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	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHO	RIZATION			SUBSEQUENT	1
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
ACCESSORIES (INCLUDING WIRELESS) - ADDITIONAL ACCESSORY	330257	01-01-2024		<b></b>     	MAC	MAC		       	Y	SEE NOTE 33, 38
ACCESSORIES (INCLUDING WIRELESS) ENTRY LEVEL HEARING AIDS	330256	  01-01-2024 			   MAC	MAC	  2/4 CY 		Y	SEE NOTE 33, 35
ACCESSORIES (INCLUDING WIRELESS)- INTERMEDIATE OR ADVANCED HEARING AIDS	330255	  01-01-2024 			   MAC 	MAC	  3/4 CY 		Y	SEE NOTE 33, 35
ASSISTIVE LISTENING DEVICES - AUDIO INPUT KIT	    320112 	  01-07-2016 	CA,MD,HP		   MAC 	MAC	  1/5 CY 	125.00		SEE NOTE 26
ASSISTIVE LISTENING DEVICES - E.G. POCKET TALKER	328390	    01-07-2025 			MAC	MAC	  1 PER 5 CY 	\$331.50		SEE NOTE 3
ASSISTIVE LISTENING DEVICES - FOR TELEVISION	328395	01-09-2024			   MAC	MAC	1 PER 5 CY	  \$500.00 		   SEE NOTE 3
ASSISTIVE LISTENING DEVICES - WIRELESS FM SYSTEM	     321112 	01-07-2016	CA,MD,HP		   MAC	MAC	  1/5 CY 	2000.00		   SEE NOTE 26
AUTOCOIL - LEFT	327016	01-09-2024			     		  1/4 CY 	  \$100 		SEE NOTE 27
AUTOCOIL - RIGHT	    327018 	01-09-2024			     		  -  1/4 CY  -	  \$100 	     	SEE NOTE 27
		<u> </u> 			<u> </u> 				<u> </u> 	

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED			   MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
	-					 			
BATTERIES (EXCEPT FOR HEARING AIDS)	323000	01-09-2024				2/1 CY	\$35.00		
BATTERY TESTER	322680	01-07-2025				1/5 CY	\$17.34		SEE NOTE 5
BUNDLE #1 - BINAURAL (HEARING AID SELECTION,	321738	01-07-2025				    1/4 CY	  \$1,842.88		    SEE NOTE 1, NOTE 9 AND NOTE
POST-FITTING FEE, DISPENSING FEE AND SHIPPING &	321730	01-07-2025				1/4 C1	\$1,042.00		21.
HANDLING)									
BUNDLE #1 - LEFT (HEARING AID SELECTION,	321736	01-07-2025				1/4 CY	\$927.94		SEE NOTE 1 ,NOTE 9 AND NOTE
POST-FITTING FEE, DISPENSING FEE AND SHIPPING & HANDLING)									21.
BUNDLE #1 - RIGHT (HEARING AID SELECTION, POST-FITTING FEE, DISPENSING FEE AND SHIPPING &	321737	01-07-2025				1/4 CY	\$927.94		SEE NOTE 1, NOTE 9 AND NOTE 21.
HANDLING)									
BUNDLE #2 - BINAURAL (DISPENSING, POST-FITTING	321741	01-07-2025				1/4 CY	  \$1,628.68		    SEE NOTE 2, NOTE 9 AND NOTE
FEE, AND SHIPPING & HANDLING)	321741	01 07 2025				1/1 C1			22.
BUNDLE #2 - LEFT (DISPENSING, POST-FITTING FEE,	321739	01-07-2025				1/4 CY	\$820.84		SEE NOTE 2, NOTE 9 AND NOTE
AND SHIPPING & HANDLING)									22.
BUNDLE #2 - RIGHT (DISPENSING, POST-FITTING FEE, AND SHIPPING & HANDLING)	321740	01-07-2025				1/4 CY	\$820.84		SEE NOTE 2, NOTE 9 AND NOTE 22.
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CERUMEN REMOVAL - LEFT EAR	322405	01-07-2025	CA .HP			1/1 CY	\$51.00		
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VEITERANS AFFAIRS CANADA PAGE 3

