CHAPTER 64

HEARING AID SERVICES

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SUBCHAPTER 1. GENERAL POLICIES

10:64-1.1 Scope

(a) This chapter is concerned only with hearing aids for eligible beneficiaries of the New Jersey Medicaid program. It is the intent of the program to furnish hearing aids and related services to eligible beneficiaries who can benefit from them.

(b) When a hearing aid is authorized and purchased on behalf of a Medicaid beneficiary, ownership of the hearing aid will vest in the Division of Medical Assistance and Health Services. The beneficiary will be granted a possessory interest for as long as the beneficiary requires use of the aid. When the beneficiary no longer needs the aid, possession and control will revert to the Division. The beneficiary shall sign an agreement to this effect as part of the process of authorizing purchase of the hearing aid.

10:64-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the content clearly indicates otherwise.

"Audiologist" means an individual who has received the Certificate of Clinical Competence in Audiology (CCC-A) from the American Speech-Language-Hearing Association, or who has completed the equivalent academic and work experience necessary to receive the CCC-A, or who has completed the academic program and is acquiring the supervised work experience to qualify for the certificate and who is licensed by the State as an audiologist, in accordance with N.J.S.A. 45:3B-8 and N.J.A.C. 13:44C-3.2, or who has a comparable license from their state of practice.

"Dispenser" means an individual who is licensed by the State as a hearing aid dispenser in accordance with N.J.S.A. 45:9A-9 and N.J.A.C. 13:35-8, or is licensed or certified by a comparable agency in the state where they are practicing.

"Hearing aid" means an ear-level or body-worn electroacoustic instrument for amplifying sound whose basic components are a microphone, amplifier, and receiver.

"Otologist" for purposes of this chapter refers to either a physician who specializes in diseases of the ear or a physician who specializes in diseases of the ear, nose and throat and who qualifies as a specialist according to the definition and conditions in N.J.A.C. 10:54, Manual for Physician Services.

10:64-1.3 Provisions for provider participation

(a) In order to participate in the Medicaid program as a hearing aid provider, the dispenser shall apply to and be approved by the New Jersey Medicaid program. Application for approval by the New Jersey Medicaid program as a hearing aid provider requires completion and submission of the "Medicaid Provider Application" (FD-20) and the "Medicaid Provider Agreement" (FD-62).

1. The documents referenced above are located as Forms No. 8 and No. 9 in the Appendix at the end of the Administration chapter (N.J.A.C. 10:49), and may be obtained from and submitted to:

Unisys Corporation
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650-4804

(b) In order to be approved as a Medicaid participating provider, the dispenser shall have a current valid license to dispense hearing aids from the New Jersey Board of Medical Examiners.

1. An out-of-State hearing aid dispenser shall have comparable documentation from the state in which they are licensed to provide hearing aid services.

(c) A photocopy of the current valid license shall be provided with the application for enrollment.

(d) Upon signing and returning the Medicaid Provider Application, the Provider Agreement and other enrollment documents to Unisys, the fiscal agent for the New Jersey Medicaid program, the hearing aid dispenser will receive written notification of approval or disapproval. If approved, the hearing aid dispenser will be assigned a provider identifier number. Unisys will furnish the provider identifier number, provider number, and will provide an initial supply of pre-printed claim forms.

10:64-1.4 Recordkeeping

(a) The hearing aid provider, in any and all settings, shall keep legible individual records as are necessary to fully disclose the kind and extent of service(s) provided, the HCPCS procedure code being billed, and proof of medical necessity for those services.

(b) Documentation of services performed by the hearing aid provider shall include, but may not be limited to, the following:

1. The date of service;
2. The name of beneficiary;
3. The reason for the visit;
4. Evaluation findings;
5. The service(s) provided;
6. Follow-up procedures or visits, if required;
7. The signature of the dispensing provider rendering the service(s); and
8. Other documentation required to support the services billed to the Medicaid program.

(c) Written records required to support services billed to the Medicaid program shall be made available for review and/or inspection if requested by the Department of Medical Assistance and Health Services (DMAHS).

(d) Further discussion of the extent of documentation requirements can be found at N.J.A.C. 10:49-9.7, 9.8 and 9.9.

(e) The hearing aid provider's involvement shall be clearly demonstrated in notes reflecting the provider's personal involvement with, or participation in, the service rendered.

