Veterans Affairs Canada | Anciens Combattants Canada

Audio Services (POC 3)

Issuing Authority: Director General, Policy
Effective Date: 21 March 2014
Document ID: 1911

This policy replaces the following policy: Audio Services (POC 3) – May 18, 2012.

Table of Contents

Purpose
Policy
Eligibility
Prescribers
Services Provided
Frequency and Rates
Authorization and Pre-authorization
Hearing Aids
Hearing Aid Remakes and Repairs
Hearing Aid Early Replacement
Lost or Damaged Hearing Aids
Assistive Listening Devices (ALD)
Assistive Listening Devices Repairs
Lost or Damaged Assistive Listening Devices
Lip Reading Instructional Media Services
Cochlear Implants
Tinnitus
References

Purpose

This policy provides direction on the approval of Audio Services for individuals who satisfy the applicable eligibility criteria to receive treatment benefits under the *Veterans Health Care Regulations* (see Eligibility for Health Care Programs – Eligible Client Groups) or the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* (see Rehabilitation Services and Vocational Assistance - Eligibility policy).

Policy

Eligibility

1. Individuals diagnosed by a health professional with a hearing loss to the degree described in paragraph 2 below, or a hearing disorder such as tinnitus, may be eligible for audio services under this policy. Audio

services are services which include hearing tests, the provision of hearing aids and hearing aid accessories, as well as assistive devices and services as listed in the audio services benefit grids.

2. Eligibility for individuals seeking audio services from Veterans Affairs Canada for hearing loss is based on an audiogram indicating total hearing loss of 100 decibels when calculated over the speech frequencies (i.e., pure tones: 500HZ, 1000HZ, 2000HZ and 3000HZ) for either ear, or a loss of 50dB or more at the 4000HZ frequency in both ears.
3. Individuals eligible only for services under the authority of the *Veterans Well-being Act* (*CFMVRCA*) may receive audio services on a case-by-case basis to help restore them to a state of independent functioning and/or facilitate their social adjustment. Those in Rehabilitation will not be eligible for POC 3 services, or for the repair or replacement of aids or devices, beyond the duration of their Rehabilitation Plan.

Prescribers

4. Audio services must be prescribed in accordance with the audio services benefit grid.
5. An audiogram should be done by, or under the guidance of: a clinical/registered audiologist; physician; Ears, Nose and Throat (ENT) specialist, or another hearing instrument practitioner.

Services Provided

6. The health care professional should dispense the following services to the extent required by the individual:
    a. Hearing assessment;
    b. Referral to a physician or ENT (ear, nose and throat specialist) when changes in the individual's hearing status or health of the ear are beyond the scope of practice of the provider;
    c. Fitting, adaptation, verification and validation of an appropriate hearing aid or device for the individual's hearing needs;
    d. Orientation and counselling on its optimum use;
    e. Adjustments as required; and
    f. Follow-up to confirm that, following a trial period of ninety (90) days, the individual is satisfied with the equipment, that it is in good working order, and that it is meeting the individual's needs.

Frequency and Rates

7. Frequency limits for audio services are contained in the audio services benefit grids.
8. The Department will pay an amount based on the rates negotiated by the Federal Health Claims Partnerships for each hearing aid, assistive listening device or accessory, fitting and dispensing fees, or as otherwise established by the Department and noted in the audio services benefit grids.

Authorization and Pre-authorization

9. Authorization for payment of audio services exceeding the frequency limit can only be approved on an exceptional basis where:
    a. Less costly interventions cannot reasonably address the individual's health needs; and
    b. Failure to approve the services in excess of the limit would be considered a significant health risk to the individual.
10. Where pre-authorization is required, a current (within the last six months) audiogram, needs assessment and rationale for the particular benefits recommended must be submitted for departmental review. Normally, the six-month requirement would apply to critical devices, such as hearing aids and FM

systems. All Rehabilitation only individuals (those with no eligibility under other programs such as disability, treatment, etc.) must be pre-authorized for services.

Hearing Aids

11. Hearing aids include instruments with various levels of technology (entry level, intermediate and advanced), and various styles (BTE [behind-the-ear], ITE [in-the-ear], CIC [completely-in-the-canal], etc.). Hearing aids may be provided based on the level of hearing loss and demonstrated need for the requested technology or style.
12. Hearing aid accessories are accessories which are not normally included in the original hearing aid (e.g., cords, dry aid kits, coatings, directional microphones, autocoils, filters, manual t-coils and remote control). Hearing aid accessories may be provided in cases where they are deemed necessary for the optimum use of the device.

Hearing Aid Remakes and Repairs

13. A remake of a hearing aid is the provision of a new shell for the aid as a result of normal wear and tear, accidental puncture or crack, improper fit, or change of hearing aid size to ensure that the aid has been returned to the equivalent standard of a new aid.
14. Repairs to a hearing aid include adjustments or replacement parts to its electronic components due to damage or malfunction, or replacement of an earmold when earmolds are poor fitting or cause feedback.
15. Loaner hearing aids are usually provided by the provider and are not the responsibility of the Department. When a provider charges an individual for the loan of a hearing aid, VAC will reimburse the individual for the rental cost of the loaner aid. The Department will not be responsible for any damage or loss incurred to the loaner aid.
16. Repairs and remakes for approved hearing aids obtained through sources other than those approved by the Department may be authorized if the individual is eligible for audio services from the Department and the repairs to the aid would be cost effective.