PROVINCE: NF

	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHO	DRIZATION			SUBSEQUENT	
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
CERUMEN REMOVAL - RIGHT EAR	322408	01-07-2025	CA,HP				    1/1 CY 	\$51.00	     	
CHARGER FOR RECHARGEABLE BATTERIES	320915	  01-09-2024 					  1/5 CY 	40.00		   SEE NOTE 5 
COCHLEAR IMPLANT PROCESSOR REPLACEMENT	327092	    01-01-2016 	  -   CA 		   MAC 	MAC	  1/4 CY 		Y	
COCHLEAR IMPLANTS	327090	    23-10-2007 	     <b>ES</b> 		   MAC	MAC	   <b>1/LT</b> 		     	
CUSTOM EAR-MOLDED HEARING PROTECTION - LEFT	322504	01-07-2025					  1/4 CY 	  \$66.30 		
CUSTOM EAR-MOLDED HEARING PROTECTION - RIGHT	322505	  01-07-2025 					  1/4 CY 	  \$66.30		
ELECTRONIC ASSISTIVE DEVICES - COMPUTER/ROBOTIC EQUIPMENT AND ASSESSORIES - PURCHASE	360103	    01-10-2012 	   MID 	OT,PT	     				Y	   SEE NOTE 9
ELECTRONIC ASSISTIVE DEVICES - COMPUTER/ROBOTIC EQUIPMENT AND ASSESSORIES - RENTAL	360105	    01-10-2012 	    MID 	OT,PT			  4/4 CM 		Y	   SEE NOTE 9 
FEES - COMPLETE HEARING ASSESSMENT	320625	    01-07-2025 					  1/4 CY 	  \$102.00 		  -  -  -

PAGE 4

PROVINCE: NF

	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHO	DRIZATION			SUBSEQUENT	1
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
FEES - COMPLETE TINNITUS EVALUATION	600440	01-07-2025			MAC	MAC	  1/48 CM 	\$153.00	     	SEE NOTE 23
FEES - DISPENSING FEE - COMPLETE FM SYSTEM	328326	01-10-2023			MAC	MAC	  1/5 CY 	  \$500.00 		
FEES - DISPENSING FEE - DIGITAL - PROGRAMMABLE - LEFT	341351	01-07-2025					  1/4 CY 	  \$714.00		SEE NOTE 9
FEES - DISPENSING FEE - DIGITAL - PROGRAMMABLE - RIGHT	341353	01-07-2025					  1/4 CY 	\$714.00		SEE NOTE 9
FEES - DISPENSING FEE - ITEM COST - \$100 - \$200	320812	01-07-2019			   MAC 	MAC		  \$86.00 		
FEES - DISPENSING FEE - ITEM COST - \$30 - \$100	322714	01-07-2019			MAC	MAC		  \$41.00 		
FEES - DISPENSING FEE - ITEM COST > \$200	320631	01-07-2019			MAC	MAC		   \$173.00 		
FEES - HEARING AID SELECTION - LEFT	328339	01-07-2025					  1/4 CY 	  \$96.90 		
FEES - HEARING AID SELECTION - RIGHT	328341	01-07-2025					  1/4 CY 	  \$96.90 		

PAGE 5

PROVINCE: NF

	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER			1		SUBSEQUENT	
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A	GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
FEES - HEARING RE-ASSESSMENT	328370	01-07-2025					  1/2 CY 	\$76.50	     	SEE NOTE 8
FEES - IMPRESSIONS - LEFT	320633	01-07-2025					  1/1 CY 	  \$61.20	     	SEE NOTE 34
FEES - IMPRESSIONS - RIGHT	320635	  01-07-2025 			     		  1/1 CY 	\$61.20	     	SEE NOTE 34
FEES - MINOR REPAIRS - LEFT	320942	01-07-2025					  1/6 CM	\$45.90	     	
FEES - MINOR REPAIRS - RIGHT	320834	01-07-2025					  1/6 CM	\$45.90	     	
FEES - OUT-OF-OFFICE SERVICE FEE - LEFT	328373	01-07-2025					  1/1 CY 	\$76.50	     	SEE NOTE 6
FEES - OUT-OF-OFFICE SERVICE FEE - RIGHT	328375	01-07-2025					  1/1 CY 	\$76.50		SEE NOTE 6
FEES - OUT-OF-OFFICE SERVICE FEE FOR OTHER AUDIO BENEFITS	600441	01-07-2025			MAC	MAC	  1/12 CM 	\$76.50		
FEES - POST FITTING HEARING AID FOLLOW-UP - LEFT	341343	01-07-2025					  1/4 CY 	\$104.04		

