



## SIMPLIFYING THE SCHEDULE OF SERVICE ITEMS AND FEES

This document represents the phase one consultation of simplifying the Schedule of Service Items and Fees (the Schedule) that underpins the Australian Government Hearing Services Program. The suggested simplification aims to improve client outcomes and reduce administrative burden.

The document provides an overview of the suggested changes to the Schedule including:

- summary of the possible changes
- service item suggested changes
- program standards suggested changes:
  - minimum hearing loss threshold criteria (MHLT), and
  - eligibility criteria for refitting.

Initial targeted consultation is planned with Hearing Service Program clients, providers, manufacturers and suppliers and the broader hearing sector.

The second consultation phase later in 2024 will comprise the remaining suggested revisions, including the proposed updated MHLT (and a possible new name: Device Eligibility Criteria), suggested device technologies and categories, and minimum specifications.

Any program changes are a decision for Australian Government consideration.



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## Summary of proposed changes for consultation

The following table summarises suggested changes to the current Schedule. The proposed approach being explored is to reduce the number of service items to around ten, to minimise current repetition and simplify claiming.

The new items in the left column are being suggested to replace the items in the middle column. The right column briefly covers the rationale or justification for the suggested change as well as provide some supporting information.

New item/frequency	Current item/s	Supporting information
<b>Assessment</b> Available every five years or via revalidated service	600, 610 Assessments 800, 810 Reassessments	<ul style="list-style-type: none"> <li>Will remove dependencies on 600 prior to an 800.</li> </ul>
<b>Clinical Session</b> Available: <ul style="list-style-type: none"> <li>every year, or</li> <li>every two years for clients who don't meet the device eligibility criteria or</li> <li>via revalidated service if already claimed</li> </ul>	670: Rehab service (unaided), 680, 681: Rehab Plus (2&1 sessions) 920,930,940: Client review (unaided, monoaural or ALD, binaural)	<ul style="list-style-type: none"> <li>Client can access a greater breadth of activities and time frames in which to receive services.</li> <li>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.</li> <li>Will provide greater access and flexibility for rehabilitation activities and to whom they can be provided.</li> </ul>
<b>Fitting</b> Available every five years if clinically necessary, meets device eligibility criteria and ECRs.	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	<ul style="list-style-type: none"> <li>Uncouples the fitting from the follow up – allowing claiming for fitting and devices at the time of fitting.</li> <li>If devices are returned, allows recovery of the devices without needed to recover the fitting service and reclaim.</li> <li>One fitting service item claimed for monaural and binaural fitting (and claim for one or two devices).</li> <li>ALD provision is provided through ALD supply item</li> </ul>
<b>Follow Up</b> Required 6-12 weeks after fitting	Previously part of Fitting items	<ul style="list-style-type: none"> <li>Unbundled from fitting service</li> <li>Mandatory following fitting service or fitting service may be recovered</li> <li>Should increase transparency of monitoring client outcomes.</li> <li>Will allow provider to claim the Fitting earlier.</li> <li>Should increase the time for client to acclimatise to device before accepting.</li> </ul>



