Australian Government
Department of Health, Disability and Ageing

Hearing Services Program

SIMPLIFIED SCHEDULE OF SERVICE ITEMS

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Summary of changes

The following table summarises the new service items in the Schedule of Service Items.

The new items are in the left column, the centre column has the corresponding current item and the right column briefly covers the rationale for the change. Full information is outlined under each individual service item.

New item and claim frequency	Current item/s	Supporting information
Assessment - 10 Available every five years or via revalidated service	600, 610 Assessments 800, 810 Reassessments	• A single claim item for assessments, regardless of how many a client has had.
Clinical Session - 50 For clients who meet the device eligibility criteria, available every year, and an additional time in the 12 months following a fitting. For clients who do not meet the DEC, available every two years or via revalidated service.	670: Rehab service (unaided), 680, 681: Rehab Plus (2&1 sessions) 920,930,940: Client review (unaided, monoaural or ALD, binaural)	• Client can access a greater breadth of activities and time frames in which to receive services. • Recognises importance of clinical expertise and decision making. This provides a broader suite of activities to choose to tailor to each individual client's needs. • Will provide greater access and flexibility for rehabilitation activities and to whom they can be provided.
Fitting - 20 For one or two devices (devices claimed separately) Available every five years if meets device eligibility criteria and ECR	630, 631, 640, 641: Initial fittings 650, 651, 660, 661: Initial fitting (no Maintenance Agreement) 760, 761, 770, 771: Subsequent initial fittings 820, 821, 830, 831: Refittings	• Uncouples the fitting from the follow up – allowing claiming for fitting and devices at the time of fitting. • If devices are returned, allows recovery of the devices without needed to recover the fitting service. • One fitting service item claimed for monaural and binaural fitting (and claim for one or two devices). • Can be claimed (via a revalidated service) for replacements where the device is no longer on the Approved Schedule of Devices and a different device needs to be fitted. • ALDs are provided through ALD supply item
Follow Up - 25 Required 2 -12 weeks after fitting	Previously part of Fitting items	• Unbundled from fitting service • Mandatory following fitting service or fitting claim may be recovered (unless there is documentation to explain lack of follow up). • Should increase transparency of monitoring client outcomes.

New item and claim frequency	Current item/s	Supporting information
		• Will allow provider to claim the Fitting and devices earlier (if desired) • Allows additional time for client to acclimatise to device before accepting.
Supply of Assistive Listening Device (ALD) - 30 Available every five years if meets device eligibility criteria and ECR	635, 636, 655, 656: Initial ALD fittings 825, 826: ALD Refittings	• Consolidated ALD item
ALD Follow Up - 35 Required 2 -12 weeks after fitting	Previously part of ALD fitting items.	• New item • Mandatory follow up, 2 – 12 weeks after supply to check the success of the service.
Remote Control - 40 Available if client is aided but unable to independently use their device controls	4	• For clients with significant functional limitations and/or dexterity issues, cannot effectively manage the manual controls and is unable to use a mobile phone app. • Cost of remote control to be confirmed

Replacement - 60
Four replacements allowed (irrespective of ear) every five years (unless client has dementia; or device was lost/DBR in hospital or an aged care facility) or via revalidated service if additional replacements required
	840 & 850: Replacement of Lost/DBR Device – Monaural and Binaural	• One item for monaural and binaural replacement service (and claim for one or two devices).
		• Replacement available if the device is:
		  ○ Lost
		  ○ Damaged beyond repair
		• New program form (Lost Device Declaration) required to explain why a replacement is needed, rather than a Commonwealth Statutory Declaration.
		• New ECR will allow the client to be refit with an approved device if the device that should be replaced is no longer available on the schedule.

Spare Devices - 70 Can only be claimed when the client does not have a second device that could be used as a spare	960 Spare device	• When a replacement spare is required, due to being lost, DBR or no longer suitable, a new spare device claim would be submitted for pre-approval as a revalidated service. • Better transparency over provision of spares instead of claiming a replacement when a new spare device is required.
Device – 80 Submitted with fitting, follow up, ALD supply, ALD follow up, or on its own if a client is bringing private devices onto the program	Claimed with fitting	• Triggers maintenance agreement to be sent from the portal. • An earmould fee is claimable for all devices fitted with an earmould, equivalent to the current BTE dispensing fee
Miscellaneous - 90 For use if directed by the program	6: Miscellaneous	• No change.

Other changes

Maintenance changes include:

- maintenance agreements managed through the portal
- no maintenance claim items (700, 710, 711, 722, 790 and 791)
- introduce a quarterly up-front payment to providers for clients who accept a maintenance agreement that would last for 24 months

Client Maintenance Co-payment: Providers can choose to charge a co-payment if agreed to by the client for all fittings (in an annual payment following the fitting).

