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DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Clinical Standards Office  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

February 3, 2009

MEMORANDUM

ACS M09-08

TO: Physicians, Audiologists, and Hearing Aid Suppliers

FROM: Kenneth S. Fink, MD, MGA, MPH *KF*  
Med-QUEST Division Administrator

SUBJECT: CLARIFICATION AND CHANGES IN POLICIES AND PRIOR  
AUTHORIZATION REQUIREMENTS FOR HEARING AID  
RELATED SERVICES

The Med-QUEST Division (MQD) has reviewed its prior authorization procedures related to the provision of hearing aid related supplies and has removed the prior authorization requirements for many of these items and services. Please refer to Affiliated Computer Services (ACS) Memo M05-03, dated January 26, 2005, as well as the Hawaii Administrative Rules (HAR) 17-1737-78: "Hearing Evaluations and Devices" for previous policy information.

This memo pertains to the Medicaid fee for service (FFS) program, and applies to situations when Medicaid FFS is the Medicaid recipient's primary insurer or when Medicaid FFS is the secondary insurer and the recipient's primary insurer does not cover these items or services. Questions pertaining to hearing aid coverage for recipients in the QUEST or QUEST Expanded Access (QExA) plans should be directed to these health plans.

**Hearing Aid Evaluations:**

The following table summarizes limits and payment for professional services related to the provision of hearing aids. No prior authorizations are required for these evaluations when specific requirements, medical necessity, and quantity limits are met.

Code	Description	Limits	Medicaid Payment
92590	Hearing aid examination and selection; monaural	1 per 3 years	\$82.87
92591	Hearing aid examination and selection; binaural	1 per 3 years	\$100.00
92592	Hearing aid check; includes electroacoustic evaluation; monaural	2 per 12 months	\$42.94
92593	Hearing aid check; includes electroacoustic evaluation; binaural	4 per 12 months for children ages 3 years and under 2 per 12 months for children ages 4 and older	\$59.75
V5011	Fitting/orientation/checking of hearing aid (to follow initial hearing aid exam and selection)	1 per 3 years for adults 2 per 3 years for children <21 years	\$80.00

**Hearing Aids for Children and Adults:**

Both behind the ear (BTE) analog and digital hearing aids will be covered for both children and adults based on the professional assessment of an audiologist and an otolaryngologist (ENT physician) licensed in the state of Hawaii.

**The MQD no longer requires prior authorizations for hearing aids and related procedures if specific criteria and processes are followed as outlined in this memo. Please attach the following documents to the paper claim for payment without prior authorization:**

- **The “Certification Form” (attached to this memo) signed and dated by an audiologist;**
- **The “ENT Medical Clearance Form” (attached to this memo) signed and dated by an ENT physician; and**
- **The audiological results that reflect amplification readings demonstrating medical necessity.**

**Please be aware of the following important information:**

**Special Medicaid pricing** for hearing aids is available to Hawaii Medicaid clients through Phonak and Oticon (see attached price lists).

In addition to special pricing, Phonak and Oticon also offer a **90-day trial period** for all hearing aid devices, a **3-year service, loss and damage warranty** including a one time replacement during the 3-year warranty period, and **no shipping and handling charges** for all new devices as well as for all repairs and replacements. **The MQD will no longer reimburse costs for additional loss and damage insurance and will allow replacement of hearing aids every three years.**

**The MQD will also honor the trial period** offered by most manufacturers; therefore, a separate billing code for a rental period (RR) is no longer needed and will not be reimbursed by the MQD. If a manufacturer does not offer this benefit, a prior authorization for the RR is required with medical justification as to why this service is needed.

The special pricing is only available if “Hawaii Medicaid Member” with the Medicaid Identification (I.D.) number and prior authorization number (if applicable) is submitted on paperwork sent to Phonak or Oticon. Bulk purchase prices of devices from other suppliers may not be as low as the special Hawaii Medicaid pricing.

Providers must refer to the attached lists of hearing aids before requesting hearing aids for a Medicaid client. If a provider seeks approval for hearing aids from a different manufacturer, Medicaid will cover the comparable model and reimbursement level as the Phonak or Oticon model. If there is no comparable model, the provider must document justification for the medical necessity of the model requested.

**Invoice price plus a professional service fee of \$45.00 will be reimbursed for all models of hearing aids.** The manufacturer’s invoice must be attached to a paper claim. If manufacturers other than Phonak or Oticon are used, please supply evidence of special pricing for Hawaii or best invoice price amount (must be on the manufacturer’s letterhead).

**Initial hearing aid kits for children** are available at the time of purchase from Phonak and Oticon (includes battery tester, stethoscope, hearing aid clips, and dehumidifier). Please contact these manufacturers for availability of initial kits for adults.

Code	Modifier	Description	Medicaid Payment	PA Needed?
V5261	None	To be used on a case-by-case basis, i.e., for specialized hearing aid models		Yes
V5298	None	ADULTS: Digital or analog	Hawaii special pricing + \$45.00, capped at \$500.00	No
V5253	None	CHILD: Digital or analog	Hawaii special pricing + \$45.00, capped at \$500.00	No
V5014	None	Analog repairs per aid not covered by warranty	\$142.05 Adults: 1 in 3 yrs. Children: 2 in 3 yrs.	No
V5014	U1	Digital repairs per aid not covered by warranty	\$160.00 Adults: 1 in 3 yrs. Children: 2 in 3 yrs.	No
V5267	None	Hearing aid supplies/accessories	Invoice price	No

**Hearing Aids Which Require Prior Authorizations:**

• **In The Ear (ITE):**

The MQD will not cover ITE hearing aids for adults as a general rule and will require a prior authorization. If there are extreme circumstances that necessitate the selection of the ITE model, please submit sufficient medical justification to support your request and write “Special Consideration” on your attached documentation.

• **Binaural hearing aids for adults:**

The MQD does not cover binaural hearing aids for adults unless accompanied by specific justification from the physician that supports the medical necessity for the binaurals. Such requests will continue to be considered on a case-by-case basis. Reimbursement will be made per hearing aid purchased. Please refer to HAR 17-1737-78.

