

WorkSafeBC Hearing Aid Provider Reference Manual

Department	Health Care Programs
Date	August 1, 2022

Contents

Introduction.....	3
1.0 Hearing Aid Services	3
2.0 Provision of Hearing Aid Services	3
3.0 Confirming an Injured Worker’s WorkSafeBC Claim Status	4
4.0 Steps for first time Hearing Aid(s) fitting (for newly accepted claims)	5
5.0 Steps for replacing Hearing Aid(s).....	6
6.0 Steps for exchanged or returned Hearing Aid(s).....	8
7.0 Cost share arrangement	9
8.0 Lost or damaged Hearing Aid(s) (<i>beyond normal wear and tear</i>).....	10
9.0 Hearing Aid(s) purchased prior to claim decision	11
10.0 Accessories	12
11.0 Maintenance and Repair of Hearing Aid(s)	14
12.0 Audiologist Diagnostic Assessment	14
13.0 Clinic Transfers and Clinical Records Requests	15
14.0 Hearing Aid Provider Travel	15
15.0 Forms.....	16
16.0 Invoicing.....	18
17.0 Communication Requirements	18
18.0 Threat Management Procedures	19
19.0 Interpretation Services	19
20.0 Contact Information	20
Appendix A - Minimum Clinical Requirements for Hearing Aid Fitting	21
(A) Hearing Aid Evaluation (audiogram)	21
(B) Hearing Aid Selection	22
(C) Hearing Aid Fitting (including Real Ear Measures).....	22
(D) Counseling and follow-up.....	23
Appendix B – Hearing Aids purchased prior to claim decision - Example of informed consent	24

Hearing Aid Provider Reference Manual

Introduction

For purposes of this Reference Manual, the term “Hearing Aid Provider” (HAP) means the Contractor under the “Agreement.”

This HAP Reference Manual sets out practices and procedures applicable to the delivery of Services by a HAP that has entered into a Hearing Aid Provider Services Contract (the “Agreement”) made effective August 1st, 2022 (or later) with WorkSafeBC.

This Reference Manual and any amendments are incorporated into the Agreement. WorkSafeBC will provide updates to this Reference Manual by way of “Network Bulletins” and will be posted on the website. In the event of any difference between the Reference Manual and the Agreement, the Agreement will govern. Capitalized terms that are used in this Reference Manual that are defined in the Agreement have the same meaning unless otherwise expressly noted.

For ease of reference, certain provisions of the Agreement are included in this Reference Manual to draw the HAP’s attention to the applicable Agreement provisions. It is the HAP’s obligation to ensure that its Personnel reads, understands and complies with all provisions of the Agreement, regardless of what may or may not be included in this Reference Manual.

WorkSafeBC chairs a Liaison Committee made up of up to four WorkSafeBC representatives and up to four members from the Provider Network. The Liaison Committee meets a minimum of once per year to consult on topics related to the administration or delivery of the Services.

1.0 Hearing Aid Services

Hearing Aid Services include Hearing Aid(s) and related services for Injured Workers with an accepted occupational noise induced or traumatic hearing loss claim.

- Occupational noise induced hearing loss claims are adjudicated by the Hearing Loss Claims Department in Richmond and,
- Traumatic hearing loss claims are adjudicated by WorkSafeBC Officers from various service delivery locations across BC.

Practices and procedures applicable to the delivery of services are the **same** for both occupational noise induced hearing loss claims and traumatic hearing loss claims.

Injured Workers may seek Services from any HAP that has entered into a HAP Services Agreement with WorkSafeBC. A list of contracted [Hearing Aid Service Providers](#) in BC and Out of Province can be found on the [Hearing Aid Services](#) page on the website.

The HAP must ensure that they provide Hearing Aids from a minimum of two Manufacturers. See Appendix A under Hearing Aid Selection for a list of WorkSafeBC contracted Hearing Aid Manufacturers.

2.0 Provision of Hearing Aid Services

Provision of Hearing Aid Services must be conducted in accordance with the clinical practice guidelines, clinical procedures, protocols and standards of practice put forth by the CSHBC in addition to any requirements set out in the Agreement.

The HAP must ensure that all Hearing Aid Services are performed by Practitioners – an Audiologist, Audiologist/Hearing Instrument Practitioner or a Hearing Instrument Practitioner who is registered and in good standing with the CSHBC.

Practicum students who are in the process of working towards licensure as a Hearing Instrument Practitioner or Audiologist must be supervised at all times by the applicable Practitioner according to the CSHBC level of “Close Supervision” practicum requirements while performing Hearing Aid Services.

Licensed Practitioners may delegate services to Support Personnel in accordance with the CSHBC, however the Injured Worker must be seen by a registered Practitioner during the clinic appointment.

3.0 Confirming an Injured Worker’s WorkSafeBC Claim Status

WorkSafeBC only pays for Hearing Aid Services when the claim is Allowed and Accepted. HAP’s are required to confirm the status of the WorkSafeBC claim.

To confirm claim status you can:

- Contact the Claims Call Center at 604.231.8888/toll free 1.888.967.5377 or search “[view claim information](#)” on our website at www.worksafebc.com. You will need the Injured Worker’s claim number, personal health number and your payee number.
- Check that the claim Eligibility Status is Allowed and review Side of body to determine if one or both ears have been accepted.
- In the case where the claim is Inactive, you can still invoice for Services as per Fee Schedule B business rules and once an invoice or report is submitted the status will change to Active.

Claim status

Search by

* Payee number: Required

* Patient claim number: Required

* Patient personal health number: Required

* Required fields

[View status](#)

The health care provider may invoice for appropriate services in accordance with the Agreement or fee schedule for the service.

This claim meets all WorkSafeBC criteria for invoicing.

- The claim status must be Active.
- Claim eligibility must be Allowed.
- At least one injury must be Accepted.

Injuries					
Effective date	Area of body	Side of body	Diagnosis	Eligibility status	
2004/03/16	INNER EAR(S)	Both Right & Left	3881-NOISE EFFECTS ON INNER EAR	Accepted	

4.0 Steps for first time Hearing Aid(s) fitting (for newly accepted claims)

See Appendix A for details of minimum clinical requirements for Hearing Aid Fittings.

