



**FIRST NATIONS AND INUIT HEALTH  
NON-INSURED HEALTH BENEFITS PROGRAM**

**AUDIOLOGY – FEE GUIDE  
NEW BRUNSWICK REGION**

**Effective Date: September 21, 2018**

**Hearing Aid Services, Fees, Repairs, and Supplies**

Item Description	Item Code	Prior Approval	Recommended Replacement Guidelines	Price (Up to)
COMPLETE HEARING ASSESSMENT (BILATERAL)	99400639	Yes	5 years	\$76.20
FITTING/DISPENSING LEFT	99401225	Yes	5 years	\$500.00
FITTING/DISPENSING RIGHT	99401224	Yes	5 years	\$500.00
HEARING AID PERFORMANCE CHECK/READJUSTMENT (MUST BE CLIENT INITIATED), LEFT EAR	99400640	Yes	1 per year (once the hearing aid warranty has expired)	\$40.00
HEARING AID PERFORMANCE CHECK/READJUSTMENT (MUST BE CLIENT INITIATED), RIGHT EAR	99400641	Yes	1 per year (once the hearing aid warranty has expired)	\$40.00
HEARING RE-ASSESSMENT (PARTIAL) (PERFORMED BILATERALLY - PHYSICIAN OR CLIENT INITIATED)	99400642	Yes	2 years	\$45.00
HEARING AID RETURN FEE, LEFT	99400264	Yes		\$110.00
HEARING AID RETURN FEE, RIGHT	99400265	Yes		\$110.00



REPAIRS OUT OF OFFICE, DISPENSER SERVICE FEE, LEFT EAR	99400272	Yes		\$65.00
REPAIRS OUT OF OFFICE DISPENSER SERVICE FEE, RIGHT EAR	99400273	Yes		\$65.00
REPLACEMENT EAR MOLD & IMPRESSION FEE, LEFT, ADULT	99400245	No	1 per 2 years	\$50.00
REPLACEMENT EAR MOLD & IMPRESSION FEE, RIGHT, ADULT	99400246	No	1 per 2 years	\$50.00
REPLACEMENT EAR MOLD & IMPRESSION FEE, LEFT, CHILD	99400268	No	4 per year	\$50.00
REPLACEMENT EAR MOLD & IMPRESSION FEE, RIGHT, CHILD	99400269	No	4 per year	\$50.00