DVA Maintenance Co-payment: paid automatically by portal for eligible DVA clients.

Replacement Co-payments: Replacement co-payments will be per device**.** The current replacement co-payment exemption items (555 and 888) are not needed as the amount will be included in a replacement claim in the portal for those clients.

New program form for replacements: The statutory declaration requirement for lost devices will be replaced with the Lost Device Declaration.

Devices: Currently claimed with a Fitting. Devices can be claimed with a fitting, follow up, ALD supply claim or on their own, if privately purchased and brought onto the program. If a device is returned, the device fee will be recovered, and the fitting claim remains.

Program standards

Minimum hearing loss threshold renamed to Device Eligibility Criteria, which incorporates:

- TBC - a new questionnaire (for initial fittings only), and
- a pure tone average threshold (PTA), using a 4 FAHL of 26 dB HL, or
- evidence of other indicators such as tinnitus or visual impairment.

Eligibility Criteria for Refitting (ECR):

- New ECR for situations where:
    - a client's device requires repeated warranty repairs and cannot be optimised to meet the client's needs
    - a client loses a device, and
        - it is no longer available on the schedule, or
        - they cannot afford to replace with the same device or
        - Client wants a different device or
        - Client has lost >4 devices in the past 5-year period and a different device would provide a better outcome
- Removing the current ECR for clients requiring a telecoil.

ASSESSMENT

An assessment of the nature of a client's hearing loss, as well as identify their hearing and communication goals.

Service Requirements

- Available once every 5 years.
- Pre-approval is required if a revalidated Assessment service is needed within 5 years of the previous assessment.

Assessments must include:

1. Clinical and audiological history
2. Audiology assessment as clinically indicated
3. Establishment or review of client's communication and hearing goals
4. Rehabilitation planning:
    a. Discussion of client's expectations, motivation, and attitude towards hearing rehabilitation
    b. Discussion of rehabilitation options, including hearing devices and ALDs available to assist clients to manage their hearing loss and enhance communication.
    c. Education on impact of hearing loss and hearing loss prevention
5. Medical and/or other referral as clinically relevant.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service
4. the Claim for Payment form
5. otoscopy results
6. a complete and dated audiogram
7. speech testing in noise results (or evidence of attempts if unable to complete)
8. tympanometry results (if completed)
9. the complete assessment of clinical and audiological history (established or reviewed)
10. the client's hearing goals (established or reviewed and assessed) including comment if the client has no hearing goals
11. documentation of a discussion with the client regarding the most effective communication strategies and tactics for managing their hearing loss
12. documentation that Device Eligibility Criteria have been met.
13. If a client is likely to be fitted:
    - device advice, including fully subsidised device recommendation and device features
    - client's decision on chosen device and telecoil, and
    - a detailed device/accessories quote.

Evidence kept on the client record to substantiate Assessment services MAY include:

14. referral to a medical practitioner where appropriate
15. Specialist Services client decision regarding choice of provider (if applicable)
16. advice on management of non-routine client (if applicable)
17. any Clinical Session rehabilitation advice if client is not going to be fitted with a device.

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CLINICAL SESSION

A service that addresses a client's communication, lifestyle and hearing needs and goals to better manage their life with hearing loss.

Service Requirements

- For clients who meet the Device Eligibility Criteria (DEC), the Clinical Session cannot be claimed more than once every 12 months unless:
  - in the 12 months following a follow up it is used for aural rehabilitation (refer line 5)
  - pre-approval is given for a revalidated service.
- For clients who do not meet the DEC, a Clinical Session cannot be claimed more than once every 24 months, unless:
  - in the 12 months following an assessment, it is used for aural rehabilitation (refer line 5)
  - pre-approval is given as a revalidated service
- The Clinical Session cannot be claimed on the same day as a Follow Up.
- The Clinical Session can be completed as a group session, where it is for aural rehabilitation only:
  - Group session activities are claimed for each participating client.
  - Providers may subcontract the delivery to a facilitator with appropriate skills e.g. speech pathologists and psychologists, as well as individuals who provide services through volunteer organisations.
  - A group session can have a maximum of 6 clients per group with a total number of 12 participants per session, including significant others or communication partners
  - Remuneration arrangements are a matter for negotiation between the provider and the relevant party.
- The Clinical Session can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.

