

Alberta Health

Alberta Aids to Daily Living Amplification Benefits

Policy & Procedures Manual

January 15, 2021

Classification: Public



Revision History

Description	Date
Policy H-05 updated to clarify policy.	January 15, 2021
Policy H-08 and H-20 updated to clarify policy and process.	December 17, 2020
Policy number changes and wording edits to reflect transfer to Alberta Blue Cross. Policy added regarding Amplification Device Follow-up schedule. Change to High Frequency Hearing Loss eligibility criteria. Recommend 60 day trial for hearing aids for children 0-6 years.	November 23, 2020
Policy H-11– change “hearing aid” to “amplification device”; H-19 – remove reference to “Service Certificate”; H-24 – add signature required at time of assessment.	July 1, 2018
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Policy H-03 – Change to income levels for hearing aid cost-share exemption.	February 22, 2016
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Policy H-03 Amended – Alberta Seniors Benefits thresholds.	July 1, 2014
Policy H-11 – added e-mail as contact option.	July 1, 2014
Policy H-12 – addition of QFR reference.	July 1, 2014
Policy H-14 – addition of RIC repairs, and removal of real ear measurement requirement.	July 1, 2014
Policy H-16 – addition of 1 year with full College membership.	July 1, 2014

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Policy H – 01

Amplification Benefits

Policy Statement

The Alberta Aids to Daily Living (AADL) program assists Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community. AADL provides funding for basic medical equipment and supplies to meet clinically-assessed needs. An assessment by a health care professional determines the equipment and supplies that an eligible Albertan can receive through the AADL program. Amplification benefits available to eligible clients include:

- Hearing Aids
- Personal Listening Devices
- Remote Microphone Hearing Aid Technology (RM-HAT) Systems
- Bone Anchored Hearing Aids
- Cochlear Implant Processors
- Earmolds
- Repairs

Amplification benefits are listed on the Approved Product List (APL) and are provided to eligible clients as per the quantity and frequency limits outlined on the APL.

Eligibility for Amplification benefits is assessed by:

- Authorizers who are audiologists.
- Specialty Assessors who are audiologists and/or hearing aid practitioners.

Amplification benefits are provided by approved AADL specialty suppliers.

Amplification benefit authorizations and claims are processed through the Alberta Blue Cross Online Services Website (Alberta Blue Cross Online Health Portal).

AADL does not fund for research or equipment evaluation.

Policy H - 02

Hearing Aids Eligibility Criteria

Policy Statement

Clients must have a permanent hearing loss, confirmed by a registered audiologist or registered hearing aid practitioner, to be eligible for amplification benefits. Hearing impairment is considered 'permanent' if it is irreversible by medication or surgery, and is likely to sustain for a period of six months or more. This includes conductive impairment associated with structural anomalies of the ear. Permanent hearing loss must be supported by a diagnostic audiogram.

Childhood hearing loss criteria (0-17 years)

Diagnostic audiogram must reflect either of the following:

- Pure tone average at 500, 1000 and 2000 Hz greater than 20 dBHL
- High frequency hearing loss: pure tone thresholds greater than 20 dB at two or more frequencies at or above 2000 Hz

Children under the age of 18 are covered for amplification benefits as per the approved product list and must be assessed and treated by a registered audiologist.

Adult hearing loss criteria

Diagnostic audiogram must reflect either of the following, and the client must be motivated to wear a hearing device:

- A total hearing loss of 100 decibels, or greater, when calculated over the speech frequencies of 500, 1000, 2000 and 3000 Hz. To calculate total hearing loss, add the threshold values at 500, 1000, 2000 and 3000 Hz.
- High frequency hearing loss: pure tone thresholds greater than 25 dB at two or more frequencies at, or above, 2000 Hz.