• **Specialty hearing aids (higher end):**

Prior authorizations will be required for all specialty requests which fall outside the stated capped price or time frequency and must have medical justification to support the request.

**For hearing aid purchases that require Prior Authorization, the following must be submitted for review:**

- A fully completed prior authorization form (Form 1144);

- An ENT physician evaluation;
- Audiology reports that demonstrate medical necessity;
- Medical justification for all hearing aid models that continue to require prior authorizations;
- Evidence of special Hawaii pricing or manufacturer's best price invoice amount, if other than Phonak or Oticon (must be on manufacturer's letterhead). If applicable, also include justification for Medicaid payment at a higher rate than Phonak or Oticon special rates;
- Prior authorization requests including all above documentation should be sent to ACS, the Hawaii Medicaid fiscal agent:

Affiliated Computer Services  
P.O. Box 2561  
Honolulu, HI 96804-2561

Fax line: 1-800-246-8197  
URGENT fax line: 808-952-5562

**Submission of Claims to Hawaii Medicaid fiscal agent (ACS):**

To expedite claims processing, the following instructions should be followed:

- **If the service or hearing aid model requires an approved prior authorization**, the provider/supplier must bill Medicaid with the hearing aid codes and modifiers (if applicable) as they appear on the letter of approval. The prior authorization and supporting documents that were submitted will have been imaged and on file in the claims system. The provider must submit a paper claim with the following:
  - Serial numbers of hearing device(s), which will be imaged into the claims system for documentation purposes; and
  - Manufacturer's invoice for the device, accessories, or services.
- **If the service or model does NOT require an approved prior authorization**, the provider/supplier must submit a paper claim and attach the following:
  - Certification Form – signed and dated;

- ENT Medical Clearance Form—signed and dated;
- Audiology reports that support medical necessity;
- Serial numbers of hearing device(s), which will be imaged into the claims system for documentation purposes; and
- Manufacturer’s invoice for the device, accessories, or service.

**The services, supplies and equipment addressed in this memo can only be provided when they are MEDICALLY NECESSARY for the specific Medicaid recipient. Written documentation that verifies that the service/supply/equipment and the quantity provided is/are medically necessary based on the physician’s assessment must be submitted to ACS for imaging and payment. Hawaii Administrative Rules (HAR) 17-1737-78:”Hearing Evaluations and Devices” serves as the basis for these benefits.**

For questions or clarifications pertaining to the memorandum, please contact Ms. Dean Rollins, R.N., Nurse Consultant, at 692-8125.

Attachments:            Certification of Hearing Services and Supplies  
                                  Medical Clearance Form (ENT Specialty)  
                                  Phonak and Oticon Hawaii special pricing lists (current 2008)

**CERTIFICATION OF HEARING SERVICES AND SUPPLIES**

Member Medicaid # \_\_\_\_\_ Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of examination: \_\_\_\_\_

The following services and items were supplied to the above Medicaid member in accordance with HAR 17-1737-78 which addresses hearing services and I attest to the following:

I attest that the hearing aid device(s) requested are medically necessary for this specific Medicaid member.

I accept the responsibility to keep documentation to support medical necessity of the requested hearing aid device(s) in the member's medical record in case of Department of Human Service (DHS) audit.

Is the ENT medical clearance attached:  Yes  No

Is the audiology report attached which demonstrate baseline and amplification results?  Yes  No

I attest that the above statements are true and accurate to the best of my knowledge and that my client states that she/he has not received the same services from another provider within the same three year period.

I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State Laws.

Name of Provider: \_\_\_\_\_ Provider Medicaid ID #: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date of signature: \_\_\_\_\_

Name of Payee Company: \_\_\_\_\_

I further certify that the attached invoice is correct (if applicable) and that it corresponds in every particular with contracted supplies and/or services. I further certify that the account is true, correct, and unpaid.

Signature of the Provider (audiologist): \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION FORM FOR HEARING SERVICES AND SUPPLIES MUST BE ATTACHED  
TO PAPER CLAIM FOR PAYMENT**

## MEDICAL CLEARANCE FORM (ENT Specialty)

Client Name (Last, First, M)	Client ID No.	Client Date of Birth
Address (Street, City, State, ZIP Code)		

Date of Examination

### Ear Examination:

- a. Within Normal Limits:  Yes  No  
b. Cerumen Removed  Yes  No  
c. Describe Ear Abnormalities:

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### Medical Clearance (ENT specialty):

- a. Are there any medical contradictions to hearing aid usage in either ear?  
 Yes  No
- b. If yes, a hearing aid is medically prohibited in  Right Ear  Left Ear
- c. Is the above-named individual a candidate for a hearing aid evaluation?  
 Yes  No

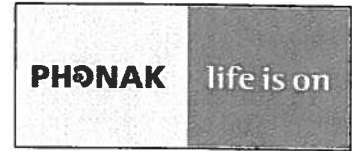
Signature- Physician	Physician's Name (type or print)	Medical Specialty
Address		Telephone No.

**Please submit signed and dated Medical Clearance Form (ENT) with Paper claim for payment. Please retain a copy in client's medical record.**



State of Hawaii Department of Human Services Medicaid for Adult & Children - Newborn  
Infant Hearing Program - Voc Rehab

