



Hearing Services Program (Schedule of Service Items and Fees 2026-27) Instrument (No. 3) 2026

I, Ariane Hermann as a delegate of the Minister for Health and Ageing make the following instrument.

Dated 9 September 2026

Ariane Hermann
First Assistant Secretary
Chronic Conditions and Screening Division
Department of Health, Disability and Ageing

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Hearing Services Program (Schedule of Service Items and Fees 2026-27) Instrument (No.2) 2026

1 Name

This instrument is the *Hearing Services Program (Schedule of Service Items and Fees 2026-27) Instrument (No.3) 2026*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 July 2026	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under section 41 of the *Hearing Services Program (Voucher) Instrument 2019*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1- Hearing Services Program (Schedule of Service Items and Fees 2026-27) Instrument (No.3) 2026

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Part 1 - Preliminary

1 About the Schedule of Service Items and Fees

- (1) Clients who hold a current voucher are entitled to services through the Hearing Services Program. The Schedule of Service Items and Fees provides information on service, program and evidence requirements for the services available. These requirements form the conditions for claiming services for program clients.
- (2) Contracted service providers must comply with the program requirements. The Schedule of Service Items and Fees includes the program standards; Minimum Hearing Loss Threshold, the Eligibility Criteria for Refitting and Client Consent and Agreement.

2 Definitions

- (1) Terms used throughout this Schedule of Service Items and Fees have the meaning given by the *Hearing Services Administration Act 1997*, *Hearing Services Program (Voucher) Instrument 2019*, and/or Service Provider Contract.
- (2) Additional defined terms and acronyms used throughout this Schedule of Service Items and Fees include:

3FAHL means “3 Frequency Average Hearing Loss.”

ALD means an “assistive listening device.”

Audiometrist means a Practitioner Audiometrist who is a member of a Practitioner Professional Body in an approved membership category listed on the program website.

Audiologist means a Practitioner Audiologist who is a member of a Practitioner Professional Body in an approved membership category listed on the program website.

BTE means “behind the ear.”

BiCROS means “bilateral CROS.”

Business Site means the facilities where a hearing services provider undertakes their services. All sites must meet the requirements of the Hearing Services Program and can be a permanent or visiting site.

Category means as documented in the Approved Fully Subsidised Device or Partially Subsidised Device Schedules.

CIC means “completely in the canal.”

Client means a “voucher-holder” within the meaning of the Hearing Services Program (Voucher) Instrument 2019.

CROS means “contralateral routing of signal.”

CSO means “community service obligations.”

DBR means “damaged beyond repair.”

Device code means as documented in the Approved Fully Subsidised Device or Partially Subsidised Device Schedules

Department means “Department of Health, Disability and Ageing”.

ECR means “eligibility criteria for Refitting.”

Electronic Signature means a signature that identifies an individual using a computer-generated means, including but not limited to:

- (1) a handwritten signature of an individual that has been digitised for use with electronic documents.
- (2) an ink stamp fixed to a document before it is digitised.
- (3) an electronic equivalent of an ink stamp fixed to a document electronically.

Eligible Data Breach means an ‘Eligible Data Breach’ within the meaning of the *Privacy Act 1988*.

IIC means “invisible in the canal.”

ITC means “in the canal.”

ITE means “in the ear.”

Restricted Scope Audiologist means a Practitioner Audiologist who is a member of a Practitioner Professional Body in an approved membership category with a limited scope of practice listed on the program website.

MHLT means “Minimum Hearing Loss Threshold.”

Non-Routine Client means a client with;

- (1) an air bone gap of 20db or greater at 0.5, 1 and 2kHz; or
- (2) speech discrimination poorer than expected given hearing threshold levels; or
- (3) evidence of fluctuating audiometric thresholds

If a Non-Routine Client is assessed by an Audiometrist/Restricted Scope Audiologist, advice on management must be requested from an audiologist or a medical practitioner.

Personal Information has the same meaning as it has in the *Privacy Act 1988*.

PPB means “Practitioner Professional Body”.

Primary device means the currently used device that was most recently supplied to the client under the program or privately.

Program means “Hearing Services Program”.

Provisional Practitioner means a member of a Practitioner Professional Body in an approved provisional membership category listed on the program website who works under a supervision agreement or internship approved by that Practitioner Professional Body.

Qualified Practitioner means a member of a Practitioner Professional Body in an approved membership category listed on the program website.

Return Voucher means a voucher that has been issued to an eligible client after the expiry of their first voucher.

Revalidated Service means an approved Reassessment or Fitting where the client has already had an Assessment or Device Fitting claimed on their current voucher.

Site ID means the unique identification number assigned to a business site when it is approved to provide hearing services under the program.

Specialist Services Client means a client who is eligible for specialist services from Hearing Australia because they meet one of the following criteria:

- (1) 3 Frequency Average Hearing Loss (3FAHL) greater than or equal to 80dB in both ears, measured at 0.5, 1, and 2 kHz, or
- (2) Hearing loss and severe communication impairment that:
 - (a) Prevents the person from communicating effectively, or
 - (b) Is caused or aggravated by significant physical, intellectual, mental, emotional or social disability.

Statutory Declaration means a Commonwealth statutory declaration made under the *Statutory Declarations Act 1959*

Type means as documented in the Approved Fully Subsidised Device or Partially Subsidised Device Schedules.

3 Available Services

- (1) Clients who have a current program voucher may be entitled to one or more of the following services:
 - (a) an Audiological Assessment
 - (b) an Audiological Case Management service (where applicable for Non-Routine Clients)
 - (c) Rehabilitation or Rehabilitation Plus services
 - (d) a Fitting and Follow Up service including a fully subsidised device, or a subsidy towards a partially subsidised device
 - (e) annual Client Review services
 - (f) replacement of a lost or damaged device
 - (g) annual Maintenance and batteries supply (optional)

- (h) a Remote Control
- (i) a Spare Device
- (2) An additional Assessment or Fitting service may be approved by the program as a Revalidated Service provided certain criteria are met.

4 Private Services

- (1) Program clients have the right to choose when and where they access hearing services, including purchasing services and devices that are:
 - (a) not available to them on their current voucher (e.g. additional appointments such as connectivity support); or
 - (b) not available under the program. (e.g. home visits, wax management, accessories)
- (2) Program providers must:
 - (a) check clients for program eligibility.
 - (b) apply for vouchers for eligible people if they consent.
- (3) Private services must not be delivered if the same or similar service is available to the client on a voucher or available as a revalidated service.
- (4) Where a program provider delivers private services to a voucher eligible client that is covered by the program but not available on the voucher the client record must include:
 - (a) notes documenting the advice given by the Qualified Practitioner to the client regarding the program services available on their current and future vouchers; and
 - (b) notes confirming that a same or similar service or Revalidated Service was not available to the client on their current voucher; and
 - (c) a device quote supplied for any Fittings; and
 - (d) the Private Services and Devices Acknowledgement Form signed and dated by the client, that includes:
 - (i) a statement that the client understands the services available to them under the program, but has decided to purchase services and/or device privately (e.g. an additional phone or accessory reconnection service); and
 - (ii) the program services that will no longer be available (e.g. maintenance is not available for privately purchased non-scheduled devices); and
 - (iii) the total cost of the service and/or device and that no program subsidy is available.
- (5) If there is a refitting, replacement or the client chooses to enter a Maintenance Agreement for a private device on the schedule, the standard program record keeping requirements for these services apply and form part of the client's record.
- (6) The Portal must have an accurate record of the client's primary device.
- (7) If a client is fitted with a private device, the device information in the Service History tab of the Portal must be updated.
- (8) If the client's private device is listed on a Schedule of Approved Devices, the device code must be included in the Service History tab.
- (9) A Private Services and Devices Acknowledgement Form is not required for services or devices that are not covered by the voucher program (e.g. wax removal) or are covered by another Government program (e.g. NDIS, DVA, Medicare).

Part 2 - Program Requirements

5 General Program requirements

- (1) General Program Service Requirements apply to all program services.
- (2) Providers must comply with the following requirements for each service:
 - (a) the hearing services available to a client are subject to an assessment of the client's clinical need for that service; and
 - (b) clients must have a current voucher, and the date of service must be on or between the start and end date of the voucher, except where a fitting begins on one voucher and a follow up is completed on a new voucher;
 - (c) providers must ensure the service is available on the client's current voucher before delivering and claiming for the service; and
 - (d) services must be performed by a Qualified Practitioner or Provisional Practitioner under supervision of a Qualified Practitioner in accordance with PPB requirements, excluding maintenance and rehabilitation plus group services; and

- (e) clients must be referred to an appropriate medical practitioner where clinically necessary; and
 - (f) services must be delivered in accordance with the PPB Code of Conduct, Scope of Practice; and
 - (g) services must be delivered in accordance with current Australian laws and standards, including Australian Privacy and Consumer Laws, ambient noise level testing and audiometric equipment standards; and
 - (h) the practitioner's Qualified Practitioner number must be active and linked to the provider in the Portal and the Qualified Practitioner must be a current financial member of a PPB in an approved membership category at the date of service; and
 - (i) the Site ID must be valid at the date of service; and
 - (j) a Claim for Payment/Tax Invoice form must be correctly completed; and
 - (k) supporting evidence must be documented on the client record, as per the requirements published on the Department's website and evidence requirements for each service item; and
 - (l) the Portal information for the client must be updated as required, including:
 - (i) contact information; and
 - (ii) 3FAHL results after each audiogram; and
 - (iii) any change to the device used by the client; and
 - (iv) if the client is changing from monaurally fitted to binaurally fitted, or vice versa, the fitting configuration in the Portal and on the provider's software must be updated prior to claiming; and
 - (v) if a client is eligible for Specialist Services, the Portal client record must be updated to notify the program of the client's specialist status.
 - (m) if a service is provided via telehealth, this must be documented on the client record. and the client must be informed that a telehealth appointment is a claimable service.
 - (n) Clients eligible for Specialist services must be advised that they may be eligible for additional services through Hearing Australia. Details of the information provided to the client, and the client's decision of where to receive services, must be recorded on the client record.
 - (o) The Commonwealth is not required to pay a Service Provider if a claim was submitted six (6) months or more after the Date of Service.
- (3) Claimed services that do not meet the requirements of subsection (2) must be reimbursed to the program. If a claim is recovered it may result in related claims being recovered.
- (4) Where clients are eligible to be fitted under the program, clients are entitled to either a hearing aid or ALD. Device replacements, aided client reviews and maintenance services are only available for the client's primary device.

6 Device Recommendation requirements

- (1) If eligible for a fitting, clients must be provided with a choice from a range of types and styles of approved hearing devices which are available on the fully subsidised schedule.
- (2) Device discussions must be documented on the client record, including the client's decision regarding choice of device and whether they require a telecoil.

7 Device Quote requirements

- (1) Clients must receive a written device quote, for all devices and accessories supplied under the program, including fittings, replacements and spare devices before the device is fitted. Clients, or their Power of Attorney (POA), legal guardian or equivalent, must sign and date the device quote on the day it is received.
- (2) Device quotes must include:
 - (a) the device model, style and device code; and
 - (b) the full device costs, separately identifying right and left device costs; and
 - (c) the total government subsidy amount; and
 - (d) the device and accessory costs that the client must pay; and
 - (e) the optional annual maintenance and repair costs, including whether this will change over time; and
 - (f) the warranty period; and
 - (g) the provider's returns policy; and
 - (h) for partially subsidised devices:
 - (i) any additional maintenance and repair costs above the program's set Client Maintenance Co-payment; and
 - (ii) acknowledgement by the client that they were offered a choice of a fully subsidised device: and
 - (iii) if offered at no cost to the client, a statement advising that as the device is a partially subsidised device there may be a client cost if a replacement is required; and
 - (i) the device supply disclosure statement.

8 Approved Device requirements

- (1) All devices fitted must be listed on a Schedule of Approved Devices on the fitting date, unless otherwise approved by the Department, and the correct device code must be used when claiming.
- (2) All devices supplied to program clients and claimed through the program must be purchased directly by the provider from an Appointed Supplier.
- (3) If a client requires a device that is not available on a Schedule of Approved Devices, service providers must submit a Non-scheduled Device Request, for approval to fit the device to the client.

9 Device Fitting requirements

- (1) Devices fitted for clients must:
 - (a) be suitable to the client's hearing loss and individual circumstances; and
 - (b) be appropriately programmed, with the device response verified against a prescriptive target; and
 - (c) be optimised according to the client's needs and preferences; and
 - (d) be checked for comfort; and
 - (e) be manageable by the client or their carer; and
 - (f) include initial supply of consumables, as per the Deed of Standing Offer clause 7, schedule 2.

10 Online Device sale requirements

- (1) Providers selling devices online, must:
 - (a) display information on website or app on the details of the subsidised services that may be available to a person under the voucher system; and
 - (b) include on the website or app a hyperlink directing clients to the eligibility webpage of the program; and
 - (c) display the following information at the point of sale of the website or app, "you may be eligible for subsidised hearing device/s through the Hearing Services Program"; and
 - (d) be aware that clients may need to be reimbursed for device/s provided online if the service is available through the voucher at the time of purchase.

11 Reserve Gain requirements

- (1) Devices fitted to clients must have sufficient reserve gain to allow for normal deterioration of hearing levels and conductive hearing loss over 5 years (headroom of 10dB or more across 500Hz to 4000Hz), unless the client meets one of the exception criteria:
 - (a) fluctuating hearing loss; or
 - (b) profound hearing loss where the strongest devices cannot achieve sufficient headroom.
- (2) If a device does not have sufficient reserve gain and the client does not meet the exception criteria, the device that offers the client the best outcome and most flexibility must be fitted, and justification provided on the client record.