Clinical sessions must include:

1. Review of hearing & communication goals
2. Review of clinical and audiological history (If not checked in last 12 months)
3. If aided - Check and comment on hearing device function and usage
4. If supplied with an ALD - confirm/discuss whether it is functional
5. If <12 months after follow up or assessment (unaided clients) (aural rehabilitation) – Only requirement 1 (above) and three or more of aural rehabilitation activities (6: C-G) are required
6. **Three or more** of the following activities (four or more (6:C-L) if completed as the same time as an assessment):

   A **-** Hearing screening +/- a check of middle ear status if indicated*#

   B - Speech testing (Including for validation of devices for clients with device/ALD)*#

   Aural rehabilitation (can include use of external resources/modules):

   C – Assessment/identification of clients social emotional needs*#

   D – Development of rehabilitation plan, including: Discussion/counselling of client's expectations, motivation, and attitude towards hearing rehabilitation, including technology options where appropriate*#

   E - Training and strategies to manage the effects of hearing loss (including communication, social emotional effects etc)

F – Providing education on hearing loss and its impact and/or hearing loss prevention*#
G - Referral for further support – e.g. counselling*#
Device/ALD related:
H - Review of client's device management with reinstruction*
I - Device verification (e.g. REM, LSM, 2cc Coupler Measurement, etc.) or aided threshold measurement
J - Device adjustments: Resetting and/or reprogramming device parameters to accommodate changes in hearing thresholds or needs, including assessment of MPO
K - Taking impression or fitting or new/modification of the current ear mould/s including retubing (thin tubes excluded)
L - connectivity support for phone or accessory.

Only activities marked with (*) may be performed for clients with ALDs
Only activities marked with (#) may be performed for unaided clients.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name where applicable
3. the date of service
4. the Claim for Payment form
5. documentation of review of hearing & communication goals, including noting if client does not have any hearing goals
6. documentation of client's clinical and audiological history review (if completed)
7. a dated audiogram (if completed)
8. tympanometry results (if completed)
9. otoscopy results (if completed)
10. evidence of speech testing (if completed)
11. documentation of aural rehabilitation activities may include:
    a. method used to assess psychosocial needs (e.g. Questionnaire, goal setting tool)
    b. rehabilitation plan with: client's attitude expectations, motivation, and attitude towards hearing rehabilitation, including technology options where appropriate (if completed)
    c. training and communication strategies discussed to manage hearing loss (if completed)
    education on impact of hearing loss and hearing loss prevention (if completed)
    d. handouts or modules covered as part of aural rehabilitation (if completed)
    e. referrals for further support and resources provided (if provided)
12. documentation of device related activities:
    a. current device function (if aided)
    b. device usage (data logging, or reason it is not available) (if aided)
    c. device management with reinstruction (if completed)
    d. device verification, with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.) or aided threshold measurement (if completed)
    e. device adjustments/modifications and MPO testing method (if completed)
    f. taking impression or fitting or new/modification of the current ear mould/s (if completed)

g. connectivity support (if completed).

13. For group sessions (if relevant):

h. the appointment date noting client's attendance

i. the name of the facilitator (if not the QP)

FITTING

Service for the fitting of one or two devices. ALDs not included. Device/s claimed separately.

Service Requirements

- For binaural fittings – one Fitting item and two devices every five years.
- For monaural fittings – one Fitting item and one device every five years. A second fitting item and device can be supplied for the other ear, within the five-year period, but not within 3 months of a previous Fitting.
- Pre-approval is required if a revalidated fitting service is needed within 5 years of the previous fitting. Clients must meet one of the ECR, including where their device/s have been lost or damaged beyond repair (DBR) and the device is no longer on the Approved Schedule of Devices and a different device needs to be fitted (rather than claim a Replacement)

1. An Assessment and/or Clinical Session must be claimed within the past 12 months
2. 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. Clients must meet Device Eligibility Criteria (clients with program and private devices)
4. For a refitting of a device, the Eligibility Criteria for Refitting (ECR) must be satisfied and/or a revalidation approved if Fitting occurs within 5 years of a previous Fitting.
5. The fitting must be based on the client's current hearing thresholds (no more than 12 months old).
6. The client must receive and sign a device quote for the fitted device.
7. The device must be on an approved Schedule of Devices on the date of fitting, unless approved by the Department. If device was privately purchased, it must be on the Approved Device Schedule on the date of the Fitting, must be in good working order and must be suitable for the client's needs and goals.
8. Offer a face-to-face follow-up audiology appointment 2 to 12 weeks after the hearing aids are fitted, with the option to attend this appointment by telephone or email if preferred.
9. If device is returned, the fitting claim can remain.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service
4. the Claim for Payment form
5. evidence that Device Eligibility Criteria have been met (initial program fitting only)
6. If applicable, the ECR number, reason for the refitting and evidence required by the ECR
7. the device quote signed and dated by the client
8. otoscopy results at the time of Fitting, or the reason the practitioner determined otoscopy was not required
9. the correct device details (serial numbers and device codes) and details of the accessories associated with the device

10. the device programming with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement). If poor match to target, document potential reason and attempt to match
11. evidence that the device has been optimised to the client's needs and preferences
12. documentation of fitting checked for comfort, feedback, occlusion, Maximum Power Output
13. documentation that the client/carer was counselled on management of devices
14. documentation of the strategies/tactics discussed to help manage hearing loss and device use
15. a record of aided speech testing (at either Fitting or Follow up)
16. a copy of client receipt if payment is required for a partially subsidised device,
17. case notes of repeated attempts to contact the client (phone calls/letters) if client has not attended Follow Up appointment
18. If client returns devices, notes on record to indicate client is not motivated to proceed with fitting.