(f) Hearing aid providers shall make documentation available to Medicaid staff during post-payment audits. Providers who repeatedly overbill or fail to follow hearing aid candidacy criteria or Program regulations may be required to have all of their claims prior authorized.

1. The provider shall maintain copies of all records, including, but not limited to, the following:

i. Otologic reports;

ii. FD-36, FD-244, FD-257, and CMS 1500 claim forms;

iii. Documentation to support the need for replacement aids; and

iv. Repair invoices.

(g) Copies of all records shall be kept and maintained by the provider for a period of at least five years from the date the service was rendered.

10:64-1.5 Basis of reimbursement

(a) Reimbursement for a new hearing aid shall be the lower of the following charges:

1. The provider's usual and customary charges; or

2. A charge consisting of the following:

i. Wholesale cost of the instrument; plus

ii. Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

iii. Insurance, shipping, and handling costs included as a component of the manufacturer's cost; plus

iv. Wholesale cost of the batteries; plus

v. A dispensing fee of $ 175.00 for a monaural fitting or $ 280.00 for a binaural fitting.

(b) Reimbursement for a returned hearing aid shall be as follows:

1. Should it be determined at the follow-up examination that the prescribed hearing aid properly supplied has failed to provide the beneficiary with the anticipated communication benefit, and that a different aid will not be prescribed (that is, there will be no exchange), the provider shall be reimbursed for services and materials upon return of the hearing aid, at the lower of the following:

i. The provider's usual and customary charge; or

ii. A charge consisting of the following:

(1) Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

(2) Wholesale cost of the batteries, cord and garment bag, as per laboratory invoice or laboratory price list; plus

(3) The manufacturer's restocking fee, if any; plus

(4) A service fee of $ 30.00.

(c) Replacement of an aid within one year from date of original dispensing, if not covered by the manufacturer's warranty, shall be reimbursed at the lower of the following:

1. The provider's usual and customary charge; or

2. A charge consisting of the following:

i. Wholesale cost of the instrument; plus

ii. Wholesale cost of the earmold, as per laboratory invoice or laboratory price list; plus

iii. Insurance, shipping, and handling costs included as a component of the manufacturer's cost; plus

iv. A dispensing fee of $ 50.00.

(d) Reimbursement for repair of a hearing aid, if not covered by the manufacturer's warranty, shall be the lower of the following:

1. The provider's usual and customary charge; or

2. A charge consisting of the following:

i. Manufacturer's cost of repair; plus

ii. A 50 percent service fee.

(e) Reimbursement for replacement parts, if not covered by the manufacturer's warranty, shall be the lower of the following:

1. The provider's usual and customary charge; or

2. A charge consisting of the following, depending upon the part or parts to be replaced:

i. Earmolds: Wholesale cost, as per laboratory invoice or laboratory price list, plus $ 10.00;

ii. Batteries, which shall be provided as a three month's supply: Manufacturer's list price less 20 percent;

iii. Cords: Manufacturer's list price less 20 percent;

iv. Receivers: Manufacturer's list price less 20 percent;

v. Garment bags: Manufacturer's list price less 20 percent.

(f) In addition to other remedies provided under State and Federal laws, rules and regulations, the Department of Medical Assistance and Health Services may deny payments and/or recoup payments from a provider if:

1. The recipient of a hearing aid did not meet the hearing aid candidacy requirements at N.J.A.C. 10:64-2.1(b);

2. Documentation submitted by the provider does not justify dispensing a hearing aid; or

3. The provider did not comply with the procedures for dispensing a hearing aid in accordance with N.J.A.C. 10:49 and this chapter.

END OF SUBCHAPTER 1

SUBCHAPTER 2. PROVISION OF SERVICES

10:64-2.1 Hearing aid program, policies and procedures

(a) An otologic examination and a hearing aid examination shall be performed prior to prescribing a hearing aid. The physician or advanced practice nurse performing the medical examination of the Medicaid eligible beneficiary shall determine if an audiological examination is medically necessary for beneficiaries 21 years of age or older. If the physician or advanced practice nurse determines that an audiological examination is medically necessary for beneficiaries 21 years of age or older, the audiological examination shall be completed prior to prescribing a hearing aid. All Medicaid eligible beneficiaries under 21 years of age shall have an audiological examination completed prior to the prescribing of a hearing aid. If the beneficiary is a patient of a long-term care facility, a nursing facility hearing aid screening shall also be performed, as indicated in (a)3 below. (See Fiscal Agent Billing Supplement, FD-36.)