- 4.1 Confirm the Injured Worker's claim status and if the Injured Worker has not yet been fit with Hearing Aid(s) by:
 - Contacting the WorkSafeBC Claims Call Centre at 1.888.967.5377
 - Searching "[view claim information](#)" on our website www.worksafebc.com (See Section 3.0)
 - Viewing the Injured Worker's claim acceptance letter
- 4.2 Provide and review the brochure "[Your Hearing Aids, Your Hearing Aid Clinic and You](#)" with the Injured Worker (available on our website).
- 4.3 Conduct a hearing evaluation and record the results on the External Hearing Evaluation Form (83D73).
 - Select the appropriate Hearing Aid(s) on the WorkSafeBC Price Grid from a WorkSafeBC contracted Manufacturer, as applicable.
 - Each Manufacturer will provide a list (Price Grid) of Hearing Aids available to WorkSafeBC Injured Workers that are under the Hearing Aid Price Cap at your request.
 - Select appropriate free Hearing Aid Accessories (such as remote control, standard remote microphone, and charging unit) with each purchase of a Hearing Aid(s). Each manufacturer is required to provide 2 free accessories with each Hearing Aid Purchase.
- 4.4 Complete Hearing Aid(s) fitting and counseling with the Injured Worker and contact the Manufacturer to provide the Hearing Aid(s) fitting date to adjust the warranty periods.

Reporting Guidelines

- 4.6 HAP must submit the following forms to WorkSafeBC **within 7 business days** following the Hearing Aid fitting appointment:
 - External Real Ear Measures for New Hearing Aid Fitting Form (83D72), including the real ear measure tracings showing the Hearing Aids meet prescribed targets
 - External Hearing Evaluation Form (83D73)
 - Hearing Aid Provider Serial Number Record Form (69D9)
- 4.7 During the 60 day Trial Period, the Injured Worker may return or exchange the Hearing Aid(s). See Section 6.0 for further details regarding exchanged or returned Hearing Aid(s).
 - If a Hearing Aid(s) is returned the Hearing Aid Return Form (83D425) must be submitted within 5 business days of the returned Hearing Aid(s).
- 4.8 At the end of the 60 day Trial Period the HAP must:
 - Obtain the Injured Worker's written acceptance of the Hearing Aid(s)
 - Re-submit the updated Hearing Aid Serial Number Record form (69D9), as applicable
 - Supply the Injured Worker with an appropriate number of batteries to last for a minimum of 6 months and a maximum of 12 months
- 4.9 Invoice WorkSafeBC for Services within 90 business days from the Date of Service, as per the Hearing Aid Provider Services Agreement.
 - Hearing Aid serial numbers must be included on invoice.

- Submit Manufacturer’s invoice for Hearing Aids indicating, “copy only not for processing” with invoice.

4.10 Complete follow-up service and maintenance repairs as needed for the life of the Hearing Aid(s).

5.0 Steps for replacing Hearing Aid(s)

Hearing Aids are not automatically replaced after five years. In order for a replacement to be considered, one or more of the replacement criteria below must be met, regardless of the age of the Hearing Aid(s).

WorkSafeBC reviews **all** Hearing Aid Replacement Request Forms (51W6) regardless of the age of the Hearing Aid(s). Incomplete forms will require re-submission and cause unnecessary delays.

Reporting Guidelines
<p>If the Hearing Aid(s) are greater than five years old, prior-authorization is not required.</p> <ul style="list-style-type: none"> • HAP must submit a completed Hearing Aid(s) Replacement Request Form (51W6) with one or more replacement criteria met, before ordering new Hearing Aids from the Manufacturer.
<p>If the Hearing Aid(s) are less than five years old, prior-authorization is required.</p> <ul style="list-style-type: none"> • HAP must submit completed Hearing Aid(s) Replacement Request Form (51W6) for review and decision. • HAP cannot proceed with fitting new Hearing Aid(s) or a Hearing Aid(s) trial until the HAP has received written approval from WorkSafeBC.

Steps for replacing Hearing Aid(s):

- 5.1 A request for a Hearing Aid(s) replacement may start with an Injured Worker initiating an issue regarding their hearing or current Hearing Aid(s).
- 5.2 HAP must contact the Claims Call Center (1.888.967.5377) to verify the serial numbers and fitting date to ensure the Injured Worker’s Hearing Aid(s) that they brought into the clinic are the most recent Hearing Aid(s) funded by WorkSafeBC.
 - The Hearing Aid Provider (HAP) must provide the Claims Call Center with the Hearing Aid(s) serial numbers the Injured Worker came into the clinic with.
 - The HAP must confirm (date) the Injured Worker came into the clinic.

Replacement Criteria

- 5.3 HAP must conduct necessary assessments to determine if **at least one** of the following replacement criteria are met:
 - Inadequate gain available
 - Improper fit resulting in feedback
 - Significant change in hearing (>20dB) at three or more frequencies (500-4000Hz)
 - Hearing Aid style inappropriate (e.g., dexterity, acoustical needs)
 - Manufacturer will not repair the Hearing Aid(s)
 - Excessive Manufacturer repair history
 - Injured Worker has transferred from a Beltone clinic and the Hearing Aid Provider is unable to program Beltone Hearing Aids as a non-Beltone Hearing Aid Provider. This situation will typically occur if an Injured Worker:
 - has moved and there is no Beltone Hearing Aid Service Provider; or
 - does not want to return to previous Beltone Hearing Clinic.

Note: New or matching technology is not a replacement criteria and will not be considered.

- 5.4 HAP must submit the Hearing Aid Replacement form (51W6) for **all** replacement requests, regardless of the age of the Hearing Aid(s) that includes the following:
- one or more replacement criteria met with detailed rationale for why the Hearing Aid(s) should be replaced
 - details of the Manufacturer repair history (dates, right/left)
 - cost of Manufacturer repair(s) over the life of the Hearing Aid(s)
 - Manufacturer quote for repair (attached to request "copy not for processing")
 - details of troubleshooting steps taken to resolve the issue
 - proposed solution, including rationale for style, make, and model of proposed new Hearing Aid(s)
 - Audiogram on the External Hearing Evaluation form (83D73) completed within the last six months
 - real ear measure tracings on the Hearing Aid(s) that are being requested for replacement, if Hearing Aid(s) are functioning
- Note:** If excessive Manufacturer repair or the Manufacturer will not repair the Hearing Aid is the rationale for the replacement request, the HAP must include a letter from the Manufacturer with replacement request. The Manufacturers are required to repair hearing aids a minimum of 5 years.
- 5.5 If replacement request is approved due to "Unable to service Beltone Hearing Aids as a non-Beltone HAP" the Beltone Hearing Aids must be returned to Beltone Canada (Manufacturer), contact the Claims Call Center 1.888.967.5377 with shipping tracking number and serial numbers for the Hearing Aids returned, and submit Hearing Aid Return form (83D425).
- 5.6 Select and order the appropriate Hearing Aid(s) that is on the WorkSafeBC Price Grid from a WorkSafeBC contracted Manufacturer, as clinically appropriate. If the Hearing Aid selected is not on the WorkSafeBC Price Grid see Section 7.0 regarding Cost Share Arrangement.
- Select appropriate free Hearing Aid Accessories (such as remote control, standard remote microphone, and charging unit) with each purchase of a Hearing Aid(s). Each manufacturer is required to provide 2 free accessories with each Hearing Aid purchase.
- 5.7 Complete the Hearing Aid(s) fitting and counseling. The HAP must provide the Manufacturer with the Hearing Aid(s) fitting date to update warranty periods.