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHO		MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
FEES - POST FITTING HEARING AID FOLLOW-UP - RIGHT	341345	01-07-2025				 1/4 CY	\$104.04	<b></b>     	
FEES - RE-ADJUSTMENT OF THE HEARING AID - LEFT	   341347 	01-07-2025				1/1 CY	\$51.00		SEE NOTE 19
FEES - RE-ADJUSTMENT OF THE HEARING AID - RIGHT	    341349 	01-07-2025				1/1 CY	  \$51.00		SEE NOTE 19
FEES - REMAKES ONLY - ALL MODELS - LEFT	328306	15-11-2022				2/4 CY	  \$51.00 		SEE NOTE 36
FEES - REMAKES ONLY - ALL MODELS - RIGHT	328308	15-11-2022				2/4 CY	  \$51.00		SEE NOTE 36
FEES - REMAKES WITH REPAIRS - ALL MODELS - LEFT	328301	15-11-2022				1/1 CY	176.00		SEE NOTES 18 & 36
FEES - REMAKES WITH REPAIRS- ALL MODELS - RIGHT	328303	15-11-2022				1/1 CY	176.00		SEE NOTES 18 & 36
FEES - REPAIRS - DIGITAL - 12 MONTH WARRANTY - LEFT	328317	01-09-2006				1/1 CY	\$125.00		SEE NOTES 16 & 18
FEES - REPAIRS - DIGITAL - 12 MONTH WARRANTY - RIGHT	328319	01-09-2006				1/1 CY	  \$125.00		SEE NOTES 16 & 18

VETERANS AFFAIRS CANADA PAGE 7

PROVINCE: NF

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHO		Ų.	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
FEES - REPAIRS TO OTHER AUDIO BENEFITS	321100	01-01-2011			MAC		  1/1 CY PER  ITEM	125.00		<del></del>
FEES - RETURN CHARGE - LEFT	321672	01-07-2025			MAC	MAC	  1/4 CY 	  \$153.00 		SEE NOTE 10
FEES - RETURN CHARGE - RIGHT	320885	01-07-2025			MAC	MAC	     1/4 CY 	\$153.00		     SEE NOTE 10
FEES - SHIPPING & DELIVERY CHARGES	   320 <del>44</del> 0 	  15-11-2022 						\$13.00		
FEES - SHIPPING AND HANDLING - HEARING AIDS	327300	15-11-2022						  \$13.00		
FEES - TELEPHONE AIDS - MONTHLY CHARGES - RENTAL	322418	01-01-2008	CA,MD,HP		MAC	MAC	  12/1 CY			
FEES - TRAVEL FEE FOR HOME VISIT	321733	01-07-2025			MAC	MAC	5/1 CY	\$76.50		SEE NOTE 7
HEARING AID BATTERIES	320621	01-09-2024						40.00/far quarterly		SUPPLIER: SEE NOTE 25
HEARING AID DEDUCTIBLE-(LOSS/DAMAGE WARRANTY)-LEFT	320927	01-04-2019			MAC	MAC		\$250	¥	
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VETERANS AFFAIRS CANADA PAGE 8

PROVINCE: NF

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE	Į.	RECOMMENDER REQUIRED	PRE-AUTHO		1	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HEARING AID DEDUCTIBLE-(LOSS/DAMAGE WARRANTY)-RIGHT	320928	01-04-2019	<b></b>       	<b></b>     	MAC	MAC		\$250	Y	
HEARING AID DIGITAL - BTE - ADVANCED - LEFT	327910	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY	1400.00		SEE NOTE 28, 32
HEARING AID DIGITAL - BTE - ADVANCED - RIGHT	327915	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY	1400.00		SEE NOTE 28, 32
HEARING AID DIGITAL - BTE - INTERMEDIATE - LEFT	    327905 	    01-01-2024 	CA,MD,HP		MAC	MAC	  1/4 CY	  \$1,139.00 		SEE NOTE 28, 32
HEARING AID DIGITAL - BTE - INTERMEDIATE - RIGHT	    327907 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY	   \$1,139.00 		SEE NOTE 28, 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - CANAL - LEFT	328210	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	    1400.00 		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - CANAL - RIGHT	328215	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY	    1400.00 		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - CIC - LEFT	328220	01-01-2024	CA,MD,HP	 	MAC	MAC	  1/4 CY 	  \$1400.00 	     	SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - CIC - RIGHT	328225	    01-01-2024 	CA,MD,HP		MAC	MAC	  1/4 CY 	   \$1400.00 		SEE NOTE 32