December 4, 2008 << Date



\*\*\* Important Note \*\*\*

3 Year Loss & Damage Warranty with a 1 time replacement

3 Year Service Warranty

20041353

Phonak Products			List Price	% Discount	Invoice Price
<b>CORE Technology Products</b>					
<b>EXÉLIA CUSTOM</b>					
Exélia Power Petite	(CIC or Mini-canal)	063-0289-01	\$ 1,979.00	30.000%	1,385.30
Exélia Petite	(CIC or Mini-canal)	063-0290-01	\$ 1,979.00	30.000%	1,385.30
Exélia Omni (wireless)	(Canal/Half Shell)	063-0291-01	\$ 1,979.00	30.000%	1,385.30
Exélia Voice Zoom (wireless)	(Canal/Half Shell)	063-0292-01	\$ 1,979.00	30.000%	1,385.30
Exélia Omni Petite	(Canal/Half Shell)	063-0293-01	\$ 1,879.00	30.000%	1,315.30
Exélia Voice Zoom Petite	(Canal/Half Shell)	063-0294-01	\$ 1,879.00	30.000%	1,315.30
Exélia (wireless)	(Full Shell)	063-0295-01	\$ 1,979.00	30.000%	1,385.30
Exélia Power (wireless)	(Full Shell)	063-0296-01	\$ 1,979.00	30.000%	1,385.30
<b>EXÉLIA BTEs</b>					
Exélia micro		050-0324-01	\$ 2,149.00	30.000%	1,504.30
Exélia Moderate		050-0658-01	\$ 2,149.00	30.000%	1,504.30
Exélia Power		050-0659-01	\$ 2,149.00	30.000%	1,504.30
Exélia Super Power		050-0660-01	\$ 2,149.00	30.000%	1,504.30
<b>EXÉLIA OPTIONS</b>					
Telecoil with Easy Phone			\$ 100.00	0.000%	100.00
<b>VERSÁTA CUSTOM</b>					
Versáta Petite	(CIC or Mini-canal)	063-0308-01	\$ 1,099.00		699.00
Versáta Power Petite	(CIC or Mini-canal)	063-0309-01	\$ 1,099.00		699.00
Versáta Voice Zoom Petite	(Canal/Half Shell)	063-0310-01	\$ 1,099.00		699.00
Versáta Petite	(Canal/Half Shell)	063-0311-01	\$ 1,099.00		699.00
Versáta Voice Zoom (wireless)	(Canal/Half Shell)	063-0312-01	\$ 1,099.00		699.00
Versáta (wireless)	(Canal/Half Shell)	063-0313-01	\$ 1,099.00		699.00
Versáta Voice Zoom (wireless)	(Full Shell)	063-0314-01	\$ 1,099.00		699.00
Versáta Power (wireless)	(Full Shell)	063-0315-01	\$ 1,099.00		699.00
<b>VERSÁTA BTEs</b>					
Versáta micro		050-0418-01	\$ 1,199.00		699.00
Versáta Moderate		050-0415-01	\$ 1,199.00		699.00
Versáta Power		050-0416-01	\$ 1,199.00		699.00
Versáta Super Power		050-0417-01	\$ 1,199.00		699.00
<b>VERSÁTA OPTIONS</b>					

Telecoil with Easy Phone		\$ 100.00	0.000%	100.00
<b>NAÍDA BTEs</b>				
Naída V UP	050-0066-01	\$ 1,100.00	30.000%	770.00
Naída V UP Junior	050-0074-01	\$ 1,100.00	30.000%	770.00
Naída V SP	050-0670-01	\$ 1,100.00	30.000%	770.00
Naída V SP Junior	050-0671-01	\$ 1,100.00	30.000%	770.00
Naída III UP	050-0075-01	\$ 875.00		399.00
Naída III UP Junior	050-0076-01	\$ 875.00		399.00
Naída III SP	050-0672-01	\$ 875.00		399.00
Naída III SP Junior	050-0673-01	\$ 875.00		399.00
<b>CERTÉNA CUSTOM</b>				
Certéna Petite	(CIC or Mini-canal) 063-0316-01	\$ 599.00		399.00
Certéna Power Petite	(CIC or Mini-canal) 063-0317-01	\$ 599.00		399.00
Certéna dAZ Petite	(Canal/Half Shell) 063-0318-01	\$ 599.00		399.00
Certéna Petite	(Canal/Half Shell) 063-0319-01	\$ 599.00		399.00
Certéna dAZ (wireless)	(Canal/Half Shell) 063-0320-01	\$ 599.00		399.00
Certéna (wireless)	(Canal/Half Shell) 063-0321-01	\$ 599.00		399.00
Certéna dAZ (wireless)	(Full Shell) 063-0322-01	\$ 599.00		399.00
Certéna Power (wireless)	(Full Shell) 063-0323-01	\$ 599.00		399.00
<b>CERTÉNA BTEs</b>				
Certéna micro	050-0413-01	\$ 649.00		399.00
Certéna Moderate	050-0410-01	\$ 649.00		399.00
Certéna Power	050-0411-01	\$ 649.00		399.00
Certéna Super Power	050-0412-01	\$ 649.00		399.00
<b>CERTÉNA OPTIONS</b>				
Telecoil with Easy Phone		\$ 100.00	100.000%	No Charge
<b>SAVIA ART CUSTOM</b>				
Savia Art 11	(CIC or Mini-canal) 063-0274-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 11 RC	(CIC or Mini-canal) 063-0275-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 22 Omni	(Canal/Half Shell) 063-0276-01	\$ 1,599.00	30.000%	1,119.30
Savia Art 22 Directional	(Canal/Half Shell) 063-0277-01	\$ 1,799.00	30.000%	1,259.30
Savia Art 33 Omni	(Full Shell) 063-0278-01	\$ 1,599.00	30.000%	1,119.30
Savia Art 33 Directional	(Full Shell) 063-0279-01	\$ 1,799.00	30.000%	1,259.30
Savia Art 33 Power	(Full Shell) 063-0280-01	\$ 1,799.00	30.000%	1,259.30
<b>SAVIA ART BTEs</b>				
microSavia Art dSZ	050-0051-01	\$ 1,949.00	30.000%	1,364.30
microSavia Art CRT dSZ	with Easy Phone 050-0050-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 211 dSZ	050-0054-01	\$ 1,849.00	30.000%	1,294.30
Savia Art 211 dSZ	with Easy Phone 050-0047-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 311 dSZ	050-0055-01	\$ 1,849.00	30.000%	1,294.30
Savia Art 311 dSZ	with Easy Phone 050-0048-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 411 dSZ	050-0056-01	\$ 1,949.00	30.000%	1,364.30
Savia Art 411 dSZ	with Easy Phone 050-0049-01	\$ 2,049.00	30.000%	1,434.30
<b>SAVIA ART OPTIONS</b>				
Telecoil with Easy Phone	(available on Savia Art 22's & 33's)	\$ 100.00	0.000%	100.00
<b>MICROSAVIA ART CRT OPTIONS</b>				
xReceiver CRT Unit:	(Same Discount % as microSavia ART unit) 054-0006 -- 054-0013	\$ 50.00	30.000%	35.00
Fit'n Go micro Kit	054-0321	\$ 65.00		65.00
Fit'nGo CRT Kit	054-0320	\$ 65.00		65.00
<b>SAVIA CUSTOM</b>				
Savia 11	(CIC or Mini-canal) 063-0220-01	\$ 1,795.00	30.000%	1,256.50
Savia 11	(CIC Remote) 063-0221-01	\$ 1,795.00	30.000%	1,256.50
Savia 22 Omni	(Canal/Half Shell) 063-0222-01	\$ 1,450.00	30.000%	1,015.00
Savia 22 Directional	(Canal/Half Shell) 063-0225-01	\$ 1,650.00	30.000%	1,155.00
Savia 33 Omni	(Full Shell/Half Shell) 063-0226-01	\$ 1,450.00	30.000%	1,015.00
Savia 33 Directional	(Full Shell/Half Shell) 063-0227-01	\$ 1,650.00	30.000%	1,155.00
<b>SAVIA BTEs</b>				
microSavia 101 dAZ	050-0600-01	\$ 1,795.00	30.000%	1,256.50
Savia 111 dAZ	050-0567-01	\$ 1,600.00	30.000%	1,120.00
Savia 111 dAZ with Easy Phone	050-0568-01	\$ 1,700.00	30.000%	1,190.00
Savia 211 dAZ	050-0565-01	\$ 1,600.00	30.000%	1,120.00

