



**Australian Government**

**Department of Health**

# **Australian Government Hearing Services Program**

## **Schedule of Service Items and Fees**



**Hearing Services Program**

# Contents

<b>About the Schedule of Service Items and Fees</b>	<b>3</b>
Definitions	3
Available Services	3
<b>General Program Requirements</b>	<b>4</b>
<b>Schedule of Service Items</b>	<b>5</b>
Assessment	5
Initial Fittings	8
Refitting	10
Assistive Listening Devices (ALDs)	12
Maintenance	15
Maintenance for Fitting Items	17
Client Review	18
Replacements	20
Rehabilitation	22
Spare Device	24
Remote Control	25
Other Services	26
<b>Program Standards</b>	<b>27</b>
Minimum Hearing Loss Threshold (MHLT) Guidelines	27
MHLT Exemption Criteria	27
Eligibility Criteria for Refitting	29

# About the Schedule of Service Items and Fees

Clients who have a current voucher are entitled to a range of services through the Hearing Services Program (the program). Contracted service providers (providers) must comply with the program requirements. The Schedule of Service Items and Fees includes two program standards, the [Minimum Hearing Loss Threshold \(MHLT\) Guidelines](#) and the [Eligibility Criteria for Refitting \(ECR\)](#).

The Schedule of Service Items and Fees provides information on service, program and evidence requirements for the services available to program clients.

Services must be delivered in accordance with professional standards, including the Practitioner Professional Body (PPB) Code of Conduct and Scope of Practice. Any clinical concerns and questions should be escalated to the PPB.

## Definitions

Definitions used throughout the Schedule of Service Items and Fees are as defined by the [Hearing Services Administration Act 1997](#), [Hearing Services Program \(Voucher\) Instrument 2019](#), and/or [Service Provider Contract](#). Additional definitions include:

### Non-Routine Client

A non-routine client is a client found to have one or more of the following audiometric presentations

- an air bone gap of 20dB or greater at 0.5, 1 and 2 kHz,
- speech discrimination poorer than expected given hearing threshold levels, and/or
- evidence of fluctuating audiometric thresholds.

### Specialist Services (Complex) Client

A client is eligible for specialist services if they have a

- 3 Frequency Average Hearing Loss (FAHL) greater than or equal to 80dB in the better ear measured at 0.5, 1 and 2 kHz, or
- hearing loss and severe communication impairment that prevents the person from communicating effectively or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability.

Clients eligible for Specialist Services must be advised that they may be eligible for additional services through Hearing Australia (Australian Hearing Services). When clients have made a decision about where they want to receive services, this must be notified through the Specialist Services checkbox in the portal.

## Available Services

Clients may be entitled to receive

- an Audiological assessment
- an Audiological Case Management Service
- a Fitting and Follow up Service including a fully subsidised device, or a subsidy towards a partially subsidised device
- annual maintenance and batteries supply
- a remote control
- annual Client Review Services
- Replacement of a lost or damaged device
- Rehabilitation or Rehabilitation Plus Services
- a spare aid.

An additional assessment or fitting service may be approved by the program as a revalidated service provided certain criteria are met.

# General Program Requirements

General Program Service Requirements apply to all program services. Providers <b>must comply</b> with the following, as well as service requirements for each Service.	
1	The hearing services available to a client are subject to assessment of the voucher-holder's clinical need for that service.
2	Clients must have a current voucher and the Date of Service must be within the current voucher period.
3	Services must be performed by a Qualified Practitioner (QP) or Provisional Practitioner under supervision of a QP in accordance with Practitioner Professional Body (PPB) requirements, excluding Maintenance and Rehabilitation Services.
4	Clients must be referred to an appropriate medical practitioner where clinically necessary.
5	Services must be delivered in accordance with the PPB Code of Conduct and Scope of Practice.
6	Services must be delivered in accordance with current Australian standards, for example ambient noise level testing and audiometric equipment standards.
7	The Practitioner QP number must be valid and linked to the provider in the portal at the Date of Service.
8	The Site ID must be valid at the Date of Service.
9	A Claim for Payment form must be correctly completed.
10	Supporting evidence must be documented on the client record, as per the evidence requirements for each Service Item.
11	Portal information for the client must be updated as required, including: <ul style="list-style-type: none"> <li>the 3FAHL results should be updated after each audiogram</li> <li>if the client is changing from monaurally fitted to binaurally fitted, or vice versa, the fitting configuration in the portal and on the provider's software must be updated prior to claiming.</li> </ul>
12	Providers must ensure the service is available on the client's current voucher before delivering any service.
Device Supply Requirements	
<p><b>Detailed written device quote for every fitting</b>  Clients must receive a single detailed written device quote for all devices supplied under the program (fully and partially subsidised devices, replacements, spare aids and ALDs) that</p> <ul style="list-style-type: none"> <li>is provided before the fitting service to ensure the client understands the supply arrangements and the associated costs</li> <li>is signed and dated by the client on the day it is received.</li> </ul> <p><b>The quote must include</b></p> <ul style="list-style-type: none"> <li>the device model, style and device code</li> <li>the full device costs, separately identifying right and left device cost, the total government subsidy amount, and device and accessory costs to the client (remote control, etc.)</li> <li>the optional annual maintenance and repair costs, including whether this will change over time</li> <li>the warranty period</li> <li>the provider's returns policy</li> <li>for partially subsidised devices: <ul style="list-style-type: none"> <li>any additional maintenance and repair costs above the program's set Client Maintenance Co-payment</li> <li>acknowledgement that the client was offered a choice of a fully subsidised device.</li> </ul> </li> </ul>	
<p><b>Only approved devices fitted</b>  The device/s fitted must be listed on a Schedule of Approved Devices on the fitting date, unless otherwise approved by the department, and the correct device code used when claiming. Device/s supplied to program clients and claimed through the program must be purchased directly by the provider from an Appointed Supplier.</p> <p><b>The device fitted to the client must</b></p> <ul style="list-style-type: none"> <li>be suitable to the client's hearing loss and individual circumstances</li> <li>be appropriately programmed, with the device response verified against a prescriptive target</li> <li>be optimised according to the client's needs and preferences</li> <li>have sufficient reserve gain to allow for normal deterioration of hearing levels and conductive hearing loss</li> <li>be checked for comfort.</li> </ul>	
The client or carer <b>must</b> be counselled on how to effectively manage the device.	
<p><b>Cost to Client</b></p> <p><b>Fully subsidised devices</b></p> <ul style="list-style-type: none"> <li>No cost to client other than Maintenance Co-payment where applicable.</li> </ul> <p><b>Partially subsidised devices</b></p> <ul style="list-style-type: none"> <li>Provider may charge client the difference between the government device subsidy and the device cost (as per the quote).</li> <li>Provider may negotiate a Maintenance Agreement amount with the client (as per the provider's quote). Clients cannot be charged additional repair costs unless they were advised in the provider's quote.</li> </ul>	

# Schedule of Service Items

## Assessment

### ASSESSMENTS / REASSESSMENTS

Assessment and Reassessment Services to establish the nature and extent of a client's hearing and communication needs and the client's communication and hearing goals.

Item	Service
600	First Assessment
800	Reassessment
Service Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioners establish the nature and extent of client's hearing and communication concerns through the following: <ul style="list-style-type: none"> <li>an accurate and complete assessment of the client's clinical and audiological history</li> <li>an accurate and complete audiological assessment, as required by the client's needs</li> <li>discussion of client's communication and hearing goals</li> <li>discussion of client's expectations, motivation and attitude towards hearing rehabilitation</li> <li>inform client about appropriate communication strategies and tactics.</li> </ul> Practitioners support client's decision making in the management of their communication and hearing goals through the following: <ul style="list-style-type: none"> <li>provide rehabilitation to clients to better manage their life with hearing loss. This may include a device fitting</li> <li>inform client of rehabilitation programs, including Rehabilitation Plus (680/681) and Rehabilitation Service (670)</li> <li>inform client of the technological options available and suitable device choices (type, style and configuration), including fully subsidised device options</li> </ul>
Program Requirements	
3	<b>Item 600</b> can be claimed <b>once only</b> for each client. <b>Item 800</b> can be claimed only once on each subsequent (Return) Voucher.
4	<b>Specialist Services (Complex) clients</b> (see definitions) must <ul style="list-style-type: none"> <li>have their client details updated through the portal</li> <li>be advised that they may be eligible for additional services through Hearing Australia</li> <li>be allowed at least 10 business days (without being provided further services) before being contacted to ask whether they have decided to receive additional services from Hearing Australia.</li> </ul>
5	<b>Non-routine clients</b> (see definitions) <ul style="list-style-type: none"> <li>If assessed by an Audiometrist, must be referred to an Audiologist or medical practitioner.</li> <li>Where an Audiological Case Management (Review and Advice) Service (Item 610/810) is required, Assessment or Reassessment Items (600/800) <b>must not</b> be claimed until the Review and Advice service is completed</li> <li>Date of Service for Audiological Case Management (Review and Advice) Service (Item 610/810) must match Date of Service for Assessment or Reassessment Items (600/800).</li> </ul>
6	If the client is likely to proceed to a fitting, the client must <ul style="list-style-type: none"> <li>have a minimum 3FAHLs of greater than or equal to 23dB (3FAHL <math>\geq</math> 23dB) or be eligible under the <a href="#">MHLT</a> Exemption Criteria. Each ear must be evaluated independently</li> <li>be informed about the provider's device supply arrangements</li> <li>be eligible for refitting under the <a href="#">ECR</a> guidelines be eligible for refitting under the <a href="#">ECR</a> guidelines</li> <li>be provided with a detailed device quotation, as specified in the Device Supply Requirements (see page 5), to ensure they understand any out of pocket costs.</li> </ul>
7	If the client is not proceeding to a fitting, the client must be advised about the Rehabilitation Service (Item 670) if appropriate.
8	If a new client is bringing previously fitted devices onto the program, a Client Review (Items 930/940) can be claimed at the same time as the Items 600 & 790/791, providing the Client Review requirements are met.
9	The Date of Service is the date of the assessment/reassessment. If an Audiological Case Management (Review and Advice) Service (Items 610/810) is required, the Date of Service for Items 600/800 is the date the advice is provided.

