



# Arkansas Department of Health and Human Services

## Division of Medical Services



P.O. Box 1437, Slot S-295  
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers – Hearing

**DATE:** October 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #65

**REMOVE**

<b>Section</b>	<b>Date</b>
242.110	4-1-05

**INSERT**

<b>Section</b>	<b>Date</b>
242.110	10-1-06

**Explanation of Updates**

Section 242.110 is being revised to add procedure code V5220 for the BiCROS behind the ear hearing aid as a Medicaid-covered service and to delete a redundant procedure code with an incorrect modifier.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

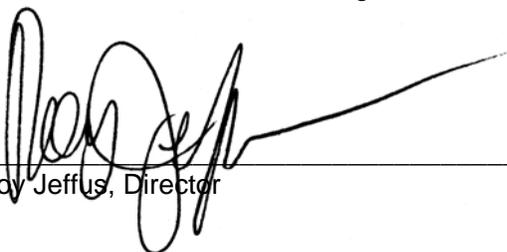
If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.




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Roy Jeffus, Director



**242.110 Hearing Aid Procedure Codes**

10-1-06

Use the following procedure codes for hearing aid equipment for beneficiaries under age 21 in the Child Health Services (EPSDT) Program. Medicaid covers up to 2 hearing aids per beneficiary each six-months.

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**HCPCS Procedure Codes**

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V5014*	V5030	V5040	V5050	V5060	V5120	V5130	V5140
V5170	V5180	V5210	V5220	V5267**	V5299		

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\*Repairs require prior authorization

\*\*Accessories

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HCPCS Procedure Code	Modifier
V5008	EP

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