<p><b>Supply of Assistive Listening Device</b> Available every five years if clinically necessary, meets device eligibility criteria and ECRs.</p>	<p>635, 636, 655, 656: Initial ALD fittings 825, 826: ALD Refittings</p>	<ul style="list-style-type: none"> <li>• Consolidated ALD item</li> <li>• Mandatory follow up at least 7 days after supply to check the success of the service.</li> </ul>
<p><b>Remote Control</b> Available if client is aided but unable to independently use their device controls</p>	<p>4</p>	<ul style="list-style-type: none"> <li>• Cap could be reduced to \$100 consistent with approximately 60% of claims for remote controls in 2023 being less than \$100.</li> </ul>
<p><b>Repairs</b> Available for repairs outside warranty or consumer law provision</p>	<p>Covered by annual Maintenance</p>	<ul style="list-style-type: none"> <li>• For repairs where the device needs to be repaired by the manufacturer.</li> <li>• This would improve visibility of frequency and types of program devices needing repair.</li> <li>• Repair quotes kept on file when repairs undertaken and claimed.</li> <li>• Device to be replaced if repair cost quote is more than the device subsidy amount</li> </ul>
<p><b>Replacements</b> Two replacements allowed per ear every five years or via revalidated service if additional replacements required</p>	<p>840 &amp; 850: Replacement of Lost/DBR Device – Monaural and Binaural</p>	<ul style="list-style-type: none"> <li>• One item for monaural and binaural replacement service (and claim for one or two devices).</li> <li>• Replacement available if the device is: <ul style="list-style-type: none"> <li>○ Lost</li> <li>○ Damaged beyond repair</li> <li>○ The repair cost is more than the device subsidy amount</li> </ul> </li> <li>• Will require a new program form (Lost Device Declaration) to explain why a replacement is needed, rather than a Commonwealth Statutory Declaration - simpler for the client and provider.</li> <li>• 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.</li> </ul>
<p><b>Spare Devices</b> Available for clients with only one aidable ear</p>	<p>960 Spare device</p>	<ul style="list-style-type: none"> <li>• When a replacement spare is required, due to being lost, DBR or no longer suitable, a new spare device claim would be submitted.</li> <li>• Better transparency over provision of spares instead of claiming a replacement when a new spare device is required.</li> </ul>
<p><b>Miscellaneous</b> For use if directed by the program</p>	<p>6: Miscellaneous</p>	<ul style="list-style-type: none"> <li>• No change.</li> </ul>



## Other suggested changes

**Maintenance:** In addition to a new repair service item, the department proposes to:

- remove maintenance agreements
- remove all maintenance claim items (700, 710, 711, 722, 790 and 791)
- introduce a quarterly auto-payment to providers based on number of active clients with devices that have had an approved claim within the past 2 years. This will cover battery supply, consumables and minor repairs.

**Client Maintenance Co-payment:** A maintenance co-payment for fully subsidised devices will no longer be charged to the client.

**DVA Maintenance Co-payment:** There will no longer be a maintenance co-payment service item for DVA Gold or White Card holders (currently item 777).

**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 justifying replacements:** The program is seeking to change the requirement for replacements and replace the statutory declaration requirement for lost devices with a program form signed by the client. See draft Lost Device Declaration provided as part of this consultation.

**Devices** Currently claimed with a Fitting. [Categories 1,2,3 and non-standard devices (ALD, BiCROS, CROS, bone conductor)]. Will be updated after a project commissioned by the department on technologies but will still be claimed separate to a Fitting. If a device is to be returned, the device fee will be recovered, rather than the current situation where items 1 or 2 are claimed.

### Program standards

**Minimum hearing loss threshold:** Recommend this be renamed device eligibility criteria which incorporates:

- a new questionnaire about motivation (for initial fittings only), and
- a pure tone threshold, using a 4 FAHL (similar to the current 3 FAHL), or
- evidence of other indicators such as fatigue, hearing difficulty and/or tinnitus.

**Eligibility Criteria for Refitting (ECR):** Suggested changes include:

- 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.
- Removing the current ECR for clients requiring a telecoil because legislation stipulates that clients are required to be offered telecoils before being fitted.



## Notes on the service items suggested for change

1. Most of the descriptions below are taken from the current Schedule. Any **highlight** denotes new wording.
2. To minimise duplication, references to dates of service are now in the General Program Requirements (still being finalised so not included in this consultation), rather than listed in each service item.
3. The department is considering improvements to the Minimum Hearing Loss Threshold standard (MHLT) and will consult on these in a subsequent consultation. The proposed new name for MHLT is the Device Eligibility Criteria, to better reflect the intent of this standard.
4. Revised arrangements for maintenance, battery supplies, consumables, and repairs of devices are being suggested. See the 'Repair' item in the Suggested Service Items below and the 'Suggested new Maintenance arrangements' section for more details.