## Evidence Requirements

Evidence kept on the client record to substantiate Assessment/Reassessment Services **MUST** include

- Practitioner's (and supervisor's) full name and QP number
- Date of Service
- Claim for Payment form
- otoscopy results
- a complete and dated audiogram
- complete assessment of clinical and audiological history established or reviewed
- both MHLT exemption criteria if a client with 3FAHLs < 23dB is going to be fitted with a device, including a current WANT completed at the time of the assessment or device discussion
- client's hearing goals established or reviewed
- client's expectations, motivation and attitude towards hearing rehabilitation
- device advice, including fully subsidised device recommendation (if client is likely to be fitted)
- detailed device/accessories quote/s (if client is likely to be fitted)
- discussion of communication strategies/tactics.

Evidence kept on the client record to substantiate Assessment/Reassessment Services **MAY** include

- air conduction (where appropriate)
- bone conduction (where appropriate)
- speech testing (where appropriate)
- referral to a medical practitioner where appropriate
- Specialist Services client decision regarding choice of provider (if applicable)
- non-routine client advice from Audiologist to Audiometrist (if applicable)
- advice regarding Rehabilitation Service (Item 670) if client is not going to be fitted with a device.

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**AUDIOLOGICAL CASE MANAGEMENT (REVIEW AND ADVICE)**

Review and advice provided by a QP Audiologist to enable an Audiometrist to complete a non-routine client's Assessment/Reassessment Service.

Item	Service
610	Audiological Case Management (Review and Advice) – with Assessment Service (Item 600)
810	Audiological Case Management (Review and Advice) – with Reassessment Service (Item 800)
<b>Service Requirements</b>	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioners ensure the safety of the clients through the following: <ul style="list-style-type: none"> <li>• Referral to a medical practitioner for evaluation where clinically appropriate</li> <li>• Liaison with audiologist about the management of non-routine clients</li> </ul> The Audiological Case Management (Review and Advice) Service is delivered by a QP Audiologist for a <b>non-routine client</b> (see definitions).
<b>Program Requirements</b>	
3	Item 610 can be claimed <b>once only</b> for each client.
4	Item 810 can be claimed only once on each subsequent (Return) Voucher.
5	Items 610 and 810 can only be claimed where an Audiometrist requests and receives advice from an Audiologist on the management of a non-routine client in order to complete an Assessment Service.
6	Items 610 and 810 <b>cannot</b> be claimed when a provisional (non-qualified) Audiometrist is under the supervision of an Audiologist.
7	The prerequisite Assessment Services (Items 600/800) must be delivered by a QP Audiometrist or a provisional Audiometrist under the supervision of a QP Audiometrist.
8	The Audiological Case Management (Review and Advice) Service may be subcontracted to a QP Audiologist.
9	Items 610 and 810 must be claimed with the QP number of the QP Audiologist who delivered the Audiological Case Management Service.
10	The Date of Service is the date the advice is provided, which must be on or after the prerequisite Assessment/Reassessment (Items 600/800) Date of Service. Date of Service for Audiological Case Management (Review and Advice) Service (Item 610/810) must match Date of Service for Assessment or Reassessment Items (600/800).
<b>Evidence Requirements</b>	
Evidence kept on the client record to substantiate Audiological Case Management (Advice and Referral) Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner's (and supervisor's where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• Audiometrist's request to Audiologist for advice (dated)</li> <li>• Audiologist's advice and additional test results if appropriate (dated)</li> <li>• evidence the Audiologist's advice has been followed.</li> </ul>	

# Initial Fittings

## INITIAL AND SUBSEQUENT INITIAL FITTINGS

- Client's first fitting service through the program to provide appropriate hearing technology which is clinically suitable to the client's needs.
- A Subsequent Initial Fitting is for a client who has previously been monaurally fitted through the program and now requires a hearing device for their other (previously unfit) ear.

Item	Service
630	Initial Fitting – Monaural
631	Initial Fitting – Non Follow up – Monaural
640	Initial Fitting – Binaural
641	Initial Fitting – Non Follow up – Binaural
650	Initial Fitting (no Maintenance Agreement) – Monaural
651	Initial Fitting (no Maintenance Agreement) – Non Follow up – Monaural
660	Initial Fitting (no Maintenance Agreement) – Binaural
661	Initial Fitting (no Maintenance Agreement) – Non Follow up – Binaural
760	Subsequent Initial Fitting
761	Subsequent Initial Fitting – Non Follow up
770	Subsequent Initial Fitting (no Maintenance Agreement)
771	Subsequent Initial Fitting (no Maintenance Agreement) – Non Follow up

## Service Requirements

1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioner provides appropriate hearing aid technology for the client through the following: <ul style="list-style-type: none"> <li>• Appropriate device(s) programming and verification against a prescriptive target</li> <li>• Optimise device(s) to meet the client's needs and preferences</li> <li>• Check for comfort of device(s)</li> <li>• Evaluation of the short term outcome(s) of the client's rehabilitation program</li> <li>• Assist the client to address any issues or concerns</li> </ul>
3	Initial fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.

## Program Requirements

4	An Assessment or Reassessment Service must be completed prior to an Initial or Subsequent Fitting. The provider <b>must ensure</b> the fitting is based on the client's current hearing thresholds.
5	A fitting service consists of at least two appointments, the <b>fitting</b> and a <b>follow up</b> . <ul style="list-style-type: none"> <li>• The follow up must occur at least <b>seven</b> calendar days after the fitting to allow the client time to identify any issues with the fitting or device.</li> <li>• Outcomes against hearing goals must be assessed at follow up.</li> <li>• If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client's device enables remote programming.</li> <li>• If the client does not attend a follow up, or the follow up is sooner than <b>seven</b> calendar days after the fitting, a non-follow up claim must be submitted.</li> </ul> <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the device/s. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
6	If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet <b>both MHLT exemption criteria (Criterion 1 and 2)</b> prior to fitting (a 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form)..
7	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the <b>Device Supply Requirements</b> (see page 5).
8	Only one Initial Fitting Item can be claimed for each client and no previous fitting through the program must have occurred.
9	Any Refitting within 12 months of the Initial Fitting is considered part of the original Fitting, unless the device/s have been returned for credit and a recovery processed (if already claimed), or if the fitting service has been revalidated.
10	All fitting items include consumables for 12 months from the fitting date.
11	A SUBSEQUENT Initial Fitting Item can be claimed <b>once only</b> for a previously monaurally fitted client.
12	SUBSEQUENT Initial Fittings with Maintenance Agreement (Items 760,761) can only be claimed where the client has a current monaural Maintenance Agreement.
13	Where a client receives a MONAURAL Initial Fitting, an Initial Fitting to the other ear must be claimed as a SUBSEQUENT Initial Fitting (Items 760, 761, 770, 771).
14	If the client has private device/s maintained through the program, their first program fitting must be claimed as an Initial Fitting.
15	All clients receiving a fitting must be offered a <b>Maintenance Agreement</b> and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 19 for further program requirements.
16	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the fitting date).

### Evidence Requirements

Evidence kept on the client record to substantiate the Fitting Service **MUST** include

- Practitioner's (and supervisor's where applicable) full name and QP number
- Date of Service
- Claim for Payment form
- evidence MHLT exemption criteria (including WANT) is met where required
- device quote/s signed and dated by client
- otoscopy results at time of fitting, unless the practitioner has used their clinical judgement to determine otoscopy is not required at the time of fitting
- correct device details (serial numbers and device codes, features, accessories)
- device programming (NOAH data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.)
- device/s optimised to the client needs and preferences
- fitting checked for comfort, feedback, occlusion, Maximum Power Output (MPO), etc.
- client/carer counselled on management of devices (device/battery insertion, volume control, cleaning, wax management, additional programs, phone use, etc.)
- Maintenance Agreement discussed (copy of agreement and receipt for client Co-payment where applicable)
- strategies/tactics discussion to help manage hearing loss and device use
- notes on client issues/concerns that have been addressed and support/referral provided as necessary
- review of device use (data logging if available) and adjustments/modifications/program changes at follow up where required
- for non-follow up claims, evidence of attempts to contact the client
- fitting outcome evaluated at follow up (e.g. aided speech testing)
- review of outcomes against hearing goals at follow up
- check client is satisfied with outcomes
- copy of client receipt if payment required for partially subsidised device where applicable.