VETERANS AFFAIRS CANADA PAGE 9

PROVINCE: NF

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE	<u>.</u>	RECOMMENDER REQUIRED	PRE-AUTHO		!	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HEARING AID DIGITAL - CUSTOM - ADVANCED - ITE - LEFT	328205	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	  \$1400.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - ITE - RIGHT	    328207 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	  \$1400.00 		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - MC - LEFT	    328217 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	    \$1400.00 		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - ADVANCED - MC - RIGHT	328219	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1400.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - CANAL - LEFT	   328107 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - CANAL - RIGHT	   328109 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - CIC - LEFT	   328117 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - CIC - RIGHT	   328119 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - ITE - LEFT	328100	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE		RECOMMENDER REQUIRED	PRE-AUTHO		Į.	   MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	COMMENT
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - ITE - RIGHT	328105	01-01-2024	CA,MD,HP		MAC	MAC	    1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - MC - LEFT	328110	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL - CUSTOM - INTERMEDIATE - MC - RIGHT	    328115 	01-01-2024	CA,MD,HP		MAC	MAC	    1/4 CY 	\$1,139.00		SEE NOTE 32
HEARING AID DIGITAL ADVANCED - HALF SHELL - LEFT	    328209 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	1,400.00		SEE NOTE 28, 32
HEARING AID DIGITAL ADVANCED - HALF SHELL - RIGHT	    328211 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	1,400.00		SEE NOTE 28, 32
HEARING AID DIGITAL ADVANCED - LOW PROFILE - LEFT	    328214 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	1,400.00		SEE NOTE 28, 32
HEARING AID DIGITAL ADVANCED - LOW PROFILE - RIGHT	    328216 	01-01-2024	CA,MD,HP		MAC	MAC	  1/4 CY 	1,400.00	     	SEE NOTE 28, 32
HEARING AID DIGITAL BTE - ENTRY LEVEL - LEFT (WITH ACCESSORIES)	    330140 	01-05-2016	CA,MD,HP				  1/4 CY 	  \$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL BTE - ENTRY LEVEL - LEFT (WITHOUT ACCESSORIES)	    330245 	    01-05-2016 	CA,MD,HP				  1/4 CY 	  \$575.00 		SEE NOTE 28

	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHO	ORIZATION			SUBSEQUENT	
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	GROUP A			MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
HEARING AID DIGITAL BTE - ENTRY LEVEL - RIGHT (WITH ACCESSORIES)	330145	01-05-2016	CA,MD,HP		<b></b>     		    1/4 CY 	\$795.00	       	SEE NOTE 28, 30
HEARING AID DIGITAL BTE - ENTRY LEVEL - RIGHT (WITHOUT ACCESSORIES)	330200	  01-05-2016 	CA,MD,HP		     		  1/4 CY 	\$575.00	     	SEE NOTE 28
HEARING AID DIGITAL CIC - ENTRY LEVEL - LEFT (WITHOUT ACCESSORIES)	330235	    01-05-2016 	CA,MD,HP		MAC	MAC	  1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL CIC - ENTRY LEVEL - LEFT (WITH ACCESSORIES)	330180	01-05-2016	CA,MD,HP		MAC	MAC	  1/4 CY 	\$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL CIC - ENTRY LEVEL - RIGHT (WITH ACCESSORIES)	330185	    01-05-2016 	CA,MD,HP		MAC	MAC	  1/4 CY	\$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL CIC - ENTRY LEVEL - RIGHT (WITHOUT ACCESSORIES)	330240	    01-05-2016 	  CA,MD,HP		MAC	MAC	  1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL ITC - ENTRY LEVEL - LEFT (WITH ACCESSORIES)	330160	    01-05-2016 	CA,MD,HP				  1/4 CY 	\$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL ITC - ENTRY LEVEL - LEFT (WITHOUT ACCESSORIES)	330215	    01-05-2016 	CA,MD,HP				  1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL ITC - ENTRY LEVEL - RIGHT (WITH ACCESSORIES)	330165	01-05-2016	CA,MD,HP				  1/4 CY 	\$795.00		SEE NOTE 28, 30

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE		RECOMMENDER REQUIRED	PRE-AUTHO		!	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HEARING AID DIGITAL ITC - ENTRY LEVEL - RIGHT (WITHOUT ACCESSORIES)	330220	01-05-2016	CA,MD,HP				  1/4 CY	\$575.00		SEE NOTE 28
HEARING AID DIGITAL ITE - ENTRY LEVEL - LEFT (WITH ACCESSORIES)	330150	01-05-2016	CA,MD,HP				  1/4 CY 	  \$795.00 		SEE NOTE 28, 30
HEARING AID DIGITAL ITE - ENTRY LEVEL - LEFT (WITHOUT ACCESSORIES)	330205	  01-05-2016 	CA,MD,HP				 	  \$575.00 	     	SEE NOTE 28
HEARING AID DIGITAL ITE - ENTRY LEVEL - RIGHT (WITH ACCESSORIES)	330155	01-05-2016	CA,MD,HP				  1/4 CY 	\$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL ITE - ENTRY LEVEL - RIGHT (WITHOUT ACCESSORIES)	   330210 	01-05-2016	CA,MD,HP				    1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL MC - ENTRY LEVEL - LEFT (WITHOUT ACCESSORIES)	   330225 	  01-05-2016 	CA,MD,HP		MAC	MAC	  1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL MC - ENTRY LEVEL - LEFT (WITH ACCESSORIES)	    330170 	  01-05-2016 	CA,MD,HP		MAC	MAC	  1/4 CY 	\$795.00		SEE NOTE 28, 30
HEARING AID DIGITAL MC - ENTRY LEVEL - RIGHT (WITHOUT ACCESSORIES)	330230	01-05-2016	CA,MD,HP		MAC	MAC	  1/4 CY 	\$575.00		SEE NOTE 28
HEARING AID DIGITAL MC - ENTRY LEVEL - RIGHT (WITH ACCESSORIES)	330175	01-05-2016	CA,MD,HP		MAC	MAC	  1/4 CY 	\$795.00		SEE NOTE 28, 30