Savia 211 dAZ with Easy Phone		050-0569-01	\$ 1,700.00	30.000%	1,190.00
Savia 311 dAZ		050-0566-01	\$ 1,645.00	30.000%	1,151.50
Savia 311 dAZ with Easy Phone		050-0570-01	\$ 1,745.00	30.000%	1,221.50
<b>SAVIA OPTIONS</b>					
Telecoil (Minicanal)	(available on Savia 11 only)		\$ 49.95	0.000%	49.95
Telecoil with Easy Phone	(available on Savia 22s & 33s)		\$ 100.00	0.000%	100.00
<b>CRT: CANAL RECEIVER TECHNOLOGY</b>					
<b>AUDÉO</b>					
Audéo III	(includes 1 sReceiver)	050-0270-01	\$ 765.00	0.000%	399.00
Audéo V	(includes 1 sReceiver)	050-0070-01	\$ 1,449.00	30.000%	1,014.30
Audéo IX	(includes 1 sReceiver)	050-0071-01	\$ 1,949.00	30.000%	1,364.30
<b>AUDÉO OPTIONS</b>					
Audéo PFE	(Perfect Fit Earphones) 111 white	112-0001-19	\$ 110.00		110.00
Audéo PFE	(Perfect Fit Earphones) 112 black	112-0001-06	\$ 110.00		110.00
Audéo PFE	(Perfect Fit Earphones) 121 white with mic	112-0002-19	\$ 125.00		125.00
Audéo PFE	(Perfect Fit Earphones) 122 black with mic	112-0002-06	\$ 125.00		125.00
<b>CRT POWER</b>					
microPower IX		050-0624-01	\$ 1,795.00	30.000%	1,256.50
microPower V		050-0620-01	\$ 1,449.00	30.000%	1,014.30
microPower III		050-0625-01	\$ 1,015.00	30.000%	710.50
<b>CRT OPTIONS</b>					
xReceiver Unit:	(Same Discount % as microPower Unit)	054-0014 to 054-0021, 054-0376 to 054-0383	\$ 50.00	30.000%	35.00
xReceiver Shell		062-0010-02	\$ 50.00		50.00
Fit'nGo microPower Kit		054-0394	\$ 400.00		400.00
Fit'nGo CRT Kit		054-0398	\$ 400.00		400.00
<b>ELEVA CUSTOM</b>					
Eleva 11	(CIC)	063-0260-01	\$ 1,449.00		699.00
Eleva 11 RC	(Mini-Canal)	063-0261-01	\$ 1,449.00		699.00
Eleva 22	(Canal/Half Shell)	063-0262-01	\$ 1,249.00		699.00
Eleva 22 AZ	(Canal/Half Shell)	063-0263-01	\$ 1,399.00		699.00
Eleva 33	(Full Shell)	063-0264-01	\$ 1,199.00		699.00
Eleva 33 POWER	(Full Shell)	063-0266-01	\$ 1,299.00		699.00
Eleva 33 AZ	(Full Shell)	063-0265-01	\$ 1,299.00		699.00
<b>ELEVA BTEs</b>					
micro Eleva 100AZ Micro		050-0602-01	\$ 1,449.00		699.00
Eleva 211AZ		050-0590-01	\$ 1,349.00		699.00
Eleva 211AZ	with Easy Phone	050-0591-01	\$ 1,449.00		699.00
Eleva 311AZ		050-0592-01	\$ 1,349.00		699.00
Eleva 311AZ	with Easy Phone	050-0593-01	\$ 1,449.00		699.00
Eleva 411AZ		050-0594-01	\$ 1,379.00		699.00
Eleva 411AZ	with Easy Phone	050-0595-01	\$ 1,479.00		699.00
<b>ELEVA OPTIONS</b>					
Telecoil with Easy Phone			\$ 100.00	0.000%	100.00
<b>EXTRA CUSTOM</b>					
eXtra 11	(CIC or Mini-canal)	063-0240-01	\$ 699.00		399.00
eXtra 22	(Canal/Half Shell)	063-0241-01	\$ 599.00		399.00
eXtra 22 AZ	(Canal/Half Shell)	063-0242-01	\$ 649.00		399.00
eXtra 33	(Full Shell)	063-0243-01	\$ 499.00		399.00
eXtra 33 POWER	(Full Shell)	063-0245-01	\$ 549.00		399.00
eXtra 33 AZ	(Full Shell)	063-0244-01	\$ 549.00		399.00
<b>EXTRA BTEs</b>					
micro eXtra 100 AZ		050-0622-01	\$ 729.00		399.00
eXtra 211AZ		050-0597-01	\$ 649.00		399.00
eXtra 211AZ	with Easy Phone	050-0581-01	\$ 749.00		399.00
eXtra 311AZ		050-0598-01	\$ 649.00		399.00
eXtra 311AZ	with Easy Phone	050-0583-01	\$ 749.00		399.00
eXtra 411AZ		050-0599-01	\$ 679.00		399.00
eXtra 411AZ	with Easy Phone	050-0585-01	\$ 779.00		399.00
<b>EXTRA OPTIONS</b>					
Telecoil with Easy Phone	(available on eXtra 22s & 33s)		\$ 100.00	100.000%	No Charge