# Refitting

## REFITTINGS

These fittings are for clients who have been previously fitted on the same ear. **A client may only be refit if they meet the Eligibility Criteria for Refitting (ECR).**

Item	Service
820	Refitting – Monaural
821	Refitting – Non follow up – Monaural
830	Refitting – Binaural
831	Refitting – Non follow up – Binaural
Service Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioner provides appropriate hearing aid technology for the client through the following: <ul style="list-style-type: none"> <li>• Appropriate device(s) programming and verification against a prescriptive target</li> <li>• Optimise device(s) to meet the client’s needs and preferences</li> <li>• Check for comfort of device(s)</li> <li>• Evaluation of the short term outcome(s) of the client’s rehabilitation program</li> <li>• Assist the client to address any issues or concerns identified</li> </ul>
3	Refittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
4	A fitting service consists of at least two appointments, the <b>fitting</b> and a <b>follow up</b> . <ul style="list-style-type: none"> <li>• The follow up must occur at least <b>seven</b> calendar days after the fitting to allow the client time to identify any issues with the fitting or device.</li> <li>• Outcomes against hearing goals must be assessed at follow up.</li> <li>• If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client’s device enables remote programming.</li> <li>• If the client does not attend a follow up, or the follow up is sooner than <b>seven</b> calendar days after the fitting, a non-follow up claim must be submitted.</li> </ul> <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the device/s. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
5	The client must have previously received a fitting through the program to the same ear.
6	If a fitting (doesn’t include replacements) has been claimed for the same ear on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
7	Clients must not be refitted unless the fitting complies with the <a href="#">ECR</a> . <ul style="list-style-type: none"> <li>• Evidence supporting the relevant ECR must be kept on the client’s record.</li> </ul>
8	A hearing Reassessment, screening or Client Review must have been completed before Refitting. The provider <b>must ensure</b> the fitting is based on the client’s current hearing thresholds.
9	If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet <b>both MHLT exemption criteria (Criterion 1 and 2)</b> prior to fitting. <ul style="list-style-type: none"> <li>• A 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form.</li> </ul>
10	If a monaural Refitting has been claimed and the opposite ear requires a refit on the same voucher, the previous fitting claim must be recovered and these services claimed as a binaural fitting (except where the client has relocated and the fittings are completed by different providers).
11	Any Refitting within 12 months of the Initial Fitting is considered part of the original Hearing Rehabilitation Program, unless the device/s have been returned for credit and a recovery processed (if already claimed), or if the fitting service has been revalidated.
12	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with <b>the Device Supply Requirements</b> (see page 5).
13	All clients receiving a fitting must be offered a <b>Maintenance Agreement</b> and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 19 for further program requirements.
14	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the Fitting date).

## Evidence Requirements

Evidence kept on the client record to substantiate the Refitting Service **MUST** include

- Practitioner (and supervisor's where applicable) full name and QP number
- Date of Service
- Claim for Payment form
- evidence MHLT exemption criteria (including WANT) is met where required
- the ECR number, reason for the refit and evidence required by the ECR
- device quote signed and dated by client
- otoscopy results at time of fitting unless the practitioner has used their clinical judgement to determine otoscopy is not required at the time of fitting.
- correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone, accessories)
- device programming (NOAH data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.)
- device/s optimised to the client needs and preferences
- fitting checked for comfort, feedback, occlusion, MPO, etc.
- client/carer counselled on management of devices (device/battery insertion, volume control, cleaning, wax management, program switching, phone use, etc)
- Maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable)
- strategies/tactics discussion to help manage hearing loss and device use
- notes on client issues/concerns that have been addressed and support/referral provided as necessary
- review of device use (data logging if available) and adjustments/modifications/program changes at follow up where required
- for non-follow up claims, evidence of attempts to contact the client
- fitting outcome evaluated at follow up service (e.g. speech testing)
- review of outcomes against hearing goals at follow up
- check client is satisfied with outcomes
- copy of client receipt if payment required for partially subsidised device.

## Assistive Listening Devices (ALDs)

<b>ASSISTIVE LISTENING DEVICES (ALDs) – INITIAL FITTING</b>	
To provide clinically suitable ALDs for clients who are not able to or do not wish to wear hearing aid(s).	
Item	Service
635	Initial ALD Fitting
636	Initial ALD Fitting – Non Follow up
655	Initial ALD Fitting (no Maintenance Agreement)
656	Initial ALD Fitting (no Maintenance Agreement) – Non Follow up
Service Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioner provides appropriate assistive listening device technology for the client through the following: <ul style="list-style-type: none"> <li>• Optimise device(s) to meet the client’s needs and preferences</li> <li>• Check for comfort of device(s)</li> <li>• Evaluation of the short term outcome(s) of the client’s rehabilitation program</li> <li>• Assist the client to address any issues or concerns.</li> </ul>
Program Requirements	
3	A fitting service consists of at least two appointments, a <b>fitting</b> and a <b>follow up</b> , however <b>an ALD follow up is not compulsory</b> . <ul style="list-style-type: none"> <li>• If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least <b>seven</b> calendar days after the fitting to allow the client time to identify any issues with the fitting or device.</li> <li>• Device use and hearing goals must be evaluated at the follow up, where this occurs.</li> <li>• Can be completed via telehealth if there are no issues with comfort, sound quality or management.</li> <li>• If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client’s device enables remote programming.</li> <li>• If no follow up appointment is required, the client does not attend a follow up, or the follow up is sooner than <b>seven</b> calendar days after the fitting, a non-follow up claim must be submitted.</li> </ul> <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the ALD. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
4	The client must not have received a previous fitting, including ALD through the program.
5	An Assessment or Reassessment Service must be completed prior to an Initial Fitting. The provider <b>must ensure</b> the fitting is based on the client’s current hearing thresholds.
6	If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet <b>both MHLT exemption criteria (Criterion 1 and 2)</b> prior to fitting (a 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form) <b>Note:</b> An ALD fitting recorded in the portal will default to the ear with the highest 3FAHLs.
7	Clients can receive an ALD <b>or</b> a hearing aid fitting, but not both on the same voucher unless a revalidated service is approved. <ul style="list-style-type: none"> <li>• Clients can receive a device fitting at a later time on a future voucher, after meeting one of the <a href="#">ECR</a>.</li> <li>• Clients can receive an ALD Fitting following a previous device fitting, on a future voucher, after meeting ECR.</li> </ul>
9	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with <b>the Device Supply Requirements</b> (see page 5).
10	All clients receiving a fitting must be offered a <b>Maintenance Agreement</b> and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 19 for further program requirements.
11	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the date the ALD was provided to the client).
Evidence Requirements	
Evidence kept on the client record to substantiate the ALD Fitting Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner (and supervisor’s where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• evidence MHLT exemption criteria (including WANT) is met where required</li> <li>• device quote signed and dated by client</li> <li>• goals to be addressed by the ALD and fitting outcomes evaluated at follow up service (if follow up is claimed)</li> <li>• dated file notes to support completion of a follow up appointment (if follow up claimed)</li> <li>• ALD serial number and device code</li> <li>• check for comfort</li> <li>• client/carer counselled on management of ALD</li> <li>• Maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable)</li> <li>• strategies/tactics discussion to help manage hearing loss and ALD use</li> <li>• issues/concerns have been addressed and support/referral provided as necessary</li> </ul>	

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## ASSISTIVE LISTENING DEVICES (ALDs) REFITTING

To provide clinically suitable ALDs for clients who are not able to or do not wish to wear hearing aid(s). **A client may only be refit if they meet the Eligibility Criteria for Refitting (ECR).**