## Suggested Service Items

### Assessment

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

### Availability

1. Assessment item can only be claimed once per voucher.
2. A Clinical Session can be claimed at the same time as the Assessment.
3. A Revalidated Service must be pre-approved if another Assessment is needed within the voucher period.

### 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 results
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** MHLT 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** should 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), **and**
17. ~~advice regarding (Item 670)~~ **any Clinical Session rehabilitation advice** if client is not going to be fitted with a device.



## Clinical Session

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

### Availability

1. The Clinical Session can be claimed after an Assessment, and one year after any previous Clinical Session
2. The Clinical Session can be claimed for both aided and unaided clients
3. For unaided clients who do not meet **Device Eligibility Criteria** MHLT, a Clinical Session is claimable every two years
4. If claimed with an Assessment, four or more Clinical Session activities (Requirements C-I) must be undertaken that aren't covered by the Assessment, and
5. The Clinical Session cannot be claimed on the same day as a Follow Up session.

### Requirements

#### Clinical sessions must include:

1. **Review/evaluation of** hearing & communication status and goals
2. **Updating clinical and audiological history** (If not checked in last 12 months)
3. Training and communication strategies to manage the effects of hearing loss (Unaided or aided – device/ALD)
4. If aided - Check **and comment on** hearing device function
5. If supplied with an ALD - confirm/discuss whether it is functional
6. **Three or more** of the following activities:
  - A - Hearing screening +/- a check of middle ear status if indicated\*#
  - B - Speech testing (Including for validation of devices for clients with device/ALD)\*#
  - Rehabilitation planning:**
    - C - Discussion of client's expectations, motivation, and attitude towards hearing rehabilitation\*#
    - D - Education on impact of hearing loss and hearing loss prevention\*#
    - Device/ALD related rehabilitation/review:**
      - E - Review of client's device management with reinstruction\*
      - F - Device verification (e.g. REM, LSM, 2cc Coupler Measurement, etc.) or aided threshold measurement
      - G - Device adjustments: Resetting and/or reprogramming device parameters to accommodate changes in hearing thresholds or needs, including assessment of MPO
      - H - Fitting new ear moulds or modification of the current ear mould/shell (e.g. retubing, replacement of ear hook).
      - I - connectivity support for phone or accessory.
7. The Clinical Session can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.

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 client's clinical and audiological history review
6. documentation of review/evaluation and assessment of hearing goals and discussion with client
7. documentation of discussion of client's attitude and motivation towards hearing rehabilitation
8. ensure previous Clinical Session has been documented in client record if relevant
9. documentation of rehabilitation options, including hearing devices and ALDs available (if required)
10. the appointment date noting client's attendance for group sessions (if relevant)
11. a dated audiogram (if completed)
12. tympanometry results (if completed)
13. otoscopy results (if completed)
14. evidence of speech testing (if completed)
15. documentation of education on hearing loss (if completed)
16. documentation of training and communication strategies to manage hearing loss with or without devices (if completed), and
17. follow up notes recording client outcomes and review of communication strategies and tactics.
18. if aided, ensure there are:
  - a. file notes on current device function
  - b. documentation of device usage (data logging if available)
  - c. device management file notes (if completed)
  - d. documentation of device adjustments/modifications and MPO testing method (if completed)
  - e. documentation of device programming, with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.) (if completed)
  - f. documentation of modifications to the ear moulds/shell (if completed), and
  - g. documentation of connectivity support (if completed).



## Fitting

Service for the fitting of one or two devices.

ALDs not included. Device/s claimed separately.

### Availability

1. One Fitting claim per voucher.
2. For clients with a binaural fitting – claim one Fitting item (and two devices) per voucher.
3. Any subsequent Fitting within 12 months of the claimed/previous Fitting is considered part of the claimed/previous Fitting item and cannot be claimed.
4. Fitting item (via a revalidated service) can be claimed for replacements where the device is no longer on the Approved Schedule of Devices and a different device needs to be fitted (rather than claim a Replacement)