12 Device Pricing requirements

- (1) The device prices payable are those specified in the Schedule of Fees current at the date of fitting.
- (2) For non-standard device prices refer to the Fully Subsidised Device Schedule for individual device pricing. The device prices can be found on the Hearing Services Online Portal.
- (3) An additional dispensing fee is paid for BTE hearing devices in category 1 and 2 as listed in the Schedule of Fees for item numbers 630, 631, 640, 641, 650, 651, 660, 661, 760, 761, 770, 771, 820, 821, 830, 831, 840, 850 and 960.
- (4) For CROS fittings and BiCROS fittings, the dispensing fee is only paid for the BTE device fitted to the other ear.

13 Client Cost requirements

- (1) For fully subsidised devices, the client may be charged up to the specified maintenance Co-payment listed in the Schedule of Fees unless waived.
- (2) For fully subsidised devices there will be no cost to the client other than the maintenance Co-payment where applicable.
- (3) For partially subsidised devices, providers may:
 - (a) charge clients the difference between the government device subsidy and the device cost (as per the quote);
 - (b) negotiate a Maintenance Agreement co-payment amount with the client (as per the quote);
 - (c) charge additional repair costs (as per the quote);

- (d) negotiate new conditions for maintenance, when a client has relocated to a new provider and has an existing Maintenance Agreement. The new provider may choose to set additional repair costs. If the client accepts, the conditions and agreement, this must be documented on the client record after relocation, and then in subsequent maintenance agreements that have additional conditions. The client must not be charged a co-payment.
- (4) If a higher co-payment is charged, 50% of the total co-payment is liable for GST. This must be documented in the quote or in the next Maintenance Agreement for relocated clients.
- (5) The GST amount for the client maintenance Co-payment is not recorded on the claim for payment form but must be declared in a provider's Quarterly Business Activity Statement for each client who makes a payment within this period.
- (6) The client can be charged the specified replacement Fee listed in the Schedule of Fees per replacement device unless covered by items 555 or 888.

14 Suspension of requirements

- (1) The Commonwealth may, in exceptional circumstances, issue a notice that suspends or modifies the operation of any of these requirements and introduces interim requirements for a set period of time.
- (2) The Notice:
 - (a) must specify the requirements that are to be suspended and the interim requirements that are to be applied; and
 - (b) must specify the time period for the application of these interim requirements; and
 - (c) must be sent to the Service Provider Contact Point, and
 - (d) must be:
 - (i) signed by the person giving the notice and delivered by hand; or
 - (ii) signed by the person giving the notice and sent by pre-paid post; or
 - (iii) transmitted electronically by the program giving the notice by electronic mail transmission; and
 - (iv) transmitted electronically by the program giving the notice by posting a provider notice on the program website.
 - (e) is deemed to be effected:
 - (i) if delivered by hand – upon delivery to the relevant address; or
 - (ii) if sent by post – upon delivery to the relevant address; or
 - (iii) if transmitted electronically – upon the sender receiving an automated message confirming delivery to Service Provider Contact Point; or
 - (iv) if no automated message confirming delivery is received, the notice is deemed to take effect - 30 minutes after the time sent (as recorded on the device from which the sender sent the email) unless the sender receives an automated message that the email has not been delivered; or
 - (v) if posted on the program website – at the time of publishing on the program website.
- (3) A notice received after 5.00 pm, or on a day that is not a business day in the place of receipt, is deemed to be effective on the next business day in that place.

Part 3 - Program Standards

15 Minimum Hearing Loss Threshold

- (1) The program requires clients being fitted with a hearing device to meet a minimum 3FAHL threshold of greater than or equal to 23.3dB (3FAHL greater than or equal to 23.3dB), measured at 0.5, 1 and 2 kHz. Each ear must be evaluated independently.
- (2) Before proceeding with a fitting, practitioners must consider the nature and configuration of the hearing loss, the degree of communication difficulties experienced, and the attitude, motivation and goals of the client.
- (3) If a qualified practitioner determines that a client would benefit from a device, the client may be exempt from the MHLT requirements if the client meets both MHLT exemption criteria under section 47 of the *Hearing Service Program (Voucher) Instrument 2019*. Both criteria must be met before a client can be fitted or refitted under the program and all other program assessment and fitting requirements apply.
- (4) Providers will be required to reimburse the Commonwealth, and if applicable the client, if a fitting does not comply with the subsection (1), (2) and (3).
- (5) Minimum hearing loss exemption criteria

- (a) The Client must demonstrate they have a positive attitude and are motivated to wear a hearing device through their response to the Wishes and Needs Tool (WANT).
- (b) The client must meet one of the following conditions:
 - (i) Client has a High Frequency Average Hearing Loss, equal to or greater than 40dB (HFAHL $\geq$ 40dB), measured at 2, 3 and 4 kHz. Where there is an air-bone gap in the high frequencies, check headphone placement/collapsing canals before calculating HFAHL; or
 - (ii) Client has tinnitus, where both the hearing loss and the tinnitus can be addressed through the use of an approved hearing device. Tinnitus cannot be the sole reason to provide devices. Fitting may proceed where amplification can be shown to both address the mild hearing loss and reduce severe or constant tinnitus that significantly affects quality of life. Documented evidence must show that aiding the client has had successful outcomes for both their hearing loss and tinnitus relief. Tinnitus severity or stress tools should be used prior to the fitting and at the follow-up to evaluate the device fitting. Results must be kept on the client's file; or
 - (iii) Client has a visual impairment that cannot be corrected by treatment, which reduces the client's ability to see mouth movements. Clients with a mild hearing loss and vision loss may experience greater communication difficulties compared to clients with mild hearing loss and good vision, and may benefit from receiving a device. Documented evidence that amplification improves speech audibility must be kept on the client's file. Clients with more serious visual impairments should continue to be identified as clients who are eligible for Specialist Services; or
 - (iv) Client has previously been fitted under the program and can demonstrate consistent use of the previously fitted hearing device (includes ALD). Documented evidence of consistent device use must be kept on the client's file, and may come from sources such as data logging reports, repeated supply of replacement batteries and on-going minor repairs. Evidence of benefit and satisfaction from the use of a device may be provided through responses to self-report outcomes questionnaires and/or file notes from Client Review
- (6) Wishes and Needs Tool
 - (a) The WANT is a client self-report questionnaire, consisting of two questions, to be administered prior to each MHLT fitting.
 - (b) Each client must complete the questions without assistance or prompting from the practitioner or others.
 - (c) If a client indicates they are not ready for devices or indicates minimal communication difficulties, a fitting must not proceed.
 - (d) The client must score at least 2 or more for each question and a total score of 5 or more to be considered to have an acceptable attitude and motivation for a fitting.
 - (e) No information should be provided to the client to influence their responses.
The WANT must be signed and dated by the client and kept on the client's file. A new WANT should be completed prior to each MHLT fitting.
- (7) Asymmetrical Hearing Loss
 - (a) If a client has a hearing loss in one ear that cannot be aided due to the severity of the loss or ear health, the other ear can be fitted with a CROS/BiCROS device without meeting the MHLT guidelines.
- (8) Claiming for MHLT
 - (a) Clients with 3FAHL must be recorded on claim forms and 23.3dB must be rounded to 23dB.
 - (b) Documented evidence to justify client's meeting the MHLT exemption criteria be kept on the client file.
 - (c) Evidence supporting fittings under the MHLT exemption criteria and any associated claim forms may be requested by the program at any time.

16 Requirements for Applying the Eligibility Criteria for Refitting

- (1) The eligibility criteria for refitting (ECR) provide guidance for providers of the program when deciding whether to refit a client. The ECR outline the situations where a client's current hearing device is no longer suitable due to a significant change in the client's circumstances since their last fitting. The client therefore requires a new hearing device and must be refitted.
- (2) Before applying the ECR the client's current device must be evaluated and found to be unsuitable before a new device is discussed with the client.
- (3) Before refitting the provider must check that a refitting service is available on the client's current voucher.
- (4) Clients with a 3FAHL less than 23.3dB in any ear must meet both MHLT exemption criteria before a refitting can occur.
- (5) Providers may request a Revalidated Service if an assessment or refitting is not available on the current voucher and the client requires:

- (a) an additional assessment due to the client's thresholds permanently deteriorated by 15dB or more at two or more frequencies between 500Hz and 4000Hz in at least one ear; or
- (b) a refitting and meets one of the ECR.
- (6) If a hearing device is lost or DBR, and it is still available on a Schedule of Approved Devices, the replacement must be the same hearing device. If the client meets an ECR then a refitting must be provided.
- (7) The required ECR evidence must be documented on file (see table below).
- (8) Before proceeding with a refitting of any client, practitioners must consider and document:
 - (a) the client's current device usage, attitude, motivation and hearing goals; and
 - (b) alternatives to refitting to address the client's issues (e.g. counselling, assistance from family members, remote control, adjustment to current device settings etc); and
 - (c) the nature and configuration of the changed hearing loss and likely future changes; and
 - (d) the degree of deterioration of the client's health or the physical change in ear health.
- (9) Eligibility Criteria for Refitting
Any program refitting must meet one of the following criteria and the client file must include notes referencing the criterion used to support the refitting and the evidence listed under the evidence requirements for that criterion.

Eligibility Criteria	Evidence Requirements
(1) The current hearing aid is unsuitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements.	• Documented evidence on file details that the current hearing aid is established to be in optimal working order through manufacturer service/repair, mould/shell modification or replacement And • After adjustment/modification has been made to the current hearing aid to accommodate changes in thresholds, Real Ear Measurements show a poor match to targets Or • Aid specifications show that the client's current Hearing Threshold Level (HTL) is outside the range of the current hearing aid and it was previously optimally fitted. For Revalidated Services: the client's hearing thresholds have permanently deteriorated by 15dB or more at two or more frequencies between 500Hz and 4000Hz in at least one ear.
(2) The current hearing aid is unsuitable because the client can no longer use their aid due to a significant deterioration in health, dexterity, cognitive ability or speech discrimination since last fitting.	• Documented evidence on file describes the client's deterioration and how this affects the client's ability to manage their hearing aid or a letter from the client's doctor, carer, nurse, etc. giving details of how the condition affects current hearing aid usage. And • Details of what has been tried with the current hearing aid or why it cannot be modified And • Details of how the new aid proposed for refitting will address the issues with the current hearing aid. For Revalidated Services: A letter from a medical practitioner is required when selecting ECR 2 to provide evidence of a deterioration in health, dexterity or cognitive ability.

Eligibility Criteria	Evidence Requirements
(3) A change in physical condition of the ear or ear health has occurred since last fitting and the client requires a different style of hearing device to accommodate this change.	• Documented evidence on file, such as case notes, that describe the change in physical condition of the ear or ear health And • Details of what has been tried with the current aid or why it cannot be modified And • Details of how the new hearing aid proposed for refitting will address the issues with the current hearing aid. For Revalidated Services: A letter from a medical practitioner is required when selecting ECR 3 to provide evidence of change in physical condition of ear or ear health.
(4) The current hearing aid is unsuitable because the client requires a telecoil, and the current hearing aid does not have a telecoil. This situation does NOT allow for refitting with an FM system/streamer or equivalent.	• Documented evidence on file, such as case notes, that states the specific goal which can only be met with a telecoil. And • Indicates a change in client needs relating to telecoil since the last fitting. Please note, clients must opt-out of having a telecoil for any fitting. And • A statement from the manufacturer that a telecoil cannot be retrofitted without re-shelling and/or faceplate modification.
(5) Client currently fitted with an ALD and now requires a hearing aid.	• Documented evidence on file, such as case notes, detailing a change in client circumstances that indicates hearing aid fitting.
(6) Client's previous initial fit or refit occurred more than five years ago.	• Evidence that no fittings have been claimed within the last five (5) years for the ear proposed for refitting.

17 Client Consent and Agreement

- (1) Providers must comply with relevant state and territory legislation to meet power of attorney, legal guardianship and administration requirements.
- (2) Program documents, forms and agreements that require client signature must be signed by using one of the acceptable methods in section 17.
- (3) Depending on the form or agreement in use the program accepts that if a client or provider representative is required to 'sign and date' a form, the following methods may be available for use. The table in subsection 7 (below) sets out which methods are acceptable for which forms.
 - (a) Physical / digital:
 - (i) Physical signature
 - (ii) Electronic signature
 - (iii) Text message
 - (iv) Email
 - (b) Verbal
 - (c) Audio recording
- (4) Where a form has been sent to a client via text message or email, the client must be identifiable, and any responses must be captured on the client record.
- (5) For text message consent;
 - (a) all text messages must be sent to the mobile phone number that is held on the client's record; and
 - (b) the provider must take reasonable steps to confirm the identity of the client; and
 - (c) the message to the client must include an easily identifiable link to the terms and conditions or a copy of the agreement; and
 - (d) all text messages including client response must be kept on the client's record including when the client moves to another provider.