Item	Service
825	ALD Refitting
826	ALD Refitting – Non Follow up
<b>Service Requirements</b>	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Practitioner provides appropriate assistive listening device technology for the client through the following: <ul style="list-style-type: none"> <li>• Optimise device(s) to meet the client’s needs and preferences</li> <li>• Check for comfort of device(s)</li> <li>• Evaluation of the short term outcome(s) of the client’s rehabilitation program</li> <li>• Assist the client to address any issues or concerns.</li> </ul>
<b>Program Requirements</b>	
3	<p>A fitting service consists of at least two appointments, a <b>fitting</b> and a <b>follow up</b>, however an <b>ALD follow up is not compulsory</b>.</p> <ul style="list-style-type: none"> <li>• If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least <b>seven</b> calendar days after the fitting to allow the client time to identify any issues with the fitting or device.</li> <li>• Device use and hearing goals must be evaluated at the follow up, where this occurs.</li> <li>• Can be completed via telehealth if there are no issues with comfort, sound quality or management.</li> <li>• If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client’s device enables remote programming.</li> <li>• If no follow up appointment is required, or the client does not attend a follow up, or the follow up is sooner than <b>seven</b> calendar days after the fitting, a non-follow up claim must be submitted.</li> </ul> <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the fitting. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
4	The client has previously been fitted with an ALD or hearing aid against a previous voucher.
5	An ALD should only be refitted when the client will no longer be using previous device/s.
6	If a fitting (hearing aid or ALD) has been claimed on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
7	Clients should not be refitted unless they meet the <a href="#">ECR</a> .
8	A Reassessment Service or a Client Review (if appropriate) must be completed prior to an ALD Refitting. The provider <b>must ensure</b> the fitting is based on the client’s current hearing thresholds.
9	<p>If the client has 3FAHLs &lt; 23dB in the ear to be fitted, the client must meet <b>both MHLT exemption criteria (Criterion 1 and 2)</b> prior to fitting (a 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form)..</p> <p><b>Note:</b> An ALD fitting recorded in the portal will default to the ear with the highest 3FAHLs.</p>
10	<p>Clients can receive an ALD fitting <b>or</b> a hearing aid fitting, but not both on the same voucher.</p> <ul style="list-style-type: none"> <li>• Clients can receive an ALD fitting following a previous hearing aid fitting, on a future voucher, after meeting <a href="#">ECR</a>.</li> <li>• Clients can receive a hearing aid fitting at a later time on a future voucher, after meeting one of the <a href="#">ECR</a>.</li> </ul>
11	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the <b>Device Supply Requirements</b> (see page 5).
12	All clients receiving a fitting must be offered a <b>Maintenance Agreement</b> and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 19 for further program requirements.
13	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the date the ALD was provided to the client).
<b>Evidence Requirements</b>	
<p>Evidence kept on the client record to substantiate the ALD Refitting Service <b>MUST</b> include</p> <ul style="list-style-type: none"> <li>• Practitioner (and supervisor’s where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• evidence MHLT exemption criteria (including WANT) is met where required</li> <li>• ECR number, reason for the refit and evidence required by the ECR</li> <li>• device quote signed and dated by client</li> <li>• goals to be addressed by the ALD and fitting outcomes evaluated at follow up service (if follow up is claimed)</li> <li>• file notes to support completion of a follow up appointment (if follow up claimed)</li> <li>• ALD serial number and device code</li> <li>• check for comfort</li> <li>• maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable)</li> <li>• strategies/tactics discussion to help manage hearing loss and client/carer counselled on management of ALD</li> <li>• issues/concerns have been addressed and support/referral provided as necessary.</li> </ul>	

# Maintenance

## MAINTENANCE AND RELOCATED MAINTENANCE

- Maintenance Agreements are optional for fitted clients and offer the client annual, subsidised device maintenance, repairs and battery supply.
- Relocated Maintenance fees compensate providers when a client relocates to them and the client had an existing Maintenance Agreement with their previous provider.
- Private Device Maintenance allows providers to maintain devices listed on an Approved Device Schedule which have been purchased privately by program clients.

Item	Service
700	Maintenance and Battery Supply – Monaural
710	Maintenance and Battery Supply – Binaural
711	Relocated Maintenance and Battery Supply – Monaural
722	Relocated Maintenance and Battery Supply – Binaural
777	Client Co-payment for Maintenance and Battery Supply – DVA Eligible Clients
790	Maintenance and Battery Supply (Private Devices) – Monaural
791	Maintenance and Battery Supply (Private Devices) – Binaural
Program Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Maintenance Services can be delivered by persons with the appropriate skills.
3	The client has a current fitting.
4	All clients receiving a fitting must be offered a Maintenance Agreement. <ul style="list-style-type: none"> <li>• A Maintenance Agreement must be signed and dated by the client confirming their acceptance of the agreement.</li> <li>• Clients must be informed they will receive device batteries, maintenance and repairs if they enter a Maintenance Agreement with the provider and pay the annual Client Maintenance Co-payment (<b>unless DVA exempt or the fee is waived</b>).</li> <li>• The client must still sign a Maintenance Agreement if the Co-payment is waived or is paid by DVA.</li> <li>• It is not mandatory for clients to accept the offer.</li> <li>• Standard consumer protections apply, including device warranties.</li> </ul>
5	Maintenance Agreements cover appropriate battery supply, fitting adjustments, replacement ear moulds, and repairs to the device as well as to any other attachments necessary for the operation of the device.
6	An appropriate number and type of batteries must be supplied in a timely manner so the client is not without the use of their device for any significant period.
7	Repairs must <ul style="list-style-type: none"> <li>• be timely so that the client is not without the use of their device for any significant period</li> <li>• be adequate to restore the device to its original physical condition, allowing for normal wear and tear</li> <li>• ensure that the electroacoustic characteristics and any other features prescribed by the Qualified Practitioner match the original fitting, unless changes are clinically appropriate</li> <li>• if same day repair is unavailable, a loan device should be offered where appropriate.</li> </ul>
8	Warranty on the hearing aid must be utilised for specified hearing aid repairs, as detailed in the Deed of Standing Offer.
9	Maintenance Items (with exceptions of 711 and 722) cannot be claimed earlier than 12 months after the Date of Fitting for Initial Fitting, Subsequent Fitting and Refitting Items.
10	Maintenance can only be claimed once every 12 months, <b>except</b> for Relocated Maintenance (Items 711/722). <ul style="list-style-type: none"> <li>• Items 790/791 can be claimed only once for each client with Items 700/710 claimed after the maintenance expiry date.</li> </ul>
11	Clients must not sign a Maintenance Agreement or pay their Maintenance Co-payment more than 45 days before the date on which Maintenance services commence.
12	Where the client enters into a Maintenance Agreement towards the end of the current voucher, the provider must honour the Maintenance Agreement for 12 months from the agreement commencement date, even if the client's voucher expires.
13	The Date of Service is <ul style="list-style-type: none"> <li>• the anniversary date of the last agreement <b>if</b> the client signed and dated the Maintenance Agreement, and paid the Client Maintenance Co-payment (where required) <b>on or before</b> the anniversary date of the last agreement (requirement 9 applies); or</li> <li>• no earlier than the date the client signed and dated the Maintenance Agreement, and paid the Client Maintenance Co-payment (where required) <b>after</b> the anniversary date of the last agreement or where the client had <b>no previous</b> Maintenance Agreement.</li> </ul>
14	Where the client has agreed to enter into a Maintenance Agreement, <b>Maintenance (Items 700/710)</b> may be claimed on or after <ul style="list-style-type: none"> <li>• the anniversary of the Initial Fitting (Items 630, 631, 635, 636, 640, 641)</li> <li>• the anniversary of an Item 790/791 claim for a private device/s, or</li> <li>• the anniversary of Maintenance Items 700/710.</li> </ul>

15	<p><b>Relocated Maintenance, Items 711/722 (where client has relocated from one provider to another)</b></p> <ul style="list-style-type: none"> <li>• The client must have a current Maintenance Agreement with their previous provider.</li> <li>• The client's relocation to the new provider must already be processed in the portal.</li> <li>• Date of Service is the date the relocating client signs a new Maintenance Agreement with the new provider and cannot be before the client relocation is processed in the portal.</li> </ul> <p><b>NOTE:</b> Relocated Maintenance cannot be claimed again if a client relocates away from a provider and then returns within the same Maintenance Agreement period.</p>
16	<p><b>DVA Client Maintenance Co-payment, Item 777 (not applicable for Relocated Maintenance)</b></p> <ul style="list-style-type: none"> <li>• DVA pays the Client Maintenance Co-payment for eligible DVA clients. The provider can claim an Item 777 for this amount.</li> <li>• The DVA Client Maintenance Co-payment is listed in the Schedule of Fees.</li> <li>• Clients must hold a DVA Gold Card or White Card (for hearing loss).</li> <li>• DVA PCC clients are <b>not</b> entitled to this claim Item.</li> <li>• Item 777 is claimed annually with Maintenance claims (Items 700, 710), for Initial Fitting claims that include Maintenance Agreement (Items 630, 635, 640) and with Private Device Maintenance (Items 790, 791).</li> <li>• 777 Date of Service matches the Date of Service of the Maintenance claims (Items 700, 710, 790, 791) or the Date of Fitting for the Initial Fitting claims that includes Maintenance Agreement (Items 630, 635, 640).</li> <li>• For an initial fitting, DVA will <b>not</b> pay the Client Maintenance Co-payment for the first 12 months if the client does not attend a Follow up Service. The client will be responsible for paying the Co-payment. If the client enters into a Maintenance Agreement for subsequent years, an Item 777 can be claimed for the Client Maintenance Co-payment.</li> <li>• If a DVA Gold or White Card (for hearing loss) holder chooses a partially subsidised device, DVA will only pay the program's set Client Maintenance Co-payment towards their Maintenance Agreement. The client must pay any difference between the provider's quoted maintenance fee and the program set Client Maintenance Co-payment.</li> <li>• The client must still sign a Maintenance Agreement if the Co-payment is paid by DVA.</li> </ul>
17	<p><b>Private Devices Maintenance, Items 790/791</b></p> <ul style="list-style-type: none"> <li>• Maintenance (Items 790/791) may be claimed for the initial year of maintenance if <ul style="list-style-type: none"> <li>➢ the client has never been fitted through the program</li> <li>➢ the client enters into a Maintenance Agreement</li> <li>➢ the private device/s will be the primary device/s, and</li> <li>➢ the private device/s are on a Schedule of Approved Devices.</li> </ul> </li> <li>• Items 790/791 can only be claimed if the device/s are suitable to the client's needs, still in good working condition and can be maintained for at least the remainder of the voucher period.</li> <li>• The client device details (device type, code and date of fitting) must be added to the client's service history in the portal.</li> <li>• The client must have received an assessment prior to the Items 790/791 claim to ensure the fitting is based on the client's current hearing thresholds.</li> <li>• Once the initial Maintenance Agreement expires, subsequent annual Maintenance (Items 700/710) can be claimed as usual.</li> </ul> <p>Where a client has previously been fitted with a device through the program and wishes to purchase private devices and bring them onto the program, providers may claim <b>Maintenance (Items 700/710)</b> if</p> <ul style="list-style-type: none"> <li>• the client has an expired Maintenance Agreement and signs a new agreement</li> <li>• the private device/s will be the primary device/s and</li> <li>• the private device/s are on a Schedule of Approved Devices.</li> </ul>
18	<p><b>Cost to Client</b></p> <ul style="list-style-type: none"> <li>• <b>Fully Subsidised devices:</b> The Schedule of Fees sets the Client Maintenance Co-payment for clients. Clients with fully subsidised devices must not be charged more than this amount.</li> <li>• <b>Partially Subsidised devices:</b> The provider and the client can negotiate a Client Maintenance Co-payment which may be higher than the Co-payment for a fully subsidised device. The fee must be included on the Device Quote (provided to the client prior to fitting). The provider may increase the fee annually if the client is informed through the quote and is specified on each Maintenance Agreement the client signs. The provider cannot charge more than the quoted amount during the life of the device/s.</li> </ul>
<b>Evidence Requirements</b>	
<p>Evidence kept on the client record to substantiate the Maintenance Service <b>MUST</b> include</p> <ul style="list-style-type: none"> <li>• Claim for Payment form (with authorised QP number)</li> <li>• Maintenance Agreement signed by client not more than 45 days before commencement</li> <li>• Details of current fitting (i.e. the device that will be maintained by the agreement) for <b>private</b> device/s</li> <li>• receipt for the Client Maintenance Co-payment (where required)</li> <li>• relocation authorisation signed by the client, if claiming Relocated Maintenance</li> <li>• file notes assessing the suitability and condition of the <b>private</b> device/s. Evidence may also include file notes on maintenance undertaken.</li> </ul>	

