

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201117 MAY 24, 2011



Hearing aid reimbursement

Effective July 1, 2011, the Indiana Health Coverage Programs (IHCP) has established maximum reimbursement rates for certain hearing aid procedure codes that were previously manually priced. This reimbursement change is effective for all IHCP-enrolled members. The hearing aid rates that have been established are listed in Table 1. Effective for services provided on or after July 1, 2011, cost and retail invoices will no longer be required for the hearing aid procedure codes in Table 1 when submitting claims for payment. These changes apply to all Traditional Medicaid, Hoosier Healthwise, and *Care Select* claims, including Medicare crossover claims.

Table 1

Procedure Code	Description	Rate
V5050	Hearing aid, monaural, in the ear	\$564.54
V5060	Hearing aid, monaural, behind the ear	\$444.07
V5130	Binaural, in the ear	\$1,129.08
V5140	Binaural, behind the ear	\$888.14
V5256	Hearing aid, digital, monaural, ITE	\$590.74
V5257	Hearing aid, digital, monaural, BTE	\$464.68
V5260	Hearing aid, digital, binaural, ITE	\$1,181.48
V5261	Hearing aid, digital, binaural, BTE	\$929.36

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The following procedure codes listed in Table 2 will remain manually priced. Effective July 1, 2011, hearing aid procedure codes that are manually priced will be reimbursed at 75 percent of the manufacturer suggested retail price (MSRP) and will also require the manufacturer's cost invoice to be submitted with the claim. Providers will be required to submit documentation of the MSRP and the manufacturer's cost invoice for hearing aid codes in Table 2 when submitting claims for adjudication. This policy is effective for all claims with dates of service on or after July 1, 2011.

Table 2

Procedure Code	Description
V5080	Glasses, bone conduction
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid, bilateral, body worn
V5120	Binaural, body
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5246	Hearing aid, digitally programmable analog, monaural, in the ear
V5247	Hearing aid, digitally programmable analog, monaural, behind the ear
V5252	Hearing aid, digitally programmable, binaural, in the ear
V5253	Hearing aid, digitally programmable, binaural, behind the ear
V5299	Hearing service, miscellaneous

Effective July 1, 2011, the IHCP has also established reimbursement rates for hearing aid dispensing fees. This is a one-time dispensing fee. The procedure codes for billing hearing aid dispensing fees are listed in Table 3. The dispensing fee codes below may be billed only in conjunction with hearing aid codes that have an established Medicaid rate. The dispensing fee codes below may not be billed with hearing aid codes that are manually priced. The dispensing fee includes all services related to the initial fitting and adjustment of the hearing aid, orientation of the patient, and instructions on hearing aid use.

Table 3

Procedure Code	Description	Rate
V5241	Dispensing fee, monaural hearing aid, any type	\$200.00
V5160	Dispensing fee, binaural	\$350.00

The OMPP appreciates your cooperation and your continued participation as providers in the IHCP.

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