BENEFIT GRID

PROVINCE: NF

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	GROUP A		II .	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HEARING AID PERFORMANCE CHECK - LEFT	328302	01-07-2025					  1/1 CY	\$51.00	     	SEE NOTE 19
HEARING AID PERFORMANCE CHECK - RIGHT	328304	01-07-2025					  1/1 CY	\$51.00		SEE NOTE 19
HEARING AID PROTECTORS/COVERS (WIND, DUST)	   330250 	01-06-2019					 	  \$50.00 PER PAIR		
INSTALLATION FEE	     322656 	01-11-2023			MAC	MAC	    1/5 CY 	\$40.00/HCUR	Y	SEE NOTE 37
LIP READING VIDEO(S) (INSTRUCTIONAL)	320423	01-09-2024			   MAC	MAC	1 PER   LIFETIME		     	
LUBRICANT, CLEANING SOLUTION AND ANTI-ITCH LOTION	320410	01-09-2024					  3/1 CY 	20.00		SEE NOTE 5
OTHER AUDIO HEARING SERVICES	320100	01-09-2019			MAC	MAC			Y	SEE NOTE 29
REPLACEMENT OF COCHLEAR IMPLANT BATTERIES	    327094 	23-10-2007			MAC	MAC				
REPLACEMENT OF COCHLEAR IMPLANT WIRES	   327098 	23-10-2007			MAC	MAC	  1/1CY 			

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHO		1	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
SIGNAL DEVICES - SIGNAL DEVICE/SYSTEMS	320413	01-07-2023		<b></b>     	MAC	MAC	    1/5 CY 	-	       	SEE NOTE 4
SUPPLIES - DESICCANT PUCKS	    3607 <b>4</b> 0	01-09-2024						\$20.00/CY		
SUPPLIES - EAR MOLDS/ CUSTOM TIPS - RIGHT	320613	01-09-2024			     		  1/1 CY 	  \$45.00	     	
SUPPLIES - EAR MOLDS/CUSTOM TIPS - LEFT	320518	01-09-2024					  1/1 CY	\$45.00	     	
SUPPLIES - NON-ELECTRONIC DRY AID KIT	320918	01-09-2024					  1/1 CY	20.00		SEE NOTE 5
SUPPLIES - REPLACEMENT RECEIVER TUBES FOR RECEIVER IN THE CANAL - LEFT	327302	01-09-2024					1 PER CY	35.00		  SEE NOTES 20 & 27
SUPPLIES - REPLACEMENT RECEIVER TUBES FOR RECEIVER IN THE CANAL - RIGHT	327303	01-09-2024					1 PER CY	  35.00 		SEE NOTES 20 & 27
SUPPLIES - SOFT CANAL - LEFT	329003	01-09-2024			     		  1/4 CY	25.00		  SEE NOTES 14 & 27
SUPPLIES - SOFT CANAL - RIGHT	329004	01-09-2024					  1/4 CY 	25.00		SEE NOTES 14 & 27