## Maintenance for Fitting Items

### For **Initial Fitting** Services

- If the client does not accept a Maintenance Agreement, an *Initial Fitting (no Maintenance Agreement)* Item must be claimed. Standard consumer protections, including warranties and returns apply.
- If the client agrees to enter into a Maintenance Agreement, the *Initial Fitting with Maintenance Agreement* Item should be claimed. Items 630, 631, 640, 641 include device maintenance and batteries for 12 months from the date of fitting.
- If the client has a current Maintenance Agreement due to maintaining private device/s, an *Initial Fitting (no Maintenance Agreement)* Item must be claimed.

### For **Subsequent Initial Fitting** Services

- If the client is on a current Maintenance Agreement, a *Subsequent Initial Fitting with Maintenance Agreement* Item must be claimed. After the expiry date of the existing Maintenance Agreement, Item 710 can be claimed, providing the client is using both devices, and the client agrees to enter into another Maintenance Agreement.
- If the client does not have a current Maintenance Agreement, and does not accept a Maintenance Agreement, a *Subsequent Initial Fitting (no Maintenance Agreement)* Item must be claimed. Standard consumer protections, including warranties and returns apply.

### For **Refitting** Services

- If the client does not have a current Maintenance Agreement and agrees to enter into a Maintenance Agreement, the client must sign a Maintenance Agreement.
- If the client has entered into a Maintenance Agreement prior to the refitting and this expires during the 12 months after their Date of Fitting, the client can be charged a Co-Payment on or after the Date of Refitting.
- Maintenance Items 700 and 710 cannot be claimed within the first 12 months following the Date of Fitting.
- If the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.

### For **ALD Fitting** Services

- If the client does not accept a Maintenance Agreement, an Initial ALD Fitting (no Maintenance) must be claimed (Items 655/656). Standard consumer protections, including warranties and returns apply.
- If the client agrees to enter into a Maintenance Agreement, the Initial ALD Fitting with Maintenance Item should be claimed. Items 635 and 636 include ALD maintenance, batteries and repairs for 12 months from the date of fitting.
- For ALD Refittings, if the client has entered into a Maintenance Agreement prior to the refitting and this expires during the 12 months after their Date of Fitting, the client can be charged a Co-Payment on or after the Date of Fitting.
- For ALD Refittings, if the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.

# Client Review

## CLIENT REVIEW SERVICES - UNAIDED

To enable annual reviews of the client's current hearing status. The service aims to allow clients' ear and hearing health to be monitored over time and improve the access to services for these clients.

Item	Service
<b>920</b>	Client Review – Unaided
<b>Service Requirements</b>	
<b>1</b>	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
<b>2</b>	<p>Practitioner establishes the nature and extent of client's hearing and communication concerns through the following:</p> <ul style="list-style-type: none"> <li>• discussion of client's communication and hearing goals</li> <li>• discussion of client's expectations, motivation and attitude towards hearing rehabilitation</li> <li>• inform client about appropriate communication strategies and tactics.</li> </ul> <p>Client Review Service <b>must</b> include</p> <ul style="list-style-type: none"> <li>• Review of the client's clinical and audiological history</li> <li>• Review of the client's hearing goals</li> </ul> <p><b>And, two or more of the following additional activities</b></p> <ul style="list-style-type: none"> <li>➤ Hearing screening, including a check of middle ear status if clinically indicated</li> <li>➤ Speech testing</li> <li>➤ Review of communication strategies</li> <li>➤ Training and strategies to manage the effects of hearing loss</li> <li>➤ Discussion of rehabilitation options, including hearing devices and ALDs available to assist clients to manage their hearing loss and enhance communication</li> <li>➤ Education of impact of hearing loss and hearing loss prevention.</li> </ul>
<b>Program Requirements</b>	
<b>3</b>	Client must not be fitted with devices.
<b>4</b>	Claimable annually, where it is 12 months or more from the last program Assessment or Reassessment date and 12 months or more from the last Client Review – Unaided service.
<b>5</b>	The Date of Service is the date the Client Review is completed.
<b>Evidence Requirements</b>	
<p>Evidence kept on the client record to substantiate the Client Review Service <b>MUST</b> include</p> <ul style="list-style-type: none"> <li>• Practitioner (and supervisor's where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• dated audiogram (if completed)</li> <li>• client's audiometric history review</li> <li>• client's hearing goals and communication strategies review</li> <li>• otoscopy results (if completed)</li> <li>• air conduction (if completed)</li> <li>• bone conduction (if completed)</li> <li>• tympanometry results (if completed)</li> <li>• evidence of Speech Testing (if completed)</li> <li>• documentation of discussions/training for other items (if completed).</li> </ul>	

### CLIENT REVIEW SERVICES - AIDED

To enable annual reviews of the client's current hearing status and to ensure the client is receiving benefit from their device/s. The service also aims to extend the life of the fitting and address any hearing related issues the client may have.

Item	Service
930	Client Review – Monaural or ALD
940	Client Review – Binaural

#### Service Requirements

1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	<p>Client Review service <b>must</b> include</p> <ul style="list-style-type: none"> <li>• Review of the client's clinical and audiological history</li> <li>• Review of the client's hearing goals</li> <li>• Check of device function</li> </ul> <p><b>And, three or more of the following additional activities</b> (four or more if completed at same time as a Reassessment)            Clients fitted with hearing aids may choose to perform any activities, whereas clients fitted with ALDs may only perform activities marked with ( * ) below.</p> <ul style="list-style-type: none"> <li>➤ Hearing screening, including a check of middle ear status if clinically indicated*</li> <li>➤ Speech testing*</li> <li>➤ Review of client's device management with reinstruction*</li> <li>➤ Review of device expectations and management*</li> <li>➤ Review of communication strategies*</li> <li>➤ Repetition of real device verification or aided threshold measurement</li> <li>➤ Repetition of validation of the devices through speech testing</li> <li>➤ Resetting and/or reprogramming device parameters to accommodate changes in hearing thresholds or needs</li> <li>➤ Fitting new ear moulds or modification of the current ear mould/shell (e.g. retubing, replacement of ear hook)</li> <li>➤ Assessment of MPO settings following device adjustment or modification.</li> </ul>

#### Program Requirements

3	Client must be fitted with at least one device (including ALDs)
4	<p>Claimable annually, where it is 12 months or more from the last program fitting date and 12 months or more from the last Client Review service.</p> <ul style="list-style-type: none"> <li>• For clients with <b>private device/s who have no previous program fitting</b>, a Client Review Service can be completed and claimed on the same date as the private device/s are brought onto the program (Items 790/791).</li> </ul>
5	<p>A Client Review Service can be completed and claimed on the same date as an Assessment/Reassessment Service (Items 600/800).</p> <ul style="list-style-type: none"> <li>• If provided on the same date, four of the additional Client Review activities must be performed (see requirement 2).</li> <li>• Activities must be different to those performed as a part of the Assessment/Reassessment Service.</li> <li>• Client Review activities must be documented separately to the Reassessment Services.</li> </ul>
6	The Date of Service is the date the Client Review is completed. This may occur over one or more appointments.