1. Otologic examinations shall consist of a history and physical examination of the ear, nose and throat with a relevant diagnosis supporting the need for audiologic and hearing aid examination, with such examination signed and dated by the otologist and forwarded to the individual providing the audiological and hearing aid examinations.

2. Audiological examinations performed by an audiologist or otologist shall include the following (data other than that in this section are acceptable for infants and non-verbal children):

i. Pure tone air and bone conduction thresholds;

ii. Speech reception thresholds;

iii. Speech discrimination scores;

iv. Masking when indicated;

v. Most comfortable listening levels (MCL);

vi. Uncomfortable loudness levels or thresholds of discomfort; and

vii. Middle ear measurements and reflex thresholds when indicated.

3. A hearing aid examination performed by an audiologist, otologist or hearing aid dispenser shall include initial hearing aid testing as described in this section, and follow-up as described in N.J.A.C. 10:64-2.6;

i. Initial testing shall be as follows:

(1) Either in the sound field both with and without amplification (aided and unaided) to indicate benefit and effectiveness of the prescribed amplification; or

(2) With a master hearing aid.

(b) Hearing aid candidacy requirements shall be as follows:

1. Monaural hearing aid candidates shall meet the following conditions related to treatment of a hearing loss:

i. 45dB or worse hearing loss at 2000 Hz in the better ear; or

ii. 40dB or worse average hearing loss at 500, 1000, 2000 and 3000 Hz in the better ear; or

iii. Asymmetrical hearing loss in which there is:

(1) Either 40dB or worse hearing loss at 2000 Hz in the better ear, or a 35dB or worse average hearing loss at 500, 1000, 2000 and 3000 Hz in the better ear; and

(2) 60dB or worse average hearing loss at 500, 1000, 2000 and 3000 Hz in the poorer ear;

2. A CROS/BICROS hearing aid candidate shall have one ear which is too poor to be aided by a hearing aid device; or

3. Binaural hearing aid candidates and candidates with unilateral hearing loss who request coverage of a hearing aid device for their poor ear shall have hearing loss which meets the following conditions:

i. 35dB or worse hearing loss at 2000 Hz in the ear to be aided; or

ii. 30dB or worse average hearing loss at 500, 1000, 2000 and 3000 Hz in the ear to be aided.

10:64-2.2 Dispensing of a hearing aid to a Medicaid beneficiary residing in a nursing facility

(a) Coverage of hearing aid devices in a nursing facility shall be based on the requirements of hearing aid candidacy described under N.J.A.C. 10:64-2.1(b) and 2.5.

(b) A medical examination of a beneficiary's ear may be performed by an otologist or beneficiary's attending physician or other type of physician practicing in a nursing facility.

(c) Hearing aids dispensed in nursing facilities shall be subject to a prepayment review by the Medicaid program following the date the aid was provided to assess the appropriateness of the aid and the overall response of the beneficiary to the aid's availability.

(d) Completed documentation (see Fiscal Agent Billing Supplement, incorporated herein by reference as the chapter Appendix) required for coverage of these services by the Medicaid program shall include, but shall not be limited to, the following:

1. The Nursing Facility Hearing Aid Screening form (FD-257);

2. The Audiologic and Hearing Aid Examinations form (FD-36); and

3. The Follow-up to Hearing Aid Examination form (FD-244).

(e) Follow-up will be performed by Medicaid staff, who will sign the form FD-244, indicate on the form whether the aid is approved for purchase, and return the form to the provider.

(f) If the hearing aid is denied, a notification letter shall be sent to the provider and beneficiary.

(g) In lieu of an otologic report, the resident's attending physician may sign the bottom of the form FD-257, indicating that the beneficiary has been given the appropriate examination and is medically cleared for a hearing aid.

10:64-2.3 Dispensing of a hearing aid; repairs and replacement of parts

(a) Delivery of the hearing aid shall be made to the beneficiary within 21 days of receipt of an original prescription for such services.