	BENEFIT	EFF. DATE	PRESCRIBER	RECOMMENDER	PRE-AUTHO	DRIZATION	<u> </u>		SUBSEQUENT	
BENEFIT DESCRIPTION	CODE	TERM. DATE	REQUIRED	REQUIRED	Į.	GROUP B		MAXIMUM AMOUNT\VAC FEE	PREAUTH.	COMMENT
SUPPLIES - SOFT COAT - LEFT		01-09-2024			<b></b>     		  1/4 CY	15.00	     	SEE NOTES 14 & 27
SUPPLIES - SOFT COAT - RIGHT	329006	01-09-2024					  1/4 CY	15.00		SEE NOTES 14 & 27
SUPPLIES - TUBES AND DOMES - LEFT	320455	01-09-2024						\$20.00/CY		SEE NOTE 27 & 15
SUPPLIES - TUBES AND DOMES - RIGHT	320450	01-09-2024			     			  \$20.00/CY		SEE NOTE 27 & 15
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	   0GST 	01-06-2010								
TELECOMMUNICATION DEVICE FOR THE DEAF	327003	01-09-2024	   		   MAC 	MAC	  1/5 CY 	\$600		
TELEPHONE AMPLIFICATION	320420	01-09-2024			MAC	MAC	  1/5 CY	\$250 AND UNDER		see note 4
TINNITUS MASKER (NO AMPLIFICATION)	600445	14-11-2017	CA,MD		MAC	MAC	  1/48 CM			
TINNITUS THERAPY	    600 <b>44</b> 6	01-03-2018	ES,CA		MAC	MAC	  4/12 CM			

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	!	ORIZATION GROUP B	I.	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
WIRELESS CROS/BI-CROS	327001	01-01-2025	MD,CA		   		1/4 CY	\$575.00		SEE NOTE 12

- GENERAL NOTES
- IF THE BENEFIT GRID SPECIFIES A SPECIALIST, ONLY THAT SPECIALIST IS ACCEPTED. SHOULD "MD" BE INDICATED, THE SERVICE MAY BE PRESCRIBED/RECOMMENDED BY A GENERAL PRACTITIONER OR ANY MEDICAL SPECIALIST.
- COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" AND "RECOMMENDER REQUIRED" COLUMNS INDICATE OR, EG. "MD", "RN" MEANS "MD" OR "RN".
- PROVIDER MUST SUPPLY A COPY OF THE MANUFACTURER'S INVOICE.
- THE DOLLAR LIMIT AND/OR FEE ON THE BENEFIT GRID INCLUDES THE MARK-UP
- PRE-AUTHORIZATION NOT REQUIRED FOR REPLACEMENT ISSUE UNLESS OTHERWISE INDICATED.
- SPECIAL NOTES
- NOTE 1 THIS CODE CANNOT BE USED IN CONJUNCTION WITH THE INDIVIDUAL CODES FOR HEARING AID SELECTION POST-FITTING, DISPENSING AND SHIPPING AND HANDLING.
- NOTE 2 THIS CODE CANNOT BE USED IN CONJUCTION WITH THE INDIVIDUAL CODES FOR POST-FITTING, DISPENSING AND SHIPPING & HANDLING
- NOTE 3 MANUFACTURER COST PLUS 40% MARK-UP (TO A MAXIMUM MARK-UP OF \$150), NO DISPENSING FEE. THE DOLLAR LIMIT AND/OR FEE ON THE BENEFIT GRID INCLUDES THE MARK-UP.
- NOTE 4 MANUFACTURER COST PLUS 40% MARK-UP (TO A MAXIMUM MARK-UP) OF \$150, PLUS INSTALLATION IF REQUIRED. NO DISPENSING FEE. THE DOLLAR LIMIT AND/OR FEE ON THE BENEFIT GRID INCLIDES THE MARK-UP
- NOTE 5 MANUFACTURER COST PLUS 50% MARK-UP. NO DISPENSING FEE. THE DOLLAR LIMIT AND/OR FEE ON THE BENEFIT GRID INCLUDES THE MARK-UP.
- NOTE 6 TESTING AND HANDLING ASSOCIATED WITH A HEARING AID THAT MUST BE REPLACED TO THE MANAFACTURER FOR REPAIRS/RE-MAKE OR A HEARING AID THAT MUST BE REPLACED IN THE SECOND YEAR UNDER THE LOST OR DAMAGED WARRANTY AND THE MANUFACTURER IS BILLING THE \$250 DEDUCTIBLE. FEE IS ONLY PAYABLE TO PROVIDER WHEN REPAIRS ARE REQUIRED TO BE MADE AND BILLED BY THE MANUFACTURER.
- NOTE 7 -IF SERVICES ARE PROVIDED IN THE CLIENT'S PLACE OF RESIDENCE, (IE. HOME, HOSPITAL, NURSING HOME, ETC.), THEN THE PROVIDER WILL BE ENTITLED TO A FEE FOR EACH HOME VISIT TO A MAXIMUM OF FIVE (5) VISITS. ADDITIONAL FEES MUST BE PRE-AUTHORIZED. THIS AUTHORIZATION CAN BE OBTAINED IN CONJUNCTION WITH THE AUTHORIZATION FOR THE HEARING AID(S), AND WILL ONLY BE GRANTED IF IT IS NOT MEDICALLY POSSIBLE FOR THE CLIENT TO TRAVEL TO THE PROVIDER'S PLACE OF BUSINESS. IN ADDITION, IF A PROVIDER IS SEEING MULTIPLE CLIENTS AT ONE LOCATION, ONLY ONE "TRAVEL FOR HOME VISIT" FEE WILL BE PAID PER CIVIC ADDRESS.
- NOTE 8 NOT ALLOWED WITHIN TWO (2) YEARS OF PREVIOUS HEARING ASSESSMENT, COMPLETE OR PARTIAL.
- NOTE 9 ALLOWED ONLY ONE (1) OF LEFT AND RIGHT IN FOUR (4) CALENDAR YEARS.
- NOTE 10 30% OF COST OF THE ITEM TO GRID MAXIMUM. PROVIDER MUST CREDIT VAC FOR ALL FEES AND SERVICES BEFORE RETURN FEES CAN BE PAID. FREQUENCY OF 1/4 CY IS PROVIDER SPECIFIC.RETURN CHARGE IS FOR PROFESSIONAL TIME FOR RETURNS WITHIN TRIAL PERIOD AND NO OTHER HEARING AIDS BEING ORDERED FROM THE SAME PROVIDER.
- NOTE 11 ONLY ONE (1) T-COIL OR ONE (1) T-COIL/W AMP IN FOUR (4) CALENDAR YEARS.