Reporting Guidelines	
5.8	Submit the following forms to WorkSafeBC within 7 business days of the date of service: <ul style="list-style-type: none"> • External Real Ear Measures for New Hearing Aid Fitting Form (83D72), including the real ear measure tracings showing the Hearing Aids meet prescribed targets • Hearing Aid Provider Serial Number Record Form (69D9)

- 5.9 During the 60 day Trial Period, the Injured Worker may return or exchange the Hearing Aid(s). See Section 6.0 for further details regarding exchanged or returned Hearing Aid(s).
- 5.10 At the end of the 60 day Trial Period the HAP must:
- Obtain the Injured Worker's written acceptance of the Hearing Aid(s)
 - Re-submit the updated Hearing Aid Serial Number Record form (69D9)
 - Supply the Injured Worker with an appropriate number of batteries to last for a minimum of 6 months and a maximum of 12 months
- 5.11 Invoice WorkSafeBC within 90 business days from date of service, as per the Hearing Aid Provider Services Agreement.
- Hearing Aid serial numbers must be included on invoice.

- Submit Manufacturer’s invoice for Hearing Aids indicating, “copy only not for processing” with invoice.

5.12 Complete follow-up services and maintenance repairs as needed for the life of the Hearing Aid(s).

6.0 Steps for exchanged or returned Hearing Aid(s)

If the Injured Worker exchanges or returns the Hearing Aid(s) during the 60 day Trial Period the HAP must:

- 6.1 Ship the Hearing Aid(s) back to the Manufacturer **within five business days** of the Injured Worker returning the Hearing Aid(s) to the clinic, for WorkSafeBC credit from the Manufacturer, as applicable.
- If shipping Beltone Hearing Aids to the Manufacturer (Beltone Canada), the HAP must contact the WorkSafeBC Claims Call Center 1.888.967.5377 with the tracking number and the serial numbers for the Hearing Aid(s) returned.
- 6.2 Complete and submit the Hearing Aid Return Form (83D425) to WorkSafeBC **within 7 business days** of the Hearing Aids being returned to the Manufacturer.

Updating Fitting Dates for exchanged Hearing Aids

6.3 If the HAP has already submitted an invoice for the Fitting Fee (Fee Code 19680/1246208), Cost Share Arrangement (Fee Code 19695/1246209), or Combination Device Fitting Fee (Fee Code 19631/1246210), to update the Fitting date for the exchanged Hearing aid **the HAP must submit an invoice for \$0 using the Updated Fitting Date for Exchanged Hearing Aids Fee Code 1264384.**

- The serial numbers of the exchanged Hearing Aid(s) must be on the invoice.

- 6.4 If the Hearing Aid was **returned** within 90 calendar days after the fitting and no other Hearing Aid is fit on the Injured Worker the HAP must:
- Submit a credit memo to WorkSafeBC on [Provider Credit Memo Form 83D59](#) for the Fitting Fee (Fee Code 19680/1246208), Cost Share Arrangement (Fee Code 19695/1246209), Combination Device Fitting Fee (Fee Code 19631/1246210) or BiCROS Dispensing (Fee Code 19685).
 - Once credit has been processed, the HAP can invoice the Hearing Aid Return (Fee Code 19682), as applicable.
 - Serial numbers of the returned Hearing Aid(s) must be on the invoice.
 - Hearing Aid Return form (83D425) must be submitted to WorkSafeBC within five Business Days of the Hearing Aids being returned to the clinic.

Note: Hearing Aid Return (Fee Code 19685) cannot be billed for exchanged Hearing Aids.

Reporting Guidelines

6.5 Submit the following forms to WorkSafeBC **within 7 business days** of the date of service:

- External Real Ear Measures for New Hearing Aid Fitting Form (83D72), including the real ear measure tracings showing the Hearing Aids meet prescribed targets, as applicable
- Updated Serial Number Record Form (69D9) for the exchanged Hearing Aid

Note: Use the same Serial Number Record Form (69D9) to track all changes to Hearing Aid serial numbers

7.0 Cost share arrangement

A Cost Share Arrangement is where an Injured Worker decides to select Hearing Aid(s) that are not on the WorkSafeBC Price Grid and is agrees to pay the difference between the Manufacturer's cost of the Hearing Aid(s) and the Hearing Aid Price Cap.

Note: The Hearing Aid Price Cap is currently \$700.00 per hearing aid.

It is WorkSafeBC's expectation that in the majority of situations the HAP will be able to fit appropriate Hearing Aid(s) from the WorkSafeBC Price Grid.

7.1 If the Injured Worker agrees to enter into a Cost Share Arrangement, the HAP must:

- Document the signed agreement/informed consent in Injured Worker's clinical file.
- Charge the Injured Worker the difference between the Manufacturers cost of the Hearing Aid and the Hearing Aid Price Cap.
 - HAP may not charge the Injured Worker any additional fees
- Contact the Manufacturer to let them know the Injured Worker is entering into a Cost Share Arrangement and provide the fitting date in order to adjust the warranty periods.
 - Ensure the Injured Worker receives the Manufacturer's private pay Service and Lost and Damaged warranty periods.
- Provide Services and maintenance for the life of the Hearing Aid(s)

Reporting Guidelines

HAP must submit the following forms to WorkSafeBC **within 7 business days** following the Hearing Aid fitting appointment:

- External Real Ear Measures for New Hearing Aid Fitting Form (83D72), including the real ear measure tracings showing the Hearing Aids meet prescribed targets
- External Hearing Evaluation Form (83D73)
- Hearing Aid Provider Serial Number Record Form (69D9)
- Cover sheet (Form 83D110) with Manufacturer's invoice stamped "copy not for processing" with the invoice or the invoice may not be paid

7.2 During the 60 day Trial Period, the Injured Worker may return or exchange the Hearing Aid(s).

- See Section 6.0 Steps for returned or exchanged Hearing Aid(s).

7.3 At the end of the 60 day Trial Period, the HAP must:

- Obtain the Injured Worker's written acceptance of the Hearing Aid(s)
- Re-submit the updated Hearing Aid Serial Number Record form (69D9)
- Supply the Injured Worker with an appropriate number of batteries to last for a minimum of 6 months and a maximum of 12 months

7.4 Invoice WorkSafeBC within 90 business days from date of service, as per the HAP Services Agreement and Fee Schedule B.

- Hearing Aid serial numbers must be included on invoice.
- Submit Manufacturer's invoice for Hearing Aid(s) indicating, "copy only not for processing" with invoice.