Additional Criteria

- **Clients between the ages of 18 and 64** must meet one or more of the following criteria to be eligible for amplification benefits:
 - They are eligible for cost share exemption, based on the current income threshold identified by the program in the AADL General Policy and Procedures manual; or
 - They receive assistance under the Assured Income for the Severely Handicapped program or the Income Support Program; or
 - They are a full time student, aged 18 to 24 years, still receiving benefits under the Alberta Health Care Insurance Plan as a dependent under their parents' plan. Proof of full time educational enrolment is required. This client is then eligible for all benefits available to those under 18 years of age indicated on the Amplification Approved Product List (APL).
- **Clients over the age of 65 and adult dependents of seniors** must submit the Alberta Health Proof of Age form (AHC0312) or the Alberta Seniors Financial Assistance Application (SFA3784) to confirm their age. Albertans are eligible for seniors' hearing aid funding the first of the month following their 65th birthday.

Specialty Suppliers can verify the cost-share exemption status on the Alberta Blue Cross Online Health Portal.

Exclusions

- Hearing threshold elevations due to middle ear fluid and/or infection are not covered for amplification benefits.

Policy H - 03

Cost-Share for Amplification Benefits

Policy Statement

AADL is a cost-share program which means that clients and AADL share the cost of approved benefits received through the program. Clients pay 25% of the cost of their benefits up to a maximum contribution of \$500 per family per benefit year. Low income Albertans and individuals receiving income assistance may be exempt from cost share once approved by AADL.

Amplification benefit eligibility is based on client household income levels, as per the AADL cost-share policy outlined in the AADL General Policy and Procedures manual. Each family is assigned one of the following cost share statuses:

- Cost share – The family pays cost share for the benefit year.
- Cost share max reached – The maximum \$500 cost share portion has been paid by the family and no further cost share payments are required for the benefit year.
- Cost share exempt – The family is exempt from paying cost share for the benefit year.
- Temporary cost share exempt – The family is exempt from paying cost share until the end of the current benefit year.

Clients who have a permanent hearing loss, confirmed by a registered audiologist or registered hearing aid practitioner, must meet the following cost-share criteria:

Cost-Share Exemption Criteria

Cost-share exemption criteria is outlined in the AADL General Policy and Procedures manual. The following clients may be eligible for cost-share exemption:

- Clients who are low income, based on the current income threshold identified by the program in the AADL General Policy and Procedures manual.
- Clients who are receiving income supplement benefits from Alberta government programs identified by the program in the AADL General Policy and Procedures manual.

- If a senior's income is above the AADL cost-share exemption thresholds, they may also qualify for cost-share exemption under the Alberta Seniors Benefit Program. Clients need to apply and be eligible for the Alberta Seniors Benefit prior to applying to AADL for cost-share exemption for Hearing Aid Benefits for Seniors. Cost-share exemption criteria is listed in the AADL General Policy and Procedures Manual.

Specialty suppliers can verify cost-share exemption status through the Alberta Blue Cross Online Health Portal, patient inquiry screen.

Procedure

Clients:

1. Ensure they have applied for the Alberta Seniors Benefit and confirm they are eligible for amplification benefits.
2. Submit the Alberta Health Proof of Age form (AHC0312) or the Alberta Seniors Financial Assistance Application (SFA3784) to confirm their age.
3. Submit the “Application for Cost-Share Exemption for Hearing Aid Benefits for Seniors and Their Adult Dependents”. Clients may also contact a specialty assessor, specialty supplier, or the Alberta Blue Cross AADL Provider Contact Center.

Specialty Suppliers:

1. Verify the cost-share status of the individual through the Alberta Blue Cross Online Health Portal, patient inquiry screen.
2. Provide the client with cost-share and/or cost-share exemption information.

Alberta Blue Cross:

1. Verifies the cost-share status of the individual. Provide the cost-share status of an individual on the patient inquiry page of the Alberta Blue Cross Online Health Portal.

Policy H – 04

Specialty Supplier Requirements

Policy Statement

All Specialty Suppliers are responsible for providing quality amplification benefits and services to eligible AADL clients. Any new Specialty Supplier who wishes to join the program will need to provide all required AADL policy documents to Alberta Blue Cross. Alberta Blue Cross will then work with AADL to validate the provider and, if approved, register them on the portal with the appropriate benefits.

All Specialty Suppliers will need to sign Agreements with Alberta Blue Cross and Alberta Aids to Daily Living, and be registered on the Alberta Blue Cross Online Health Portal to submit benefit authorization requests and/or claims for amplification benefits.