### Requirements

1. An Assessment and/or Clinical Session 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** MHLT (program and private clients)
4. For a refitting of a device, the Eligibility Criteria for Refitting (ECR) must be satisfied and/or a revalidation approved if Fitting occurs before the five-year period is completed.
5. The fitting must be based on the client's current hearing thresholds (no more than 12 months old).
6. The client must receive a detailed written device quote for the fitted device and must only be fitted with approved devices.
7. The device must be on an approved Schedule of Devices on the date of supply. (If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval.)
8. 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.
9. **Offer a face-to-face follow-up audiology appointment 6 to 12 weeks after the hearing aids are fitted, with the option to attend this appointment by telephone or email if preferred.**
10. **A claim can only be submitted once the client can use and has accepted the device.**

### 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** MHLT exemption criteria have been met (where applicable)
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 an 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. the notes on client issues/concerns that have been addressed and support/referral provided as necessary
16. a record of the of the review of device use (data logging if available)
17. a record of aided speech testing (at either Fitting or Follow up)
18. documentation that the client is satisfied with the fitting outcomes, and
19. a copy of client receipt if payment is required for a partially subsidised device.



## 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.

### Availability

1. Each aided client can have one Follow Up claim per voucher.
2. Must occur 6-12 weeks after Fitting claim
3. If a client is fitted in one voucher period and the Follow Up occurs in the next voucher period, the date of Fitting is in the first voucher period and the date of Follow Up service is in the new voucher period.
4. Cannot be claimed on same day as a Clinical Session
5. If a Follow Up is not completed within 12 weeks, the Fitting and Devices claims will be recovered, unless supporting documentation as to why a follow up did not occur (e.g. did not attend appointment or relocated).

### Requirements

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

### 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 at the Follow Up (where applicable)
7. a record of the of the review of device use (including data logging if 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. 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.



## Supply of an Assistive Listening Device (ALD)

Supply of an assistive listening device for clients to meet their hearing and communication goals.

### Availability

1. One supply claim per voucher.
2. Any subsequent supply within 12 months of the claimed/previous supply is considered part of the claimed/previous supply and cannot be claimed again.
3. ALD supply item (via a revalidated service) can be claimed for replacements where the ALD is no longer on the Approved Schedule of Devices and a different device needs to be supplied (rather than claim a Replacement)
4. A claim can only be submitted once the follow up has been completed, the ALD supply is successful and the client has accepted the ALD.
5. The date of service is the date of the follow up telephone call (see below), and
6. The client cannot have both an ALD and a hearing device funded through the program on the one voucher, including a private device.

### Requirements

1. An Assessment and/or Clinical Session claimed within the past 12 months
2. ALD supply (including ALD follow up telephone call) 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 MHLT (program and private clients)
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 before the end of the voucher.
5. The supply must be based on the client's current hearing thresholds (no more than 12 months old).
6. The client must receive a detailed written quote for the supplied device and must only be fitted with approved devices.
7. The device must be on an approved Schedule of Devices on the date of supply.

(If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval.)

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.
10. Follow up must occur at least 7 days after ALD supply date

### Evidence Requirements

1. the practitioner's full name
2. the supervisor's full name where applicable
3. the date of service (the date of the telephone follow up call)
4. the Claim for Payment form



5. evidence that the **Device Eligibility Criteria** ~~MHLT~~ 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
12. a record of strategies and/or tactics discussion to help manage hearing loss and ALD use.
13. a record of the ALD follow up, and
14. evidence of attempts to contact the client if they did not take the follow up telephone call.



## 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.

### Availability

1. Can only be claimed once per voucher, unless each ear is fitted with different devices and each device requires a separate remote.
2. Program approval is required if a subsequent Remote Control is required in the same voucher.
3. 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 \$100.
4. Remote Controls costing **more than \$100** 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.
5. Claims must be submitted as portal claims against the individual client record.