<b>UNA CUSTOM</b>					
UNA CIC/MS	(CIC or Mini-canal)	063-0281-01	\$ 489.00		315.00
UNA CA/HS	(Canal/Half Shell)	063-0282-01	\$ 409.00		315.00
UNA FS	(Full Shell)	063-0284-01	\$ 359.00		315.00
UNA AZ CA/HS	(Canal/Half Shell)	063-0283-01	\$ 459.00		315.00
UNA AZ FS	(Full Shell)	063-0285-01	\$ 409.00		315.00
UNA P FS	(Full Shell)	063-0286-01	\$ 409.00		315.00
<b>UNA BTEs</b>					
UNA M		050-0062-01	\$ 379.00		315.00
UNA M AZ		050-0063-01	\$ 459.00		315.00
UNA SP		050-0064-01	\$ 419.00		315.00
UNA SP AZ		050-0065-01	\$ 479.00		315.00
<b>UNA OPTIONS</b>					
Telecoil with Easy Phone			\$ 100.00	100.000%	No Charge
<b>VALEO CUSTOM</b>					
Valeo 11	(CIC)	063-0170-01	\$ 1,055.00	30.000%	738.50
Valeo 22	(Canal/Half Shell/Full Shell)	063-0175-01	\$ 875.00	30.000%	612.50
Valeo 23 AZ	(Canal/Half Shell/Full Shell)	063-0180-01	\$ 975.00	30.000%	682.50
Valeo 33	(Power Full Shell)	063-0185-01	\$ 975.00	30.000%	682.50
<b>VALEO BTE</b>					
mini Valeo 101 AZ BTE (MICRO)		050-0571-01	\$ 995.00	30.000%	696.50
Valeo 211		050-0561-01	\$ 895.00	30.000%	626.50
Valeo 211 AZ		050-0562-01	\$ 995.00	30.000%	696.50
Valeo 311 Forte		050-0563-01	\$ 895.00	30.000%	626.50
Valeo 311 AZ Forte		050-0564-01	\$ 995.00	30.000%	696.50
<b>VALEO OPTIONS</b>					
Telecoil (Minicanal)	(available on Valeo 11 only)		\$ 49.95	0.000%	49.95
Telecoil with Easy Phone	(available on Valeo 22s, 23 AZs, & 33s)		\$ 100.00	0.000%	100.00
Universal Kit Fit'nGo	NOT FOR DISCOUNTING	054-0311	\$ 10.00		10.00
<b>Key Pilot - Sound Pilot - Watch Pilot Remotes</b>					
KeyPilot 2 (Set)		054-3008	\$ 185.00	0.000%	185.00
KeyPilot 2		054-3007	\$ 185.00	0.000%	185.00
SoundPilot 2		054-3220	\$ 185.00	0.000%	185.00
Watch Pilot 2	Man - Metal Band (Classic) Black or White	054-018X	\$ 350.00	0.000%	350.00
Watch Pilot 2	Lady - Metal Band (Classic) Black or White	054-018X	\$ 350.00	0.000%	350.00
Watch Pilot 2	Man - Rubber Band (Sport) Black or White	054-021X	\$ 350.00	0.000%	350.00
Watch Pilot 2	Lady - Rubber Band (Sport) Black or White	054-021X	\$ 350.00	0.000%	350.00
<b>CROS/BiCROS &amp; CROSLINKS</b>					
<b>Universal Wireless Cros System</b>					
Kit CROSLink beige		052-0539-0000103	\$ 650.00	25.000%	487.50
Kit CROSLink palladium vertical		052-0540-0004003	\$ 650.00	25.000%	487.50
CROSLink Transmitter		052-3361-000XX	\$ 325.00	25.000%	243.75
Receiver CRX		052-3119-000XX	\$ 325.00	25.000%	243.75
<b>FM Transmitters &amp; Receivers</b>					
<b>MY LINK</b>					
MyLink receiver (KIT)		052-0468	\$ 660.00	25.000%	495.00
MyLink headset		052-3394	\$ 26.00		26.00
<b>FM BTE-MAXX</b>					
iLink S 311 Forte NB		050-0876-01	\$ 1,220.00	30.000%	854.00
<b>AREA TRANSMITTERS</b>					
TX300V Large Area Transmitter		116-1938	\$ 800.00	25.000%	600.00
<b>TRANSMITTER PACKAGES</b>					
Inspiro KIT - iLapel	(includes iLapel mic, charger, prog. cable)	052-0184	\$ 983.00	25.000%	737.25
Inspiro KIT - iBoom	(includes iBoom mic, charger, prog. cable)	052-0183	\$ 983.00	25.000%	737.25
Easylink SX KIT		054-0362	\$ 725.00	25.000%	543.75
ZoomLink KIT		052-0578	\$ 888.00	25.000%	666.00
SmartLink SX KIT		052-1406	\$ 1,050.00	25.000%	787.50
EasyLink SX Transmitter H-BAND KIT		053-0612	\$ 725.00	25.000%	543.75