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FOLLOW UP

A service after the Fitting to assess its success, and to review short term hearing and communication outcomes against goals. Does not include ALDs**.**

Service Requirements

- Each aided client must have one Follow Up claim per fitting.
- The client must be seen to assess/review whether the device is meeting the client's needs and goals. Must occur 2 -12 weeks after Fitting claim
- Cannot be claimed on same day as a Clinical Session
- If a Follow Up is not completed within 12 weeks, the Fitting claim will be recovered, unless supporting documentation as to why a follow up did not occur (e.g. did not attend appointment or relocated).

1. If the client requires adjustments or there are issues with the fitting that cannot be rectified through telehealth, the client will need to attend a face-to-face appointment.
2. A claim can only be submitted once the fitting and follow up is considered successful and the client has accepted the device. A successful fitting is one where the client has demonstrated improvement in their hearing goals and the ability to manage their devices/s
3. If a client loses a hearing device between the Fitting and Follow Up, the client is eligible for a Replacement, however if the Replacement is before the Follow Up, the (new) Follow Up must be at least 10 working days after the Replacement.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service
4. the Claim for Payment form
5. a record of the review of hearing goals
6. a record of the of adjustments/modifications/program changes made
7. a record of the of the review of device use (including data logging, or reason it is not available)
8. documentation of any extra strategies/tactics discussed to help manage hearing loss and device use (i.e. further to those discussed at the Fitting)
9. the notes on client issues/concerns that have been addressed and support/referral provided as necessary
10. a record of aided speech testing (at either Fitting or Follow Up)
11. documentation that the client is satisfied with outcomes
12. a copy of client receipt if payment is required for a partially subsidised device.

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ASSISTIVE LISTENING DEVICE SUPPLY

Supply of an assistive listening device (ALD) for clients to meet their hearing and communication goals. Device/s claimed separately.

Service Requirements

- One supply claim every five years.
- Pre-approval is required if a revalidated ALD supply service is needed within 5 years of the previous fitting. Clients must meet one of the ECR, including where their ALD has been lost or damaged beyond repair (DBR) and the ALD is no longer on the Approved Schedule of Devices and a different device needs to be fitted (rather than claim a Replacement)
- The date of service is the date of the supply, and
- The client cannot have both an ALD and a hearing device funded through the program within a 5 year period, unless pre-approval is given for a revalidated service.

1. An Assessment and/or Clinical Session must be claimed within the past 12 months
2. ALD supply (and ALD follow up) 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. Clients must meet Device Eligibility Criteria (for clients with program and private ALDs)
4. For a re-supply of an ALD, the Eligibility Criteria for Refitting (ECR) must be satisfied and/or a revalidation approved if supply occurs within 5 years of a previous Fitting or ALD Supply.
5. The supply must be based on the client's current hearing thresholds (no more than 12 months old).
6. The client must receive, sign and date a device quote,
7. The device must be on an approved Schedule of Devices on the date of supply.
8. If the ALD was privately purchased, it must be on the Approved Device Schedule on the date of the supply, must be in good working order and must be suitable for the client's needs and goals.
9. A successful ALD supply is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.

Evidence Requirements

1. the practitioner's full name
2. the supervisor's full name where applicable
3. the date of service (the date of ALD supply)
4. the Claim for Payment form
5. evidence that the Device Eligibility Criteria exemption criteria have been met (where required)
6. evidence supporting the relevant ECR (where relevant)
7. the ALD quote signed and dated by client
8. file notes on the goals and outcomes to be addressed by the ALD
9. ALD serial number and device code
10. documentation that the ALD was checked for comfort and issues/concerns have been addressed
11. documentation that the client/carer was counselled on management of ALD and support/referral provided as necessary, and
12. a record of strategies and/or tactics discussion to help manage hearing loss and ALD use.

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ASSISTIVE LISTENING DEVICE FOLLOW UP

A service after the supply of an Assistive Listening Device (ALD) to assess success and review short term hearing and communication outcomes against goals.

Service Requirements

- Each client supplied with an ALD must have one ALD Follow Up claim per ALD supply.
- Must occur any time after 2 weeks following ALD Supply and completed within 12 weeks.
- Cannot be claimed on same day as a Clinical Session
- If a Follow Up is not completed within 12 weeks, the ALD Supply claim will be recovered, unless supporting documentation as to why a follow up did not occur (e.g. did not attend appointment or relocated).