- NOTE 12 ONLY ONE (1) CROS OR BI-CROS OPTION IN FOUR (4) CALENDAR YEARS.
- NOTE 13 ONLY ONE (1) DIRECT MIC OR ONE (1) MULTI MIC, PER EAR, IN FOUR (4) CALENDAR YEARS.
- NOTE 14 ONLY ONE (1) OF ANY OF THESE OPTIONS , PER EAR, IN FOUR (4) CALENDAR YEARS.
- NOTE 15: REPLACEMENTS ARE COVERED BY THE WARRANTY OF THE HEARING AID WITH NO COST TO VAC IN THE FIRST 3 YEARS.
- NOTE 16: CHARGES FOR REPAIRS OR REMAKES CAN ONLY BE BILLED AFTER THE WARRANTY PERIOD; THREE (3) CALENDAR YEARS FOR THE NEW AIDS AND ONE (1) CALENDAR YEAR FOR REPAIRS.
- NOTE 18 ONLY ONE (1) REPAIR OR REMAKE PER EAR, IN ONE (1) CALENDAR YEAR.
- NOTE 19 CANNOT BE CLAIMED WITHIN ONE (1) YEAR OF THE POST FITTING FEE NOR IN CONJUNCTION WITH THE SERVICE FEE PAYABLE TO THE PROVIDER FOR OUT-OF-OFFICE REPAIRS. MUST BE CLIENT INITIATED.
- NOTE 20: CAN ONLY BE BILLED AFTER THE WARRANTY PERIOD; THREE (3) CALENDAR YEARS FOR NEW AIDS AND ONE (1) CALENDAR YEAR FOR REPAIRS.
- NOTE 21 BUNDLE #1 INCLUDES HEARING AID SELECTION, DISPENSING FEE, POST- FITTING FEE AND SHIPPING & HANDLING.
- NOTE 22 BUNDLE #2 INCLUDES DISPENSING FEE, POST-FITTING FEE AND SHIPPING & HANDLING.
- NOTE 23 TINNITUS EVALUATION INCLUDES: COMPLETION OF TINNITUS QUESTIONNAIRE ON THE EFFECT TINNITUS HAS ON CLIENT'S DAILY ROUTINE, MEASUREMENT OF HOW LOUD THE TINNITUS IS, DISCUSSION OF MANAGEMENT OPTIONS AND PROVIDING CLIENT WITH INFORMATION PACKAGE ABOUT TINNITUS.
- NOTE 25 \$40 PER EAR, EACH QUARTER CALENDAR YEAR. FOR A RECHARGEABLE HEARING AID USING AN IN-OFFICE REMOVABLE LITHIUM ION BATTERY, THE FREQUENY IS 1 BATTERY EVERY 2 YEARS AFTER BATTERY WARRANTY HAS EXPIRED.
- NOTE 26 MANUFACTURER'S COST OF DEVICE PLUS DISPENSING FEE.
- NOTE 27 MANUFACTURER INVOICE PRICE MUST BE THE LESSER OF:
- 1) AT LEAST 25% BELOW INDIVIDUAL MANUFACTURER LIST PRICE OR
- 2)áTHE CATEGORY PRICE
- NOTE 28 MANUFACTURER INVOICE PRICE MUST BE THE LESSER OF:
- 1) AT LEAST 20% BELOW INDIVIDUAL MANUFACTURER LIST PRICE IF PRICED AT \$599.99 OR BELOW OR
- 2) AT LEAST 25% BELOW INDIVIDUAL MANUFACTURER LIST PRICE IF PRICED AT \$600.00 OR ABOVE OR
- NOTE 29 PRE-AUTHORIZATION REQUIRED FOR INTIAL AND REPLACEMENT ISSUE
- NOTE 30:ALL BINAURAL REQUESTS FOR ENTRY LEVEL HEARING AIDS (WITH ACCESSORIES) WILL HAVE THE CLIENT'S CHOICE OF 2 ACCESSORIES (INCLUDING WIRELESS ACCESSORIES) INCLUDED IN THE BENEFIT GRID PRICE OF \$795. ALL MONAURAL ORDERS WILL HAVE THE CLIENT'S CHOICE OF 1 ACCESSORY. CLIENTS WITH MONAURAL ORDERS WILL STILL BE ABLE TO OBTAIN AN ADDITIONAL 1 ACCESSORY FOR A TOTAL OF 2 USING BENEFIT CODE 330256 û ACCESSORIES (INCLUDING WIRELESS)-