<b>WALLPILOT</b>					
WallPilot System (KIT)	054-0393	\$ 315.00	25.000%		236.25
<b>MICROLINK RECEIVERS</b>					
ML11i Receiver NB-band	052-3318-87601	\$ 926.00	25.000%		694.50
ML10i NB-band	052-0066-87601	\$ 926.00	25.000%		694.50
ML9i NB-band	052-3054-87601	\$ 926.00	25.000%		694.50
MLxi Receiver	052-0067-87640	\$ 926.00	25.000%		694.50
MLxi BAHA Receiver	052-0087-876	\$ 926.00	25.000%		694.50
MicroMLxS Receiver (either Universal or Frequency Specified)	052-3387-87640	\$ 895.00	25.000%		671.25
ML9S NB-band	052-3360-87601	\$ 895.00	25.000%		671.25
MLxS BAHA Receiver	052-3366-876	\$ 865.00	25.000%		648.75
<b>PERSONAL RECEIVERS</b>					
EduLink S	102-22006010003	\$ 650.00	25.000%		487.50
MicroLink Freedom Receiver	052-3367-87642	\$ 895.00	25.000%		671.25
MicroEar BTE Style FM Receiver	052-3389-87625	\$ 525.00	25.000%		393.75
Auria iConnect	052-13XX	\$ 130.00	25.000%		97.50
MicroLink 3G Adapter	052-3031	\$ 95.00	25.000%		71.25
<b>WIRELESS ACCESSORIES</b>					
myPilot, incl. US power supply - Grey	076-0001-1211	\$ 375.00	0.000%		375.00
myPilot, incl. US power supply - White	076-0001-1911	\$ 375.00	0.000%		375.00
iCom Kit (includes audio cable)	054-0404	\$ 249.00	0.000%		249.00
iCube Kit (includes charger & audio cable)	054-0403	\$ 199.00	0.000%		199.00
iView, incl. US power supply	076-0301-1211	\$ 175.00	0.000%		175.00
iSense Micro Micro style Dynamic FM Receiver	052-3135-87692	\$ 750.00	0.000%		750.00
iSense Classic Body worn Dynamic FM Receiver	052-3134-8766303	\$ 750.00	0.000%		750.00
USB Bluetooth Adapter EZURIO	076-0855	\$ 90.00	0.000%		90.00
Bluetooth Audio Transmitter	076-0859	\$ 50.00	0.000%		50.00
Bluetooth Phone Transmitter	076-0860	\$ 150.00	0.000%		150.00
ML CI Interface w/trimmer (does not include receiver)	052-0039	\$ 410.00	0.000%		410.00
ML CI Interface w/volume control (does not include receiver)	052-0037	\$ 410.00	0.000%		410.00
<b>Batteries</b>					
<b>DURACELL</b>					
Battery 10A Activair (4 packs)	070-0034	\$ 19.40	20.000%		15.52
Battery 13 Activair (4 packs)	070-5029	\$ 19.40	20.000%		15.52
Battery 312 Activair (4 packs)	070-0037	\$ 19.40	20.000%		15.52
Battery 10A Activair (8 packs)	070-0035	\$ 38.80	20.000%		31.04
Battery 13 Activair (8 packs)	070-0036	\$ 38.80	20.000%		31.04
Battery 312 Activair (8 packs)	070-0038	\$ 38.80	20.000%		31.04
Battery 675 Activair (6 packs)	070-5032	\$ 29.10	20.000%		23.28
<b>POWER ONE</b>					
Battery 10A POWER ONE (4 packs)	070-0156	\$ 19.40	20.000%		15.52
Battery 312 POWER ONE (4 packs)	070-0157	\$ 19.40	20.000%		15.52
Battery 13 POWER ONE (4 packs)	070-0158	\$ 19.40	20.000%		15.52
Battery 675 POWER ONE (4 packs)	070-0159	\$ 19.40	20.000%		15.52
Battery 10A POWER ONE (6 packs)	070-0078	\$ 29.10	20.000%		23.28
Battery 312 POWER ONE (6 packs)	070-0079	\$ 29.10	20.000%		23.28
Battery 13 POWER ONE (6 packs)	070-0080	\$ 29.10	20.000%		23.28
Battery 675 POWER ONE (6 packs)	070-0081	\$ 29.10	20.000%		23.28
Battery 675 POWER ONE (IMPLANT Plus)	070-0133	\$ 58.20	20.000%		46.56
<b>RAYOVAC</b>					
Battery 10A Rayovac (4 packs)	070-0245	\$ 19.40	20.000%		15.52
Battery 312 Rayovac (4 packs)	070-0246	\$ 19.40	20.000%		15.52
Battery 13 Rayovac (4 packs)	070-0247	\$ 19.40	20.000%		15.52
Battery 675 Rayovac (4 packs)	070-0248	\$ 19.40	20.000%		15.52
Battery 10A Rayovac (6 packs)	070-0055	\$ 29.10	20.000%		23.28
Battery 312 Rayovac (6 packs)	070-0057	\$ 29.10	20.000%		23.28
Battery 13 Rayovac (6 packs)	070-0056	\$ 29.10	20.000%		23.28
Battery 675 Rayovac (6 packs)	070-0058	\$ 29.10	20.000%		23.28
Battery 675 Rayovac (IMPLANT Plus)	070-0249	\$ 58.20	20.000%		46.56
<b>PEDIATRIC PRODUCTS</b>					
Oliver Pediatric Kit (expanded)	098-1150	\$ 29.95	100.000%		No Charge
"Oliver Gets Hearing Aids" Book (English or Spanish)	028-0284-02	\$ 9.95	0.000%		9.95
"Oliver Gets FM" Book (English or Spanish)	028-0288-02	\$ 9.95	0.000%		9.95
<b>Shipping &amp; Handling</b>					
		\$ 14.99	100.000%		No Charge