### Requirements

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 and 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 hearing device is lost or damaged beyond repair and the replacement device is not compatible with the previously supplied remote control, a new remote control may be provided.
6. If a client's remote control is lost or damaged beyond repair, a **Lost Device Declaration** ~~Statutory declaration~~ must be provided. If remote is lost with the device, only one **declaration** is required which must be completed prior to supplying 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. justification of the client's need for a remote control
6. file notes regarding client's inability to otherwise manage the device independently
7. email approval from the program if the remote is valued over \$100 or if a subsequent remote control is required in the same five-year period.
8. a **Lost Device Declaration** ~~Statutory declaration~~ if remote is replaced
9. a DBR letter from the manufacturer if the remote is DBR
10. a copy of manufacturer's invoice showing the actual cost paid, and
11. 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.



## Replacement

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

Device/s claimed separately.

### Availability

1. A Replacement can be claimed at any time after a claim for a Fitting through the program.
2. For binaural replacements - one Replacement service and claim two devices
3. A Replacement can be co-claimed with a Clinical Session, if it is available to the client under the program.
4. If the client finds the lost device, the replacement must be sent back to the manufacturer, and Replacement cannot be claimed.
5. After two replacements per device in one voucher, a revalidated service is required before further replacements can be provided.

### Requirements

1. A Fitting service item has previously been processed and approved.
2. Device/s have been lost or damaged beyond repair (DBR)
3. The quoted repair fee exceeds program ceiling fee and client does not want/is unable to pay. Client chooses to replace device.
4. The replacement must be for the primary device/s.
5. Replacements must be for the same device if still available on the Schedule of Approved Devices. Clients are eligible for replacements if the device is:
  - a. Lost
  - b. Damaged beyond repair
  - c. The repair cost is more than the device subsidy amount
6. If the client was previously fitted with a device that would best meet their needs, email the program for approval to fit the device if it is no longer on an Approved Device Schedule, but is available from the manufacturer.
7. If the device is not on the Approved Schedule, the provider can claim for a Fitting instead of a Replacement using ECR 6.
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 received before providing the replacement device(s).
9. **Lost device/s** require a correctly completed **Lost Device Declaration** ~~Statutory Declaration~~, which must:
  - a. be written and signed and dated in the name of the person making the declaration (usually the client but can be the client's representative, not a representative of the provider)
  - 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).





10. If the device was part of a CROS/BiCROS fitting, both the CROS device and hearing device in the other ear may be replaced if the matching device is not compatible or no longer available on the schedule.
11. If the device was a partially subsidised device, it can be replaced with a fully subsidised device. The device should be from the same category, tier and family if available, otherwise a device similar in technology.
12. The client must be given a detailed device quote prior to replacement.
13. If the client meets one of the ECR, they should be refit or a revalidated service should be requested.
14. 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.
15. **Private devices:** 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 under the program.
  - a. If the client has not previously received a fitting through the program, they are entitled to receive a Fitting Service with device/s from a Schedule of Approved Devices.
  - b. The above Requirements for a Replacement apply If the client has previously received a fitting through the program, and the lost/DBR private device:
    - i. is on a Schedule of Approved Devices, the device should be replaced with the same device
    - ii. is not on the Approved Schedule, the provider can claim for a Fitting instead of a Replacement using ECR 6
  - c. If the private device that is lost or DBR is not on the Schedule, the device cannot be replaced. The client must meet the program's Fitting criteria to receive devices through the program.
16. 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
17. Replacements can be completed via telehealth if no changes in the client's ear and hearing health is reported
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, where the program and DVA respectively cover the cost of the replacement:
  - a. The client:
    - i. has dementia, or
    - ii. Lost or damaged beyond repair their device in hospital or 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.

### 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. explanatory file notes if replacement device differs from lost/DBR device
9. documentation of device programming to client's preferred settings (NOAH data if available)
10. receipt for replacement fee (if not waived) or partially subsidised device payment, and
11. documentation of justification for item replacement where client:
  - a. has dementia or is in an aged care facility or hospital, or
  - b. is a DVA client with a Gold Card or White Card (issued for hearing loss).



## 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.

### Availability

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. **If the Spare Device is lost or damaged beyond repair, another spare device can be claimed.**

### Requirements

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.
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, 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.
  - b. The Spare Device must be from the same, category, tier and family if available, otherwise a device similar in technology.
  - c. If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be provided within 14 days. **Please email the program for approval.**
7. The client must receive a detailed written device quote and must only be fitted with approved devices.

