724.00	\$724.00	\$200.00	12 months
	Evoke 220 Fashion, Fashion Power, mini, RIC	\$814.00	\$814.00		
	Unique 110	\$450.00	\$225.00		
	Unique 220	\$760.00	\$760.00		
	Unique 330	\$760.00	\$760.00		

V5211—Refer to V5171.

V5221—Refer to V5181.

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**V5256—HEARING AID, DIGITAL, MONAURAL, ITE (APPLICABLE MODIFIERS:
LT, RR, RT)**

(For binaural, use V5260 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Beltone—Full Shell, Half Shell, and Low Profile Note: There is no charge for automatic noise reduction, directional microphone, or telecoil.	Ally 2	\$329.00	\$658.00	\$100.00	12 months
	Ally 3	\$349.00	\$698.00		
	Legend 6	\$399.00	\$798.00		
	Legend 9	\$449.00	\$898.00		
	Origin 2	\$249.00	\$498.00		
	Trust 6	\$399.00	\$798.00		
	Trust 9	\$449.00	\$898.00		
GN ReSound — Full Shell and Half Shell	Enya 3: DIR HP, DIR MP, DIR UP, HP, MP, UP, Wireless or Non-Wireless	\$300.00	\$600.00	\$95.00	12 months
	LiNX3D 5: DIR HP, DIR MP, DIR UP, HP, MP, UP, Wireless or Non-Wireless	\$397.00	\$794.00		
	LiNX3D 7: DIR HP, DIR MP, DIR UP, HP, MP, UP, Wireless or Non-Wireless	\$448.00	\$896.00		
Oticon, Inc.—Full Shell and Half Shell Note: There is no charge for VC, TC, or Auto TC.	Opn 2	\$449.00	\$898.00	\$100.00	12 months
	Opn 3	\$349.00	\$698.00		
	Siya 1	\$299.00	\$598.00		
	Siya 2	\$199.00	\$398.00		

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**V5256—HEARING AID, DIGITAL, MONAURAL, ITE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5260 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Phonak—Full Shell, Half Shell, and Low Profile	Virto B30	\$299.00	\$598.00	\$129.00	12 months
	Virto B50	\$385.00	\$770.00		
	Virto V30	\$299.00	\$598.00		
	Virto V50	\$385.00	\$770.00		
Signia—Full Shell	Insio 3 Nx	\$398.00	\$796.00	\$95.00	12 months
	Insio 1 Px	\$283.00	\$566.00		
	Insio 2 Px	\$339.00	\$678.00		
	Insio 3 Px	\$398.00	\$796.00		
Starkey Laboratories, Inc.—Full Shell and Half Shell	3 Series 20	\$299.00	\$598.00	\$84.99	12 months
	Muse i1000	\$279.00	\$558.00		
	Muse i1200	\$329.00	\$658.00		
	Muse i1600	\$399.00	\$798.00		
	Muse iQ i1600	\$399.00	\$798.00		
	Muse i2000	\$419.00	\$838.00		
	Muse iQ i2000	\$419.00	\$838.00		
	Muse i2400	\$439.00	\$878.00		
	Muse iQ i2400	\$439.00	\$878.00		
	Picasso i1600	\$399.00	\$798.00		
	Picasso i2000	\$419.00	\$838.00		
	Picasso i2400	\$439.00	\$878.00		
Unitron Hearing—Full Shell	Insera 500	\$299.00	\$598.00	\$75.00	12 months
	Insera 600	\$335.58	\$671.16		
	Insera 700	\$400.60	\$801.20		
Unitron Hearing—Half Shell	Insera 500	\$299.00	\$598.00	\$75.00	12 months
	Insera 600	\$335.58	\$671.16		
	Insera 700	\$400.60	\$801.20		
Widex USA, LLC—Full Shell and Half Shell	Evoke 110	\$350.00	\$700.00	\$100.00	12 months
	Evoke 220	\$440.00	\$880.00		
	Unique 110	\$225.00	\$450.00		
	Unique 220	\$385.00	\$770.00		

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**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Beltone	Ally 2	\$329.00	\$658.00	\$100.00	12 months
	Ally 3	\$349.00	\$698.00		
	Amaze 64DW	\$419.00	\$838.00		
	Bold 2 95D	\$329.00	\$658.00		
	Bold 3 95D	\$399.00	\$798.00		
	Boost Max 9	\$449.00	\$898.00		
	Legend 6	\$399.00	\$798.00		
	Legend 9	\$449.00	\$898.00		
	Origin 2-75D, 85D	\$249.00	\$498.00		
	Origin 3-64D	\$289.00	\$578.00		
	Trust 6	\$399.00	\$798.00		
	Trust 9	\$449.00	\$898.00		
	GN ReSound	Enya 2, Mini, Power, Standard	\$275.00		
Enya 3 Mini, Power, Standard, Standard RIC		\$300.00	\$600.00		
Enzo 3D 5 High Power, Super Power		\$397.00	\$794.00		
Enzo 3D 7 High Power, Super Power		\$448.00	\$896.00		
LINX 3D 5: Standard, Mini, Mini RIE, RIE, Power		\$397.00	\$794.00		
LINX 3D 7: Standard, Mini, Mini RIE, RIE, Power		\$448.00	\$896.00		
LINX Quattro 5 RIE		\$448.00	\$896.00		