<b>Warranty Plans</b>				
<b>Loss &amp; Damage Fee</b>				
L&D: Processing Fee Digital		\$ 150.00	100.000%	No Charge
L&D: Processing Fee Wireless		\$ 100.00	100.000%	No Charge
L&D: Processing Fee - DHC or SoundPilot remote		\$ 50.00	100.000%	No Charge
L&D: Processing Fee - FM Auxilliary (eg - Wallpilot)		\$ 50.00	100.000%	No Charge
L&D: Processing Fee - FM Transmitter/Receiver		\$ 150.00	100.000%	No Charge
L&D: Processing Fee - Watch Pilot 2		\$ 50.00	100.000%	No Charge
L&D: Processing Fee - myPilot, iView		\$ 100.00	100.000%	No Charge
<b>SERVICE &amp; REPAIR PLANS</b>				
6 month warranty: General (serialized products) repair		\$ 119.50	0.000%	119.50
6 month warranty: Classics repair		\$ 119.50	0.000%	119.50
6 month warranty: Wireless CROS/BiCROS		\$ 119.50	0.000%	119.50
6 month warranty: Digital Instruments		\$ 119.50	0.000%	119.50
6 month warranty: DHC's, WatchPilots, myPilot, iCom, iCube		\$ 59.95	0.000%	59.95
6 month warranty: FM Transmitters		\$ 119.50	0.000%	119.50
6 month warranty: FM Receivers		\$ 119.50	0.000%	119.50
6 month warranty: FM Transmitter Microphone		\$ 39.99	0.000%	39.99
6 month warranty: FM Auxilliary Products (accessories)		\$ 59.95	0.000%	59.95
6 month warranty: TX2 Charger		\$ 39.99	0.000%	39.99
12 month warranty: General (serialized products) repair		\$ 139.50	0.000%	139.50
12 month warranty: Classics repair		\$ 139.50	0.000%	139.50
12 month warranty: Wireless CROS/BiCROS		\$ 139.50	0.000%	139.50
12 month warranty: Digital Instruments		\$ 139.50	0.000%	139.50
12 month warranty: DHC's & WatchPilots		\$ 69.95	0.000%	69.95
12 month warranty: myPilot, iCom, iCube		\$ 89.95	0.000%	89.95
12 month warranty: FM Transmitters		\$ 139.50	0.000%	139.50
12 month warranty: FM Receivers		\$ 139.50	0.000%	139.50
12 month warranty: FM Auxilliary Products (accessories)		\$ 69.95	0.000%	69.95
<b>Recase - Remake Fee</b>	001-0320/0321/0322/0325		100.000%	No Charge



## Phonak Pediatrics

800-777-7333

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### Phone Que Options

- 1 Order Desk
- 2 FM Support
- 3 Audiology Support, then press 1 for Pediatric Audiology Support
- 4 Customer Service
- 7 Accounting/Statements

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### Pediatric Management

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x 5006

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### Phonak Websites

[www.phonak-us.com](http://www.phonak-us.com)  
[www.phonakpro.com](http://www.phonakpro.com)  
[www.eschooldesk.com](http://www.eschooldesk.com)

Information on all Phonak products  
Literature library, user guides, training events  
FM support



**PHONAK** life is on

Phonak LLC | 4520 Weaver Parkway | Warrenville, IL 60555



## Phonak Pediatrics

800-777-7333

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### Pediatric Sales Managers

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x 5267

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Phonak LLC. | 4520 Weaver Parkway | Warrenville, IL 60555



## **Hawaii Medicaid Oticon, Inc Hearing Aids**

### **Ordering**

Oticon has set special pricing for Hawaii Medicaid. In order to obtain hearing aids at this pricing, the provider must give a valid Medicaid ID Number when placing the order. For BTE instruments, this can be given over the phone when placing the order with customer service. For ITE instruments, this should be written on the ITE order form

Orders can be call to 800-526-3921, faxed to In addition, providers may use our web-based system, myOticon, for ordering BTES. With this system, the Medicaid ID number must be provided in the the required field.

All orders have a 90 day return period. All orders for Children will be sent a OtiKids Care Package. Providers must indicate the age of the child when placing the order.

### **Delivery terms**

Orders are shipped via UPS air

Oticon will pay for shipping on new orders, service and out-of warranty repairs

Oticon will provide shipping labels for mailing ITE orders as requested.

### **Warranty**

#### **Warranty Terms**

All Oticon products will come with a Peace of Mind Warranty. The terms of our Peace of Mind are 3 year repair warranty with one time loss/damage coverage the full 3 years

**Loss and Damage Claim Fee:** Oticon will waive our normal L/D Claim fee

### **Out of Warranty Repair/Remake Service Charges**

Out of warranty repair/remake services will follow Oticon's standard pricing as indicated in Oticon Pricing Policy

**Unauthorized Repair & Maltreatment** - Instruments subjected to unauthorized repair or maltreatment cannot be serviced under our flat rate service options. Please add \$100.00 to standard repair charge.

Customer Service Number: 1 - 800-526-3921 EST

**Oticon, Inc****Effective date: Dec 15, 2008****Medicaid Pricing: Hawaii**

<b>Products</b>	<b>Medicaid Price</b>
Dual Connect XW	\$1,275.00
Dual Connect W	\$1,150.00
Dual Connect V	\$775.00
Dual Mini m9	\$995.00
Dual Mini m7	\$775.00
Dual Mini m5	\$550.00
Epoq XW Custom Instruments	\$1,275.00
Epoq XW BTE	\$1,275.00
Epoq XW RITE	\$1,275.00
Epoq XW Power RITE	\$1,349.00
Epoq W Custom Instruments	\$1,150.00
Epoq W BTE	\$1,150.00
Epoq W RITE	\$1,150.00
Epoq W Power RITE	\$1,199.00
Epoq V Custom Instruments	\$775.00
Epoq V BTE	\$775.00
Epoq V RITE	\$775.00
Epoq V Power RITE	\$849.00
Delta 8000	\$960.00
Delta 6000	\$625.00
Delta 4000	\$450.00
Vigo Pro Custom Instruments	\$550.00
Vigo Pro BTE	\$550.00
Vigo Pro RITE	\$550.00
Vigo Pro Power RITE	\$550.00
Vigo Custom Instruments	\$399.00
Vigo BTE	\$399.00
Vigo RITE	\$448.00
Vigo Power RITE	\$448.00
Safran Custom Instruments	\$699.00
Safran BTE	\$699.00
Safran BTE Power	\$699.00
Safran BTE with Volume Control	\$699.00
Tego Pro Custom Instruments	\$448.00
Tego Pro BTE	\$448.00
Tego Pro BTE Power	\$448.00
Tego Pro BTE with Volume Control	\$448.00
Tego Custom Instruments	\$399.00
Tego BTE	\$399.00
Tego BTE Power	\$399.00
Tego BTE with Volume Control	\$399.00
Gaia Custom Instruments	\$375.00
Gaia Standard	\$375.00