Hearing Aid Early Replacement

17. Early replacement (within the frequency period) from the date of issue of the previous aid may be authorized if:
    a. In the opinion of the VAC approval authority, it has been determined that the individual has undergone changes in hearing ability significant enough to warrant a new aid (usually 20dB at each of three or more speech frequencies);
    b. Repair of the existing aid, if malfunctioning, is not reasonable (based on cost and effectiveness of repair); or
    c. If necessary to provide a treatment response to the individual’s tinnitus.

Lost or Damaged Hearing Aids

18. Replacement of hearing aids that have been lost or damaged beyond repair during the frequency period requires pre-authorization by the VAC approval authority on a case-by-case basis, subject to the following conditions:
    a. The pre-authorization request is accompanied by a statement from the individual describing the circumstances under which the hearing aid was lost or damaged. Such authorization should only be considered when, in the opinion of the VAC approval authority, the circumstances and explanation

offered are reasonable; and
    b. It is confirmed that all other sources of replacement have been exhausted, i.e, manufacturer's guarantee, replacement policy or warranty, provincial programs.
19. Provided it still meets the needs of the individual, the replacement aid should be comparable to the original aid in terms of features and cost. The Department will normally replace only one hearing aid per ear in a four-year period.

Assistive Listening Devices (ALD)

20. Telephone amplification may be approved when there is unresolved feedback using a regular telephone in conjunction with hearing aids and a telecoil is not effective. The amplification must be specifically designed to improve the normal conversation frequencies. The individual's level of hearing loss must be at least an average of 30 decibels over the speech frequencies (i.e., pure tones 500HZ, 1000HZ and 2000HZ).
21. Infrared systems or closed captioning services may be approved when:
    a. The individual has ongoing difficulties understanding the television or radio despite the use of hearing aids and requires a better signal-to-noise ratio achieved by using the infrared device; and
    b. The volume level needed by the individual is disruptive to others.
    c. The individual's level of hearing loss is at least an average of 30 decibels over the speech frequencies (i.e. Pure Tones: 500HZ, 1000HZ and 2000 HZ).
22. The FM system may be approved when the individual requires it in most situations where the background noise interferes with their ability to hear speech. FM systems are available for those individuals with bilateral hearing loss, who require hearing aids or have a speech recognition level of 32 % or less with a pure tone average of 50 dB.
23. Signalling devices systems are used to alert hearing impaired individuals of important sounds such as the telephone, fire alarm and door bell. The Department covers the cost of the alerting system and installation.

24. These signalling devices are available to individuals who are eligible for amplification and the average hearing loss at 3000Hz and 4000Hz is 55dB hearing loss or greater in each ear. Without this per ear dB loss, the individual would not be considered to have met the hearing loss eligibility level for an assistive listening device.

Assistive Listening Devices Repairs

25. The manufacturer's warranty will govern repairs or remakes to assistive listening devices. If the warranty is expired, repairs will normally be considered for approval in accordance with the frequency limits set out in the audio services benefit grids.
26. Repairs for approved assistive listening devices obtained through sources pre-approved by VAC may be considered if the individual is eligible for audio services from the Department and the repairs to the device would be cost effective.

Lost or Damaged Assistive Listening Devices

27. Replacement of assistive listening devices that have been lost or damaged beyond repair during the frequency period requires pre-authorization by the VAC approval authority on a case-by-case basis, subject to the following conditions:
    a. The pre-authorization request is accompanied by a statement from the individual describing the circumstances under which the device was lost or damaged. Such authorization should only be considered when, in the opinion of the VAC approval authority, the circumstances and explanation

offered are reasonable (i.e., repeated occurrences should be questioned); and
    b. It is confirmed that all other sources of replacement have been exhausted, e.g. manufacturer's guarantee, replacement policy or warranty, provincial programs and the individual's private insurance coverage.
28. The replacement device should be comparable to the original in terms of features and cost. The Department will normally consider replacing only one device in the frequency period (see audio services benefit grids).

Lip Reading Instructional Media Services

29. Lip reading instructional media services may be approved when prescribed by a treating physician, specialist or audiologist.

Cochlear Implants

30. In order to be considered for a cochlear implant, the individual must have:
    a. Profound or severe to profound sensorineural hearing loss for pure tones and less than 30% open-set sentence recognition under the best aided listening condition for the better ear;
    b. Post-linguistic hearing loss; and
    c. Limited benefit from hearing aids.
31. The implant must be recommended by a cochlear implant team consisting of appropriate medical specialists.

Tinnitus

32. A formal diagnosis of tinnitus will normally suffice in order to begin treatment. However, additional information as to the severity of the condition (perhaps in the form of a full tinnitus evaluation) may be required if there is evidence to suggest that the condition has deteriorated since diagnosis.
33. The following treatments and coping tools may be approved for tinnitus, when the need has been determined by an ENT, medical doctor or clinical audiologist. In jurisdictions that grant prescribing authority to hearing instrument specialists, prescriptions from these practitioners will be honoured by VAC.
    a. Tinnitus masker and/or pillow speakers;
    b. Amplification with the use of hearing aids;
    c. Amplification with a tinnitus masker added to an aid;
    d. Tinnitus retraining therapy; and/or
    e. Harmonic sound stimulation (e.g., the zen program) added to a hearing aid.

References

Veterans Well-being Act, sections 8-17, 73 and 74

Veterans Health Care Regulations, sections 4(a) and 4(b)

Benefit Grid