Specialty suppliers for amplification benefits must ensure they:

- meet AADL’s general vendor criteria as outlined in the General Policy and Procedures Manual.
- meet AADL’s Approved Product List.
- meet AADL’s test environment and equipment requirements for hearing benefits.
- employ a minimum of one Registered Audiologist or Registered Hearing Aid Practitioner with approved AADL Specialty Assessor status.
- adhere to AADL Policies and Procedures as stated in the most current General Policies and Procedures Manual, Amplification Benefits Manual, and Approved Product List.
- register with Alberta Blue Cross to obtain website access to their Online Health Portal.
- comply with monitoring and/or audits conducted by Alberta Blue Cross and/or AADL.
- employ staff with the necessary expertise regarding the provision of AADL benefits and associated invoicing and business processes.
- follow a ‘best practice’ approach to clinical procedures.

- resolve all errors relating to the assessment of a client’s benefits, eligibility status and billing concerns. This includes correcting claims and resubmitting as required. Unresolved errors may result in loss of funding to the Specialty Supplier.
- provide clients with information and answers regarding AADL eligibility criteria.
- inform Alberta Blue Cross AADL Provider Contact Center if there is a change of ownership.

Policy H – 05

Specialty Assessor/Authorizer Qualifications

Policy Statement

All services for Amplification benefits funded by the AADL program shall be conducted by an audiologist registered with the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) or a Hearing Aid Practitioner registered with the College of Hearing Aid Practitioners of Alberta (CHAPA), who are authorized by AADL.

Audiologists may provide amplification products and services to both adult and child clients. Hearing Aid Practitioners may provide amplification products and services to adult clients only.

Any new Audiologist or Hearing Aid Practitioner who wishes to join the program must complete Specialty Assessor on-line training modules and submit an application to Alberta Blue Cross. Alberta Blue Cross will then work with AADL to validate the clinician and, if approved, register them on the Alberta Blue Cross Online Health Portal with the appropriate benefits.

Specialty Assessors who have not submitted an authorization or claim within 60 days will have their access to the Alberta Blue Cross Online Health Portal removed. To be re-activated, users will have to contact the Alberta Blue Cross AADL Provider Contact Center.

Audiologist Specialty Assessor/Authorizer Qualifications:

- Must be a member in good standing with the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA).
- Must have a minimum of one year clinical experience with a minimum of 1250 clinician hours dispensing hearing aids as a registered Audiologist with ACSLPA to be granted Specialty Assessor status by AADL.

Hearing Aid Practitioner Specialty Assessor Qualifications:

- Must be a registered Hearing Aid Practitioner (RHAP) in good standing with the College of Hearing Aid Practitioners of Alberta (CHAPA.).
- As an RHAP you must have a minimum of one year clinical experience with a minimum of 1250 clinical hours dispensing hearing aids as a Registered member of CHAPA to be granted Specialty Assessor status by AADL.

Trainees:

Trainees are defined as follows and must adhere to the recommended supervision requirements:

Audiology and Hearing Aid Practitioner students/interns who have not completed the following:

- education requirements;
- competency exams (example: NBC-HIS)
- clinical practise hours.

require direct supervision. Direct supervision means that the supervisor, an AADL Specialty Assessor, must be in the same room and supervising the trainee at all times.

Audiologists/Hearing Aid Practitioners who have received a College practise permit, but

- have conditions on their permit
- have not completed the AADL clinical experience hours,

require in-house indirect supervision. In-house indirect supervision means that the supervisor, an approved AADL Specialty Assessor, must be on site but not necessarily in the same room.

Off-Site indirect supervision (e.g., phone, e-mail, fax, teleconference, video) for remote locations will only be considered for Audiologists and Hearing aid Practitioners who are near completion of their College Registration requirements. Requests will be considered on a case-by-case basis at the discretion of the Program Manager.

Policy H - 06

Test Environment

Policy Statement

The environment where hearing tests and hearing aid evaluations and verifications are performed will meet the following standards:

- If such tests and evaluations are performed within a commercially available sound treated booth, the acoustic characteristics as obtained within the booth following fabrication on site will be noted and retained for conveyance to AADL as required;
- If such tests and evaluations are performed outside a commercially available sound treated booth the acoustic characteristics of the room(s) shall be determined with a sound level meter and noted on the audiogram. The serial number of the sound level meter must also be recorded on the audiogram for audit purposes; and
- Testing may not be performed if the ambient noise level exceeds 40dBA when headphones are used, and 48dBA if insert phones are used.