- (6) For email consent;
 - (a) all emails must be sent to the email address which is listed on the client's record; and
 - (b) the provider must take reasonable steps to confirm the identity of the client; and
 - (c) all emails and client responses must be kept on the client's record including when the client moves to another provider.
- (7) For audio recordings;
 - (a) clients must be informed and give consent to the audio recording; and
 - (b) the provider must take reasonable steps to confirm the identity of the client; and
 - (c) the contents of the form must be read aloud to the client before the client can provide verbal agreement; and
 - (d) the recording must be kept on the client's record including when a client moves to another provider; and
 - (e) the recording must contain the date and time it was made.
- (8) The table below outlines the acceptable methods of obtaining consent for program forms and templates:

Form	Verbal	Physical /Digital	Audio Recording	Evidence Required
(1) Claim for Payment/Tax Invoice	No	Yes	No	Form - physical / digital only
(2) Client Application	Yes – verbal agreement and read out privacy notice	Yes	Yes	Portal - verbal agreement (tick box signed) and read out privacy notice Form - physical / digital only
(3a) Client relocation – to process in the portal	Yes	Not required until services are provided – see item (3b)	Not required until services are provided – see item (3b)	Verbal – note on the client record documenting date and time of client consent.
(3b) Client relocation – to provide services	No	Yes	Yes	Form – physical / digital Audio Recording - template must be read to client and conversation recorded
(4) Device Quote	No	Yes	No	Form - physical / digital only
(5) Lost Device Statutory Declaration	No	Yes	No	Form - physical / digital only Electronic execution
(6) Maintenance Agreement	No	Yes	Yes	Form - physical / digital Audio Recording - template must be read to client and conversation recorded
(7) Private Services and Devices Acknowledgement	No	Yes	Yes	Form - physical / digital Audio Recording - template must be read to client and conversation recorded
(8) Wishes and Needs Tool (WANT)	No	Yes	No	Form - physical / digital only

Part 4 - Management of Client Records

18 Ownership and Custody of Client Records

- (1) Program client records are owned by the Commonwealth.
- (2) Client records must be transferred to the new provider when a client relocates.
- (3) Client records must be transferred to the Department when a provider ceases to be contracted by the program and the client has not relocated to a new provider.
- (4) Copies of transferred client records must not be kept except where required by the contract (original claim forms and copies of client receipts).
- (5) Transfer of client records does not transfer the ownership of the records.

19 Client Record Management

- (1) Providers must:
 - (a) manage, store, transfer and dispose of program client records in accordance with the Service Provider Contract and relevant legislation; and
 - (b) make and maintain a complete, legible, accurate, current and comprehensive record for each client; and
 - (c) ensure the records are easily identifiable; and
 - (d) maintain records to support and substantiate all claims for payment.

20 Access to Client Records

- (1) Client records are sensitive information under the *Privacy Act 1988*
- (2) Access to client records must be restricted to those who require it.
- (3) Clients can request access to the personal information held on their client record.
- (4) Access can be given to clients by providing a copy of the record or by allowing them to view the record.
- (5) Access to information does not transfer ownership of a client record.

21 Creation of Client Records

- (1) Complete client records must:
 - (a) contain all the information held by a provider that relates to a client; and
 - (b) be accessible for 7 years from the date of the most recent interaction with the client.
- (2) Electronic client data (such as in NOAH, Simply Hearing or Fitting Wizard) does not need to be combined into a single client record unless the complete client record is requested by the Commonwealth or a new provider when the client relocates.
- (3) Electronic records must be in a format which is accessible (for example, PDF files).

22 Digitisation of Physical Client Records

- (1) When digitising client records providers must ensure that:
 - (a) entire records are digitised; and
 - (b) all alterations are recorded.
- (2) Digitised client records must include a certification that a quality check has occurred, and that the electronic client record is an exact copy of the complete physical client record.
- (3) The certification referred to in subsection (2) must include:
 - (a) the date the original physical client record was created; and
 - (b) the date the client record was digitised; and
 - (c) the name of the person who digitised the client record; and
 - (d) the date the quality check was performed; and
 - (e) any issues found during the quality check and how these were rectified; and
 - (f) the name of the person who performed the quality check; and
 - (g) a statement that the new electronic record becomes the original client record.
- (4) Where a physical client record has been digitised and confirmed as true and correct, the original physical record must be destroyed.

23 Storage of Client Records

- (1) Providers must protect information from misuse, interference, loss, unauthorised access, or disclosure. This includes the use of physical and or software-based security systems.

24 Storage of Physical Client Records

- (1) Paper documents must be kept in a locked cabinet that cannot be accessed by anyone who does not require access and protected by a physical security system.
- (2) If records are removed (for example, to take to a visiting site or home visit), they must be locked in a secure, lockable container and kept out of sight.
- (3) The paper used must not be easy to damage or likely to degrade, such as sticky notes.
- (4) If client records are required by the Department, or another provider for a relocating client, data from all systems (for example, NOAH, Simply Hearing or Fitting Wizard) must be printed and provided with the paper file.
- (5) If a client record is provided under subsection (4) providers must ensure the complete record is provided.

25 Electronic Storage of Client Records

- (1) Electronic client records must be stored in a password-protected system that cannot be accessed by anyone who does not require access.
- (2) Records must be protected with security software.
- (3) An electronic digital records management system with metadata must be used.

- (4) If client records are required by the Department, or another provider for a relocating client, data from all systems (for example, NOAH, Simply Hearing or Fitting Wizard) must be included with the record, in an accessible format.
- (5) If a client record is provided under subsection (4) Providers must ensure the complete record is provided.

26 Cloud Storage of Client Records

- (1) Providers that intend to start using cloud storage services or change their cloud storage provider, must request and obtain approval from the program before storing client records on a new service.
- (2) A request for approval under subsection (1) must be emailed to hearing@health.gov.au
- (3) Providers must not use unsecured cloud services (including Google Drive, Google Docs and Dropbox)
- (4) Any agreement with a cloud storage service provider must ensure that client records will be:
 - (a) hosted on a server located in Australia; and
 - (b) will not be disclosed outside Australia; and
 - (c) encrypted to at least the equivalent of either
 - (i) Unofficial with a Dissemination Limiting Marker of Sensitive: Personal; or
 - (ii) Official with an Access Information Management Marker of Personal-Privacy.

27 Non-Program Client Information

- (1) Records created prior to the client becoming a program client are not subject to the storage requirements in this Schedule of Service items and Fees.

28 Records of Private Services

- (1) Records of private services provided to clients while they are a program client must be kept within the client record.

29 Back up Requirements for Client Records

- (1) Providers must have disaster recovery and business continuity plans that include a backup of client records.
- (2) Internal (on-site) backups must take into consideration the risk of a disaster occurring at the site and destroying both the original and backup copies of the client records.
- (3) External (off-site) backups must take into consideration the location of the backup server and the backup service disaster recovery and business continuity plans.
- (4) Internal and external backup systems must have protections at least equivalent to the storage system and must restrict access to those who require it.

30 Transferring a Client Record to a New Provider

- (1) Providers must send complete client records to the Department or a new provider when directed by the Department. Providers must have a process in place to ensure the complete record is provided.
- (2) Client records must only be transferred between providers where the client has given their authorisation.
- (3) Transfers of paper client records must be by registered mail or courier.
- (4) Transfers of paper client records must contain a printout of data from all systems (for example NOAH, Simply Hearing or Fitting Wizard).
- (5) Data referred to in subsection (4) may also be included on a USB storage device that is secured with a password.
- (6) Electronic client records can be sent on a USB storage drive that is secured with a password by registered mail or courier, or by secured and/or encrypted email. The client record must include copies of any results and reports from all systems (for example, NOAH, Simply Hearing or Fitting Wizard) in a format that is accessible (for example, PDF).
- (7) Electronic client records must not be transferred by unsecured email.
- (8) Electronic records must not be printed and sent in paper format.
- (9) When client records are transferred, they must not be split between paper and electronic formats.
- (10) If a client record is transferred in digital format but the new provider is using paper-based client records, the digital file must be stored and if the client relocates again, any new documentation must be added to the digital file before being sent on to the next provider.

31 Providers Ceasing Operations

- (1) If a provider ceases to provide services under the Service Provider Contract, all client records that are not being transferred to a new provider must be returned to the Department in the format they are held.
- (2) Any results and reports, from systems such as NOAH, Simply Hearing or Fitting Wizard, must be included in a format that is accessible (for example, printed for paper records and PDF for electronic records).
- (3) Providers must not keep a copy of a client record, or part of any client record, except where required under the Service Provider Contract (for example, original claim forms and copies of client receipts).

32 Destruction of Client Records

- (1) Providers may destroy program clients' records after the minimum retention period in subsection 21 (1) unless instructed not to do so by the Department on the program website.
- (2) Providers must only destroy records in accordance with the program website.

33 Compliance Monitoring for Client Records

- (1) Providers must ensure that:
 - (a) they and their staff understand the program requirements; and
 - (b) all information in the client record is legible; and
 - (c) all client records have enough detail to verify the services provided; and
 - (d) all client records are kept on the client file or are available on request; and
 - (e) the most current forms and guidance are used, as provided on the program website; and
 - (f) information submitted to the Portal matches the information on the client file.

Part 5 - Schedule of Service Items and Fees

Category	Item	Service Description	2026-27 Fees Schedule			
			Benefit Excluding GST	GST Liable Component	GST Amount	Total Benefit Inclusive of GST (rounded to nearest 5 cents)
Assessment and Referral	600	First Assessment	\$164.90	\$0.00	\$0.00	\$164.90
	610	Audiological Case Management (Review and Advice) - Assessment	\$52.30	\$0.00	\$0.00	\$52.30
	800	Reassessment	\$164.90	\$0.00	\$0.00	\$164.90
	810	Audiological Case Management (Review and Advice) - Reassessment	\$52.30	\$0.00	\$0.00	\$52.30
Initial Fittings	630	Initial fitting with Maintenance Agreement - Monaural	\$526.25	\$11.00	\$1.10	\$527.35
	631	Initial fitting with Maintenance Agreement - Non Follow up - Monaural	\$263.10	\$11.00	\$1.10	\$264.20
	640	Initial fitting with Maintenance Agreement - Binaural	\$658.35	\$22.00	\$2.20	\$660.55
	641	Initial fitting with Maintenance Agreement- Non Follow up - Binaural	\$329.20	\$22.00	\$2.20	\$331.40
	650	Initial fitting (no Maintenance Agreement) - Monaural	\$511.80	\$0.00	\$0.00	\$511.80
	651	Initial fitting (no Maintenance Agreement) - Non Follow up - Monaural	\$255.90	\$0.00	\$0.00	\$255.90
	660	Initial fitting (no Maintenance Agreement) - Binaural	\$613.90	\$0.00	\$0.00	\$613.90
	661	Initial fitting (no Maintenance Agreement) - Non Follow up - Binaural	\$306.95	\$0.00	\$0.00	\$306.95
	760	Subsequent Initial Fitting with Maintenance Agreement	\$134.75	\$11.00	\$1.10	\$135.85
	761	Subsequent Initial Fitting with Maintenance Agreement - Non Follow up	\$67.40	\$11.00	\$1.10	\$68.50
	770	Subsequent Initial Fitting (no Maintenance Agreement)	\$97.00	\$0.00	\$0.00	\$97.00
	771	Subsequent Initial Fitting (no Maintenance Agreement) - Non Follow up	\$48.50	\$0.00	\$0.00	\$48.50
Refitting	820	Refitting - Monaural	\$439.80	\$0.00	\$0.00	\$439.80
	821	Refitting - Non Follow up - Monaural	\$219.90	\$0.00	\$0.00	\$219.90
	830	Refitting - Binaural	\$437.10	\$0.00	\$0.00	\$437.10
	831	Refitting - Non Follow up - Binaural	\$218.60	\$0.00	\$0.00	\$218.60
Initial Fitting ALD	635	ALD: Initial fitting with Maintenance Agreement	\$236.85	\$11.00	\$1.10	\$237.95
	636	ALD: Initial fitting with Maintenance Agreement- Non Follow up	\$118.45	\$11.00	\$1.10	\$119.55
	655	ALD: Initial fitting (no Maintenance Agreement)	\$215.90	\$0.00	\$0.00	\$215.90
	656	ALD: Initial fitting (no Maintenance Agreement) - Non follow- up	\$107.95	\$0.00	\$0.00	\$107.95
Refitting ALD	825	ALD: Refitting	\$151.90	\$0.00	\$0.00	\$151.90
	826	ALD: Refitting - Non follow up	\$75.95	\$0.00	\$0.00	\$75.95
Maintenance	700	Maintenance and Battery Supply - Monaural	\$112.60	\$56.50	\$5.65	\$118.25
	710	Maintenance and Battery Supply - Binaural	\$225.20	\$112.50	\$11.25	\$236.45
	711	Relocated Maintenance and Battery Supply - Monaural	\$81.00	\$40.50	\$4.05	\$85.05
	722	Relocated Maintenance and Battery Supply - Binaural	\$109.00	\$54.50	\$5.45	\$114.45
	777	Client Co-payment for Maintenance and Batteries - DVA eligible clients	\$52.90	\$26.50	\$2.65	\$55.55
	790	Maintenance and Battery Supply (Private Devices) – Monaural	\$112.60	\$56.50	\$5.65	\$118.25
	791	Maintenance and Battery Supply (Private Devices) – Binaural	\$225.20	\$112.50	\$11.25	\$236.45
Client Review	920	Client Review - Unaided	\$92.90	\$0.00	\$0.00	\$92.90
	930	Client Review - Monaural or ALD	\$92.90	\$0.00	\$0.00	\$92.90
	940	Client Review - Binaural	\$144.05	\$0.00	\$0.00	\$144.05
Rehabilitation	670	Rehabilitation Service - Unaided	\$238.30	\$0.00	\$0.00	\$238.30
	680	Rehabilitation Plus (two sessions)	\$168.85	\$0.00	\$0.00	\$168.85
	681	Rehabilitation Plus (single session)	\$83.85	\$0.00	\$0.00	\$83.85
Replacements	840	Replacement of Lost/ Damaged Beyond Repair Device - Monaural	\$82.50	\$0.00	\$0.00	\$82.50
	850	Replacement of Lost/ Damaged Beyond Repair Devices - Binaural	\$120.40	\$0.00	\$0.00	\$120.40
	555	Client Co-payment for Exempt Clients	\$48.35	\$0.00	\$0.00	\$48.35
	888	Client Co-payment for DVA Eligible Clients	\$48.35	\$0.00	\$0.00	\$48.35
Spare Aid	960	Spare Device	\$87.75	\$0.00	\$0.00	\$87.75
Remote	4*	Remote Control (Manufacturer's invoice amount only <\$200)				
Device Fees	Category 1 - High powered BTEs (plus dispensing fee, listed below)		\$559.05	\$0.00	\$0.00	\$559.05
	Category 2 - Low powered BTEs (plus dispensing fee, listed below)		\$528.80	\$0.00	\$0.00	\$528.80
	Category 3 - Custom devices (ITE, ITC, CIC, IIC)		\$485.60	\$0.00	\$0.00	\$485.60
	Non-standard (NS) devices (ALD, BiCROS, CROS, bone conductor)		Refer FS Device Schedule for pricing			
	BTE Dispensing Fee		\$31.40	\$0.00	\$0.00	\$31.40
Other	1*	Device Returned for Credit: Monaural – Half Cost of the Fitting item (no Maintenance Agreement)				
	2*	Devices Returned for Credit: Binaural – Half Cost of the Fitting item (no Maintenance Agreement)				
	3*	BTE Returned for Credit: Dispensing Fee	\$31.40	\$0.00	\$0.00	\$31.40
	6*	Miscellaneous Claim: Only claimable when pre-approved by the program				
Client Fees	Client Maintenance Co-payment		\$52.90	\$26.50	\$2.65	\$55.55
	Client Replacement Co-payment		\$48.35	\$0.00	\$0.00	\$48.35