7.5 Complete follow-up service and maintenance repairs as needed for the life of the Hearing Aid(s).

8.0 Lost or damaged Hearing Aid(s) (*beyond normal wear and tear*)

When Hearing Aid(s) have been lost or damaged (beyond normal wear and tear), authorization to replace the Hearing Aid(s) is **always required** by WorkSafeBC, *regardless of the age of the Hearing Aid(s)*. WorkSafeBC decisions related to lost or damaged (beyond normal wear and tear) replacements are made on a case-by-case basis. WorkSafeBC tracks the number of lost or damaged (beyond normal wear and tear) Hearing Aids.

Note: “damaged (beyond normal wear and tear)” means irreparable damage or damage that makes repair infeasible.

Reporting Guidelines

- WorkSafeBC reviews all Request for Replacement for Lost or Damaged (beyond normal wear and tear) Form 51W18, regardless of the age of the Hearing Aids. Incomplete forms causes delays in decision making.
- If a lost or damaged (beyond normal wear and tear) Hearing Aid(s) is **replaced without approval** the Re-fitting fee for a lost Hearing Aid (Fee Code 19626) or Fitting Fee (Fee Code 19680/1246208), Cost Share Arrangement (Fee Code 19695/1246209) or Combination Device (Fee Code 19631/1246210) **will not be paid**, as applicable.

Steps for Lost or Damaged Hearing Aid(s) (beyond normal wear and tear):

8.1 Injured Worker must write a letter to their WorkSafeBC Officer explaining the circumstances of the lost or damaged (beyond normal wear and tear) WorkSafeBC funded Hearing Aid(s).

- Injured Worker can submit their letter directly to WorkSafeBC, or
- Injured Worker’s letter can be included with submission of Form 51W18.
- Hearing Aid Provider cannot write the letter on the workers behalf.

8.2 HAP must submit a completed Lost or Damaged (beyond normal wear and tear) Hearing Aids Form (51W18) for review and decision.

Decision Letter to Hearing Aid Provider

- a. If approved, the HAP will **receive an authorization letter by fax** if the Hearing Aid is lost within the lost and damaged warranty period.
 - Once the letter is received, HAP can proceed with the replacement of the Hearing Aid(s)
- b. If approved, **only the Injured Worker will receive a decision letter** if the Hearing Aid is lost beyond the lost and damaged warranty period.
 - HAP must see the decision letter before ordering replacement Hearing Aid(s).
- c. If **denied**, the Injured Worker will receive a decision letter. The Injured Worker will be responsible to independently purchase the Hearing Aid(s) privately, however WorkSafeBC will maintain the Hearing Aid(s) purchased by the worker once service period has expired.
 - HAP must submit the Serial Number Record Form (69D9) which includes the serial numbers of the Hearing Aid(s) purchased privately.
 - HAP cannot invoice WorkSafeBC until the service period for the privately purchased Hearing Aid(s) has expired.
 - When invoicing for Services, the Manufacturer’s invoice for the Hearing Aids must be submitted “copy not for processing” with the invoice.

- The serial numbers must be clearly documented on the invoice.
- If the Hearing Aid(s) purchased by the Injured Worker requires early replacement or replacement for the Hearing Aid(s) greater than 5 years old, review Section 5.0 Steps for replacing Hearing Aid(s).

Reporting Guidelines

- 9.3 HAP must submit the following forms to WorkSafeBC **within 7 business days** of the date of service:
- External Hearing Evaluation Form (83D73), if not completed within the last 6 months
 - External Real Ear Measures for New Hearing Aid Fitting Form (83D72), for the new Hearing Aid including the real ear measure tracings
 - Updated Serial Number Record Form (69D9)
 - Cover sheet (Form 83D110) with Manufacturer's invoice stamped "copy not for processing" with the invoice or the invoice may not be paid

9.0 Hearing Aid(s) purchased prior to claim decision

An Injured Worker may decide to purchase Hearing Aid(s) prior to claim decision. In these circumstances, the HAP is required to:

- Encourage the Injured Worker to wait to find out if the WorkSafeBC claim decision is accepted or denied, where clinically appropriate.
- Review with the Injured Worker the Hearing Aid(s) on the WorkSafeBC Price Grid and wherever clinically appropriate, recommend a Hearing Aid(s) from the Price Grid.
- Ensure that the Injured Worker understands that if the selected Hearing Aid(s) is not on the WorkSafeBC Price Grid it is subject to the Cost Share Arrangement. You must explain how the Cost Share Arrangement works and what the Injured Worker's payment obligations will be.
- If the Injured Worker decides to move forward to purchase Hearing Aid(s) prior to claim decision; explain and document the Injured Worker's consent for the possible reimbursement outcomes.
 - See Appendix B Example of informed consent
- HAP is responsible to check the Injured Worker's claim status within one year of the Hearing Aids' purchase date.

Steps related to Hearing Aids purchased prior to claim decision:

- 9.1 If the claim is accepted within **one year** of the Hearing Aid(s) purchase and the Hearing Aid(s) are on the WorkSafeBC Price Grid. The HAP must:
- Reimburse the Injured Worker the full amount paid for the Hearing Aid(s) and the Hearing Aid fitting services fees
 - Contact the manufacturer and request reimbursement for the Hearing Aid(s) and provide the fitting date and adjust the warranty periods. The warranty periods are based on the original fitting date
 - Ask the manufacturer to bill WorkSafeBC directly for the Hearing Aid(s)
 - Invoice WorkSafeBC the fitting fee and any other applicable fees as per the Fee Schedule B
 - Document the **original fitting date** on the invoice.

- If the date of service (original fitting date) is beyond 90 days, and invoice is rejected, please contact Payment Services to advise that the invoice is related to Hearing Aid(s) purchased prior to claim decision.
- Hearing Aid serial numbers must be included on invoice
- Submit Manufacturer's invoice for Hearing Aids indicating, "copy only not for processing" with invoice.