(b) When the new hearing aid is delivered the provider shall:

1. Supply the new instrument;

2. Supply a custom-fitted earmold;

3. Supply tubing, or cord and receiver;

4. Issue a one month's supply of batteries;

5. Issue a garment bag, if applicable, and any other accessories normally supplied with the type of hearing aid provided;

6. Issue the manufacturer's User Instructional Brochure for the particular instrument provided;

7. Instruct in the use and care of the hearing aid and earmold, including specific instruction on insertion of the earmold; and

8. Explain the need for a follow-up visit and complete a copy of the Notice of Requirement for Hearing Aid Follow-up Visit, unless the aid is a replacement aid and no hearing aid examination was performed.

10:64-2.4 Dispenser's responsibilities

(a) When the hearing aid is dispensed the provider shall:

1. Guarantee that all instruments and earmolds provided conform to the prescription as set forth in Form FD-36, Section C, Audiologic and Hearing Aid Examinations and fit comfortably and adequately to the extent that the beneficiary's condition permits;

2. Assume liability for material defects and unconditionally guarantee material and workmanship for one year from date of delivery for a new hearing aid, except that:

i. Cords and bone-conduction receivers shall be excluded from this liability; and

ii. The provider shall not be responsible for damage to an aid due to accident, misuse or alteration;

3. Provide appropriate repair services for a period of at least one year after delivery of the aid, including a loaner instrument of comparable performance in good working order;

4. Provide appropriate maintenance services for a period of at least one year after delivery of the aid, which shall include:

i. Cleaning of the earmold;

ii. Replacing tubing;

iii. Cleaning contacts; and

iv. Spraying for volume wheel noise;

5. Accept return of an instrument or part thereof within 30 days of delivery to the beneficiary when the audiologist, otologist or Medicaid staff member, after the follow-up visit, determines that the instrument does not conform to the prescription, does not fit properly, is not of acceptable quality and comfort consistent with the condition of the beneficiary, or has failed to produce the benefit anticipated during the nursing facility hearing aid screening or the hearing aid examination as follows:

i. If it is found that material or workmanship are defective, then the provider shall be allowed a reasonable opportunity to make such adjustments, corrections or replacement that may be necessary to allow for acceptance of the instrument and/or earmold, without additional charges to the program except that the provider's responsibility shall not apply to corrections necessitated by the beneficiary's misuse or abuse of the instrument;

6. Make services, supplies, and parts reasonably accessible and available during regular business hours in an identifiable and fixed place of business, which shall include a public entrance directly into the provider's place of business;

7. Assure that the hearing aid candidacy requirements described in N.J.A.C. 10:64-2.1(b) are met prior to dispensing an aid and that all required procedures are followed; and

8. Provide auxiliary aids, such as qualified sign language interpreters, to beneficiaries who need such an aid to facilitate communication with the provider during the service delivery process.

10:64-2.5 Policies on replacement of a hearing aid

(a) The original hearing aid shall be replaced by a provider only under the following conditions:

1. The aid is lost or stolen or broken. There shall be reasonable expectation that a replacement aid is not likely to be lost, stolen or broken;

2. The aid is malfunctioning and the cost of repairing the aid is 50 percent or more of its replacement cost to the Medicaid program; or

3. The hearing loss for which the original aid was prescribed has changed such that the original aid no longer is appropriate and the examinations prescribed in N.J.A.C. 10:64-2.1(b) have determined that a new aid should be prescribed.

(b) In those situations in which a replacement aid is repeatedly provided and these services do not reflect the normal use of an aid by a beneficiary, the provider shall contact the Medical Assistance Customer Center for consultation.

(c) Reconditioned hearing aids are not eligible for Medicaid coverage.

10:64-2.6 Hearing aid follow-up visit

For beneficiaries other than nursing home residents, follow-up shall consist of counseling and testing in the sound field by an audiologist, otologist, or hearing aid dispenser within 21 days of the date the aid was provided to evaluate the adequacy, performance, and utilization of the amplification provided.

10:64-2.7 Policies on repairs, replacement earmolds, and replacement parts

(a) A signed and dated prescription is not required for the following hearing aid services:

1. Hearing aid repairs;
2. Replacement earmolds;
3. Replacement batteries; and
4. Replacement cords, receivers, and garment bags.