### 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; and (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).



Suggested new maintenance arrangements (noting this includes the Repair item)

### **MAINTENANCE AUTOPAYMENT**

A quarterly payment to providers that covers minor repairs\* and consumables. The autopayment is based on a set fee calculated on the number of supported devices for linked clients, who have had a claimed service in the previous two years

#### **Requirements**

1. Providers are paid a set fee each quarter to cover maintenance for all clients fitted with a device
2. Autopayment applies to the client's primary devices and covers:
  - a. appropriate battery supply
  - b. adjustments and re-programming if required (including one phone or accessory reconnection service)
  - c. minor repairs to the device as well as to any other attachments necessary for the operation of the device
  - d. necessary components for the functioning of the device except rechargers for rechargeable devices; and
  - e. hearing aid cleaning.
3. For Parallel clients# – providers will receive a maintenance autopayment for the monaural device maintained under the voucher scheme.

\*a minor repair can be completed in the clinic and does not need to be sent to the supplier/manufacturere

# 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**

Providers are required to ensure clients are linked to their business in the portal.



## Repair

Service to offer repairs to a device after the manufacturer's warranty has expired, or for non-warranty repairs.

### Availability

1. Available for major repairs outside warranty or consumer law provisions

### Requirements

1. Provider sends device to manufacturer and receives a repair quote that includes:
  - f. Details of required repair
  - g. Cost of repair, and
  - h. Device repair history.
2. If clinically appropriate and the client is unable to manage while their device is being repaired, a loan device should be offered.

### Evidence Requirements

1. The practitioner's full name
2. the supervisor's full name where applicable
3. description of the device issue or fault to be repaired
4. the Claim for Payment form
5. details of the repair quote including:
  - a. Date, and
  - b. client signature and acknowledgement
6. file note recording why the repair is not covered by warranty, when device is sent for repair, and when it is returned
7. a copy of manufacturer's invoice showing the actual cost paid.
8. file note that a loan device was offered, and a justification if not, and
9. signed evidence of client receipt of repaired device and that it is in working order.



## Program Standards

### Minimum Hearing Loss Threshold – Device Eligibility Criteria

The 2018 NICE guidelines and other international evidence suggest that decision-making on whether to fit hearing devices should be based on a combination of hearing loss measurement and a functional questionnaire that addresses communication difficulties and motivation. The evidence also suggests moving to a minimum 4 FAHL.

**The suggested approach will use the following device eligibility criteria:**

- a new questionnaire about motivation (for initial fittings only), and
- a pure tone threshold, using a 4 FAHL (similar to the current 3 FAHL), or
- evidence of other indicators such as fatigue, hearing difficulty and/or tinnitus.

**The department also proposes a new name for these criteria – Device Eligibility Criteria (DEC), given the MHLT is just part of the criteria for eligibility for being fitted with hearing devices.**

The department is commissioning a project to develop a motivational tool that might be suitable to use as part of this standard. Evidence suggests not all clients are ready to wear a device; this tool might ensure program clients receive the appropriate type of support best suited to their needs and wants.

The department is aware of the need to balance best practice to ensure quality service delivery for clients, with simplicity of implementing this revised standard for providers.



## Suggested revised 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.
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 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, proceed with request for a revalidated fitting service.
6. Clients with a 3FAHL less than 23.3dB (noting MHLT may change) in any ear must meet both **Device Eligibility Criteria** MHLT exemption criteria before a refitting can occur.



Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
<p><b>1. Despite a history of major repairs, the device cannot be optimised by adjustments or other modifications to meet client's current needs.</b></p> <p><b>*New*</b></p>	<ol style="list-style-type: none"> <li>1. Assessment of hearing needs and goals (as per Fitting requirements)</li> <li>2. Check device working order (to ensure it can no longer meet client's needs). Repair as required.</li> <li>3. Discuss options for hearing device and follow requirements as per SOSIF</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes on review of hearing needs and goals</li> <li>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).</li> <li>3. Device discussion and recommended hearing device</li> </ol>
<p><b>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</b></p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Check device working order. Repair as required.</li> <li>3. Attempt to adjust/modify device to accommodate changes in client's hearing thresholds</li> </ol>	<ol style="list-style-type: none"> <li>1. Case notes and audiogram showing permanent deterioration of hearing thresholds</li> <li>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)</li> </ol> <p style="text-align: center;"><b>Or</b></p> <p>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.</p>
<p><b>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.</b></p>	<ol style="list-style-type: none"> <li>1. Assess change regarding how this affects the client including where relevant, the client's ability to manage hearing device.             <ol style="list-style-type: none"> <li>a) For                 <ul style="list-style-type: none"> <li>• General health</li> <li>• Dexterity</li> <li>• Cognitive ability</li> </ul> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. a) A description and date the change was identified and how this affects the client's ability to manage their hearing device(s)</li> </ol> <p style="text-align: center;"><b>And</b></p> <p>A letter or report from the client's doctor, or nurse, giving details of how the condition affects the client</p> <p style="text-align: center;"><b>OR</b></p>





Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
<p><b>Please Note – this does not allow for a change in environment or circumstance.</b></p>	<p>OR</p> <p>b) For speech discrimination</p> <ol style="list-style-type: none"> <li>Check if current device can be modified to help the above issues</li> <li>Consider what new device (s) could address the above issues</li> <li>Seek letter from client’s doctor or nurse for 1a) (see Evidence Requirement #1)</li> </ol>	<p>For 1b), a description, date, and measure of the change in speech discrimination</p> <ol style="list-style-type: none"> <li>Details of what has been tried with the current hearing device(s) and why it/they cannot be modified</li> <li>Details of how the hearing device(s) proposed for refitting will address the issues with the current device (s).</li> </ol>
<p><b>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.</b></p>	<ol style="list-style-type: none"> <li>Discuss changes in ear and/or ear health with the client</li> <li>Try to modify current device to address the above issues</li> <li>If above modifications are not successful, consider what new device (s) could address the above issues</li> </ol>	<ol style="list-style-type: none"> <li>Case notes (or similar), that describe and date the change in physical condition of the ear or ear health</li> <li>A letter from the client’s GP confirming the physical changes requiring consideration of different or modified device.</li> <li>Details of what has been tried with the current device(s) or why it/they cannot be modified</li> <li>Details of how the hearing device(s) proposed for refitting will address the issues with the current hearing device(s).</li> </ol>
<p><b>5. Client currently fitted with</b></p> <ul style="list-style-type: none"> <li><b>an Assistive Listening Device (ALD) and now requires hearing device(s)</b></li> <li><b>a hearing device(s) and now requires an ALD.</b></li> </ul>	<ol style="list-style-type: none"> <li>Discuss with client how their hearing needs have changed and why the device is no longer meeting their hearing and/or communication needs.</li> </ol>	<ol style="list-style-type: none"> <li>Case notes (or similar) detailing a change in client circumstances that indicates hearing device/ALD fitting.</li> <li>Recommended hearing device /ALD</li> </ol>



Eligibility Criteria for device being seen as unsuitable.	Required activities	Documented evidence requirements
	2. Discuss options for new device and follow requirements as per SOSIF	
<b>6. Client is eligible for a replacement AND:</b> <ul style="list-style-type: none"> <li>• Previously fitted device is no longer on the schedule, or</li> <li>• Client was previously fitted with a PS device and wants a different PS or FS device</li> <li>• Client was previously fitted with a FS device and wants a PS device.</li> </ul> <p><b>*New*</b></p>	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 from a partially subsidised to fully subsidised device or vice versa).  3. Discuss options for hearing device and follow requirements as per SOSIF	1. Case notes on review of hearing needs and goals  2. Device discussion and recommended hearing device
<b>7. Client's previous fitting or refit occurred more than five (5) years ago.</b>	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 SOSIF	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.