9.2 If the claim is accepted within **one year** of the Hearing Aid(s) purchase and Hearing Aid(s) are **not** on the WorkSafeBC Price Grid. The Injured Worker must agree to enter into a Cost Share Arrangement which must be document in their clinical file. The HAP must:

- Reimburse the Injured Worker the full amount paid for the Hearing Aid(s) and the Hearing Aid fitting service fees, except the difference between the manufacturer's cost of the Hearing Aid(s) and the Hearing Aid Price Cap.
- Invoice WorkSafeBC the Cost Share Arrangement fee code 19695. The HAP must not bill WorkSafeBC the fitting fee and/or the Hearing Aid Price Cap separately, in addition to the Cost Share Arrangement Fee. See Section 7.0.
 - Document the **original fitting date** on the invoice
 - If the Date of Service (original fitting date) is beyond 90 days, and invoice is rejected, please contact Payment Services to advise that the invoice is related to Hearing Aid(s) purchased prior to claim decision
 - Hearing Aid serial numbers must be included on invoice
 - Submit Manufacturer's invoice for Hearing Aids indicating, "copy only not for processing" with invoice

Reporting Guidelines

- 9.3 HAP must submit the following forms to WorkSafeBC **within 7 business days** of after they are become aware of an accepted claim decision.
- External Hearing Evaluation Form (83D73), if not completed within the last 6 months
 - External Real Ear Measures for New Hearing Aid Fitting Form (83D72), for the new Hearing Aid including the real ear measure tracings
 - Serial Number Record Form (69D9)
 - Cover sheet (Form 83D110) with Manufacturer's invoice stamped "copy not for processing" with the invoice or the invoice may not be paid

10.0 Accessories

Injured Workers have the choice of 2 free Accessories under the Hearing Aid Price Cap. Injured Workers must confirm that they have received the free accessories and confirmation must be kept in their clinical file.

Accessories less than \$200.00 **do not require approval** and can be dispensed as clinically appropriate.

- WorkSafeBC pays manufacturers cost of accessories only.
- Manufacturers Invoice indicating "copy not for processing" must be included with invoice.

Accessories greater than \$200.00 **requires approval**. A written request to WorkSafeBC must be submitted for review and decision. The written request must include:

- Detailed clinical rationale for the accessory and how it will benefit the Injured Worker
- Indicate if the recommended accessory is new or a replacement
- List of Accessories that the Injured Worker previously received
- Itemised cost of the accessories(s)

- Manufacturer quote for the accessory(s) including warranty period. WorkSafeBC pays manufacturers cost of accessories only
- Accessories greater than \$200.00 Fee Code 19562
- Assistive Listening Device (ALD) set up fee (Fee code 19686), if applicable.
 - See Fee Schedule for business rules.

Requests for optional upgrades for advanced remote microphone systems (i.e., FM systems)

Optional upgrades for advanced remote microphone systems (i.e., FM systems) may be considered by WorkSafeBC on a case by case basis. However, it is WorkSafeBC’s expectation that a standard remote microphone be dispensed in order to meet the injured worker’s needs **prior to** submitting a request for an advanced remote microphone system (i.e., FM system), as clinically appropriate.

A standard remote microphone may come as a free Accessory with a hearing aid(s) purchased or can be invoiced as an Accessory, as per Fee Schedule B.

Where a standard remote microphone does not meet the Injured Worker’s needs, a **written request** may be submitted for WorkSafeBC’s consideration. The written request must include:

1. Provider letter that includes:
 - results of a speech in noise test
 - steps taken to counsel the injured worker on the use of the standard remote microphone
 - the challenging or exceptional listening environments that the injured worker routinely participates in where the standard remote microphone was not meeting their needs
 - how the optional upgrade to an advanced remote microphone system (i.e., FM system) would address the challenging listening needs.
2. Worker letter that includes:
 - a description of the difficulties they experience in specific challenging or exceptional listening situations, and
 - confirmation that they understand how to use the standard remote microphone and why the standard microphone was not meeting their needs.
 - confirmation that they are aware that WorkSafeBC will pay up to a maximum of \$500.00 towards the manufacturers cost of the optional upgrade to an advanced microphone system.
3. Itemized cost of the device(s) and manufacturer quote.

If a request for an optional upgrade for an advanced remote microphone systems (i.e., FM systems) is **approved**:

- WorkSafeBC will pay up to a **maximum of \$500.00** towards the manufacturers cost of the device and the Injured Worker will be responsible for the remaining manufacturers cost of the device.
- HAP may invoice Fee Code 1266688 up to a maximum of \$500.00.
- Manufacturers Invoice indicating “copy not for processing” must be included with invoice.

Note: WorkSafeBC will not cover the cost for a replacement device including lost or damaged devices.

Reporting Guidelines

HAP must submit the following form to WorkSafeBC **within 7 business days**

- Cover sheet (Form 83D110) with Manufacturer’s invoice stamped “copy not for processing” with the invoice or the invoice may not be paid.

11.0 Maintenance and Repair of Hearing Aid(s)

In-House Service

- Fee code for In-House Service (Fee code 19687) is a flat fee for all maintenance, adjustments and repairs for Hearing Aid(s) completed by the HAP.
- Can be delegated to Support Personnel in accordance with the CSHBC however the Injured Worker must be seen by a licenced Practitioner during the clinic appointment for an in-house service to be invoiced.
- Cannot be invoiced in the first year of the Fitting Fee, Cost Share Arrangement, or Combination Device Fee Codes.
- Serial numbers of the Hearing Aid(s) being serviced must be on the invoice.

Manufacturer Repair

- Does not require approval from WorkSafeBC to repair a WorkSafeBC funded Hearing Aid(s).
- WorkSafeBC pays the Manufacturer's invoice cost for Hearing Aid repairs. HAP must select the 6 month warranty for all Manufacturer's repairs.
- Fee Code for Evaluation/adjustment of Manufacturer's repair (Fee code 19688) (formerly Out-of-Office Repair/Remake Fee Code) is a flat fee which includes evaluation and adjustments of the Hearing Aid(s) before and after they are sent to the Manufacturer for repair, as applicable.
- The invoice must include the Hearing Aid serial numbers.
 - If serial numbers changed due to repair, an updated Serial Number Record Form (69D9) must be submitted within 7 business days of the repair.

Manufacturer Repair on Accessories

- Does not require approval from WorkSafeBC.
- WorkSafeBC may pay for repairs on Accessories if the warranty period has expired and is cost effective compared to a replacement.
- WorkSafeBC pays the Manufacturer's cost of the repairs.

Reporting Guidelines

HAP must submit the following form to WorkSafeBC **within 7 business days**

- Cover sheet (Form 83D110) with Manufacturer's invoice stamped "copy not for processing" with the invoice or the invoice may not be paid.

12.0 Audiologist Diagnostic Assessment

WorkSafeBC occasionally refers Injured Workers to an Audiologist for a diagnostic assessment which is intended to assist WorkSafeBC in the adjudication process of a claim. These assessments **must** be conducted by an Audiologist within the WorkSafeBC Service Provider Network.

Reporting Guidelines

HAP must submit the following forms to WorkSafeBC **within 5 business days** from the date of Service:

- Audiologist Diagnostic Assessment Form (51D4)
- External Hearing Evaluation Form 83D73

The Audiologist must not assume that if an Injured Worker is referred to them for a diagnostic assessment that they will return for Hearing Aid fitting services. The Injured Worker is free to select a HAP of their choice should their claim be accepted.