Items marked with an asterisk (*) in the Schedule of Fees must be submitted as a Portal (manual) claim.

34 Annual Indexation of Fees

- (1) Under the program, the GST exclusive amount for service items will be adjusted on the first day of each financial year, in accordance with the following indexes:
 - (a) the Wage Cost Index 1 for the majority of items, this being a weighted average of estimated movements in wage costs and underlying inflation, and
 - (b) the Consumer Price Index for client maintenance contributions.
- (2) The resultant GST amount will be rounded to the nearest cent.
- (3) The final indexed fee amount is rounded to the nearest 5 cents.

Assessments and Reassessment Services

600 – First Assessment

800 – Reassessment

35 Requirements for Claiming Assessment and Reassessment items

- (1) Item 600 can be claimed once only for each client. Item 800 can be claimed once only on each subsequent (Return) Voucher.
- (2) If a new client is bringing a previously fitted devices into the program, Client Review items 930 or 940 can be claimed at the same time as items 600 and 790 or 791, providing the Client review requirements are met.
- (3) The date of service is the date the Assessment or Reassessment is completed.
- (4) If an Audiometrist/Restricted Scope Audiologist requires advice for a Non-Routine Client from an Audiologist or medical practitioner, the date of service for items 600 or 800 is the date the advice is provided.
- (5) Where advice is requested from an Audiologist, item 610 or 810 is claimed with the Audiologist's Qualified Practitioner number.
- (6) The date of service for items 610 or 810 must match the date of service for item 600 or 800.
- (7) Item 600 or 800 must not be claimed until the advice has been received and actioned, whether from an Audiologist or a medical practitioner.
- (8) Any Reassessment, within 12 months of the previous Assessment, does not attract a Scheduled Fee but is considered part of the original Hearing Rehabilitation service unless a Revalidated Service is approved.

36 Requirements for Providing Assessment and Reassessment services

- (1) Before providing Assessment or Reassessment services practitioners must comply with the General Program Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) If the client is likely to proceed to a fitting, the client must:
 - (a) have 3FAHLs of greater than or equal to 23dB or be eligible under the MHLT exemption criteria (each ear must be evaluated independently); and
 - (b) receive written information about the provider's device supply arrangements; and
 - (c) not have been fitted under the program before or be eligible for refitting under the ECR guidelines; and
 - (d) be provided with a detailed device quote, as specified in section 7 of this Schedule of Service Items and Fees.
- (3) If the client is not proceeding to a fitting, the client must be advised about the Rehabilitation service (item 670) if appropriate.

37 Requirements for Providing Assessment or Reassessment services to Specialist Services Clients

- (1) Specialist Services Clients must:
 - (a) have their client details updated through the Portal; and
 - (b) be advised that they may be eligible for additional services through Hearing Australia; and
 - (c) be allowed at least 10 business days (without being provided further services) before being contacted to ask whether they have decided to receive additional services from Hearing Australia unless the client notifies their decision earlier.

38 Requirements for Providing Assessment or Reassessment services to Non-Routine Clients

- (1) In addition to the requirements in section 36 of this instrument advice must be requested from an Audiologist or medical practitioner if a Non-Routine Client is assessed by an Audiometrist/Restricted Scope Audiologist.

39 Evidence Requirements for Assessment and Reassessment services

- (1) Evidence kept on the client record to substantiate assessment or reassessment services must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) otoscopy results; and
 - (f) a complete and dated audiogram; and

- (g) speech testing results (or evidence of attempts if unable to complete); and
 - (h) tympanometry results (if completed); and
 - (i) the complete assessment of clinical and audiological history (established or reviewed); and
 - (j) the client's hearing goals (established or reviewed and assessed) including if the client has no hearing goals; and
- (2) The client's expectations, motivation, and attitude towards hearing rehabilitation; and
- (a) documentation of a discussion with the client regarding the most effective communication strategies and tactics for managing their hearing loss; and
 - (b) if a client is likely to be fitted:
 - (i) device advice, including fully subsidised device recommendation and device features; and
 - (ii) client's decision on chosen device and telecoil; and
- (3) Evidence to substantiate Assessment/Reassessment services MAY include:
- (a) referral to a medical practitioner where appropriate
 - (b) Specialist Services client decision regarding choice of provider (if applicable)
 - (c) advice on management of non-routine client (if applicable)
 - (d) advice regarding Rehabilitation Service (Item 670) if client is not going to be fitted with a device.
 - (e) the evidence provided to support an approved revalidated service including the successful Revalidated Services form.

Audiological Case Management

610 – Audiological Case Management (Review and Advice) – Assessment

810 – Audiological Case Management (Review and Advice) – Reassessment

40 Requirements for Claiming Audiological Case Management items

- (1) Item 610 can be claimed once only for each client.
- (2) Item 810 can be claimed only once on each subsequent (Return) Voucher.
- (3) Items 610 and 810 can only be claimed where an Audiometrist/Restricted Scope Audiologist requests and receives advice from an Audiologist on the management of a Non-Routine Client in order to complete an Assessment or Reassessment service.
- (4) Items 610 and 810 cannot be claimed when a provisional Audiometrist/Restricted Scope Audiologist is under the supervision of an Audiologist.
- (5) Items 610 and 810 must be claimed with the Qualified Practitioner number of the Qualified Practitioner Audiologist who delivered the Audiological Case Management service.
- (6) The date of service for Audiological Case Management services must match the date of service for Assessment or Reassessment items.
- (7) The prerequisite Assessment services items (item 600 and item 800) must be delivered by a Qualified Practitioner Audiometrist/Restricted Scope Audiologist or a provisional Audiometrist/Restricted Scope Audiologist under the supervision of a Qualified Practitioner Audiometrist.

41 Requirements for Providing Audiological Case Management services

- (1) Before providing Audiological Case Management services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Items 610 and 810 may be subcontracted to a Qualified Practitioner Audiologist.

42 Evidence Requirements for Audiological Case Management services

- (1) Evidence kept on the client record to substantiate Audiological Case Management services must include:
 - (a) the practitioner's full name; and
 - (b) the date of service; and
 - (c) the Claim for Payment form; and
 - (d) the Audiometrist's/Restricted Scope Audiologist's request to Audiologist for advice (dated); and
 - (e) the Audiologist's full name, advice and additional test results if appropriate (dated); and
 - (f) evidence the Audiologist's advice has been followed.

Initial Fittings and Subsequent Initial Fittings

- 630 – Initial fitting with Maintenance Agreement – Monaural
- 631 – Initial fitting with Maintenance Agreement – Non Follow up - Monaural
- 640 – Initial fitting with Maintenance Agreement - Binaural
- 641 – Initial fitting with Maintenance Agreement – Non Follow up - Binaural
- 650 – Initial fitting (no Maintenance Agreement) – Monaural
- 651 – Initial fitting (no Maintenance Agreement) – Non Follow up - Monaural
- 660 – Initial fitting (no Maintenance Agreement) - Binaural
- 661 – Initial fitting (no Maintenance Agreement) – Non Follow up - Binaural
- 760 – subsequent Initial Fitting with Maintenance Agreement
- 761 – subsequent Initial Fitting with Maintenance Agreement – Non Follow up
- 770 – subsequent Initial Fitting (no Maintenance Agreement)
- 771 – subsequent Initial Fitting (no Maintenance Agreement) – Non Follow up

43 Requirements for Claiming Initial Fittings and Subsequent Initial Fittings items

- (1) Only one Initial Fitting item can be claimed for each client and no previous fittings through the program must have occurred.
- (2) Any Refitting within 12 months of the Initial Fitting is considered part of the original Hearing Rehabilitation Program and cannot be claimed.
- (3) Where a client receives a Monaural Initial Fitting, an Initial Fitting to the other ear must be claimed as a Subsequent Initial Fitting (items 760, 761, 770, 771).
- (4) Subsequent Initial Fittings with a Maintenance Agreement (item 760 and 761) can only be claimed where the client has a current Monaural Maintenance Agreement.
- (5) A Subsequent Initial Fitting item can be claimed once only for a previously monaurally fitted client.
- (6) If the client has a private device maintained through the program, their first program fitting must be claimed as an Initial Fitting.
- (7) If a client is fitted on one voucher, and the follow up occurs on a new voucher, the date of fitting can be on the previous voucher and the date of service can be on the new voucher.
- (8) Except for non-follow up services, a claim must not be submitted until the fitting is considered successful and the client has accepted the device.
- (9) The date of service is the date of the follow up except for non-follow up fittings.
- (10) Where attempts have been made to contact the client and a follow up is not completed, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted.

44 Requirements for Providing Initial Fittings and Subsequent Initial Fittings services

- (1) Before providing Initial and Subsequent Initial Fitting services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Initial Fittings and Subsequent Initial Fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised. If reported issues cannot be addressed via telehealth, a face to face appointment is required.
- (3) The client's clinical and audiological history and hearing goals must be reviewed at a fitting unless done so in the past 12 months at an Assessment, Reassessment or Client Review.
- (4) A fitting service must consist of at least two appointments, the fitting and a follow up.
- (5) The follow up must occur at least seven calendar days after the fitting.
- (6) Outcomes must be assessed against hearing goals at the follow up.
- (7) Where attempts have been made to contact the client and a follow up is not completed subsection (4) does not apply.
- (8) If the client has 3FAHLs less than 23.3dB in the ear to be fitted, the client must meet both MHLT exemption criteria prior to fitting (a 3FAHL of 23.3dB must be recorded as 23dB in the portal and on the claim form).
- (9) An Assessment service, Reassessment Service or Client Review must be completed prior to an Initial Fitting or Subsequent Initial Fitting.
- (10) The provider must ensure all fittings are based on hearing thresholds no more than 12 months old.
- (11) The client must receive a detailed written device quote (see section 7) and must only be fitted with approved devices.

- (12) If the device was ordered specifically for the client, from an approved supplier on or before its withdrawal date from an Approved Device Schedule, the device may be fitted within 14 days when approved by the program. Providers must obtain approval by email prior to fitting the device.
- (13) All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement (see section 56).
- (14) A successful fitting is one where the client has demonstrated improvement against their hearing goals and demonstrated their ability to manage their devices; and where reported concerns/issues from the client have been addressed where possible.