Procedure

Specialty Suppliers:

1. Retain on file acoustic characteristics of commercial sound treated booths.
2. Conduct sound level meter (SLM) readings of ambient noise prior to any test being performed outside of a sound treated booth.
3. Record SLM reading on audiogram, as well as serial number from SLM.

AADL:

1. Conducts testing environment audits.

Policy H – 07

Equipment Requirements

Policy Statement

The specialty supplier must have specified equipment at each location where clients are assessed.

For children, the following testing equipment is required:

- A sound isolating, wheelchair-accessible booth meeting ANSI standards.
- A clinical audiometer capable of air, bone, masking, speech audiometry and sound field testing.
- A middle ear analyzer (capable of tympanograms and acoustic reflexes).
- Otoacoustic emissions (recommended for audiologist clinics, but not mandatory)
- Otoscope.
- A hearing aid analyzer/test box.
- A probe tube microphone system.

For adults, the following testing equipment is required:

- A sound isolating, wheelchair accessible booth meeting ANSI standards, or a test environment in which the ambient noise levels do not exceed 40dBA SPL when using headphones or 48dBA SPL when using insert phones.
- A clinical audiometer capable of air, bone, masking and speech recognition.
- A middle ear analyzer (capable of tympanograms and acoustic reflexes).
- Otoscope.
- A hearing aid analyzer/test box.
- A probe tube microphone system.
- Sound Level Meter (if performing assessments outside of sound isolating booth).

All test equipment must meet current ANSI specifications, and undergo daily, monthly and annual calibrations.

All test equipment must undergo infection prevention and control procedures as per industry standards and manufacturer specifications.

Procedure

Specialty Suppliers:

1. Perform daily and monthly biologic calibrations.
2. Perform annual calibrations on all diagnostic equipment used in clinic.
3. Retain a copy of all equipment calibration documentation.
4. Utilize routine infection prevention and control precautions as per industry standards and manufacturer specifications

AADL:

1. If Specialty Supplier is unable to produce calibration documentation, AADL may take further action until documentation can be provided and verified.
2. If Specialty Supplier is unable to produce evidence that routine infection prevention and control precautions are being taken, AADL may take further action until documentation can be provided and verified.

Policy H – 08

Hearing Assessments

Policy Statement

A complete audiologic assessment will be taken on all clients fitted with an amplification device. All hearing assessments must be performed by an approved AADL Specialty Assessor or Registered Audiologist employed by Alberta Health Services. No results from testing performed by physicians will be accepted. Audiograms more than six months old must be repeated if they are being used for a hearing aid fitting or verification.

All unaided and aided test results shall be dated and signed (name of tester and signature) by the assessor and test reliability shall be noted. The type of transducer used for testing (insert earphones vs. headphones) must also be indicated.

Individuals 0 to 17 years of age must be assessed by an audiologist. These audiologists must be registered with their College and may be employed in either private practice or by Alberta Health Services. It is recommended that children diagnosed with hearing loss seek medical consultation with an Ear, Nose and Throat Specialist to establish the absence of medical contraindications to amplification.

Hearing assessments for all clients must consist of, but may not be limited to, the following:

- **Case History:** The case history should include identifying information, purpose of referral, communication history and pertinent medical history. For potential hearing aid candidates the history should consider the person's candidacy by recognizing lifestyle considerations, physical and cognitive capabilities and expectations of hearing aid use. Use of communication inventories (formal or informal) are strongly recommended to assist the Assessor in prescribing amplification.
- **Otoscopic Examination:** Visual and otoscopic examinations are to be completed with all results recorded on the audiogram as part of the assessment process.
- **Standard Pure Tone Audiometry:** Pure tone air and bone conduction thresholds will be obtained for both ears, with masking where appropriate, as per current standards and guidelines. Results will be clearly recorded upon an audiogram and will minimally include air conduction thresholds over the frequency range of 250 to 8000 Hz at octave steps. For Program purposes, air conduction thresholds shall also be obtained at the mid-octave frequency of 3000 and 6000 Hz in both ears. Bone

conduction thresholds will be obtained at octave steps between 500 and 4000 Hz in both ears unless the hearing loss is bilaterally symmetrical, in which case thresholds may be established for only one ear.