If the Audiologist feels that amplification is warranted, appropriate counseling should be given. However, no discussion should be had regarding the dispensing of Hearing Aid(s) to the Injured Worker on WorkSafeBC's behalf at this appointment.

13.0 Clinic Transfers and Clinical Records Requests

An Injured Worker can choose to change (transfer) HAPs within the Hearing Aid Provider Services Network at any time. When this happens, the Injured Worker must indicate that they are transferring to the new clinic.

13.1 The new HAP should request the Injured Worker's clinical files from the previous HAP. Before doing so, the clinic must obtain the Injured Worker's signed consent.

The clinical record request should include at minimum:

- All External Hearing Evaluation Form (83D73)
- All External Real Ear Measures for New Hearing Aid Fitting Form (83D72), including the real ear measure tracings
- Serial Number Record Form (69D9)
- Manufacturer invoices for Hearing Aids
- Manufacturer repair history

13.2 Injured Worker's previous HAP must send the clinical records within **5 business days** from the date of the request.

13.3 New HAP must contact WorkSafeBC Claims Call Center (604.231.8888 or toll-free at 1.888.967.5377) to verify that the Injured Worker has an accepted hearing loss claim as well as verify the serial numbers and fitting date of the Injured Worker's most recent Hearing Aid(s) funded by WorkSafeBC. The serial numbers must be from the Hearing Aid(s) the Injured Worker came into the clinic with.

14.0 Hearing Aid Provider Travel

When an Injured Worker is unable to travel to a clinic, the HAP will require pre-approval from the WorkSafeBC Officer in order to be reimbursed for travel to and from an Injured Worker's residence, care facility or hospital. The request must be in writing and include:

- Travel Fee Code 19644
- Duration of travel
- Estimated cost as per Fee Schedule B

15.0 Forms

Hearing Aid Provider Services program forms must be submitted within the timelines and business rules outlined in the Services Agreement, Fee Schedule B and Reference Manual.

The HAP may find individual forms on the WorkSafeBC [website](#). Type the form name or number into the general search field to find the appropriate form, or follow the link to Health Care Providers > Rehabilitation Programs & Services > Hearing Aid Services.

Hearing Services Form Name	Form Number	To Submit For
Application for Hearing Loss Resulting from Exposure to Long-Term Occupational Noise	Form 4	<ul style="list-style-type: none"> Hearing loss claim initiation
External Hearing Evaluation	83D73	<ul style="list-style-type: none"> External provider hearing evaluation (Audiogram)
External Real Ear Measures (REM) For New Hearing Aid Fittings	83D72	<ul style="list-style-type: none"> new Hearing Aid(s) fittings Hearing Aid(s) replacements Hearing Aid(s) exchanges
Hearing Aid Replacement Request	51W6	<ul style="list-style-type: none"> early replacement requests for Hearing Aid(s) less than 5 years old, that requires pre-authorization, for replacement of Hearing Aid(s) greater than 5 years, to ensure one or more replacement criteria has been met, prior to ordering new Hearing Aid(s).
Request for Replacement of Lost or Damaged (Beyond Normal Wear and Tear) Hearing Aid(s).	51W18	<ul style="list-style-type: none"> any replacement of lost or damaged (beyond normal wear and tear) Hearing Aid(s) regardless of the age of the Hearing Aids. requires pre-authorization before replacing any lost or damaged Hearing Aid(s) beyond normal wear and tear.
Hearing Aid Provider - Serial Number Record Form	69D9	<ul style="list-style-type: none"> new Hearing Aid(s) are fit on the injured worker, Hearing Aid(s) that have been exchanged during the 60 day Trial Period, when serial number(s) changed due to repair
Hearing Aid Provider - Hearing Aid Returns	83D425	<ul style="list-style-type: none"> any Hearing Aid(s) have been exchanged and/or returned to manufacturer, or Hearing Aids have been returned and no other Hearing Aid(s) were fit on the Injured Worker.
Hearing Aid Provision and Services Invoice	51D12	<ul style="list-style-type: none"> Hearing Aid services (as per Fee Schedule B) when the Hearing Aid Provider is unable to invoice using My Provider Services online portal.
Provider Credit Memo	83D59	<ul style="list-style-type: none"> Any credits for Hearing Aid Services for returned Hearing Aid(s) when no other Hearing Aid is fit. Any credits for services invoiced to WorkSafeBC

Hearing Aid Program Cover Sheet	83D110	<ul style="list-style-type: none"> • a copy of the Manufacturer’s invoice is required. Please ensure the invoice is stamped “copy not for processing” • other - historical copies of audiogram/remis not associated with billable service
Audiological Diagnostic Assessment	51D4	<ul style="list-style-type: none"> • requested by WorkSafeBC Officer and • can only be completed by an Audiologist.

16.0 Invoicing

Invoices may be submitted electronically through My Provider Services or faxed to WorkSafeBC (604.233.9777 or toll free 1.888-922.8807)

- Invoices must be submitted within 90 calendar days from the date of service or invoice may not be paid.
- Invoices must be completed using the fee codes (and descriptions) and amounts in Fee Schedule B of the Agreement.
- Invoices that includes the manufacturers cost of items must include the manufacture invoice “copy not for processing”.
- Invoices must include the hearing aid serial numbers indicating left/right.
- HAP’s are not permitted to mark up costs related to services in the Fee Schedule B.
- Fee codes must be itemized to capture the costs of the items, as applicable.
- Board Officers are not permitted to waiver from the amounts and/or business rules in the Fee Schedule B.
- WorkSafeBC does not pre-pay or pay in advance for any Services.

WorkSafeBC Explanatory (rejection/benefits) Codes

There is a current list of explanatory (rejection/benefits) codes, of why an invoice may not have been paid. This list can be found on the website searching Invoice Corrections. Select WorkSafeBC Explanatory codes.

<https://www.worksafebc.com/en/resources/health-care-providers/guides/explanation-codes-description?lang=en>

- If you are unable to resolve payment issues contact the Payment Services team at 604.276.3085 or toll free 1.888.422.2228.

17.0 Communication Requirements

Email Communications

Please note that email may be used as a communication tool with WorkSafeBC Officers regarding a claim if the Injured Worker has provided their consent for email usage. As the Injured Workers consent must be obtained by the Board Officer for such purposes, only email the Board Officer if the Board Officer initiates the email communication.

All email communication should be encrypted, HAP’s are encouraged to consider these guidelines in addition to those by their respective college and/or regulatory association. If email cannot be encrypted, do not include any Injured Workers personal identifying information within the content of the email.

General communications that do not pertain specifically to a workers claim file can continue to be emailed to the Program Manager and/or Quality Assurance Supervisor in Health Care Programs. General communications are typically those related to running the program (i.e. changes to staff), contract or program related questions, or if communication is ongoing in relation to a service matter.