PROGRAM OF CHOICE: 03 - AUDIO (HEARING) SERVICES

ENTRY LEVEL HEARING AIDS.

- NOTE 31: NO LONGER IN USE EFFECTIVE JANUARY 1, 2024. CLIENTS WHO HAVE RECEIVED HEARING AIDS PRIOR TO THE IMPLEMENTATION OF THE AGREEMENT DATED 01 MAY 2016 AND WHO ARE NOT ELIGIBLE FOR REPLACEMENT OF HEARING AIDS ARE ELIGIBLE FOR 3 ACCESSORIES INCLUDING WIRELESS ACCESSORIES UNDER THIS BENEFIT CODE. CLIENTS WHO HAVE RECEIVED A HEARING AID (MONAURAL ORDER) AFTER THE IMPLEMENTATION OF THE AGREEMENT DATED 01 MAY 2016 ARE ELIGIBLE FOR 2 ACCESSORIES UNDER THIS BENEFIT CODE MAKING A TOTAL OF 3 ACCESSORIES RECEIVED.
- NOTE 32: ALL HEARING AID REQUESTS (MONAURAL AND BINAURAL) FOR INTERMEDIATE AND ADVANCED LEVEL HEARING AIDS WILL INCLUDE THE CLIENT'S CHOICE OF 3 ACCESSORIES (INCLUDING WIRELESS ACCESSORIES) INCLUDED IN THE BENEFIT GRID PRICE OF THE HEARING AID.
- NOTE 33: PROVIDERS MAY BILL THE MANUFACTURER'S INVOICE PRICE PLUS UP TO A 25% MARK-UP. IF THERE IS A DOLLAR LIMIT AND/OR FEE ON THE BENEFIT GRID THIS INCLUDES THE MARK-UP.
- NOTE 34: THIS FEE SHOULD NOT BE BILLED IN CONJUNCTION WITH THE HEARING AID DISPENSING FEE.
- NOTE 35: THIS CODE IS ONLY TO BE USED FOR ACCESSORIES WHICH ARE BILLED BY THE MANUFACTURER AS THEY ARE NOT PART OF THE OPTIONAL COMPLIMENTARY ACCESSORIES OFFERED AT TIME OF MONAURAL OR BINAURAL HEARING AID ORDERS; OR FOR ACCESSORIES BILLED BY THE MANUFACTURER AS THEY WERE NOT ORDERED IN CONJUNCTION WITH THE HEARING AID(S) (E.G. THEY WERE ORDERED OVER 6 MONTHS AFTER THE DATE OF SERVICE (PER THE MOU AGREEMENT, EFFECTIVE NOVEMBER 15, 2022).
- NOTE 36: CHARGES FOR REPAIRS OR REMAKES CAN ONLY BE BILLED AFTER THE WARRANTY PERIOD
- NOTE 37: CODE TO BE USED FOR INSTALLATION OF AN ASSISTIVE LISTENING DEVICE IN A VETERANAS HOME; DEVICE MUST BE A VAC BENEFIT FOR THE ELIGIBLE CLIENT E.G. SIGNALING/ALERTING DEVICE
- NOTE 38: THIS CODE IS ONLY TO BE USED AFTER THE FREQUENCY ON ACCESSORIES HAS BEEN REACHED (E.G. 2 ACCESSORIES FOR ENTRY LEVEL HEARING AIDS OR 3 ACCESSORIES FOR INTERMEDIATE OR ADVANCED HEARING AIDS).