#### Evidence Requirements

<p>Evidence kept on the client record to substantiate the Client Review Service <b>MUST</b> include</p> <ul style="list-style-type: none"> <li>• Practitioner (and supervisor's where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• client's audiometric history review</li> <li>• client's hearing goals and communication strategies review</li> <li>• dated audiogram (if completed)</li> <li>• otoscopy results (if completed)</li> <li>• file notes on current device function, device adjustments/ modifications, and device management file notes on current device function, device adjustments/ modifications, and device management</li> <li>• device usage (data logging if available)</li> <li>• MPO testing method (if completed)</li> <li>• device programming (NOAH Data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.)</li> </ul>	
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# Replacements

## REPLACEMENTS for lost/damaged devices

To enable clients who have lost or damaged their device/s to return to their previous device status.

Item	Service
840	Replacement of Lost/Damaged Beyond Repair Device – Monaural
850	Replacement of Lost/Damaged Beyond Repair Device – Binaural
555	Client Co-payment for Exempt Clients
888	Client Co-payment for DVA Eligible Clients
<b>Service Requirements</b>	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Devices must be set to the client's preferred settings. The client should be offered a Client Review Service, if they have not received a Client Review Service in the past 12 months.
3	Replacement fittings can be completed via telehealth when replacing with like for like devices, and if no changes in the client's ear and hearing health is reported.
<b>Program Requirements</b>	
4	Device/s have been lost or damaged beyond repair.
5	A Replacement can be claimed at any time after a claim for an Initial Fitting through the program.
6	Replacement must be for the primary device/s.
7	<p>Replacements should be for the same device if still available on a Schedule of Approved Devices.</p> <ul style="list-style-type: none"> <li>• If the device is no longer on an Approved Device Schedule, it should be replaced with another Approved Device from the same category (e.g. Category 1 – High powered BTE, Category 2 – Lower powered BTE, etc.), if possible.</li> <li>• If the device was a partially subsidised device and is being replaced with a fully subsidised device, the device should be from the same device family if available, otherwise device similar in technology and in the same category and style.</li> <li>• The client must be given a detailed device quotation prior to replacement, in accordance with the <b>Device Supply Requirements</b> specified on page 5.</li> <li>• If the client meets one of the <a href="#">ECR</a>, they should be refit or a revalidation of services requested.</li> <li>• If the client wants a different device but the <a href="#">ECR</a> are <b>not</b> met, the client may purchase a private device. Fitting of the private device may be covered by the provider or paid by the client.</li> </ul>
8	<p><b>Lost device/s require a correctly completed Statutory Declaration (Commonwealth or State/Territory form)</b></p> <ul style="list-style-type: none"> <li>• written and signed in the name of the person making the declaration (usually the client but can be the client's representative)</li> <li>• witnessed by an Authorised Witness (refer Attorney General's Department for listing)</li> <li>• must state which device was lost (left, right, both or spare device), and if known, how, when and where lost</li> <li>• must be dated</li> <li>• Statutory Declaration must be received <b>before</b> providing the replacement device/s.</li> </ul>
9	<p><b>Damaged Beyond Repair (DBR) device/s require a DBR letter from the device manufacturer</b></p> <ul style="list-style-type: none"> <li>• if unable to be repaired by the provider, damaged devices must be returned to the manufacturer</li> <li>• manufacturer must provide a written statement declaring the device/s are damaged beyond repair</li> <li>• manufacturer's letter must be received <b>before</b> providing the replacement device/s.</li> </ul>
10	<p>Clients with partially subsidised devices can be charged for their replacement device above the standard device subsidy for that category device.</p> <p>This must be no more than the cost provided on a quote to the client prior to Replacement.</p>
11	<p><b>Replacement Fee:</b> Providers may charge clients a Replacement fee, not exceeding the amount specified in the Schedule of Fees current at the Date of Service.</p> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>• Replacement fee should be waived and an <b>Item 555</b> claimed if the client meets the following criteria with evidence documented on the client's file <ul style="list-style-type: none"> <li>➢ client has dementia</li> <li>➢ device was lost/DBR in hospital</li> <li>➢ device was lost/DBR in a nursing home by staff (must be certified by the staff)</li> <li>➢ the device was lost/DBR in the post</li> </ul> </li> <li>• Replacement fees must be waived and an <b>Item 888</b> claimed for <ul style="list-style-type: none"> <li>➢ DVA clients with a Gold Card</li> <li>➢ DVA clients with a White Card issued for hearing loss.</li> </ul> </li> <li>• DVA PCC clients are <b>not</b> entitled to Item 888.</li> </ul>
12	The Date of Service for all Replacement Items (Items 840/850/555/888) is the date the replacement device is provided.

**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 on their current voucher.

**13**

- If the client **has not** previously received a fitting through the program, they are entitled to receive an Initial Fitting Service with device/s from a Schedule of Approved Devices.
- If the client **has** previously received a fitting through the program, and the lost/DBR private device
  - is on a Schedule of Approved Devices, the device should be replaced with the same device
  - is no longer on a Schedule of Approved Devices, the device should be replaced with a similar device
  - the above **Service Requirements** for a Replacement Service apply.
- If the client **has** received a fitting through the program and they meet the [ECR](#), they are entitled to receive a Refitting Service, provided they accept device/s from a Schedule of Approved Devices.

**Evidence Requirements**

Evidence kept on the client record to substantiate the Replacement Service **MUST** include

- Practitioner (and supervisor's where applicable) full name and QP number
- Date of Service
- Claim for Payment form
- device quote signed and dated by client
- Statutory Declaration for lost device(s), or Manufacturers DBR letter for DBR device(s)
- correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone), accessories)
- explanatory file notes if replacement device differs from lost/DBR device
- device programming to client's preferred settings (NOAH data if available)
- receipt for replacement fee (if not waived) or partially subsidised device payment
- justification for Item 555 claim (e.g. nursing home letter).

# Rehabilitation

## REHABILITATION SERVICE - UNAIDED

To provide an alternative for clients who are not to be fitted with a hearing device but who would benefit from receiving training and strategies to manage the effects of their hearing loss.

Item	Service
<b>670</b>	Rehabilitation Service – Unaided
<b>Service Requirements</b>	
<b>1</b>	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
<b>2</b>	The service must <ul style="list-style-type: none"> <li>• take into consideration the client’s attitude and motivation towards hearing rehabilitation</li> <li>• reflect the client’s communication and hearing goals</li> <li>• educate the client on communication strategies and tactics</li> <li>• inform the client about technology options suitable to their needs (if appropriate).</li> </ul>
<b>3</b>	Rehabilitation Service can be completed via telehealth.
<b>Program Requirements</b>	
<b>4</b>	Rehabilitation Service may be claimed <b>once only</b> for each client.
<b>5</b>	Cannot be claimed if the client has been fitted previously through the program.
<b>6</b>	Must not be claimed if the client has indicated interest in being fitted with device(s).
<b>7</b>	Client can receive a fitting at a later date, if eligible, and changes in client’s circumstances are recorded on the client record.
<b>8</b>	Can only be claimed within 12 months after an Assessment/Reassessment service.
<b>9</b>	Rehabilitation Service (must be provided over two appointments, minimum 30 minutes duration per appointment) <ul style="list-style-type: none"> <li>• first appointment is a consultation</li> <li>• second appointment provides follow up</li> </ul> Appointments should be recorded separately on the client record and on the Claim for Payment form.
<b>10</b>	The Date of Service is the date the Rehabilitation Follow up is completed.
<b>Evidence Requirements</b>	
Evidence kept on the client record to substantiate the Rehabilitation Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner (and supervisor’s where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• documentation of two Rehabilitation appointments: 1<sup>st</sup> = consultation, 2<sup>nd</sup> = follow up</li> <li>• discussion of client’s attitude and motivation towards rehabilitation</li> <li>• discussion of client’s communication and hearing goals</li> <li>• notes detailing strategies/tactics advised to manage hearing loss without devices</li> <li>• follow up notes recording client outcomes and review of tactics.</li> </ul>	

## REHABILITATION PLUS SERVICES - AIDED

To assist clients being fitted for the first time to acquire and apply skills to maximise their communication abilities and better manage their hearing loss.