General Communications

The following are situations that require disclosure to the appropriate WorkSafeBC staff member:

- Any implicit or explicit threat towards a WorkSafeBC staff member or property; and/or any statement or action of harm directed towards another individual.
- Where any accident or critical incident occurs, the Board Officer and Attending Physician must be notified immediately by telephone and a written incident report must be submitted to WorkSafeBC.

- When reporting one of the above, the seriousness of intent should also be communicated. Contact the Quality Assurance Supervisor if in doubt of the appropriate person to contact.

Health Care Program Communications

WorkSafeBC's Health Care Programs ("HCP") department regularly uses email bulletins as a communication channel between WorkSafeBC and Hearing Aid Services Providers, relaying information regarding:

- New forms, new invoices
- Updated processes
- WorkSafeBC staff changes
- Updates on service matters
- Payment issues / Billing FAQ's

It is a HAP's obligation to ensure that **all** bulletins are incorporated into the Reference Manual. You can expect frequent communications from HCP. If the HAP is not receiving email bulletins from HCP, or if they would like to change or add email addresses, contact hcsinqu@worksafebc.com.

Incident Reporting

The Provider shall report, verbally and in writing, to the Board Officer, the WorkSafeBC Health Care Programs Program Manager, and to the Injured Worker's physician, any physical or psychological trauma sustained by an Injured Worker in the course of the Provider delivering Services to the Injured Worker, as well as any situation arising that creates an immediate safety hazard to the Injured Worker or the Provider or places the Injured Worker in potential danger. Where the incident results in the Injured Worker requiring emergency care, the Provider must provide a report to the WorkSafeBC Health Care Programs Program Manager within one business day.

- HAP shall complete and submit a [Health Care Services Incident Report \(Form 83M380\)](#)

18.0 Threat Management Procedures

If an Injured Worker directly threatens you or a staff member, you should contact the police immediately to report the threat or act of violence. You must also contact the Board Officer who will gather details from you to complete a Threat Report.

- HAP shall complete and submit a [Health Care Services Incident Report \(Form 83M380\)](#)

If you or a staff member are aware of a threat to a WorkSafeBC employee, you must report it to the WorkSafeBC Officer (e.g. Case Manager, Hearing Claims Officer), who may involve WorkSafeBC Corporate Security staff. If it is an urgent matter, you may contact WorkSafeBC Emergencies at 1.888.621.7233.

19.0 Interpretation Services

WorkSafeBC has contracted interpretation service providers ("Interpretation Providers") throughout BC. These Interpretation Providers will bill WorkSafeBC directly for interpretation services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

Provider Responsibilities When Interpreters Are Involved

As a provider, if you are aware of or anticipate the need for interpretation services, these can be available by consulting the Claim Owner. Where an interpreter is deemed necessary for an appointment to take place, the Service Coordinator will arrange the **initial appointment** with the interpretation Provider, even in the event where rescheduling is required.

- The Provider is responsible for advising the Claim Owner / Service Coordinator of the number of hours that the Interpreter will be required for treatment and the length of any breaks that would be included during the treatment process.
- The Provider is responsible for notifying the Service Coordinator regarding cancellation/rescheduling of the appointment.
- If the Provider cannot communicate with the Injured Worker to reschedule an appointment date, then the Provider should contact the Service Coordinator for assistance to reschedule the appointment details (date, location, time, number of hours required & the length of any breaks that may be expected).
- Should the need for interpretation services be determined after the Referral Form is received, please communicate with the Service Coordinator about the need for an interpreter.

If interpretation services are required for any **subsequent appointments**, the Provider is responsible for:

- Contacting the Claim Owner / Service Coordinator with the need, who will arrange the appointment(s) with the interpretation provider
- Provider will arrange the appointment(s) with the interpretation provider
- Notifying the Claim Owner / Service Coordinator regarding any cancellations
- Ensuring as much notice as possible (ideally 24 hours) is provided for all cancellations
- Informing the Quality Assurance Supervisor for interpretation in Health Care Services in the event of any quality concerns with respect to the interpreter services, including if the interpreter is late or does not attend the scheduled appointment.

20.0 Contact Information

For all questions regarding the Hearing Aid Provider Services program please review the online resources available on the WorkSafeBC website (www.worksafebc.com) prior to contacting WorkSafeBC. For inquiries that cannot be answered using the resources available on the WorkSafeBC website please direct questions to the appropriate team for further assistance.

General claim or entitlement inquiries

Lower Mainland: 604.231.8888
Toll-free: 1.888.967.5377

Program and service inquiries

Health Care Programs

Lower Mainland 604.232.7787
Toll-free 1.888.967.5377 ext. 7787
E-mail: hcsinqu@worksafebc.com

Billing and payment inquiries

Payment Services

Lower Mainland: 604.276.3085
Toll-free: 1.888.422.2228

Contract inquiries

Procurement Services

Lower Mainland: 604.276.3344
Toll free: 1.844.276.3344

WorkSafeBC Provider Portal (My Provider Services) Support Line

1.855.284.5900 (24/7 support)

Appendix A - Minimum Clinical Requirements for Hearing Aid Fitting

(A) Hearing Aid Evaluation (audiogram)

- When hearing tests are required for Hearing Aid(s) recommendations (first time and replacement fittings), complete and accurate evaluations are required.
- Audiograms used for Hearing Aid(s) fittings must have been conducted within six months of the fitting appointment.
- Submit the Hearing Evaluation using the External Hearing Evaluation form (83D73).

Minimum Requirements

- Otoscope examination
- Air conduction thresholds at 250, 500, 1000, 2000, 3000, 4000, 6000 and 8000 Hz and inter-octave frequencies where the difference between adjacent octave frequencies is 20 dB or greater
- Unmasked bone conduction thresholds at all relevant frequencies, including 250 Hz when abnormal air conduction thresholds exist
- Appropriate masking for both air and bone conduction testing, when necessary
- Speech reception thresholds and word recognition testing
- Description of the audiogram, including red flag conditions and any prior medical clearance
- Tympanometry
- Most comfortable listening level (MCL) and frequency specific uncomfortable loudness level/loudness discomfort level (UCL/LDL) measures
- Any other test required for assessing Hearing Aid(s) candidacy

Red Flag Conditions

Should any of the following conditions apply, the HAP must obtain medical clearance prior to a Hearing Aid(s) fitting:

- History of sudden or rapidly progressive or fluctuating hearing loss
- History of active drainage activity or bleeding from the ear(s), in the preceding 90 days or visible drainage on examination
- Ongoing pain or discomfort in the ear
- Unilateral or pulsatile tinnitus
- Acute, recurring episodes, or chronic dizziness or increasing imbalance
- Visible evidence of foreign object in the external auditory meatus (ear canal) or significant cerumen accumulation
- Visible traumatic or unexplained abnormality of the external auditory meatus (ear canal) or previously uninvestigated congenital abnormality
- Unilateral or asymmetrical hearing loss greater than 30 dB HL at any one frequency
- Air/bone gap equal to or greater than 15 dB at 500 Hz, 1000 Hz and 2000 Hz
- Difference in inter-aural word recognition scores of greater than 40% using a 25-word list (recorded presentation) and given a symmetrical hearing loss
- Facial nerve paralysis (requires urgent attention)

There will be Injured Workers who do not fit the red flag categories but who nevertheless should receive medical consultation. Practitioners are expected to use their discretion in such cases.

