

CHRISTUS Health Plan Hearing Aid Fee Schedule

The CHRISTUS Health Plan Hearing Aid Fee Schedule is applicable to CHRISTUS Health Plan Participating Agreements in which the Hearing Aid Fee Schedule is referenced on the Reimbursement Exhibit.

Reimbursement of these codes is subject to coverage on eligible members' benefit plans and the terms of the CHP Participating Agreement. The allowed amount in claims processing is the lesser of the amount identified below or the Provider's actual charge. The fee schedule is subject to change; each revision will be noted and prior versions archived here for reference.

Effective Dates of Service November 1, 2025-December 31, 2026

HCPCS Code	Description	Amount
V5050-V5261	Monaural Hearing Aids	\$2,000.00
V5050-V5261	Binaural Hearing Aids	\$4,000.00
V5008	Hearing Screening	\$100.00
V5010	Assessment For Hearing Aid	\$330.00
V5011	Fit/Orientation/Check Hearing Aid	\$825.00
V5014	Repair/Modification Of Hearing Aid	\$205.00
V5020	Conformity evaluation	\$370.00
V5110	Dispensing fee, bilateral	\$300.00
V5160	Dispensing fee, binaural	\$640.00
V5240	Dispensing fee, contralateral, binaural	\$215.00
V5241	Dispensing fee, monaural hearing aid, any type	\$390.00
V5264	Ear mold/insert, not disposable, any type	\$55.00
V5265	Ear mold/insert, disposable, any type	\$5.00
V5266	Battery for hearing device	\$3.00
V5275	Ear impression	\$50.00