10:64-2.8 Standards for environment and equipment used for audiologic and hearing aid testing

(a) The audiological examination and hearing aid testing shall be performed in an environment that meets standards published by the American National Standards Institute as ANSI S3.1-1991 Maximum Permissible Ambient Noise for Audiometric Test Rooms, incorporated herein by reference, as amended and supplemented.

1. Standards for the test environment may be waived in the rare case when a good hearing aid candidate cannot be moved due to severe health problems. In these situations, dispensers shall test the candidate within the environment available, approximate, to the extent possible, the standards described in (a) above, and document the testing conditions in the beneficiary's record.

(b) Audiometers used shall meet current standards published by the American National Standards Institute ANSI S3.6-1989 American National Standard Specification for Audiometers, incorporated herein by reference, as amended and supplemented.

(c) Calibration of audiometers shall be performed at least annually by electroacoustic instrumentation for frequency, intensity, linearity, sound field, and special function.

(d) A written log shall be maintained for annual audiometric calibrations and signed by the individual performing the calibration.

END OF SUBCHAPTER 2

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:64-3.1 Introduction to the HCPCS procedure code system

(a) The New Jersey Medicaid program uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., and incorporated herein by reference, as amended and supplemented, and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

(b) HCPCS has been developed as a three-level coding system, as follows:

1. Level I codes: Narratives for these codes are found in the CPT, which is incorporated herein by reference, as amended and supplemented. The codes are adapted from the CPT for use primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners and clinical nurse specialists, independent clinics and independent laboratories. Level I procedure codes are not applicable to hearing aid services.

2. Level II codes: These codes are assigned by CMS for physician and non-physician services which are not in the CPT. Narratives for these codes, and the fees for each, can be found at N.J.A.C. 10:64-3.2.

3. Level III codes: Level III codes identify services unique to the New Jersey Medicaid program. These codes are assigned by the Department to be used for those services not identified by CPT codes or CMS-assigned codes. Narratives for these codes, and the fees paid for each, can be found at N.J.A.C. 10:64-3.3.

(c) Specific elements of HCPCS codes require the attention of providers. The lists of HCPCS code numbers for hearing aid services are arranged in tabular form with specific information for a code given under columns with titles such as: "IND" "HCPCS CODE" "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1. Alphabetic and numeric symbols under "IND" and "MOD":

These symbols, when listed under the "IND" and "MOD" columns, are elements of the HCPCS coding system used as qualifiers or indicators ("IND" column) and as modifiers ("MOD" column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

i. These symbols and/or letters shall not be ignored because they reflect requirements, in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in

the CPT-4, for which the provider is liable. These additional requirements shall be fulfilled before reimbursement is requested.

ii. If there is no identifying symbol listed, the CPT/HCPCS procedure code narrative prevails.

IND = lists alphabetic symbols used to refer the provider to information concerning the New Jersey Medicaid program's qualifications and requirements when a procedure or service code is used.
An explanation of the indicators and qualifiers used in this column is located below and in paragraph 1, "Alphabetic and numeric symbols," as follows:

N = "N" preceding any procedure code means that qualifiers are applicable to that code. These qualifiers are listed by HCPCS procedure code number at N.J.A.C. 10:64-3.4.

HCPCS CODE = HCPCS procedure code numbers.

MOD = Alphabetic and numeric symbols: Under certain circumstances, services and procedures may be modified by the addition of alphabetic and/or numeric characters at the end of the code. The New Jersey Medicaid program's modifier codes for hearing aid services are:
LT = Left side (used to identify procedures performed on the left side of the body).
RT = Right side (used to identify procedures performed on the right side of the body).
YF = Dispenser's service fee.

DESCRIPTION = Code narrative:
Narratives for Level I codes are found in CPT-4.
Narratives for Level II and III codes are found at N.J.A.C. 10:64-3.2 and 3.3

MAXIMUM FEE ALLOWANCE = New Jersey Medicaid program's maximum reimbursement allowance. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to evaluate and price the service (for example: Invoice or manufacturer's price

list where appropriate, or detailed description of service for minor in-office procedure).

(d) Listed below are general policies of the New Jersey Medicaid program that pertain to HCPCS. Specific information concerning the responsibilities of a hearing aid service when rendering Medicaid-covered services and requesting reimbursement are located at N.J.A.C. 10:64-1 and 2.