Item	Service
680	Rehabilitation Plus (two sessions)
681	Rehabilitation Plus (single session)
Service Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	The service must: <ul style="list-style-type: none"> <li>• take into consideration the client's attitude and motivation towards hearing rehabilitation</li> <li>• reflect the client's communication and hearing goals</li> <li>• educate the client and significant others on communication strategies and tactics</li> <li>• inform the client about technology options suitable to their needs (if appropriate).</li> </ul>
3	The service <b>must not</b> address issues of device fitting (inserting devices, cleaning, changing batteries, program/volume control management etc.) and adjustment (sound adjustments) as these are expected activities for the Fitting Service.
4	Rehabilitation Plus can be completed via telehealth.
Program Requirements	
5	Only available to clients receiving <b>fully subsidised devices, partially subsidised devices at no cost to client</b> or an <b>ALD</b> for the first time through the program.
6	<b>Clients are only entitled to one Rehabilitation Plus program, either one Item 680 OR two Item 681.</b> <ul style="list-style-type: none"> <li>• Item 680 consists of <b>at least two sessions</b> and can only be claimed once per client.</li> <li>• Item 681 consists of <b>one session</b> and can be claimed twice per client.</li> </ul>
7	Service/s must take place after fitting follow up <ul style="list-style-type: none"> <li>• no earlier than 14 calendar days after follow up</li> <li>• no later than 12 months after follow up.</li> </ul>
8	Item 680 consists of at least <ul style="list-style-type: none"> <li>• 2 x 1 hour <b>group</b> sessions, managed by a QP and delivered by a QP or persons with the appropriate skills, <b>or</b></li> <li>• 2 x 30 minutes <b>individual</b> sessions, delivered by a QP; <b>or</b></li> <li>• One <b>group</b> and one <b>individual</b> session.</li> </ul> Partners/significant others can attend any session.
9	Item 681 consists of <ul style="list-style-type: none"> <li>• a 1 hour <b>group</b> session, managed by a QP and delivered by a QP or persons with the appropriate skills; <b>or</b></li> <li>• a 30 minute <b>individual</b> session, delivered by a QP.</li> </ul> Partners/significant others can attend any session.
10	Claim form must specify the QP number of the QP who delivered (or managed, if group sessions), the service/s and Site where services were provided. <ul style="list-style-type: none"> <li>• If services are provided at a location not operated by the provider, claim using the site ID where the client's record is held.</li> </ul>
11	Providers may subcontract the delivery of Rehabilitation Plus <b>group sessions</b> to a person with the appropriate skills. <b>Note:</b> Services must be claimed with the QP number of the QP who managed the group session.
12	The Date of Service is the date the final Rehabilitation Plus Service is provided.
Evidence Requirements	
Evidence kept on the client record to substantiate the Rehabilitation Plus Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner (and supervisor's where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• appointment date/s noting client's attendance for group sessions</li> <li>• review of client's hearing goals</li> <li>• notes detailing advice/training/follow up on communication strategies and tactics.</li> </ul>	

## Spare Device

SPARE DEVICE	
To ensure clients who only have one aidable ear and are heavily reliant on a device are able to have continuous use of a device even when their fitted device is unavailable due to loss/damage/repair.	
Item	Service
960	Spare Device
Service Requirements	
1	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
2	Spare aid fittings can be completed via telehealth if the spare aid is identical to the client's primary device and the client is satisfied with the performance of their current device.
Program Requirements	
3	Client has only one aidable ear and is currently monaurally fitted or has a Bi-CROS fitting.
4	Client is highly dependent on aiding of the better ear.
5	Client does not have a second device that could be adapted to act as a spare.
6	Client has not had a spare device previously fitted through the program.
7	Spare device must be for the primary device <ul style="list-style-type: none"> <li>• A Spare Device cannot be claimed for a CROS fitting.</li> <li>• A Spare Device can only be claimed for the receiver component of a Bi-CROS fitting.</li> </ul>
8	Spare device must be the same device, or if no longer available, the same device category as the fitted device.
9	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with <b>the Device Supply Requirements</b> specified on page 5.
10	<b>Replacement</b> <ul style="list-style-type: none"> <li>• <b>If the spare device is lost:</b> client must complete a Statutory Declaration and the Replacement requirements apply (refer Item 840).</li> <li>• <b>If the spare device is damaged beyond repair (DBR):</b> the device must be sent to the manufacturer for a DBR letter and the Replacement requirements apply (refer Item 840).</li> <li>• <b>If the spare device is no longer suitable due to a significant change in hearing threshold levels:</b> the practitioner must provide explanatory file notes.</li> </ul>
11	The Date of Service is the date the spare device is provided to the client.
12	Future maintenance must be monaural unless client is fitted with a Bi-CROS system.
Evidence Requirements	
Evidence kept on the client record to substantiate the Spare Device Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner (and supervisor's where applicable) full name and QP number</li> <li>• Date of Service</li> <li>• Claim for Payment form</li> <li>• device quote signed and dated by client</li> <li>• history of monaural fitting or fitting with Bi-CROS system</li> <li>• justification of need for a spare device, including high dependence on device (e.g. data logging)</li> <li>• Statutory Declaration (from client if lost or from practitioner if no longer clinically appropriate), or manufacturer's letter if DBR</li> <li>• details of spare device (serial number, model and device code)</li> <li>• client payment receipt (if applicable).</li> </ul>	

## Remote Control

<b>REMOTE CONTROL</b>	
To enable clients with <b>significant</b> dexterity issues to adjust the volume or change the program of their device/s.	
Item	Service
<b>4</b>	Remote Control (Manufacturer's invoice amount < \$200)
<b>Service Requirements</b>	
<b>1</b>	Comply with <b>General Program Service Requirements</b> (see page 5), and the <b>PPB Code of Conduct and Scope of Practice</b> .
<b>2</b>	Client has been fitted with a device through the program (fully or partially subsidised) or is maintaining private device/s through the program.
<b>3</b>	Client has not received a Remote Control for their current fitting. <ul style="list-style-type: none"> <li>• Remote Control Service can only be claimed <b>once</b> on a client's current voucher, unless each ear is fitted with different devices and each device requires a separate remote.</li> <li>• Practitioners should ensure the client can effectively use the remote with their device/s.</li> </ul>
<b>4</b>	Program approval is required if a subsequent remote control is required on the same voucher.
<b>5</b>	Clinical assessment identifying the client has <b>significant</b> functional limitations and/or dexterity issues and cannot effectively manage their device's standard manual controls for volume adjustment or the program settings without a remote control or other technology.
<b>6</b>	Where appropriate, a newer fitted ear must be fitted with the same device as the older fitted ear to ensure the client can use the same remote for both devices.
<b>7</b>	Only the <b>actual remote control cost paid by the provider to the manufacturer/supplier</b> (excluding postage and handling and after any discounts received) up to a cap of \$200 per remote control can be claimed.
<b>8</b>	Remote controls costing more than \$200 require <b>pre-approval</b> . The provider must email <a href="mailto:hearing@health.gov.au">hearing@health.gov.au</a> with the manufacturer's invoice attached, for pre-approval by the program before it is supplied to the client. <ul style="list-style-type: none"> <li>• Remote controls costing more than \$200 will only be approved in exceptional circumstances.</li> </ul>
<b>9</b>	If a client's <b>remote control</b> is lost or damaged beyond repair, a Statutory Declaration must be completed explaining the loss or how it is damaged beyond repair, and be signed and dated by the client or their representative, (and appropriately witnessed). <ul style="list-style-type: none"> <li>• The declaration must be received prior to supplying the Replacement, and must be kept on the client's record.</li> </ul>
<b>10</b>	If a client's <b>hearing device</b> 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. <ul style="list-style-type: none"> <li>• The client record must contain a written statement from the qualified practitioner stating why a different device was fitted and that the old remote control is not compatible with the new hearing device.</li> </ul>
<b>11</b>	The Date of Service is the date the remote control is provided.
<b>Evidence Requirements</b>	
Evidence kept on the client record to substantiate the Remote Control Service <b>MUST</b> include <ul style="list-style-type: none"> <li>• Practitioner (and supervisor's where applicable) full name and QP number</li> <li>• Date of service</li> <li>• Claim for Payment form</li> <li>• justification of client's need for a remote control</li> <li>• file notes regarding client's ability to otherwise manage their device/s independently</li> <li>• program email approval for if the remote is valued over \$200 or if a subsequent remote control is required on the same voucher</li> <li>• Statutory Declaration if remote is Replacement</li> <li>• copy of manufacturer's invoice showing the actual cost paid.</li> </ul>	

## Other Services

RETURNED DEVICES	
Item	Service
1	Device Returned for Credit: Monaural - Half Cost of the Initial Fitting (no Maintenance)
2	Devices Returned for Credit: Binaural - Half Cost of the Initial Fitting (no Maintenance)
3	BTE Returned for Credit: Dispensing Fee
Claiming Requirements	
1	The client returns monaural/binaural device/s or ALD to the provider, and the provider is able to return the device/s/ALD to the manufacturer for credit.
2	The client is not motivated to be fitted with a different style of hearing device in the near future ( $\leq 2$ months).
3	If the fitting claim has been submitted it must be recovered before the Item 1 or Item 2 claim is processed.
4	The Date of Service is the date of fitting of the returned device/s/ALD.
5	The provider will be paid one half of the Fitting (no Maintenance) Item fee.
6	<p><b>Dispensing fee for Behind the Ear (BTE) device/s returned for credit (Item 3)</b></p> <ul style="list-style-type: none"> <li>• Dispensing Fees only apply to BTE devices. The fee is added to a BTE device when it is fitted, to cover the cost of the ear mould and associated plumbing</li> <li>• The Dispensing Fee is returned to the provider when a BTE is returned to the manufacturer for credit.</li> <li>• An Item 1 or Item 2 has been submitted.</li> <li>• The Date of Service matches the Item 1 or Item 2 Date of Service.</li> <li>• If two BTE devices are returned, submit an Item 3 claim twice.</li> </ul>

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# Program Standards

## Minimum Hearing Loss Threshold (MHLT) Guidelines

The Australian Government Hearing Services Program (the program) requires clients being fitted with a hearing device to meet a minimum **3 Frequency Average Hearing Loss threshold of greater than or equal to 23dB (3FAHL  $\geq$  23dB), measured at 0.5, 1 and 2 kHz**. Each ear must be evaluated independently.

