







HCPCS Codes

- CROS / BICROS Device Codes
 - V5171 (ITE Transmitter ONLY)*
 - V5172 (ITC Transmitter ONLY)*
 - V5181 (BTE Transmitter ONLY)*
 - V5211 (ITE/ITE Routing System)*
 - V5212 (ITE/ITC Routing System)*
 - V5213 (ITE/BTE Routing System)*
 - V5214 (ITC/ITC Routing System)*
 - V5215 (ITC/BTE Routing System)*
 - V5221 (BTE/BTE Routing System)*

*Prior Authorization is required.

HCPCS Codes

- CROS / BICROS Dispensing Fee Codes
 - V5200 (CROS)
 - V5240 (BICROS)

Maximum Allowable Rates: Digital Hearing Aids

CODE	DESCRIPTION	MAX ALLOWABLE RATE
V5254	Digital, Monaural, CIC	\$611.37
V5255	Digital, Monaural, ITC	\$611.37
V5256	Digital, Monaural, ITE	\$611.37
V5257	Digital, Monaural, BTE	\$611.37
V5258	Digital, Binaural, CIC	\$1,033.80
V5259	Digital, Binaural, ITC	\$1,033.80
V5260	Digital, Binaural, ITE	\$1,033.80
V5261	Digital, Binaural, BTE	\$1,033.80

Maximum Allowable Rates: CROS / BICROS Hearing Aids

CODE	DESCRIPTION	MAX ALLOWABLE RATE
V5171	ITE Transmitter ONLY	\$818.20
V5172	ITC Transmitter ONLY	\$818.20
V5181	BTE Transmitter ONLY	\$818.20
V5211	ITE/ITE Routing System	\$1,636.39
V5212	ITE/ITC Routing System	\$1,636.39
V5213	ITE/ITC Routing System	\$1,636.39
V5214	ITC/ITC Routing System	\$1,636.39
V5215	ITC/BTE Routing System	\$1,636.39
V5221	BTE/BTE Routing System	\$1,636.39
V5200	CROS Dispensing Fee	\$299.26
V5240	BICROS Dispensing Fee	\$584.40

Maximum Allowable Rates: FM Systems

- Reimburses Invoice Cost up to Maximum Allowable
- Prior Authorization required
- No Maximum Allowable Rates have been established
- Review contract with each MCO to determine reimbursed rates

Authorization Paperwork: UHC Community Plan

- DM-5H: Physician's Report on Hearing Loss
- Online authorization

The image shows two sample forms. The first is a 'DM-5H: Physician's Report on Hearing Loss' form, which includes fields for patient information, physician information, and a section for 'Hearing Loss Details' with a grid for recording hearing levels. The second is an 'Online authorization' form, which includes fields for patient name, date of birth, and a section for 'Authorization Details'.

Authorization Paperwork: Wellcare of Nebraska

- DM-5H: Physician's Report on Hearing Loss
- MS-76: Heritage Health Prior Authorization Form

Authorization Paperwork: Nebraska Total Care

- DM-5H: Physician's Report on Hearing Loss
- MS-76: Heritage Health Prior Authorization Form
- NE-PAF-1164: NTC Outpatient Authorization Form

Discussion / Questions

Resources

- [Nebraska Medicaid HA Fee Schedule](#)
- [DM-5H Form](#)
- [MS-76 Form](#)
- [NTC Outpatient Medicaid Authorization Form](#)