1. If the client requires adjustments or there are issues with the supply that cannot be rectified through telehealth, messaging or via email, the client will need to attend a face-to-face appointment.
2. A claim can only be submitted once the supply and follow up is considered successful and the client has accepted the ALD. A successful supply is one where the client has demonstrated improvement in their hearing goals and the ability to manage their ALD/s

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service (date of Follow up)
4. the Claim for Payment form
5. a record of the review of hearing goals
6. a record of the of adjustments/modifications/program changes made at the Follow Up (where applicable)
7. a record of the of the review of device use
8. documentation of any extra strategies/tactics discussed to help manage hearing loss and device use
9. the notes on client issues/concerns that have been addressed and support/referral provided as necessary
10. a record of aided speech testing (at either Supply or Follow Up), if relevant
11. documentation that the client is satisfied with outcomes
12. evidence of attempts to contact the client if they have not attended Follow Up appointment, and
13. a copy of client receipt if payment is required for a partially subsidised device.

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REMOTE CONTROL

A service to allow clients with significant dexterity issues to receive a remote control to adjust the volume or change the program of their device/s.

Service Requirements

- Can only be claimed once every five years, unless each ear is fitted with different devices and each device requires a separate remote.
- Pre-approval is required if an additional remote control is needed within a 5 year period (e.g. if lost/DBR).

1. Ensure client can effectively use the remote control with their device/s
2. Identify the client has significant functional limitations and/or dexterity issues, cannot effectively manage the manual controls and is unable to use a mobile phone app.
3. The client has been fitted with a device through the program or is maintaining a private device through the program.
4. Ensure remote can work on both devices if client is binaurally fitted.
5. If a client's remote control is lost or DBR, a Lost Device Declaration must be provided with the submission of a pre-approval request. If remote is lost with the device, only one declaration is required.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service
4. the Claim for Payment form
5. justification of the client's need for a remote control
6. file notes regarding client's inability to otherwise manage the device independently
7. a Lost Device Declaration if remote is replaced
8. a DBR letter from the manufacturer if the remote is DBR
9. a written statement from the qualified practitioner if a different device was fitted and that the old remote control is not compatible with the new hearing device.

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REPLACEMENT

Service for the replacement of a client's device that is lost or damaged beyond repair. Device/s claimed separately.

Service Requirements

- A Replacement can be claimed at any time after a claim for a Fitting through the program.
- For binaural replacements - one Replacement service and claim two devices
- A Replacement can be co-claimed with a Clinical Session if it is available to the client
- If the client finds the lost device, the replacement must be sent back to the manufacturer, and Replacement cannot be claimed.
- Pre-approval is required for a revalidated replacement service after four replacements (irrespective of ear) per five-year period, unless:
    - client has dementia; or
    - device was lost/DBR in hospital or an aged care facility.

1. A Fitting service item has previously been processed and approved
2. Device/s have been lost or damaged beyond repair (DBR)
3. The replacement must be for the primary device/s
4. Replacements must be for the same device.
5. If the device is not on the Approved Schedule, or the client cannot afford to replace a partially subsidised device, the provider can submit a request for pre-approval for a Fitting instead of a Replacement using ECR 6.
6. 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 submit a request for pre-approval with clinical justification and wait for approval before fitting.
7. **Damaged Beyond Repair device/s** 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. Manufacturer must provide a written statement declaring the device(s) are damaged beyond repair.
    c. Manufacturer's letter must be received before providing the replacement device(s).
8. **Lost device/s** require a correctly completed Lost Device Declaration which must:
    a. be signed and dated in the name of the person making the declaration
    b. state which device was lost (left, right, both or spare device), and if known, how, when and where lost
    c. be received before providing the replacement device(s).
9. The client must sign and date a device quote prior to replacement.
10. If the client meets one of the ECR, they should be refit. A revalidated service should be requested if this is within 5 years of the previous Fitting.
11. Clients with partially subsidised devices can be charged for their replacement device above the standard device subsidy for that category device as per the device quote.
12. **Private devices:**

a. If the client has not received a fitting through the program in the past five years, they are entitled to receive a Fitting Service with device/s from the Schedule of Approved Devices.
b. If the client has received a fitting through the program in the past five years, the last subsidised fitted device can be replaced. A replacement of the private device/s is not available

13. Replacements can be completed via telehealth as clinically appropriate.
14. Providers may charge clients a replacement fee for devices provided at no cost to clients, not exceeding the amount specified in the Schedule of Fees on the date of service. The following exceptions apply, where the program and DVA respectively cover the cost of the replacement fee:
    a. The client:
        i. has dementia, or
        ii. lost or damaged beyond repair their device in hospital or in an aged care facility.
    b. The client has a Gold Card, or a White Card issued for hearing loss. DVA PCC clients are not entitled to this exemption.
    c. The client is replacing a partially subsidised device/s which has a cost to client.

Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service
4. the Claim for Payment form
5. the device quote signed and dated by client
6. a Lost Device Declaration for a lost device, or Manufacturers DBR letter for a DBR device
7. correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone), accessories)
8. documentation of device programming to client's preferred settings (NOAH data if available)
9. receipt for replacement fee (if not waived) or partially subsidised device payment, and
10. documentation of justification for item replacement where client has dementia or is in an aged care facility or hospital

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SPARE DEVICE

A service that ensures clients who only have one aidable ear and are heavily reliant on a device can have continuous use of a device even when their fitted device is unavailable due to loss/damage beyond repair. It includes the device and the service.

Service Requirements

- A Spare Device cannot be claimed for a CROS fitting.
- A Spare Device can only be claimed for the receiver component of a Bi-CROS fitting.
- Pre-approval is required if another spare device is required if the Spare Device is lost, damaged beyond repair or no longer suitable (due to change in hearing etc)

1. Fitting service item must have previously been claimed.
2. Client has only one aidable ear and is:
    a. monoaurally fitted or
    b. has a Bi-CROS fitting.
3. Client is highly dependent on aiding of the better ear
4. This can only be claimed when the client does not have a second device that could be used as a spare, because they don't have a spare device or the current spare is no longer adequate.
5. Spare device must be for the primary device (eg not a spare for any remote or accessory item)
6. Spare device must be the same device, or if no longer available or partially subsidised, the same device category as the fitted device.
7. The client must sign and date a device quote and must only be fitted with approved devices.
8. **Damaged Beyond Repair device/s** 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. Manufacturer must provide a written statement declaring the device(s) are damaged beyond repair.
    c. Manufacturer's letter must be submitted with the pre-approval submission.
9. **Lost device/s** require a correctly completed Lost Device Declaration which must:
    a. be signed and dated in the name of the person making the declaration
    b. state which device was lost (left, right, both or spare device), and if known, how, when and where lost
    c. be submitted with the pre-approval submission.

Evidence Requirements

1. the practitioner's full name
2. the supervisor's full name (where applicable)
3. the date of service (which is the date the spare device is provided to the client)
4. the Claim for Payment form
5. the device quote signed and dated by the client
6. documentation of a monaural fitting or fitting with Bi-CROS system
7. file notes justifying need for a spare device, including high dependence on device and no other device can be used as spare
8. explanatory notes from practitioner if the device is no longer clinically appropriate

9. details of spare device (serial number, model and device code)
10. client payment receipt (if applicable), and
11. a Lost Device Declaration (if lost) or DBR letter (if DBR).

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MAINTENANCE

A service for repairs and consumables for clients with hearing devices, covering a two-year period, made in quarterly payments, for clients with maintenance agreements. The service is restarted if a client relocates to a new provider.

Requirements

1. Client is fitted with one or two hearing devices or an ALD
2. Client must have accepted a maintenance agreement through the HSO portal
3. Autopayment applies to the client's primary device/s and covers:
    a. appropriate battery supply
    b. adjustments and re-programming if required (including an annual phone or accessory reconnection service)
    c. repairs to the device as well as to any other attachments necessary for the operation of the device (unless repair costs agreed for partially subsidised devices on the quote)
    d. necessary components for the functioning of the device except rechargers for rechargeable devices; and
    e. hearing aid cleaning.
4. For Parallel clients# – providers will receive a maintenance autopayment for the monaural device maintained under the voucher scheme.

Clients can choose to receive hearing services, batteries, maintenance and repairs for their hearing aid from their current provider under the 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.

Evidence Requirements

1. An accepted maintenance agreement
2. Details of current fitting
3. If a co-payment is charged, a receipt of payment is required on the client record
4. Files notes or reports on repairs completed by provider or supplier

Co-payments

Providers can choose to charge a co-payment if agreed to by the client for all fittings (in an annual or biennial payment following the fitting).

Revalidated services

Certain services are available for a revalidated service following pre-approval.

The evidence requirements for approved revalidated services also include any information that was submitted in the pre-approval request.