45 Evidence Requirements for Initial Fittings and Subsequent Initial Fitting services

- (1) Evidence kept on the client record to substantiate the initial fitting or subsequent initial fitting service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) evidence that MHLT exemption criteria have been met (where applicable); and
 - (f) the device quote signed and dated by the client or their POA, legal guardian or equivalent; and
 - (g) otoscopy results at the time of fitting, or the reason the practitioner determined an otoscopy was not required; and
 - (h) the correct device details (serial numbers and device codes) and details of the accessories associated with the device; and
 - (i) the device programming with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.). If poor match to target, document potential reason and attempt to match.
 - (j) evidence that the device has been optimised to the client's needs and preferences; and
 - (k) documentation of fitting checked for comfort, feedback, occlusion, Maximum Power Output; and
 - (l) documentation that the client/carer was counselled on management of devices; and
 - (m) the Maintenance Agreement discussed (including a copy of the agreement and receipt for client Co-payment where applicable)
 - (n) documentation of the strategies/tactics discussed to help manage hearing loss and device use; and
 - (o) the notes on client issues/concerns that have been addressed, documentation on the reason why the issues/concerns were not able to be addressed and support/referral provided as necessary; and
 - (p) a record of the of the review of device use (including data logging if available); and
 - (q) a record of the of adjustments/modifications/program changes made at the follow up (where applicable); and
 - (r) aided speech testing (at either fitting or follow up); and
 - (s) a record of the review and assessment of hearing goals at follow up; and
 - (t) documentation that the client is satisfied with outcomes; and
 - (u) for non-follow up claims, evidence of attempts to contact the client; and
 - (v) a copy of client receipt if payment is required for a partially subsidised device.
- (2) Evidence to substantiate Initial Fittings and Subsequent Initial Fitting services MAY include (if not completed in the last 12 months):
 - (a) The client's expectations, motivation, and attitude towards hearing rehabilitation; and
 - (b) Device advice, including fully subsidised device recommendation and device features; and
 - (c) Client's decision on chosen device and telecoil.

Refittings

820 – Refitting – Monaural

821 – Refitting – Non Follow up – Monaural

830 – Refitting – Binaural

831 – Refitting – Non Follow up – Binaural

46 Requirements for Claiming Refitting items

- (1) Except for non-follow up services, a claim must not be submitted until the fitting is considered successful and the client has accepted the device.
- (2) Any Refitting within 12 months of a previous fitting is considered part of the previous Hearing Rehabilitation Program and cannot be claimed.
- (3) If a fitting (not including replacements) has been claimed for the same ear on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
- (4) If a Monaural Refitting has been claimed and the opposite ear requires a Refitting within 6 months on the same voucher, the previous fitting claim must be recovered and these services claimed as a Binaural Fitting (except where the client has relocated and the fittings are completed by different providers). If the opposite ear is refitted more than 6 months following a Monaural Refitting, a Monaural Refitting claim must be submitted and no recovery is required.
- (5) Where attempts have been made to contact the client and a follow up is not completed, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted.
- (6) The date of service is the date of the follow up (except for non-follow up fittings, when the date of service is the fitting date).

47 Requirements for Providing Refitting services

- (1) Before providing Refitting services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Refittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised. If reported issues cannot be addressed via telehealth, a face to face appointment is required.
- (3) The client's clinical and audiological history and hearing goals must be reviewed at Refitting unless done so in the past 12 months at a Reassessment or Client review.
- (4) A Refitting service must consist of at least two appointments, the fitting and a follow up.
 - (a) The follow up must occur at least seven calendar days after the Refitting; and
 - (b) Outcomes must be assessed against hearing goals at follow up; and
- (5) The client must have previously received a fitting through the program to the same ear.
- (6) Clients must not be refitted unless the fitting complies with the ECR (see section 16).
- (7) If the client has 3FAHLs less than 23.3dB in the ear to be fitted, the client must meet both MHLT exemption criteria prior to Refitting.
- (8) A Reassessment, screening or Client review must have been completed before the Refitting. The provider must ensure the Refitting is based on hearing thresholds no more than 12 months old.
- (9) The client must receive a detailed written device quote (see section 7) and must only be fitted with approved devices.
- (10) If the device was ordered specifically for the client, from an approved supplier, on or before its withdrawal date from an Approved Device Schedule, the device may be fitted within 14 days when approved by the program. Providers must obtain approval by email prior to fitting the device.
- (11) All clients receiving a Refitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement (see section 56).
- (12) A successful Refitting is one where client has demonstrated improvement against their hearing goals, demonstrated their ability to manage their devices and where their reported concerns/ issues have been addressed where possible.

48 Evidence Requirements for Refitting services

(1) Evidence kept on the client record to substantiate the refitting service must include:

- (a) the practitioner's full name; and
- (b) the Supervisor's full name (where applicable); and
- (c) the date of service; and
- (d) the Claim for Payment form; and
- (e) evidence that MHLT exemption criteria has been met (where required); and
- (f) documentation of the evaluation of the current device/s, the ECR number, reason for the Refitting and evidence required by the ECR; and
- (g) the device quote signed and dated by client or their POA, legal guardian or equivalent; and
- (h) otoscopy results at time of fitting or the reason the practitioner determines otoscopy is not required; and
- (i) the correct device details (serial numbers and device codes) and details of the accessories associated with the device; and
- (j) the device programming, with responses verified against a prescriptive target.(e.g. REM, LSM, 2cc Coupler Measurement, etc.). If a poor match to target, document potential reason and attempt to match; and
- (k) a record that the device was optimised to the client needs and preferences; and
- (l) documentation that the Refitting was checked for comfort, feedback, occlusion, MPO, etc; and
- (m) documentation that the client/carer was counselled on management of devices (device/battery insertion, volume control, cleaning, wax management, program switching, phone use, etc); and
- (n) the Maintenance Agreement discussed with the client (including a copy of the agreement and receipt for Client Co-payment where applicable); and
- (o) documentation of strategies/tactics discussion to help manage hearing loss and device use; and
- (p) notes on client issues and/or concerns that have been addressed, documentation on the reason why the issues/concerns were not able to be addressed and support and/or referral provided as necessary; and
- (q) a record of the review of device use (including data logging where available); and
- (r) a record of the adjustments, modifications or program changes made at a follow up appointment (where required); and
- (s) a record of the aided speech testing undertaken in relation to the client (at either fitting or follow up); and
- (t) a record of the review and assessment of hearing goals at follow up; and
- (u) evidence that the client is satisfied with the outcomes of services provided; and
- (v) for non-follow up claims, evidence of attempts to contact the client; and
- (w) a copy of the client's receipt if payment was required for a partially subsidised device; and
- (x) where a revalidated service was approved, the evidence provided to support the request including the successful Revalidated Services form.

(2) Evidence to substantiate a Refitting service MAY include (if not completed in the last 12 months):

- (a) The client's expectations, motivation, and attitude towards hearing rehabilitation; and
- (b) Device advice, including fully subsidised device recommendation and device features; and
- (c) Client's decision on chosen device and telecoil.

Assistive Listening Device Initial Fittings

635 – ALD: Initial fitting with Maintenance Agreement

636– ALD: Initial fitting with Maintenance Agreement – Non Follow up

655 – ALD: Initial fitting (no Maintenance Agreement)

656 – ALD: Initial fitting (no Maintenance Agreement) – Non Follow up

49 Requirements for Claiming Assistive Listening Device Initial Fitting items

- (1) A claim must not be submitted until the fitting is considered successful and the client has accepted the ALD.
- (2) If no follow up appointment is required, the client does not attend a follow up, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted.
- (3) The date of service is the date of the follow up (except for non-follow up fittings (items 636 and 656), when the date of service is the date the ALD was provided to the client).

50 Requirements for Providing Assistive Listening Device Initial Fitting services

- (1) Before providing ALD Initial Fitting services, practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) ALD Initial Fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised. If reported issues cannot be addressed via telehealth, a face to face appointment is required.
- (3) ALD Initial Fitting services may consist of two appointments, a fitting and a follow up.
- (4) If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least seven calendar days after the fitting.
- (5) When a follow up occurs, outcomes must be assessed against hearing goals.
- (6) Follow up appointments can be completed via telehealth if the client has not expressed any concerns with comfort, sound quality or device management.
- (7) The client must not have received a previous fitting, including an ALD fitting through the program.
- (8) An Assessment or Reassessment service must be completed prior to an Initial Fitting. The provider must ensure the fitting is based on hearing thresholds that are less than 12 months old.
- (9) If the client has 3FAHLs less than 23dB in the ear to be fitted, the client must meet both MHLT exemption criteria prior to fitting (a 3FAHL of 23.3dB must be recorded as 23dB in the portal and on the claim form)
- (10) Clients can receive an ALD fitting or a hearing aid fitting, but not both on the same voucher unless a Revalidated Service is approved.
 - (a) Clients can receive a device fitting at a later time on a future voucher, after meeting ECR 5.
 - (b) Clients can receive an ALD fitting following a previous device fitting, on a future voucher, after meeting one of the ECR.
- (11) The client must receive a detailed written device quote (see section 7) and must only be fitted with an approved device.
- (12) All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement (see section 56).
- (13) A successful ALD fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their device.

51 Evidence Requirements for Assistive Listening Device Initial Fitting services

- (1) Evidence kept on the client record to substantiate the ALD initial fitting service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name where applicable; and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) evidence that the MHLT exemption criteria have been met (where required); and
 - (f) the device quote signed and dated by client or their POA, legal guardian or equivalent; and
 - (g) file notes on the goals to be addressed by the ALD and fitting outcomes evaluated at follow up (if follow up claimed); and
 - (h) dated file notes to support completion of a follow up appointment (if follow up claimed); and
 - (i) ALD serial number and device code; and

- (j) documentation that the device was checked for comfort and issues/concerns have been addressed; and
 - (k) documentation that the client/carer was counselled on management of ALD and support/referral provided as necessary; and
 - (l) Maintenance Agreement discussed (including a copy of the agreement and receipt for Client Co-payment where applicable); and
 - (m) a record of strategies and/or tactics discussion to help manage hearing loss and ALD use.
- (2) Evidence to substantiate an ALD initial fitting service MAY include (if not completed in the last 12 months):
- (a) The client's expectations, motivation, and attitude towards hearing rehabilitation; and
 - (b) Device advice, including fully subsidised device recommendation and device features; and
 - (c) Client's decision on chosen device.

Assistive Listening Device Refittings

825 – ALD: Refitting

826 – ALD: Refitting – Non follow up

52 Requirements for Claiming Assistive Listening Device Refitting items

- (1) A claim must not be submitted until the Refitting is considered successful and the client has accepted the Refitting.
- (2) Clients can receive an ALD Refitting or a hearing aid refitting, but not both on the same voucher.
 - (a) Clients can receive an ALD Refitting following a previous hearing aid fitting, on a future voucher, after meeting one of the ECR.
 - (b) Clients can receive a hearing aid refitting at a later time on a future voucher, after meeting one of the ECR.
- (3) If no follow up appointment is required, or the client does not attend a follow up, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted.
- (4) The date of service is the date of the follow up (except for no follow up Refittings, when the date of service is the date the ALD was provided to the client).

53 Requirements for Providing Assistive Listening Device Refitting services

- (1) Before providing ALD Refitting services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) ALD Refitting services can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised. If reported issues cannot be addressed via telehealth, a face to face appointment is required.
- (3) ALD Refitting services may consist of two appointments, a refitting and a follow up.
 - (a) If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least seven calendar days after the Refitting.
 - (b) Device use and hearing goals must be evaluated at the follow up, where this occurs.
- (4) The client must have previously been fitted with an ALD or hearing aid against a previous voucher.
- (5) An ALD must only be refitted when the client will no longer be using a previous device.
- (6) If a Refitting (hearing aid or ALD) has been claimed on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
- (7) Clients must not be refitted unless they meet the ECR.
- (8) A Reassessment, screening or a Client Review must be completed prior to an ALD refitting. The provider must ensure the fitting is based on hearing thresholds that are less than 12 months old.
- (9) If the client has 3FAHLs less than 23dB in the ear to be refitted, the client must meet both MHLT exemption criteria prior to fitting (a 3FAHL of 23.3dB must be recorded as 23dB in the portal and on the claim form).
- (10) The client must receive a detailed written device quote (see section 7) and must only be refitted with approved devices.
- (11) All clients receiving a Refitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement (see section 56).
- (12) A successful Refitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their device.

54 Evidence Requirements for Assistive Listening Device Refitting services

- (1) Evidence kept on the client record to substantiate the ALD Refitting service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name where applicable; and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) evidence MHLT exemption criteria have been met (where required); and
 - (f) ECR number, reason for the refit and evidence required by the ECR; and
 - (g) device quote signed and dated by client or their POA, legal guardian or equivalent; and
 - (h) file notes of the goals to be addressed by the ALD and Refitting outcomes evaluated at follow up service (if follow up is claimed); and

- (i) dated file notes to support completion of a follow up appointment (if follow up claimed); and
 - (j) ALD serial number and device code; and
 - (k) documentation that the device was checked for comfort and issues/concerns have been addressed; and
 - (l) documentation that the client/carer was counselled on management of ALD and support/referral provided as necessary; and
 - (m) the Maintenance Agreement discussed (including a copy of the agreement and receipt for Client Co-payment where applicable); and
 - (n) a record of strategies/tactics discussion to help manage hearing loss; and
 - (o) where a revalidated service was approved, the evidence provided to support the request including the successful Revalidated Services form.
- (2) Evidence to substantiate an ALD Refitting service MAY include (if not completed in the last 12 months):
- (a) The client's expectations, motivation, and attitude towards hearing rehabilitation; and
 - (b) Device advice, including fully subsidised device recommendation and device features; and
 - (c) Client's decision on chosen device.