1. General requirements are as follows:

i. When filing a claim, the appropriate HCPCS procedure codes shall be used, in conjunction with modifiers when applicable.

ii. When billing, the provider shall enter on the claim form a CPT/HCPCS procedure code as listed in this subchapter (N.J.A.C. 10:64-3.2 and 3.3).

iii. Date(s) of service(s) shall be indicated on the claim form and in the provider's own record for each service billed.

iv. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum payment for the given procedure for the hearing aid service. When submitting a claim, the provider shall always use her or his usual and customary fee.

10:64-3.2 HCPCS Procedure codes and maximum fee allowance schedule for Level II codes and narratives

IND	HCPCS Code	Mod	Description	Maximum Fee Allowance $
	V5030		Hearing Aid, Monaural, Body Worn, Air Conduction	B.R.
	V5040		Hearing Aid, Monaural, Body Worn, Bone Conduction	B.R.
	V5050		Hearing Aid, Monaural, In The Ear	B.R.
	V5060		Hearing Aid, Monaural, Behind The Ear	B.R.
	V5070		Glasses, Air Conduction	B.R.
	V5080		Glasses, Bone Conduction	B.R.
	V5090		Dispensing Fee, Unspecified	
	(LT or RT)		Hearing Aid NOTE: Monaural. Specify LT = left or RT = right.	175.00
	V5100		Hearing Aid, Bilateral, Body Worn NOTE: One unit, withY-cord or bilateral cords.	B.R.

V5110	Dispensing Fee, Bilateral	175.00
V5120	Binaural, Body	B.R.
V5130	Binaural, In The Ear	B.R.
V5140	Binaural, Behind The Ear	B.R.
V5150	Binaural, Glasses	B.R.
V5160	Dispensing Fee, Binaural	280.00
V5170	Hearing Aid, CROS,In The Ear	B.R.
V5180	Hearing Aid, CROS,Behind The Ear	B.R.
V5190	Hearing Aid, CROS,Glasses	B.R.
V5200	Dispensing Fee, CROS	175.00
V5210	Hearing Aid, BICROS,In The Ear	B.R.
V5220	Hearing Aid, BICROS,Behind The Ear	B.R.
V5230	Hearing Aid, BICROS, Glasses	B.R.
V5240	Dispensing Fee, BICROS	175.00
V5299	Hearing service,miscellaneous	B.R.

10:64-3.3 HCPCS Procedure codes and maximum fee allowance schedule for Level III codes and narratives

IND	HCPCS Code	Mod	Description	Maximum Fee Allowance $
	V5050	52	Returned Hearing Aid	30.00
	V5014		Hearing Aid Repair, Laboratory Invoice Cost	B.R.
N	V5014	52	Hearing Aid Repair, Dispenser's Service Fee	B.R.
	V5265		Earmold, Laboratory Invoice Cost	B.R.
	V5265	52	Earmold, Dispenser's Service Fee	10.00
	V5266		Battery for Hearing Aids (Per Battery)	B.R.
	Y4410		Replacement Hook, Door, or Volume Control	B.R.
	Y4510		Cord, Replacement part for Hearing Aid	B.R.
	Y4520		Receiver, Replacement part for Hearing Aid	B.R.
	Y4530		Tubing, Associated with Hearing Aid Repair	B.R.
	Y4540		Garment Bag, Associated with Hearing Aid	B.R.

IND	HCPCS Code	Mod	Description	Maximum Fee Allowance
	Y4550		Bone Conductor, Used with Hearing Aid	B.R.
	Y4560		Headband, Used with Hearing Aid	B.R.
	Y4620		Use of Electric Test Box to Test Electroacoustic Performance of Hearing Aid	B.R.
	Y4630		Hearing Aid, Monaural, in the Canal	B.R.
	Y4640		Hearing Aid, Binaural, in the Canal	B.R.

10:64-3.4 HCPCS Procedure codes with qualifiers for hearing aid services

(a) The following is a list of HCPCS procedure codes with associated qualifiers. Providers shall recognize the requirements inherent in billing each of the HCPCS.

V5014 52 The repair charges are broken down into the laboratory costs and the dispenser's service fees. This code will also serve for minor in-office repair.

END OF SUBCHAPTER 3

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access www.njmmis.com or write to:

Unisys Corporation
PO Box 4801
Trenton, New Jersey 08650-4801

or contact:

Office of Administrative Law
Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049