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**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Oticon, Inc.	Opn 2 miniRITE, mini RITE-T, Plus Power	\$449.00	\$898.00	\$100.00	12 months
	Opn 3 miniRITE, mini RITE-T, Plus Power	\$349.00	\$698.00		
	Opn Play 1 miniRITE, miniRITE-T, PP	\$449.00	\$898.00		
	Opn Play 2 miniRITE, miniRITE-T, PP	\$349.00	\$698.00		
	Opn Play 2 miniRITE-R	\$375.00	\$750.00		
	Opn S 3 miniRITE, miniRITE-R, miniRITE-T, PP	\$375.00	\$750.00		
	Sensei, Sensei RITE, Sensei SP	\$199.00	\$398.00		
	Sensei Pro, Sensei Pro RITE, Sensei Pro SP	\$349.00	\$698.00		
	Siya 1 miniRITE, miniRITE-T, PP	\$299.00	\$598.00		
	Siya 2 miniRITE, miniRITE-T, PP	\$199.00	\$398.00		
	Xceed 2 SP, UP	\$449.00	\$898.00		
	Xceed 3 SP, UP	\$349.00	\$698.00		
	Xceed Play 1 SP, UP	\$449.00	\$898.00		
	Xceed Play 2 SP, UP	\$349.00	\$698.00		
Phonak	Audeo B30 T	\$299.00	\$598.00	\$129.00	12 months
	Audeo B50: RIC, T	\$385.00	\$770.00		
	Audeo B50-R Rechargeable (includes charger case)	\$410.00	\$820.00		
	Audeo M30	\$352.00	\$704.00		

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**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Phonak (Cont.)	Audeo M30-R, RT Rechargeable (includes charger case)	\$377.00	\$754.00	\$129.00	12 months
	Audeo M50	\$439.00	\$878.00		
	Audeo M50-R, RT Rechargeable (includes charger case)	\$450.00	\$900.00		
	Bolero B30: M, P, SP	\$299.00	\$598.00		
	Bolero M30-M	\$352.00	\$704.00		
	Bolero B50: M, P, SP	\$385.00	\$770.00		
	Bolero B50-R Rechargeable (includes charger case)	\$410.00	\$820.00		
	Bolero M50-M	\$439.00	\$878.00		
	Bolero V30: M, P, SP	\$299.00	\$598.00		
	Bolero V50: M, P, SP	\$385.00	\$770.00		
	Naida B30: SP, UP	\$299.00	\$598.00		
	Naida B50: SP, UP	\$385.00	\$770.00		
	Naida B50-R Rechargeable (includes charger case)	\$410.00	\$820.00		
	Naida V30: RIC, SP, UP	\$299.00	\$598.00		
	Naida V50: RIC, SP, UP	\$385.00	\$770.00		
	Sky B50: M, P, RIC, SP, UP	\$385.00	\$770.00		
	Sky B50-PR Rechargeable (includes charger case)	\$410.00	\$820.00		
	Sky M50-M	\$385.00	\$770.00		
	Sky V50: M, P, RIC, SP, UP	\$385.00	\$770.00		

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Rexton	Emerald M 60	\$339.00	\$678.00	\$95.00	12 months
	Emerald M 80	\$398.00	\$796.00		
	Emerald S 60	\$339.00	\$678.00		
	Emerald S 80	\$398.00	\$796.00		
	Mosaic HP 60	\$339.00	\$678.00		
	Mosaic HP 80	\$398.00	\$796.00		
	Mosaic M 60	\$339.00	\$678.00		
	Mosaic M 80	\$398.00	\$796.00		
	Mosaic P 60	\$339.00	\$678.00		
	Mosaic P 80	\$398.00	\$796.00		
	Stellar Li 60	\$339.00	\$678.00		
	Stellar Li 80	\$398.00	\$796.00		
Signia	Motion 1Px P, S, SA, SP	\$283.00	\$566.00	\$95.00	12 months
	Motion 2Px P, S, SA, SP	\$339.00	\$678.00		
	Motion Charge & Go 1 Nx	\$283.00	\$566.00		
	Motion Charge & Go 2 Nx	\$339.00	\$678.00		
	Motion Charge & Go 3 Nx	\$398.00	\$796.00		
	Motion Nx 3, P Nx 3	\$398.00	\$796.00		
	Pure 1Px RIC	\$283.00	\$566.00		
	Pure 2Px RIC	\$339.00	\$678.00		
	Pure NX 3	\$398.00	\$796.00		
	Pure Charge & Go 1 Nx	\$283.00	\$566.00		
	Pure Charge & Go 2 Nx	\$339.00	\$678.00		
	Pure Charge & Go Nx 3	\$398.00	\$796.00		
	Styiletto 1 Nx	\$283.00	\$566.00		
	Styiletto Connect 3 NX	\$398.00	\$796.00		