Additional evidence requirements for revalidated services are outlined below:

Assessment

1. Clinical justification
2. Results of the previous audiogram/4FAHL
3. Results of a recent audiogram/screening test
4. Tympanometry results if bone conduction testing was not completed

Clinical session

1. Reason for additional clinical session (aural rehabilitation, unaided, aided)
2. Clinical justification - why most recent clinical session did not address client's communication, lifestyle and hearing needs and goals
3. Recently completed activities at last clinical session
4. Which activities will be completed

Fitting

1. ECR number (1 to 7)
2. File notes on why the current device is no longer suitable
3. Device details/code to be fitted
4. Why proposed devices will address issues with currently fitted devices
5. Notes on device discussion
6. Supporting evidence varies depending on the ECR and may include:
    a. Recent audiogram/screening results/4FAHL
    b. Datalogging showing current device usage
    c. Clinical justification (change in physical condition of ear, health, cognitive ability, dexterity or speech discrimination)
    d. Speech testing information
    e. Device optimisation information
    f. Recent REIG results
    g. Lost Device Declaration/DBR Letter (if device lost/DBR)
    h. Letter from a Medical Practitioner (ECR 3 and 4)
    i. Justification if a binaural fitting for only one lost/DBR device (ECR 6)

ALD Supply

1. ECR number (1 to 7)
2. File notes on why the current device is no longer suitable
3. Device details/code to be fitted
4. Notes on device discussion
5. Supporting evidence varies depending on the ECR and may include:

a. Recent audiogram/screening results/4FAHL
b. Datalogging showing current device usage
c. Clinical justification (change in physical condition of ear, health, cognitive ability, dexterity or speech discrimination)
d. Speech testing information
e. Device optimisation information
f. Recent REIG results
g. Lost Device Declaration/DBR Letter (if required)
h. Letter from a Medical Practitioner (ECR 3 and 4)
i. Justification if a binaural fitting for only one lost/DBR device (ECR 6)

Replacement

1. Clinical justification:
    a. If device no longer available on schedule: why refitting is not appropriate
    b. If >4 refits in past 5 year period – why a replacement is appropriate
2. Device details/code
3. Notes on device discussion
4. Lost Device Declaration/DBR Letter
5. Supporting evidence (where the replacement is for a device not on the schedule):
    a. Confirmation device is available from supplier

Spare

1. Reason for additional spare (lost/DBR or no longer suitable)
2. Clinical justification
3. Device details/code
4. Supporting evidence - lost/DBR:
    a. Lost Device Declaration/DBR Letter
5. Supporting evidence - no longer suitable:
    a. Results of the previous audiogram/4FAHL
    b. Results of a recent audiogram/screening test
    c. Device optimisation information

Remote Control

1. Clinical justification
2. Device details/code
3. Lost Device Declaration/DBR letter (if lost/DBR)

Program Standards

Device Eligibility Criteria

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.

The following device eligibility criteria must be met prior to a program fitting:

- **a new questionnaire to assess client motivation, fatigue and hearing difficulty (for initial fittings only), and**
- **a pure tone average threshold (PTA), using a 4 FAHL of 26 dB HL, or**
- **evidence of other indicators; visual impairment or tinnitus or**
- **the client was previously fitted with a device and has consistent usage**

Additional information is provided below for each of the criteria.

Questionnaire:

The department has commissioned NAL to develop a tool to assess client motivation, fatigue and hearing difficulty for first time device fittings.

Pure tone average threshold:

Clients must have a minimum PTA 4 FAHL threshold of greater than or equal to 26 dB HL, measured at 0.5, 1, 2 and 4 kHz. Each ear must be evaluated independently.

Other indicators:

For tinnitus, clients do not have to meet the 4 FAHL, however, to be eligible for device fitting:

- both the hearing loss and the tinnitus can be addressed using an approved hearing device
- tinnitus cannot be the sole reason to provide devices
- amplification must address the hearing loss and reduce tinnitus that significantly affects quality of life and
- the Tinnitus Functional Index (TFI) must be completed before and after fitting to evaluate and show successful outcomes of the fitting.

For visual impairment, clients do not have to meet the pure tone threshold, however, to be eligible for device fitting:

- the client must have a visual impairment that cannot be corrected by treatment, which reduces the client's ability to see mouth movements and
- documented evidence that amplification improves speech audibility must be kept on the client's file.

Note: Clients with more serious visual impairments should continue to be identified as clients who are eligible for Specialist Services

Previously fitted

Client was previously fitted under the program and has consistently used the device/s. Documented evidence on file is required to show:

- consistent device use - such as data logging reports, repeated supply of replacement batteries and/or on-going minor repairs.
- benefit and satisfaction from the use of the device – such as self-report outcomes questionnaires and/or file notes from clinical sessions.

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Requirements for applying the Eligibility Criteria for Refitting

The following actions and the eligibility criteria for refitting (ECR) must be met before recommending a refitting through the program. Details of what is required for each criterion are provided in the following ECR Table. Evidence demonstrating that the following actions have been taken and how the ECRs have been met must be documented in the client's file.