- **Speech Audiometry:** Assessment must include Speech Recognition Threshold (SRT) or Speech Recognition Scores (SRS) completed on both ears, with masking where appropriate. It is recommended that the test be completed according to recognized guidelines, which specify familiarization, to ensure reliable and valid test results. Additional speech tests, which are deemed relevant to the hearing aid prescription process, such as Word Recognition Scores (WRS) and Speech in Noise may be completed at the discretion of the assessor.
- **Acoustic Impedance Testing:** Acoustic impedance testing will be completed for both ears and will include static compliance, middle ear pressure and canal volumes. Acoustic reflex measurements in the ipsilateral condition are mandatory, and contralateral when applicable. All results are to be entered on the audiogram form.

If test results, or lack thereof, indicate the need for further diagnostic evaluation (i.e., Auditory Brainstem Response) to clarify the nature and degree of the hearing loss and the assessor is unable to perform such evaluation, the client must be referred to a clinic capable of such evaluation.

When test results indicate the need for medical examination or intervention, the client must be referred to a physician prior to proceeding with the fitting of amplification and signed off by that physician if no medical intervention is warranted.

Procedure

Specialty Assessors:

1. Ensure the client:
 - a) has a valid Personal Health Number (PHN).
 - b) signs the Client Declaration Form.
 - c) meets the current AADL amplification benefit eligibility criteria.
2. Complete all aforementioned hearing assessment requirements.
3. Document results of each hearing test and hearing aid evaluation on the audiogram.
 - a) Symbols used must also be noted in a key on the audiogram form and shall conform to current audiometric standards.
 - b) Complete a summary of all findings, including assessor's recommendations and retain on the client file.
4. Explain thoroughly all test results and recommendations to client and/or caregivers.

5. Date and have client sign first line (Hearing Test Date) of AADL Validation Certificate.

Clients:

1. Agree to undergo a full audiologic evaluation, attend and follow assessor's instructions.
2. Obtain the appropriate documentation before proceeding with a hearing aid fitting if a referral is recommended to meet assessment requirement.
3. Listen to test results and recommendations as they are explained by the assessor.
4. Sign the assessment line of the AADL Validation Certificate.

Alberta Blue Cross:

1. Performs regular audit of documentation and adherence to hearing assessment policy and procedures.
2. Refers questions and/or concerns to AADL, if required.

Policy H – 09

Aural Rehabilitation

Policy Statement

Besides providing amplification to clients, the Specialty Supplier must provide aural rehabilitative counseling in the following areas:

- Understanding Hearing Loss
- Understanding amplification devices and their use
- Understanding assistive devices and their use
- Communication strategies and goals for the hearing impaired client and their communication partners

The client and their family need to be involved in every decision making process as they are responsible for, and should be comfortable with, all decisions made related to their aural rehabilitation.

Policy H – 10

Hearing Aid Selection

Policy Statement

The Specialty Supplier must offer a hearing aid within the identified program maximum prices to all clients. If the price of the hearing aid preferred by the client exceeds the limits set by the AADL Program, the Specialty Assessor may bill the client the difference. The hearing aid provided to the client must have a one-year warranty, at minimum.

Procedure

Specialty Suppliers:

1. Confirm client eligibility for amplification benefit and cost-share status through the Alberta Blue Cross Online Health Portal, Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss a range of amplification options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost sharing with client.
5. Confirm with client, which hearing aid(s) are to be ordered.
6. Enter the authorization request through the Alberta Blue Cross Online Health Portal, prior to fitting date.

Clients:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Listen and consider amplification options presented by the Specialty Supplier.
3. Confirm with Specialty Suppliers which hearing aid(s) are to be ordered and whether the aids fall within the program maximum funding.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding amplification selection.
2. Adjudicates authorizations submitted through the Alberta Blue Cross Online Health Portal.
3. Responds to all questions and/or concerns from assessors and/or clients regarding authorization submissions.
4. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal.