Gaia Power	\$375.00
Gaia Direct	\$375.00
Gaia Volume Control	\$375.00
Atlas Plus Custom Instruments	\$325.00
Atlas Plus Standard	\$325.00
Atlas Plus Power	\$325.00
Atlas Plus Direct	\$325.00
Atlas Plus Volume Control	\$325.00
Go Pro Custom Instruments	\$250.00
Go Pro Standard	\$250.00
Go Pro Power Direct	\$250.00
Go Pro VC	\$250.00
Atlas Custom Instruments	\$295.00
Atlas Standard	\$295.00
Atlas Power	\$295.00
Atlas Direct	\$295.00
Atlas Volume Control	\$295.00
GO Custom Instruments	\$199.00
GO Standard	\$199.00
GO Power	\$199.00
GO Direct	\$199.00
GO Volume Control	\$199.00
Sumo DM	\$450.00
Sumo XP	\$399.00
Sumo E	\$299.00
Ergo Custom Instruments	\$225.00
Ergo Standard	\$225.00
Ergo Power	\$225.00
Swift Canal	\$239.40
Swift Full Shell	\$210.00
Swift 70+	\$207.00
Swift 90+	\$240.00
Swift 100+	\$255.00
Body Aid Standard	\$275.00
CLASSIC 380P	\$300.00
CLASSIC 390PL	\$300.00
Personic 410	\$300.00
Personic 420	\$300.00
Personic 425	\$300.00
<b>FM Systems</b>	
Amigo T20 Transmitter	\$599.25
Amigo T10 Handheld Transmitter	\$656.25
Amigo T5 Transmitter	\$381.65
Amigo R1	\$621.75
Amigo R2, R7, R12	\$636.75
Amigo R5 Receiver for T5 Transmitter	\$424.15

**Oticon, Inc**  
**2006 Option Pricing**

<b><u>ITE Options</u></b>	<b><u>Pricing</u></b>
Volume control	\$0.00
Telecoil	\$25.00
Automatic Telecoil	\$85.00
Automatic Phone	\$85.00
WaxBuster/MicroWaxBuster/NoWax (standard on new orders)	n/c
Select-A-Tube	n/c
Removal Notches	n/c
Tamper Resistant Battery Drawer	n/c
High VC Knob	n/c
Allergenic Protective Coating	n/c
Flex Canal	\$30.00
Clear Shell	\$20.00
WaxBuster/MicroWaxBuster/NoWax replacements, each	\$4.00

**BTE Options**

Volume control	part of product price
OtiKids CoOler	n/c
Recasing (90 days past date of invoice)	\$30.00
Sound Hook style change (90 days past invoice)	\$25.00
CROS or BICROS (includes mic side,boot and cord)	\$75.00
Bone Conduction for BTE (includes bone conductor, headband and cord)	\$75.00
Receiver, external for BTE	\$50.00
Transducer, external for BTE	\$25.00
Eyewear temple assembly charge	\$75.00
Tamper resistant battery drawer	n/c
Tamper resistant volume control	n/c

**Oticon, Inc**  
**2006 Accessories & Parts**

**Delta Accessories**

	<b>Pricing</b>
Shell (2 pieces)	\$15.00
Domes (10 pieces)	\$3.00
Delta Speaker	\$75.00

**FM System (one microphone provided with FM order at n/c)**

Boom Microphone	\$80.00
Direct Lapel Microphone	\$80.00
Lavalier Microphone	\$80.00
Omni Lapel Microphone	\$80.00
Boom microphone	\$50.00
External antenna	\$15.00
Aux cable (specify for TV/VCR or personal stereo/pc)	\$15.00
Lavaliere Cord	\$15.00
Small carrying case	\$15.00
2 silver-banded NIMH rechargeable batteries	\$15.00
A/C charger	\$15.00
Presentation/Travel case	\$15.00

**FM Boots (one FM Boot provided with FM and BTE order at n/c)**

FM3: DigiFocus II Super Power, 380P, 390PL, MultFocus Classic, 300P	\$35.00
FM4: DigiFocus, DigiLife, MultiFocus Compact, PrimoFocus, Personic	\$35.00
FM5: Adapto, Gaia, Atlas Plus Direct, Atlas Direct, Go Direct, DigiFocus II, DigiLife.com	\$35.00
FM6: Atlas Plus, Atlas, Go, Ergo, Swift	\$35.00
FM7: Sumo	\$35.00
FM8: Syncro2, Syncro, Tego Pro, Tego	\$35.00
DAI - AP201, AP202, AP301, AP302, AP341, AP401, AP402, AP501, AP502, AP600, AP700, AP800	\$17.00
Retain book for CROS cords - full size BTE (clear)	\$5.00

**Direct Audio Input**

Cord - Monaural (16", 30")	\$12.00
Cord - Binaural (16", 30")	\$19.50
Cord - Extension UT17' for cords above (17')	\$15.00

**BTE Instruments**

Sound Hooks, non-filtered (10 in a pack)	\$20.00
Sound Hooks, filtered (10 in a pack)	\$42.00
Cord - CROS Cord for all Compacts (8" 9", 12")	\$15.00
Cord - CROS Cord for all full size BTEs (8", 9", 12")	\$15.00
Cord - For external bone conductor, DE15 (15")	\$15.00
Retain clip for BTE bone conductor	\$5.00
Retainer clip for CROS cords	\$5.00
Retainer clip for BTE hearing instruments	\$5.00
CROS Microphone with cord and boot	\$75.00
Headband with cord for ext. bone conductor (brown or grey)	\$30.00

**Body Instruments**

Cord - Monaural, 3-prong for P11P (16", 20", 24", 30", 36")	\$8.00
Cord - Binaural, 3-prong "V" type for P11P (20", 24", 30")	\$19.50
Cord - Extension UT17' for cords above (17')	\$15.00
Headband for P11P bone conduction (brown or grey)	\$15.00
Clothing clip for P11P	\$4.00

**Transducers/Receivers**

Receiver, CN100, CN270, CP100, CP270, 3-prong for P11P (beige)	\$25.00
Bone Conductor, D (100 Ohm), M (270 Ohm), 3-prong for P11P (beige)	\$25.00