1. Assess the client's current devices and needs, including their hearing goals, attitude and motivation for a device and justify why the current devices are no longer suitable.
2. If the client raises concerns about their devices or the management of the device, attempt to fix any issues, for example through device optimisation, counselling, modification of device/mould or reinstruction.
3. If the issues cannot be addressed, consider refitting and refer to ECR Table and determine if an ECR is met.
4. If you have completed the above steps and a fitting has not been claimed in the last 5-year period, proceed with refitting (as per ECR 7).
5. If a fitting is not available because a device has already been claimed within the last 5-years and if ECR have been met, seek pre-approval for a revalidated fitting service.

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Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
1. Despite a history of major repairs, the device cannot be optimised by adjustments or other modifications to meet client's current needs. ***New***	1. Assessment of hearing needs and goals (as per Fitting requirements) 2. Check device working order (to ensure it can no longer meet client's needs). Repair as required. 3. Discuss options for hearing device and follow requirements as per Schedule	1. Case notes on review of hearing needs and goals 2. Evidence of current hearing device/s working order, case notes on reasons for device failure/repair (if known) including manufacturer service/repair notes indicating significant major repair history (3 or more repairs). 3. Device discussion and recommended hearing device
2. Due to the client's changed hearing thresholds, the device can no longer be optimised by adjustments or any other modifications to meet client's current needs	1. Check client's hearing threshold level (HTL) has permanently deteriorated by 15dB or more at two or more frequencies between 500Hz and 4000Hz in at least one ear. 2. Check device working order. Repair as required. 3. Attempt to adjust/modify device to accommodate changes in client's hearing thresholds	1. Case notes and audiogram showing permanent deterioration of hearing thresholds 2. a) After device adjustment/modification, record how REM can no longer match to (or within 5 dB of) target at two or more frequencies (500-4000 Hz) **Or** b) Device specifications show that the client's current HTL is outside the range of the current hearing device and the client was previously optimally fitted.
3. The client can no longer use their device due to a significant change in health, dexterity, cognitive ability or speech discrimination since last fitting.	1. Assess change regarding how this affects the client including where relevant, the client's ability to manage hearing device. a) For • General health • Dexterity	1. a) A description and date the change was identified and how this affects the client's ability to manage their hearing device(s) **And** A letter or report from the client's doctor, or nurse, giving details of how the condition affects the client

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Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
Please Note – this does not allow for a change in environment or circumstance.	• Cognitive ability OR b) For speech discrimination 2. Check if current device can be modified to help the above issues 3. Consider what new device (s) could address the above issues 4. Seek letter from client's doctor or nurse for 1a) (see Evidence Requirement #1)	**OR** For 1b), a description, date, and measure of the change in speech discrimination 2. Details of what has been tried with the current hearing device(s) and why it/they cannot be modified 3. Details of how the hearing device(s) proposed for refitting will address the issues with the current device (s).
4. 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(s) to accommodate this change.	1. Discuss changes in ear and/or ear health with the client 2. Try to modify current device to address the above issues 3. If above modifications are not successful, consider what new device (s) could address the above issues	1. Case notes (or similar), that describe and date the change in physical condition of the ear or ear health 2. A letter from the client's GP confirming the physical changes requiring consideration of different or modified device. 3. Details of what has been tried with the current device(s) or why it/they cannot be modified 4. Details of how the hearing device(s) proposed for refitting will address the issues with the current hearing device(s).
5. Client currently fitted with • **an Assistive Listening Device (ALD) and now requires hearing device(s)**	1. Discuss with client how their hearing needs have changed and why the device is no longer meeting their hearing and/or communication needs.	1. Case notes (or similar) detailing a change in client circumstances that indicates hearing device/ALD fitting. 2. Recommended hearing device /ALD

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Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
• **a hearing device(s) and now requires an ALD.**	2. Discuss options for new device and follow requirements as per Schedule	
6. Client is eligible for a replacement AND: • **Previously fitted device is no longer on the schedule, or** • **Client wants a different device or** • **Client has lost >4 devices in the past 5-year period and a different device would provide a better outcome** ***New***	1. Assessment of hearing needs and goals (as per Fitting requirements) 2. Check Approved Devices Schedule to ensure device is no longer available (unless changing to a different device). 3. Discuss options for hearing device and follow requirements as per Schedule	1. Case notes on review of hearing needs and goals 2. Device discussion and recommended hearing device 3. Provide justification if a binaural fitting for only one lost/DBR device.
7. Client's previous fitting or refit occurred more than five (5) years ago.	1. Discuss client's current hearing and/or communication needs. 2. Discuss whether a new device or newer technology is desired/required and options for hearing device and follow requirements as per Schedule	1. Note in client record about changes in clinical need and/or motivation to use device to meet hearing/communication goals. 2. Evidence that the client wants a new device and that no fittings have been claimed within the last five (5) years for the ear(s) proposed for refitting.

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