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1905(a)12, Wis. Stat. § 49.45(2)(a)1, and Wis. Admin. Code § DHS 107.24(2)(c)7.

**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Starkey Laboratories, Inc.	3 Series 20: Mini, P+, or RIC	\$299.00	\$598.00	\$84.99	12 months
	Livio 1000 (includes RIC-R)	\$279.00	\$558.00		
	Livio 1200 (includes RIC-R)	\$329.00	\$658.00		
	Livio 1600 (includes RIC-R)	\$399.00	\$798.00		
	Livio 2000 (includes RIC-R)	\$419.00	\$838.00		
	Livio 2400 (includes RIC-R)	\$439.00	\$878.00		
	Muse i1000 (includes Muse IQ versions, RIC-R)	\$279.00	\$558.00		
	Muse i1200 (includes Muse IQ versions, RIC-R)	\$329.00	\$658.00		
	Muse i1600 (includes Muse IQ versions, RIC-R)	\$399.00	\$798.00		
	Muse i2000 (includes Muse IQ versions, RIC-R)	\$419.00	\$838.00		
	Muse i2400 (includes Muse IQ versions, RIC-R)	\$439.00	\$878.00		

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**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Unitron Hearing	Discover Moxi Fit 3	\$350.46	\$700.92	\$75.00	12 months
	Discover Moxi Fit 5	\$437.16	\$874.32		
	Discover Moxi Jump 3	\$374.50	\$749.00		
	Discover Moxi Jump 5	\$445.04	\$890.08		
	Tempus Moxi Dura 500	\$299.00	\$598.00		
	Tempus Moxi Dura 600	\$375.53	\$751.06		
	Tempus Moxi Dura 700	\$439.56	\$879.12		
	Tempus Moxi Fit 500	\$299.00	\$598.00		
	Tempus Moxi Fit 600	\$375.53	\$751.06		
	Tempus Moxi Fit 700	\$439.56	\$879.12		
	Tempus Moxi Kiss 500	\$299.00	\$598.00		
	Tempus Moxi Kiss 600	\$375.53	\$751.06		
	Tempus Moxi Kiss 700	\$439.56	\$879.12		
	Tempus Moxi Now 500	\$299.00	\$598.00		
	Tempus Moxi Now 600	\$375.53	\$751.06		
	Tempus Moxi Now 700	\$439.56	\$879.12		
	Tempus 500: P, P Dura	\$299.00	\$598.00		
	Tempus 600: P, P Dura	\$375.53	\$751.06		
	Tempus 700: P, P Dura	\$439.56	\$879.12		
	Tempus Stride M 500	\$299.00	\$598.00		
	Tempus Stride M 600	\$375.53	\$751.06		
	Tempus Stride M 700	\$439.56	\$879.12		
	T Max 500 SP, UP	\$299.00	\$598.00		
	T Max 600 SP, UP	\$375.53	\$751.06		
T Max 700 SP, UP	\$439.56	\$879.12			
Widex USA, LLC	Beyond 220	\$385.00	\$770.00	\$100.00	12 months
	Beyond 330	\$440.00	\$880.00		
	Evoke 110 Fashion, Fashion mini, Fashion power	\$350.00	\$700.00		

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**V5257—HEARING AID, DIGITAL, MONAURAL, BTE (APPLICABLE MODIFIERS:
LT, RR, RT) (CONT.)**

(For binaural, use V5261 [Applicable modifier: RR].)

MANUFACTURER AND STYLE	MODEL(S)	PURCHASE RATE FOR MONAURAL	PURCHASE RATE FOR BINAURAL	REPAIR RATE PER UNIT	REPAIR WARRANTY
Widex USA, LLC (Cont.)	Evoke 220 Fashion, Fashion mini, Fashion power	\$440.00	\$880.00	\$100.00	12 months
	Unique 110 Fashion, Fashion Power	\$225.00	\$450.00		
	Unique 220	\$385.00	\$770.00		
	Unique 220 Fashion, Fashion Power	\$385.00	\$770.00		
	Unique 330	\$385.00	\$770.00		
	Unique 330 Fashion Power	\$385.00	\$770.00		

V5260 – Refer to V5256.

V5261 – Refer to V5257.

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