If an Injured Worker requires an industrial hearing test so that their employer can comply with WorkSafeBC's Occupational Health and Safety Regulations, the Injured Worker must be tested by a Certified Industrial Audiometric Technician.

(B) Hearing Aid Selection

This section outlines the minimum requirements for Hearing Aid(s) selection.

Injured Worker and, whenever possible, family members, should be advised of the following:

- Reasonable expectations of Hearing Aid(s) benefits
- Appropriate consideration of Hearing Aid(s) type, style and features
- Appropriate ear mold and Hearing Aid(s) shell selection and fitting, if applicable
- Appropriate selection of open versus closed fitting and dome versus custom mold

The electroacoustic characteristics of the Hearing Aid(s) must be selected and fitted according to a recognized prescriptive method including real ear aided gain/real ear insertion gain (REAG/REIG) and accurate determination of maximum power output (MPO) settings.

The following is a list of Hearing Aid Manufacturers contracted with WorkSafeBC:

- Beltone Canada
- Bernafon Canada
- Oticon Canada
- Phonak Canada
- ReSound Canada
- Signia Canada
- Sonic Innovations Canada
- Starkey Labs Canada
- Unitron Canada
- Widex Canada

(C) Hearing Aid Fitting (including Real Ear Measures)

This section outlines the minimum requirements for a Hearing Aid fitting appointment which include:

- Appropriate Hearing Aid(s) verification
- Fitting of the Hearing Aid(s) (including the ear mold) should be evaluated to determine if the Hearing Aid(s) and settings selected for the Injured Worker optimize benefit. This must be done at the initial Hearing Aid(s) fitting and must include comfort assessment, Injured Worker operational proficiency, tele coil and directional microphone assessment.
- Real ear measures must be conducted in situ (on-ear), unless contraindicated. All real ear measures provided to WorkSafeBC must include the following:
 - **Speech/speech signal** at a conversational level (i.e. 65 dB). This response must show that the Hearing Aid(s) are capable of meeting the prescriptive targets within 5 dB or an explanation given as to why targets are not met.
 - A signal capable of assessing the Hearing Aid(s) in saturation. The real ear saturation response (RESR) must verify that the selected maximum power output level does not exceed the Injured Worker's tolerance.
 - Calibration/equalization must be performed as part of the real ear measurement with open fittings.
- When providing real ear measures to WorkSafeBC, make sure that real ear measures submitted show that the Hearing Aid(s) are capable of meeting prescribed targets then adjust to comfort.

- As a guideline, Hearing Aid(s) should have stable reserve gain of approximately 10 dB at the time of first fitting. This is to accommodate expected changes in hearing over the life of the Hearing Aid(s).
- Verification measures must be labelled appropriately (multiple levels and multiple programs must be identified). The Injured Worker's name, claim number, make, model, style and serial number of the Hearing Aid(s) must accompany each verification measure. **All real ear measures must be clear and legible.**

(D) Counseling and follow-up

The HAP must provide counseling and follow-up information to the Injured Worker, both verbally and in the form of written pamphlets or handouts. At a minimum, the HAP must provide the following education to the Injured Worker:

- Appropriate operation, limitations and use of the Hearing Aid(s) (including the ear mold) must be explained, demonstrated and practiced. Where the Injured Worker is not able to manage the Hearing Aid(s) independently, instruction must be provided to a caregiver whenever possible.
- Effective operation of all user controls must be explained, demonstrated and practiced. Re-instruction and retraining on any issues identified during the initial fitting and Trial Period must be given by the HAP to the Injured Worker as necessary.
- During the Trial Period, any further evaluation and follow-up must be documented, including measures of subjective and objective benefit of the Hearing Aid(s) to the Injured Worker.
- Phone instruction that explores appropriate options including: information, demonstrations and training with phone products.
- Personal use information including but not limited to:
 - acclimatization/adjustment period
 - realistic goals and expectations
 - environmental issues such as listening in restaurants, groups and other noisy environments
 - effective listening strategies
- Availability of local services, such as the existence and location of local support groups and their relevance to Injured Workers with hearing loss.
- Impact of hazardous noise on Hearing Aid(s) if the Injured Worker is exposed to either industrial or recreational hazardous noise levels. Due to potential risks to hearing, Injured Workers must be instructed against wearing Hearing Aid(s) in hazardous noise, even if they are wearing hearing protection. The HAP may visit the WorkSafeBC website (www.worksafebc.com) to explore options for hard of hearing Injured Workers who are working in hazardous noise. Any inquiries or additional information on hearing protection selection must be directed to WorkSafeBC Prevention Department to speak with an Occupational Audiologist.

The use of both subjective and objective outcome measures should be used to determine fitting success. Injured Workers should be scheduled for routine follow-up appointments as necessary, at the HAP's professional discretion or at the Injured Workers request, during the first year after being fit with Hearing Aid(s).

These follow-up appointments are included in the fitting fee paid to the HAP. Following the first year, regular clean and check appointments can be scheduled as clinically appropriate, or at the Injured Worker's request.

Appendix B – Hearing Aids purchased prior to claim decision - Example of informed consent

Date
Clinic Name
Practitioner
Phone Number

I (client name) have submitted an application for hearing loss to WorkSafeBC. I have decided not want to wait for a claim decision and want to purchase Hearing Aids privately.

I acknowledge that the practitioner has explained to me,

- if I purchase a Hearing Aid(s) that is on the WorkSafeBC list of fully funded Hearing Aids and my claim is accepted within one year of Hearing Aids purchased, I **will be reimbursed in full** for all costs related the Hearing Aids purchased privately.
- if I purchase a Hearing Aid(s) that is not on the WorkSafeBC list of fully funded Hearing Aids and my claim is accepted within one year of Hearing Aids purchased, I **will not be reimbursed in full.**
 - I acknowledge and agree to enter into a Cost Share Arrangement and pay the difference between the Manufacturer cost of the Hearing Aid and the Hearing Aid Price Cap of \$700.00 per fully funded Hearing Aid.
- I (client name) will also provide an update on the claim status for the Hearing Aid Provider.
- I understand and accept the conditions of purchasing Hearing Aids prior to claim decision.