Maintenance and Relocated maintenance

- 700 - Maintenance and Battery Supply – Monaural
- 710 - Maintenance and Battery Supply – Binaural
- 711 - Relocated Maintenance and Battery Supply – Monaural
- 722 - Relocated Maintenance and Battery Supply – Binaural
- 777 - Client Co-payment for Maintenance and Batteries - DVA eligible clients
- 790 - Maintenance and Battery Supply (Private Devices) – Monaural
- 791 - Maintenance and Battery Supply (Private Devices) – Binaural

55 Claiming Maintenance and Relocated maintenance items

- (1) Maintenance items (with exceptions of 711 and 722) cannot be claimed earlier than 12 months after the date of fitting for Initial Fitting and Refitting items.
- (2) Standard Maintenance can only be claimed once every 12 months, with the exception of:
 - (a) Relocated Maintenance (items 711/722); and
 - (b) Private Device Maintenance (items 790/791).
- (3) Clients must not sign a Maintenance Agreement or pay their Maintenance Co-Payment more than 45 days before the date on which Maintenance services commence.
- (4) The date of service is
 - (a) the anniversary date of the last agreement, if the client signed and dated the Maintenance Agreement on or before 45 days of the anniversary date of the last agreement; or
 - (b) the date the client signed and dated the Maintenance Agreement after the anniversary date of the last agreement or where the client had no previous Maintenance Agreement.
- (5) Where the client has agreed to enter into a Maintenance Agreement, (maintenance items 700/710) may be claimed on or after:
 - (a) the anniversary of the Initial Fitting (items 630, 631, 635, 636, 640, 641, 650, 651, 655, 656, 660, 661), or
 - (b) the anniversary of the Refitting (items 820, 821, 825, 826, 830, 831), or
 - (c) the anniversary of an item 790/791 claim for a private device, or
 - (d) the anniversary of Maintenance items 700/710.
- (6) Where a client has previously been fitted with a device through the program and wishes to purchase private devices and bring them onto the program, providers may claim Maintenance (items 700/710) if:
 - (a) the client has an expired Maintenance Agreement and signs a new agreement; and
 - (b) the private device will be the primary device; and
 - (c) the private device is on a Schedule of Approved Devices.
- (7) For Initial Fitting Maintenance services
 - (a) If the client does not accept a Maintenance Agreement, an *Initial Fitting (no Maintenance Agreement)* item must be claimed. Standard consumer protections, including warranties and returns apply.
 - (b) If the client agrees to enter into a Maintenance Agreement, the *Initial Fitting with Maintenance Agreement* item must be claimed (items 630, 631, 635, 636, 640, 641) which includes device maintenance and batteries for 12 months from the date of fitting.
- (8) For Subsequent Initial Fitting Maintenance services
 - (a) If the client is on a current Maintenance Agreement, a *Subsequent Initial Fitting with Maintenance Agreement* item must be claimed. After the expiry date of the existing Maintenance Agreement, item 710 can be claimed, providing the client is using both devices, and the client agrees to enter into another Maintenance Agreement.
 - (b) If the client does not have a current Maintenance Agreement, and does not accept a Maintenance Agreement, a *Subsequent Initial Fitting (no Maintenance Agreement)* item must be claimed. Standard consumer protections, including warranties and returns apply.
- (9) For Refitting Maintenance services
 - (a) Maintenance items 700 and 710 cannot be claimed within the first 12 months following the date of fitting.
 - (b) If the client agrees to enter into a Maintenance Agreement, the client must sign a Maintenance Agreement and can be charged a Co-payment on or after the date of fitting. This also applies to clients that still have current Maintenance Agreements at the time of refitting.

- (c) If the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.
- (10) For ALD fitting Maintenance services
 - (a) If the client does not accept a Maintenance Agreement, an initial ALD fitting (no maintenance) must be claimed (items 655/656). Standard consumer protections, including warranties and returns apply.
 - (b) If the client agrees to enter into a Maintenance Agreement, the Initial ALD Fitting with Maintenance item must be claimed (items 635 and 636) which includes ALD maintenance, batteries and repairs for 12 months from the date of fitting.
 - (c) For ALD Refittings, if the client has entered into a Maintenance Agreement prior to the Refitting and this expires during the 12 months after their date of fitting, the client can be charged a Co-payment on or after the date of fitting.
 - (d) For ALD Refittings, if the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.
- (11) For Parallel services
 - (a) Clients can choose to receive hearing services, batteries, maintenance and repairs for their hearing aid from their current provider under the voucher program, whilst also receiving maintenance and some services for the implantable device such as cochlear implant or implantable bone conduction device from Hearing Australia under the CSO program.
 - (b) For clients accessing parallel services:
 - (i) an email must be sent to hearing@health.gov.au to request that a client's status in the Portal is updated to 'specialist services - parallel'; and
 - (ii) the client must be listed under the provider maintaining and supporting the hearing aid; and
 - (iii) only the hearing aid can be entered into the portal, and not the implantable device; and
 - (iv) Monaural Maintenance claims must be submitted for the hearing aid supplied through the voucher program; and
 - (v) Hearing Australia must support the implantable device under the CSO program; and
 - (vi) An annual maintenance fee may be payable to both Hearing Australia and their other provider.

56 Requirements for Providing Maintenance and Relocated Maintenance services

- (1) Before providing Maintenance and Relocated Maintenance services providers must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Maintenance services must be delivered by persons with the appropriate skills.
- (3) The client must have a current fitting and be using their devices.
- (4) All clients receiving a fitting must be offered a Maintenance Agreement.
 - (a) A Maintenance Agreement must be signed and dated by the client confirming their acceptance of the agreement.
 - (b) Clients must be informed they will receive device batteries, maintenance and repairs if they enter a Maintenance Agreement with the provider and pay the annual Client Maintenance Co-payment (unless exempt under section 58 or the fee is waived).
 - (c) The client must still sign a Maintenance Agreement if the Co-payment is waived or is paid by DVA.
 - (d) It is not mandatory for clients to accept the offer. Standard consumer protections apply, including device warranties.
- (5) Maintenance Agreements apply to the client's primary devices and cover:
 - (a) appropriate battery supply; and
 - (b) adjustments and re-programming if required (including one phone or accessory reconnection service); and
 - (c) repairs to the device except rechargers for rechargeable devices; and
 - (d) necessary consumables for the functioning of the device; and
 - (e) hearing aid cleaning.
- (6) Maintenance and repairs must
 - (a) be timely so that the client is not without the use of their device for any significant period; and
 - (b) be adequate to restore the device to its original physical condition, allowing for normal wear and tear; and
 - (c) ensure that the electroacoustic characteristics and any other features prescribed by the Qualified Practitioner match the original fitting unless changes are clinically appropriate.

- (7) If same day repair is unavailable, a loan device should be offered where appropriate. Warranty on the hearing aid must be utilised for specified hearing aid repairs, as detailed in the Deed of Standing Offer.
- (8) Clients must not sign a Maintenance Agreement or pay their Maintenance Co-payment more than 45 days before the date on which Maintenance services commence.
- (9) Providers must honour a client's Maintenance Agreement for 12 months from the agreement commencement date, unless exempt under subsection 13 (3)(d), regardless of whether the client's voucher has expired.

57 Relocated Maintenance

- (1) Where the client has relocated from one provider to another:
 - (a) the client must have a current Maintenance Agreement with their previous provider; and
 - (b) the client's relocation to the new provider must already be processed in the Portal; and
 - (c) the date of service is the date the client consents to relocate to the new provider; and
 - (d) the client must not be charged a co-payment; and
 - (e) Relocated Maintenance cannot be claimed again if a client relocates away from a provider and then returns within the same Maintenance Agreement period.

58 Department of Veterans Affairs Client Maintenance Co-payment

- (1) The Department of Veterans Affairs (DVA) pays the Client Maintenance Co-payment for eligible DVA Clients.
- (2) The DVA Client Maintenance Co-payment is item 777 in the Schedule of Fees.
- (3) Item 777 is not applicable for Relocated Maintenance.
- (4) Clients must hold a DVA Gold Card or White Card (for hearing loss).
- (5) DVA Pensioner Concession Card clients are not entitled to claim item 777.
- (6) Item 777 is claimed annually with Maintenance claims (items 700, 710), for Initial Fitting claims that include Maintenance Agreement (items 630, 635, 640), Refitting claims where the client has entered a new Maintenance Agreement (820, 825, 830) and with Private Device Maintenance (items 790, 791).
- (7) Item 777 cannot be claimed with Relocated Maintenance (items 711/722)
- (8) For item 777 the date of service matches the date of service of the Maintenance claims (items 700, 710, 790, 791) or the date of fitting for Initial Fitting claims that include a Maintenance Agreement (items 630, 635, 640) or the date of fitting for Refitting claims (items 820, 825, 830).
- (9) The DVA will not pay the Client Maintenance Co-payment for the first 12 months if the client does not attend a Follow up Service.
 - (a) If the client enters into a Maintenance Agreement for a subsequent year, item 777 can be claimed for the Client Maintenance Co-payment.
- (10) If a DVA Gold or White Card (for hearing loss) holder chooses a partially subsidised device:
 - (a) The DVA will only pay the program's set Client Maintenance Co-payment towards their Maintenance Agreement.
 - (b) The client must pay any difference between the provider's quoted maintenance fee and the program set Client Maintenance Co-payment.
 - (c) The client must still sign a Maintenance Agreement if the Co-payment is paid by the DVA.

59 Private Devices Maintenance

- (1) Private Device Maintenance services are items 790 and 791 in the Schedule of Service Items and Fees.
- (2) Items 790 and 791 may be claimed for the initial year of maintenance if:
 - (a) the client has never been fitted through the program, and;
 - (b) the client enters into a Maintenance Agreement, and;
 - (c) the private device will be the primary device, and;
 - (d) the private device is on a Schedule of Approved Devices.
- (3) Items 790/791 can only be claimed if the device is suitable to the client's needs and still in good working condition.
- (4) If the client has 3FAHLs less than 23.3dB in the ear the private device has been fitted to, the client must meet both MHLT exemption criteria to bring the device onto the program (a 3FAHL of 23.3dB must be recorded as 23dB in the portal and on the claim form).
- (5) The client device details must be added to the client's service history in the Portal.
- (6) An item 600 must be claimed prior to the item 790/791 being claimed.

- (7) Once the initial Maintenance Agreement expires, subsequent annual Maintenance (items 700/710) can be claimed.

60 Maintenance Services for Non-Approved Devices

- (1) For Non-Approved Devices a client cannot enter into a program Maintenance Agreement, and providers cannot claim maintenance from the program if a client chooses a private device which is;
 - (a) not on a Schedule of Approved Devices; or
 - (b) not their primary device.
- (2) If a provider sells a client a private device that is not on a Schedule of Approved Devices, the provider must be able to maintain the device privately.
- (3) The program will not provide replacements for non-approved devices.
- (4) Providers have the right to refuse to maintain devices supplied by another provider to a client outside the program and which are not on a Schedule of Approved Devices.

61 Evidence Requirements for Maintenance and Relocated Maintenance services

- (1) Evidence kept on the client record to substantiate the Maintenance service must include:
 - (a) the Claim for Payment form (with authorised Qualified Practitioner number); and
 - (b) the Maintenance Agreement signed and dated by client not more than 45 days before commencement; and
 - (c) details of current fitting for a private device; and
 - (d) receipt for the Client Maintenance Co-payment (where required); and
 - (e) relocation authorisation signed by the client, if claiming Relocated Maintenance; and
 - (f) file notes assessing the suitability and condition of the private device; and
 - (g) file notes or reports on repairs completed by provider or supplier undertaken; and
 - (h) for private devices, Private Services Acknowledgement Form signed and dated by the client.

Unaided Client Review Services

920 – Client Review – Unaided

62 Requirements for Claiming Unaided Client Review item

- (1) Unaided Client Review services can be claimed annually, where it is 12 months or more from the last program Assessment or Reassessment date and 12 months or more from the last Client Review or Unaided Client Review service.
- (2) The date of service is the date the Unaided Client Review is completed.

63 Requirements for Providing Unaided Client Review services

- (1) Before providing Unaided Client Review services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Unaided Client Review services must include:
 - (a) a review of the client's clinical and audiological history; and
 - (b) a review of the client's hearing goals; and
 - (c) two or more of the following additional activities
 - (i) hearing screening, including a check of middle ear status if clinically indicated; or
 - (ii) speech testing; or
 - (iii) training and communication strategies to manage the effects of hearing loss; or
 - (iv) education on impact of hearing loss and hearing loss prevention; or
 - (v) discussion of rehabilitation options, including hearing devices and ALDs available to assist clients to manage their hearing loss and enhance communication.
- (3) Unaided Client Reviews can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
- (4) Clients must not be fitted with devices (including ALDs) under the program and does not have private devices maintained under the program, unless the client was previously fitted under the program but is no longer using the devices and hasn't for 5 years. Providers must submit a portal claim and update the service history in the portal and remove the current devices.

64 Evidence Requirements for Unaided Client Review services

- (1) Evidence kept on the client record to substantiate the unaided Client review service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisors full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) a dated audiogram (if completed); and
 - (f) documentation of the client's clinical and audiological history review; and
 - (g) documentation of a review and assessment of client's hearing goals (document if client has no hearing goals); and
 - (h) otoscopy results (if completed); and
 - (i) tympanometry results (if completed); and
 - (j) evidence of Speech Testing (if completed); and
 - (k) a record of training and communication strategies (if completed); and
 - (l) a record of education of hearing loss and prevention discussed (if completed); and
 - (m) a record of discussion of rehabilitation options (if completed).