Policy H – 11

Fitting and Verification of Hearing Aids

Policy Statement

Verification is the process used to determine whether a hearing aid meets a set of measurable specifications or expectations. This process includes two parts:

1. Measuring the response of the hearing aid in a test chamber (the coupler response).
2. Probe-tube (real-ear) measurements.

Prior to the initial hearing aid fitting, the Specialty Assessor must complete the following:

- Electroacoustic analysis to ascertain that the hearing aid is meeting electroacoustic specifications prior to being fitted on client;
- A subjective listening test of the hearing aid

At the initial hearing aid fitting, the Specialty Assessor must complete the following:

- Real Ear Measurements (REM) for verifying and optimizing the electro-acoustic characteristics of the hearing aid fitting for gain and maximum output, or
- Simulated Real Ear Measurements (S-REM) of the real-ear aided response (REAR) may be used for infants or clients unable to actively participate in REM verification.

The goal of REM is to ensure that the hearing aid is accessing as much of the speech spectrum as possible and that the output of the hearing aid is not exceeding the client's discomfort level.

In fitting children 0-17 years of age with amplification, all hearing aid verification procedures must be conducted by either an AADL Specialty Assessor who is a registered audiologist in private practice, or employed by Alberta Health Services.

Procedure

Specialty Suppliers:

1. Hearing aid Inquiry must be completed and Authorization must be created prior to hearing aid fitting.

2. Perform electroacoustic assessments via a hearing aid analyzer test box as well as a listening check prior to the hearing aid being fitted on clients.
3. Perform hearing aid verification using REM or S-Rem at the time of the initial fitting of a client's amplification. S-Rem should only be used for clients unable to actively participate in REM verification.
4. Document the real ear verification, keep copies on the clients file, and record the following information:
 - Client's name
 - Date
 - Body Side (L or R)
 - Serial Number of hearing aids(s)
 - Manufacturer and model of hearing aid(s)
 - Hearing aid settings
 - Real ear verification results
5. Verify functionality of any special features ordered with the hearing aid; e.g., directional microphone, digital noise reduction.
6. Instruct client to date and sign Fitting Line of AADL Validation Certificate.
7. Enter claim(s) through the Provider Portal, on the fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
8. Collect client's cost-share portion, if applicable.
9. Provide client with Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Clients:

1. Undergo verification procedures at time of initial fitting.
2. Sign the Fitting Line of the AADL Validation Certificate.
3. Pay cost-share portion, if applicable, and any upgrade costs.
4. Keep copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding verification requirements.
2. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal (OHP).
3. Adjudicates claims submitted through the OHP.
4. Pays eligible claims submitted through the OHP.
5. Refers questions and/or concerns to AADL, if required.

Policy H – 12

Trial Period

Policy Statement

The specialty supplier must provide eligible clients a trial period of at least twenty-eight (28) days after the fitting of a hearing aid, RM-HAT system, and/or Personal Listening Device (PLD), referred to in this policy as an “amplification device”. A sixty (60) day hearing aid trial period is recommended for new users and pediatric clients age zero to six (0-6) years of age. If applicable, the client shall have the benefit of a personally fitted custom (non-stock) ear mold during the hearing aid trial period.

The Specialty Assessor must have contact with the client a minimum of once between the initial fitting date and the required Validation appointment at the end of the trial period to address any concerns that may arise.

If the client is re-fitted with a different model of amplification device during the trial period, the trial period recommences from the date of the re-fitting with the different model. The 28-day trial period does not include days when the aid is not in the client’s possession.

Procedure

Specialty Suppliers:

1. Upon completion of the fitting and verification appointment, the assessor must schedule an interim contact with the client between the initial fitting and the validation appointment.
2. The assessor must schedule a validation appointment (minimum 28 days from fitting), which designates the end of the client’s trial period with the amplification device.
3. The above-scheduled appointments must be rescheduled to reflect a minimum 28 day trial period if the amplification device is returned and a new model of amplification is fitted, or if the client is without their amplification device for over 24 hours.
4. In cases where the client wishes to waive their rights to a trial period, Specialty Suppliers must see the client within one week of the fitting and obtain, in writing, the client’s statement reporting their request to waive any rights to a full trial period.
5. Must keep all documentation regarding appointments and/or waivers on the client’s file.

