

**ATTACHMENT CC
FEE SCHEDULE**

Providers must provide detailed fixed prices for all costs associated with the responsibilities and related services. This applies to all providers wherein the service is not contained in the State of Nevada's Medicaid Rate Schedule or an established fee schedule in the Scope of Work.

The fee schedule shall include the provider's name, service description, rate and fees associated with the service and any additional associated costs. Additional pages may be attached if necessary.

Contact Information

Provider Representative: _____

Business Name: _____

Telephone Number: _____

Email: _____

| Service Description | Rate/Fee | |
|--|---------------------|---|
| V5264 ear mold/insert (up to \$70.00 each mold) | \$70.00 EA | <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> milestone <input checked="" type="checkbox"/> other _____ |
| V5170 – V5263 Hearing aids (up to \$1,500.00 each aid) | Up to \$1,500.00 EA | <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> milestone <input checked="" type="checkbox"/> other _____ |
| | | <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> milestone <input type="checkbox"/> other _____ |
| | | <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> milestone <input type="checkbox"/> other _____ |
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| | | <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> milestone <input type="checkbox"/> other _____ |

| Associated Costs | |
|--|-----------------|
| Description | Rate/Fee |
| All other associated services will be reimbursed at the Medicaid fee rate | |
| Requests for hearing aids exceeding the authorized amount will require a physician's report certifying the medical necessity and a second medical opinion. | |

The fee schedule is only valid upon the Administrator of Vocational Rehabilitation's approval.

State of Nevada Administrator's Signature

Date

Authorized Signature

Date