Aided Client Review services

930 – Client Review – Monaural or ALD

940 – Client Review – Binaural

65 Requirements for Claiming Aided Client Review items

- (1) Aided Client Review services can be claimed annually, where it is 12 months or more from the last program fitting date and 12 months or more from the last Client Review service.
- (2) Aided Client review services can be completed and claimed on the same date as an Assessment/Reassessment service (items 600/800).
 - (a) If provided on the same date, four of the additional Client Review activities must be performed (see subsection 67(2)(d)).
 - (b) Activities must be different to those performed as a part of the Assessment/Reassessment service.
 - (c) Client Review activities must be documented separately to the Assessment/Reassessment services.
- (3) The date of Service is the date the Client Review is completed. This may occur over one or more appointments.

66 Requirements for Providing Aided Client Review services

- (1) Before providing Aided Client Review services, practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Aided Client Review services must include:
 - (a) a review of the client's clinical and audiological history; and
 - (b) a review of the client's hearing goals; and
 - (c) a check of device function; and
 - (d) three or more of the following additional activities (four or more if completed at the same time as a Reassessment)
 - (i) hearing screening, including a check of middle ear status if clinically indicated*; or
 - (ii) speech testing (including for validation of devices)*; or
 - (iii) a review of client's device management with reinstruction*; or
 - (iv) training and communication strategies to manage the effects of hearing loss including review of device expectations*; or
 - (v) education on impact of hearing loss and hearing loss prevention*; or
 - (vi) device verification or aided threshold measurement; or
 - (vii) resetting and/or reprogramming device parameters to accommodate changes in hearing thresholds or needs, including assessment of MPO; or
 - (viii) taking impression or fitting or new/modification of the current ear mould/s including retubing (thin tubes excluded); or
 - (ix) connectivity support for phone or accessory.
 - (e) Only activities marked with (*) may be performed for clients with ALDs.
- (3) Client Reviews can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
- (4) Clients must be fitted with at least one device (including ALDs) under the program or have private devices maintained under the program.
- (5) If the client's device is lost, a client review can be claimed after a replacement has been provided.

67 Evidence Requirements for Aided Client Review services

- (1) Evidence kept on the client record to substantiate the Aided Client review service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name where applicable; and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) documentation of client's clinical and audiological history review; and
 - (f) documentation of review and assessment of hearing goals; and
 - (g) file notes on current device function; and
 - (h) documentation of device usage (data logging if available); and

- (i) a dated audiogram (if completed); and
- (j) tympanometry results (if completed); and
- (k) otoscopy results (if completed); and
- (l) device management file notes (if completed); and
- (m) documentation of training and communication strategies (if completed); and
- (n) documentation of education on hearing loss (if completed); and
- (o) documentation of device adjustments/modifications and MPO testing method (if completed); and
- (p) documentation of device programming, with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.) (if completed); and
- (q) documentation of taking impression or fitting of new/modification of the current ear mould/s
- (r) documentation of connectivity support for phone or accessory (if completed)

Rehabilitation

670 – Rehabilitation Service – Unaided

68 Requirements for Claiming Unaided Rehabilitation items

- (1) Unaided Rehabilitation services may be claimed once only for each client.
- (2) Unaided Rehabilitation service cannot be claimed if the client has been fitted previously through the program.
- (3) Unaided Rehabilitation services must not be claimed if the client has indicated interest in being fitted with a device.
- (4) Unaided Rehabilitation services can only be delivered within 12 months after an Assessment/Reassessment service.
- (5) Unaided Rehabilitation services can be delivered on the same day as an Assessment/Reassessment with supporting documentation that distinctive activities were performed
- (6) The date of service is the date the initial rehabilitation appointment occurs.
- (7) The date of follow-up is recorded on the Claim for Payment form.

69 Requirements for Providing Unaided Rehabilitation services

- (1) Before providing Unaided Rehabilitation services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Unaided Rehabilitation services must:
 - (a) take into consideration the client's attitude and motivation towards hearing rehabilitation; and
 - (b) reflect the client's communication and hearing goals; and
 - (c) educate the client on communication strategies and tactics; and
 - (d) inform the client about technology options suitable to their needs (if appropriate).
- (3) Unaided Rehabilitation services can be completed via telehealth.
- (4) Clients can receive a fitting at a later date, if eligible, and changes in client's circumstances are recorded on the client record.
- (5) Unaided Rehabilitation services must be provided over two appointments, (minimum 30 minutes duration per appointment).
 - (a) First appointment is a consultation.
 - (b) Second appointment provides follow up.
 - (c) Appointments must be recorded separately on the client record and on the Claim for Payment form.

70 Evidence Requirements for Unaided Rehabilitation

- (1) Evidence kept on the client record to substantiate the Unaided Rehabilitation service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) documentation of two rehabilitation appointments: 1st = consultation, 2nd = follow up; and
 - (f) documentation of discussion of client's attitude and motivation towards rehabilitation; and
 - (g) documentation of discussion of client's communication and hearing goals; and
 - (h) notes detailing strategies/tactics advised to manage hearing loss without devices; and
 - (i) follow up notes recording client outcomes and review of tactics.

Rehabilitation Plus

680 – Rehabilitation Plus (two sessions)

681 – Rehabilitation Plus (single session)

71 Requirements for Claiming Rehabilitation Plus services

- (1) When claiming Rehabilitation Plus services the claim form must specify the Qualified Practitioner number of the Qualified Practitioner who delivered (or managed, if group sessions), the service and the site where services were provided.
 - (a) If services are provided at a location not operated by the provider, practitioners must claim using the Site ID where the client's record is held.
 - (b) Providers may subcontract the delivery of Rehabilitation Plus group sessions to a person with the appropriate skills.
- (2) The date of service is the date the final Rehabilitation Plus service is provided.

72 Requirements for Providing Rehabilitation Plus services

- (1) Before providing Rehabilitation Plus services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Rehabilitation Plus services must:
 - (a) take into consideration the client's attitude and motivation towards hearing rehabilitation; and
 - (b) reflect the client's communication and hearing goals; and
 - (c) educate the client and significant others on communication strategies and tactics; and
 - (d) inform the client about technology options suitable to their needs (if appropriate).
- (3) Rehabilitation Plus services must not address issues of device fitting and adjustment as these are expected activities for the fitting service.
- (4) Rehabilitation Plus can be completed via telehealth
- (5) Rehabilitation Plus services are only available to clients receiving fully subsidised devices, partially subsidised devices at no cost to client, private devices brought onto the program or an ALD as an initial or subsequent initial fitting (if 680/681 has not been claimed after initial fitting on the other ear)
- (6) Clients are only entitled to one Rehabilitation Plus program, either one item 680 or two item 681.
- (7) Item 680 consists of at least two sessions and can only be claimed once per client.
- (8) Item 681 consists of one session and can be claimed twice per client.
- (9) Rehabilitation Plus services must take place:
 - (a) no earlier than 14 calendar days after a follow up; and
 - (b) no later than 12 months after a follow up.
- (10) Item 680 consists of:
 - (a) 2 x 1 hour group sessions, managed by a Qualified Practitioner and delivered by a Qualified Practitioner or persons with the appropriate skills, or
 - (b) 2 x 30 minutes individual sessions, delivered by a Qualified Practitioner; or
 - (c) One group and one individual session.
- (11) Item 681 consists of:
 - (a) a 1 hour group session, managed by a Qualified Practitioner and delivered by a Qualified Practitioner or persons with the appropriate skills; or
 - (b) a 30 minute individual session, delivered by a Qualified Practitioner.

73 Evidence Requirements for Rehabilitation Plus services

- (1) Evidence kept on the client record to substantiate the Rehabilitation Plus service must include:
 - (a) the practitioner's or person who delivered the service's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) the appointment date noting client's attendance for group sessions; and
 - (f) file notes of the review of client's hearing goals; and
 - (g) notes detailing advice/training/follow up on communication strategies and tactics.

Replacements

840 – Replacement of Lost/ Damaged Beyond Repair Device (DBR) – Monaural

850 – Replacement of Lost/ Damaged Beyond Repair Device (DBR) – Binaural

555 – Client Co-payment for Exempt Clients

888 – Client Co-payment for DVA Eligible Clients

74 Requirements for Claiming Replacement items

- (1) A replacement device can be claimed at any time after a claim for an Initial Fitting through the program.
- (2) The date of service for all Replacement items (items 840/850/555/888) is the date the replacement device is provided.
- (3) If a client loses hearing device/s between the fitting and follow-up appointment:
 - (a) You can replace the device/s and claim an item 840 (for one device) or 850 (two devices)
 - (b) If you proceed with a follow up appointment the follow up must be at least seven days after the replacement device/s were provided to the client.
 - (c) If the fitting was not successful, the replacement you provide can be for a different device to the one originally fitted.
 - (d) If the client finds the lost device, the replacement must be sent back to the manufacturer, and items 840 and 850 cannot be claimed.
- (4) A replacement device can be claimed if the Spare Device is no longer suitable due to a significant change in hearing threshold levels.

75 Requirements for Providing Replacement services

- (1) Before providing Replacement services practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Devices must be set to the client's preferred settings.
- (3) The client must be offered a Client Review service if they have not received a Client Review service in the past 12 months.
- (4) Replacement fittings can be completed via telehealth when replacing with like for like devices, and if no changes in the client's ear and hearing health is reported.
- (5) A fitting service item must have previously been processed and approved.
- (6) A device must have been lost or DBR.
- (7) Replacements must be for the primary device.
- (8) Replacements must be for the same device code if still available on an Approved Device Schedule unless:
 - a) the device was a partially subsidised device; it can be replaced with a fully subsidised device or a lower cost partially subsidised device on the approved schedule. The device must be from the same category and type.
 - b) the client meets ECR requirements, then they must be refitted or revalidation of services requested.
 - c) the client wants a different device, but ECR requirements are not met. The client may purchase a private device, and the fitting of the device may be covered by the provider or paid by the client.
 - d) A spare device is replaced because the client's current Spare Device is no longer suitable due to a significant change in hearing threshold levels.
- (9) If the device is no longer on an Approved Device Schedule, it must be replaced with another Approved Device, of the same category and type.
- (10) If the device was ordered specifically for the client, from an approved supplier, on or before its withdrawal date from an Approved Device Schedule, the device may be fitted within 14 days when approved by the program. Providers must obtain approval by email.
- (11) If the client was previously fitted with a device that would best meet their needs, approval must be sought from the program to fit the device if it is no longer on an Approved Device Schedule but is available from the manufacturer. Practitioners must send requests to the program by email with clinical justification and wait for approval before fitting.
- (12) If the device was part of a CROS or BiCROS fitting, both the CROS device and hearing device in the other ear may be replaced if the matching device is no longer available on the schedule.
- (13) The client must be given a detailed device quote prior to replacement.

- (14) Before replacing a lost device providers must ensure the client has supplied a correctly completed Statutory Declaration (<https://www.ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form>). The Statutory Declaration must:
- a) be made either by the client or the client's representative.
 - b) be witnessed as required by the Attorney-General's Department (refer Attorney-General's Department website); and:
 - (i) state which device was lost (left, right, both or spare device), and
 - (ii) if known, how, when and where lost.
 - c) not be made by a representative of the provider.
- (15) DBR devices require a DBR letter from the device manufacturer.
- a) If unable to be repaired by the provider, damaged devices must be returned to the manufacturer.
 - b) Manufacturers must provide a written statement declaring the device is DBR.
 - c) Manufacturer's letter must be received before providing the replacement device.
- (16) Clients with partially subsidised devices can be charged for their replacement device above the standard device subsidy for that category device. This must be no more than the amount on the quote provided to the client prior to replacement.
- (17) If a client is using private devices as their primary devices and the client loses or damages their private devices beyond repair, they are entitled to receive the services available to them on their current voucher.
- a) If the client has not previously received a fitting through the program, they are entitled to receive an Initial Fitting service with a device from a Schedule of Approved Devices.
 - b) If the client has previously received a fitting through the program, the above service requirements for a replacement service apply.
 - c) If the client has received a fitting through the program and they meet the ECR, they are entitled to receive a Refitting service, provided they accept a device from a Schedule of Approved Devices.
- (18) Providers may charge clients a replacement fee, not exceeding the amount specified in the Schedule of Fees on the date of service. The following exceptions apply:
- a) replacement fee must be waived and an item 555 claimed if the client meets the following criteria with evidence documented on the client's file:
 - (i) client has dementia; or
 - (ii) device was lost/DBR in hospital or a nursing home; or
 - (iii) the device was lost/DBR in the post.
 - b) replacement fees must be waived and an item 888 claimed for:
 - (i) DVA clients with a Gold Card; and
 - (ii) DVA clients with a White Card issued for hearing loss.
 - (iii) DVA PCC clients and their dependants are not entitled to item 888

76 Evidence Requirements for Replacements

- (1) Evidence kept on the client record to substantiate the Replacement services must include:
- (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) the device quote signed and dated by client or their POA, legal guardian or equivalent; and
 - (f) a Statutory Declaration for a lost device, or Manufacturers DBR letter for a DBR device; and
 - (g) correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone), accessories); and
 - (h) explanatory file notes if replacement device differs from lost/DBR/spare device; and
 - (i) documentation of device programming to client's preferred settings (NOAH data if available); and
 - (j) receipt for replacement fee (if not waived) or partially subsidised device payment; and
 - (k) documentation of justification for item 555 if claimed.

Spare Devices

960 – Spare Device

77 Requirements for Claiming Spare Device items

- (1) A Spare Device cannot be claimed for a CROS fitting.
- (2) A Spare Device can only be claimed for the receiver component of a Bi-CROS fitting.
- (3) The date of service is the date the Spare Device is provided to the client.