Not all clients who have a hearing loss and attend an assessment want or need a hearing device. Before proceeding with a fitting of any client, practitioners must consider the nature and configuration of the hearing loss, the degree of communication difficulties experienced, and the attitude, motivation and goals of the client.

Clients with hearing loss below the program's threshold (**3FAHL  $<$  23dB**) should, in most instances, be provided with a rehabilitation service (communication training and strategies to manage their hearing loss) rather than be fitted with a device.

If a qualified practitioner determines that a client would benefit from a device, the client can be exempt from the MHLT requirements if the client meets both **MHLT exemption criteria** legislated under the [Hearing Services Program \(Voucher\) Instrument 2019](#). **Both criteria must be met** before a client can be fitted or refitted under the program, and all other program assessment and fitting requirements (eg. [Schedule of Service Items](#), and [Eligibility Criteria for Refitting](#)) must also be met.

### MHLT Exemption Criteria

#### Program requirements

Clients with a 3FAHL  $<$  23dB in either ear cannot receive a fitting to that ear, or an Assistive Listening Device (ALD), unless they meet **one condition under Criterion 1 and meet Criterion 2** of the MHLT exemption criteria.

#### Criterion 1

The client must meet one of the following four conditions

- a. **Client has a High Frequency Average Hearing Loss, equal to or greater than 40dB (HFAHL  $\geq$  40dB), measured at 2, 3 and 4 kHz**. Where there is an air-bone gap in the high frequencies, check headphone placement/collapsing canals before calculating HFAHL.
- b. **Client has tinnitus, where both the hearing loss and the tinnitus can be addressed through the use of an approved hearing device**. Tinnitus cannot be the sole reason to provide devices. Fitting may proceed where amplification can be shown to both address the mild hearing loss and **reduce severe or constant tinnitus** that significantly affects quality of life. Documented evidence must show that aiding the client has had successful outcomes for both their hearing loss and tinnitus relief. Tinnitus severity or stress tools should be used prior to the fitting and at the follow-up to evaluate the device fitting. Results must be kept on the client's file.
- c. **Client has a visual impairment that cannot be corrected by treatment, which reduces the client's ability to see mouth movements**. Clients with a mild hearing loss and vision loss may experience greater communication difficulties compared to clients with mild hearing loss and good vision, and may benefit from receiving a device. Documented evidence that amplification improves speech audibility must be kept on the client's file. Clients with more serious visual impairments should continue to be identified as clients who are eligible for Specialist Services.
- d. **Client has previously been fitted under the program and can demonstrate consistent use of the previously fitted hearing device (includes Assistive Listening Device)**. Documented evidence of consistent device use must be kept on the client's file, and may come from sources such as data logging reports, repeated supply of replacement batteries and on-going minor repairs. Evidence of benefit and satisfaction from the use of a device may be provided through responses to self-report outcomes questionnaires and/or file notes from client reviews or other appointments.

#### Criterion 2

**The client must demonstrate they have a positive attitude and are motivated to wear a hearing device through their response to the [Wishes and Needs Tool](#) (WANT).**

The WANT is a client self-report questionnaire, consisting of two questions, intended to be administered towards the end of the assessment/reassessment appointment, prior to each fitting.

Each client should complete the questions without assistance or prompting from the practitioner or others, to ensure that the answers reflect their own attitude and motivation. If a client indicates they are not ready for devices or indicates minimal communication difficulties, a fitting should not proceed.

Each response is scored (scores equal the clients' answer numbers). The client must score **at least 2 or more for each question** and a **total score of 5 or more** (when both scores are added together), to be considered to have an acceptable attitude and motivation for a fitting. No information should be provided to the client to influence their responses. The WANT must be signed and dated by the client and kept on the client's file. A new WANT should be completed prior to each MHLT fitting.

**Asymmetrical Hearing Loss**

If a client has a hearing loss in one ear that cannot be aided due to the severity of the loss or the ear health, the better ear can be fitted with a [Contralateral Routing of Signal \(CROS\)](#) device without meeting the MHLT guidelines. For clients being fitted with a BiCROS device, the better hear must meet the MHLT exemption criteria if the 3FAHL is  $\leq 23\text{dB}$ .

**Claiming**

Client 3FAHLs must be recorded on claim forms and 23.3dB should be rounded to 23dB.

Documented evidence to justify clients meeting Criterion 1 and 2 must be kept on the client file. Evidence supporting fittings under the MHLT exemption criteria and any associated claim forms can be requested by the program at any time.

**Monitoring and Compliance**

Fitting under the MHLT exemption criteria are routinely monitored and audited. Providers will be required to reimburse the Commonwealth, and if applicable the client, if a fitting does not comply with the MHLT guidelines.

## Eligibility Criteria for Refitting

The Eligibility Criteria for Refitting (ECR) provide guidance for Contracted Service Providers (providers) of the Australian Government Hearing Services Program (the program) when deciding whether to refit a client.

The ECR outline the situations where a client's current hearing device/s are no longer suitable due to a significant change in the client's circumstances since their last fitting. The client therefore requires new hearing device/s and must be refitted.

### Provider Responsibility

The client's current devices must be evaluated and found to be unsuitable before new device/s are discussed with the client. Before refitting, it is the responsibility of the provider to check that a refitting service is available on the client's current voucher.

### Minimum Hearing Loss Threshold

Refitting's for clients with a 3FAHL < 23dB in any ear must meet both Minimum Hearing Loss Threshold exemption criteria.

### Revalidated Services

If a client's hearing or health changes significantly, they require an additional assessment or refitting not available on their current voucher and the criteria for revalidation is met, providers may request a revalidated service.

### Lost or damaged devices

If a hearing device is lost or damaged beyond repair (DBR), and it is still available on a Schedule of Approved Devices, the replacement should be the same hearing device, unless the client's circumstances meets an ECR.

### Record Keeping

Please ensure that the required ECR evidence is documented on file. Before proceeding with a refitting of any client, practitioners must consider and document

- the client's current device usage, attitude, motivation and hearing goals
- alternatives to refitting to address the client's issues (counselling, assistance from family members, remote control, adjustment to current device settings etc)
- the nature and configuration of the changed hearing loss and likely future changes, and
- the degree of deterioration of the client's health or the physical change in ear health.

### Eligibility Criteria

Any program refitting must meet one of the following criteria and the client file must include notes referencing the criterion used to support the refitting and the evidence listed under the evidence requirements for that criterion.

Eligibility Criteria	Evidence Requirements
<p>1. The current hearing aid(s) are unsuitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements.</p>	<ul style="list-style-type: none"> <li>● Documented evidence on file details that the current hearing aid(s) are established to be in optimal working order through manufacturer service/repair, mould/shell modification or replacement</li> <li><b>And</b></li> <li>● After adjustment/modification has been made to current hearing aid(s) to accommodate changes in thresholds, Real Ear Measurements show a poor match to targets</li> <li><b>Or</b></li> <li>● Aid specifications show that the client's current Hearing Threshold Level (HTL) is outside the range of the current hearing aid(s) and they were previously optimally fitted.</li> </ul>
<p>2. The current hearing aid(s) are unsuitable because the client can no longer use their aid(s) due to a significant deterioration in health, dexterity or cognitive ability since last fitting.</p>	<ul style="list-style-type: none"> <li>● Documented evidence on file describes the client's deterioration and how this affects the client's ability to manage their hearing aid(s) or a letter from the client's doctor, carer, nurse, supervisor etc. giving details of how the condition affects current hearing aid usage.</li> <li><b>And</b></li> <li>● Details what has been tried with the current hearing aid(s) or why they cannot be modified</li> <li><b>And</b></li> <li>● Details how the new aid(s) proposed for refitting will address the issues with the current hearing aid(s).</li> </ul>
<p>3. A change in physical condition of the ear or ear health has occurred since last fitting and the client requires a different style of hearing device(s) to accommodate this change.</p>	<ul style="list-style-type: none"> <li>● Documented evidence on file, such as case notes, that describe the change in physical condition of the ear or ear health</li> <li><b>And</b></li> <li>● Details what has been tried with the current aid(s) or why they cannot be modified</li> <li><b>And</b></li> <li>● Details how the new hearing aid(s) proposed for refitting will address the issues with the current hearing aid(s).</li> </ul>
<p>4. The current hearing aid(s) are unsuitable because the client requires a telecoil, and current hearing aid(s) do not have a telecoil.</p> <p><b>Please note</b>, this situation does NOT allow for refitting with an FM system/streamer or equivalent.</p>	<ul style="list-style-type: none"> <li>● Documented evidence on file, such as case notes, that states the specific goal which can only be met with a telecoil.</li> <li><b>And</b></li> <li>● Indicates a change in client needs relating to telecoil since the last fitting.</li> </ul> <p><b>Please note</b>, clients must opt-out of having a telecoil for any fitting.</p>
<p>5. Client currently fitted with an Assistive Listening Device (ALD) and now requires hearing aid(s).</p>	<ul style="list-style-type: none"> <li>● Documented evidence on file, such as case notes, detailing a change in client circumstances that indicates hearing aid fitting.</li> </ul>
<p>6. Client's previous initial fit or refit occurred more than five (5) years ago.</p>	<ul style="list-style-type: none"> <li>● Evidence that no fittings have been claimed within the last five (5) years for the ear(s) proposed for refitting.</li> </ul>