78 Requirements for Providing Spare Device services

- (1) Before providing Spare Devices, practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Spare Device fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
- (3) A fitting service item must have previously been processed and approved.
- (4) Clients must have only one aidable ear that is currently monaurally fitted or has a Bi-CROS fitting.
- (5) Clients must be highly dependent on aiding of the better ear.
- (6) Clients must not have a second device that could be adapted to act as a spare.
- (7) Clients must not have had a Spare Device previously fitted through the program.
- (8) Spare Devices must be for the primary device.
- (9) Spare Devices must be the same device, or if no longer available, the same device category as the fitted device.
 - (a) If the primary device is a partially subsidised device, the Spare Device can be a fully subsidised device or a lower cost partially subsidised device.
 - (b) The Spare Device must be from the same category and type if available, otherwise a device similar in technology.
 - (c) If the Spare Device was ordered specifically for the client, from an approved supplier, on or before its withdrawal date from an Approved Device Schedule, the device may be fitted within 14 days when approved by the program. Providers must obtain approval by email prior to fitting the device.
- (10) The client must receive a detailed written device quote and must only be fitted with approved devices.
- (11) If the Spare Device is lost clients must complete a Statutory Declaration and the Replacement requirements apply (refer item 840).
- (12) If the Spare Device is DBR the device must be sent to the manufacturer for a DBR letter, and the Replacement requirements apply (refer to item 840).
- (13) If the Spare Device is no longer suitable due to a significant change in hearing threshold levels the practitioner must provide explanatory file notes, and the Replacement requirements apply (refer to item 840).
- (14) Future maintenance must be monaural unless client is fitted with a Bi-CROS system.

79 Evidence Requirements for Spare Device services

- (1) Evidence kept on the client record to substantiate the Spare Device service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) the device quote signed and dated by the client or their POA, legal guardian or equivalent; and
 - (f) documentation of a monaural fitting or fitting with Bi-CROS system; and
 - (g) justification of need for a spare device, including high dependence on device; and
 - (h) explanatory notes from practitioner if the device is no longer clinically appropriate; and
 - (i) details of spare device; and (serial number, model and device code)
 - (j) client payment receipt (if applicable).

Remote Controls

4 – Remote Control (Manufacturer's invoice amount only less than \$200)

80 Requirements for Claiming Remote Control items

- (1) Only the actual Remote Control cost paid by the provider to the manufacturer/supplier (excluding postage and handling and after any discounts received) up to a cap of \$200 per Remote Control can be claimed.
- (2) The client must not be charged for a Remote Control under the program.
- (3) Remote Control services can only be claimed once on a client's current voucher, unless each ear is fitted with different devices and each device requires a separate remote.
- (4) Program approval is required if a subsequent Remote Control is required on the same voucher.
- (5) Remote Controls costing more than \$200 require pre-approval from the program. The provider must submit a non-scheduled device request form with manufacturer's invoice for pre-approval to the program before it is supplied to the client.
- (6) The date of service is the date the Remote Control is provided.
- (7) Item 4 claims must be submitted as portal claims against the individual client record.

81 Requirements for Providing Remote Control services

- (1) Before providing a Remote Control practitioners must comply with General Program Service Requirements (see section 5), the PPB Code of Conduct and Scope of Practice.
- (2) Clients must have been fitted with a non-ALD device through the program (fully or partially subsidised) or be maintaining a non-ALD private device through the program.
- (3) Practitioners must ensure the client can effectively use the remote with their device.
- (4) Practitioners must identify the client has significant functional limitations and/or dexterity issues and cannot effectively manage the device standard manual controls for volume adjustment or the program settings without a remote control or other technology.
- (5) The client must receive a detailed written device quote and must only be fitted with approved devices.
- (6) If a client's Remote Control is lost, a Statutory Declaration must be completed explaining the loss, be signed and dated by the client or their representative, and be witnessed as required by the Attorney-General's Department (refer Attorney-General's Department website).
- (7) If a client's Remote Control is DBR, a DBR letter must be provided by the manufacturer or Statutory Declaration must be completed explaining how it is DBR, be signed and dated by the client or their representative, and appropriately witnessed.
- (8) The declaration must be received prior to supplying the replacement and must be kept on the client's record.
- (9) If a client's hearing device is lost or DBR, or is refitted and the new device is not compatible with the previously supplied remote control, email the program for approval to claim a new remote if one has been claimed on the voucher.
- (10) This claim can only be used for remote controls. No other accessories can be claimed using this item.

82 Evidence Requirements for Remote Control services

- (1) Evidence kept on the client record to substantiate the Remote Control service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) justification of the client's need for a remote control; and
 - (f) file notes regarding client's inability to otherwise manage the device independently; and
 - (g) email approval from the program if the remote is valued over \$200 or if a subsequent remote control is required on the same voucher; and
 - (h) a Statutory Declaration if remote is replacement; and
 - (i) a DBR letter from the manufacturer if the remote is DBR; and
 - (j) a copy of manufacturer's invoice showing the actual cost paid.

Other Services

- 1 – Device Returned for Credit: Monaural – Half cost of the Fitting item (no Maintenance Agreement)
- 2 – Devices Returned for Credit: Binaural – Half cost of the Fitting item (no Maintenance Agreement)
- 3 – BTE Returned for Credit: Dispensing Fee
- 6 – Miscellaneous Claim: Only claimable when pre-approved by the program

83 Requirements for Claiming Other services

- (1) Before item 1 or 2 can be claimed:
 - (a) the client must return the monaural or binaural device or ALD to the provider; and
 - (b) the practitioner must be satisfied that the client is not motivated to be fitted with a hearing device within the next 2 months; and
 - (c) if a fitting claim has been submitted it must be recovered.
- (2) The provider will be paid one half of the fitting (no maintenance) item fee.
- (3) Item 3 only applies for BTE devices.
- (4) When claiming item 3:
 - (a) An item 1 or item 2 claim must have been submitted previously.
 - (b) The date of service matches the item 1 or item 2 date of service.
 - (c) If two BTE devices are returned, practitioners must submit an item 3 claim for each device returned.
- (5) Claims for items 1, 2 and 3 must be submitted as portal claims against the individual client record.

84 Evidence Requirements for Other services

- (1) Evidence kept on the client record to substantiate the Returned Device service must include:
 - (a) the practitioner's full name; and
 - (b) the supervisor's full name (where applicable); and
 - (c) the date of service; and
 - (d) the Claim for Payment form; and
 - (e) notes from the fitting; and
 - (f) documentation of the client's decision not to keep devices; and
 - (g) documentation of the client not being motivated to proceed with hearing device fitting.

Part 6 - Changes

Section	Changes or Updates Unless otherwise specified all changes take effect on 1 July 2026
2. Definitions	Audiometrist means a Practitioner Audiometrist who is a member of a Practitioner Professional Body in an approved membership category listed on the program website. Audiologist means a Practitioner Audiologist who is a member of a Practitioner Professional Body in an approved membership category listed on the program website. Restricted Scope Audiologist means a Practitioner Audiologist who is a member of a Practitioner Professional Body in an approved membership category with a limited scope of practice listed on the program website. Non-Routine Client means a client with; (4) an air bone gap of 20db or greater at 0.5, 1 and 2kHz; or (5) speech discrimination poorer than expected given hearing threshold levels; or (6) evidence of fluctuating audiometric thresholds If a Non-Routine Client is assessed by an Audiometrist/Restricted Scope Audiologist, advice on management must be requested from an audiologist or a medical practitioner.
Part 2 Program Requirements	2. (o)The Commonwealth is not required to pay a Service Provider if a claim was submitted twelve (12) six (6) months or more after the Date of Service.
5. General Program Requirements	
13. Client Cost requirements	(1) For fully subsidised devices, the client may be charged up to the specified maintenance Co-payment listed in the Schedule of Fees, unless waived.
17. Client Consent and Agreement	(5) For text message consent; (a) all text messages must be sent to the mobile phone number that is held on the client's record; and (b) the provider must take reasonable steps to confirm the identity of the client; and (c) the message to the client must include an easily identifiable link to the terms and conditions or a copy of the agreement; and (d) all text messages including client response must be kept on the client's record including when the client moves to another provider.
33. Managing Data Breaches - This is to be removed in its entirety to eliminate conflict with Data Breach requirements in the Service Provider Contract (20).	(2) If providers become aware that there are reasonable grounds to suspect that there may have been an Eligible Data Breach in relation to any Personal Information held by providers as a result of the Hearing Services Program, providers agree to: (a) Notify the Department in writing as soon as possible, which must be no later than within three days of becoming aware; and (b) Unless otherwise directed by the Department, carry out an assessment in accordance with the requirements of the Privacy Act 1988. (3) Where providers are aware that there are reasonable grounds to believe there has been, or where the Department notifies providers that there has been, an

	Eligible Data Breach in relation to any Personal Information held by providers as a result of the Hearing Services Program, providers must: (a) Take all reasonable action to mitigate the risk of the Eligible Data Breach causing serious harm to any of the individuals to whom the Personal Information relates; (b) Unless otherwise directed by the Department, take all other action necessary to comply with the requirements of the <i>Privacy Act 1988</i> and; (c) Take any other action as reasonably directed by the Department.
	Clause numbering changed from Clauses 33 to 85 due to the deletion of clause 33 above.

36. Requirements for Claiming Assessment and Reassessment items	(1)Item 600 can be claimed once only for each client. Item 800 can be claimed once only on each subsequent (Return) Voucher. (2)If a new client is bringing a previously fitted devices into the program, Client Review items 930 or 940 can be claimed at the same time as items 600 and 790 or 791, providing the Client review requirements are met. (3) The date of service is the date the Assessment or Reassessment is completed. (4)If an Audiometrist/Restricted Scope Audiologist requires advice for a Non-Routine Client from an Audiologist or medical practitioner, the date of service for items 600 or 800 is the date the advice is provided. (5)Where advice is requested from an Audiologist, item 610 or 810 is claimed with the Audiologist's Qualified Practitioner number. (6)The date of service for items 610 or 810 must match the date of service for item 600 or 800. (7)Item 600 or 800 must not be claimed until the advice has been received and actioned, whether from an Audiologist or a medical practitioner. (8)Any Reassessment, within 12 months of the previous Assessment, does not attract a Scheduled Fee but is considered part of the original Hearing Rehabilitation service unless a Revalidated Service is approved.
39. Requirements for Providing assessment or Reassessment services to Non-Routine Clients	In addition to the requirements in section 36 of this instrument advice must be requested from an Audiologist or medical practitioner if a Non-Routine Client is assessed by an Audiometrist/Restricted Scope Audiologist.
41. Requirements for Claiming Audiological Case Management items	(1)Item 610 can be claimed once only for each client. (2)Item 810 can be claimed only once on each subsequent (Return) Voucher. (3)Items 610 and 810 can only be claimed where an Audiometrist/Restricted Scope Audiologist requests and receives advice from an Audiologist on the management of a Non-Routine Client in order to complete an Assessment or Reassessment service. (4)Items 610 and 810 cannot be claimed when a provisional (non-qualified) Audiometrist/Restricted Scope Audiologist is under the supervision of an Audiologist. (5)Items 610 and 810 must be claimed with the Qualified Practitioner number of the Qualified Practitioner Audiologist who delivered the Audiological Case Management service. (6)The date of service for Audiological Case Management services must match the date of service for Assessment or Reassessment items. (7)The prerequisite Assessment services items (item 600 and item 800) must be delivered by a Qualified Practitioner Audiometrist/Restricted Scope Audiologist or a provisional Audiometrist/Restricted Scope Audiologist under the supervision of a Qualified Practitioner Audiometrist.
43. Evidence Requirements for Audiological Case Management services	(1) Evidence kept on the client record to substantiate Audiological Case Management services must include: (a)the practitioner's full name; and (b)the date of service; and (c)the Claim for Payment form; and (d)the Audiometrist's/Restricted Scope Audiologist's request to Audiologist for advice (dated); and (e)the Audiologist's full name, advice and additional test results if appropriate (dated); and (f)evidence the Audiologist's advice has been followed.

55. Requirements for Providing Maintenance and Relocated Maintenance services	(11) For Parallel services (c) Clients can choose to receive hearing services, batteries, maintenance and repairs for their hearing aid from their current provider under the voucher program, whilst also receiving maintenance and some services for the implantable device such as cochlear implant or implantable bone conduction device from Hearing Australia under the CSO program. (d) For clients accessing parallel services: (i) an email must be sent to hearing@health.gov.au to request that a client's status in the Portal is updated to 'specialist services - parallel';
81. Requirements for Claiming Remote Control items	(1) Only the actual Remote Control cost paid by the provider to the manufacturer/supplier (excluding postage and handling and after any discounts received) up to a cap of \$200 per Remote Control can be claimed. (2) The client must not be charged for a Remote Control claimed under the program. (3) Remote Control services can only be claimed once on a client's current voucher, unless each ear is fitted with different devices and each device requires a separate remote. (4) Program approval is required if a subsequent Remote Control is required on the same voucher. (5) Remote Controls costing more than \$200 require pre-approval from the program. The provider must submit a non-scheduled device request form with manufacturer's invoice for pre-approval to the program before it is supplied to the client. (6) The date of service is the date the Remote Control is provided. (7) Item 4 claims must be submitted as portal claims against the individual client record.

Schedule 2—Repeals

Hearing Services Program (Schedule of Service Items and Fees 2026-27) Instrument (No.2) 2026

1 The whole of the instrument

Repeal the instrument.