Clients:

1. Attend all scheduled appointments required to receive funding for their amplification device(s).
2. Address any concerns regarding the trialed amplification device with the specialty supplier prior to signing the Validation Certificate.
3. If waiving the trial period, must provide in writing their acknowledgment of relieving their rights of return.

Alberta Blue Cross:

1. Retains all documentation uploaded to the Alberta Blue Cross Online Health Portal.
2. Responds to all questions and/or concerns from assessors and/or clients regarding trial period requirements.
3. Refers questions to AADL, if required.

Policy H – 13

Validation Certificate

Policy Statement

Clients must have the opportunity to complete a minimum 28-day trial period with their hearing aid(s), RM-HAT system and/or personal listening device; referred to in this policy as an “amplification device”. A sixty (60) day hearing aid trial period is recommended for new users and pediatric clients age zero to six (0-6) years of age. At the end of the trial period the Specialty Assessor shall, in person, validate the effectiveness of the amplification device fitting with the client.

If the fitting is satisfactory to the client, the Specialty Assessor shall obtain from the client their signature on an AADL Validation Certificate or, where the client is under 18 years of age, the signature of their parent or guardian.

The Validation Certificate is a three-part form, in that the client will sign this form on three separate occasions:

1. hearing assessment,
2. amplification device fitting, and
3. completion of a minimum twenty-eight day trial period.

It is mandatory that the Specialty Assessor read and explain to the client what it is they are signing for. No pre-dating or pre-signing of the validation certificate is permitted. All services are to be provided in person. A copy of the signed Validation Certificate must be given by the Specialty Assessor to the client, on the day the client signs the last line on the certificate, for the client’s personal file. The original validation certificate must be kept in the client’s clinical file.

Where the client refuses to travel back to the clinic to sign the certificate, due to time, distance, or non-compliance, the assessor must keep record of all attempts made to contact the client. The original validation certificate must be kept in the client’s clinical file with an explanation as to why the client did not return to sign the certificate.

If a client dies prior to the completion of the 28-day trial period, the amplification device(s) are to be returned to the Specialty Supplier for a manufacturer return. The Specialty Supplier may then charge a return fee to AADL. If unable to obtain the amplification device(s), or return them to the manufacturer, the Specialty Supplier may then charge the manufacturer's invoice cost of the amplification device(s), up to the AADL maximum allowed, as well as a return fee. It is the specialty assessor's responsibility to document all contact with client during the trial period. This includes appointments, phone calls, e-mails and letters.

Procedure

Specialty Suppliers:

1. Obtain validation from the client. Many assistive tools such as inventories, diaries and scales are available to assist the Specialty Assessor to determine the client's satisfaction and capability with the prescribed amplification device(s). The Specialty Assessor may also devise his/her own tool, providing that client feedback is documented in the records.
2. Record/maintain the documentation of validation in client's file.
3. Read over and discuss the final signing of the Validation Certificate with the client, including the recommendation for insurance coverage related to loss, theft or damage.
4. Have the client sign the final line, stating validation, if the client agrees. Client is to sign their name, in full, for each service or item received.
5. Make alternate decisions regarding the status of the amplification device if the client does not agree to sign:
 - a) Further adjustments to the current amplification device may need to be made with an extension of the trial period, or
 - b) Order and trial another model, or
 - c) Return the amplification device.
6. If (a) is chosen, book another future appointment for the client to be checked prior to the client leaving the office.
7. If (b) is chosen, the trial period process will begin again once the new amplification device is fitted and the client will re-sign with a new date on the Fitting Line below where the initial fitting date and signature exists.
8. If (c) is the result, no final signature will be obtained on the Validation Certificate.
9. If the client refuses to sign the Validation Certificate, or alternative, and does not return the amplification device(s), retain all clinical documentation and the Validation Certificate, as well as documentation regarding efforts to contact the client.
10. Keep all documentation regarding the Validation Certificate in the client's file.
11. Give a copy of the signed Validation Certificate to the client, once their signature has been obtained.

12. If the client dies prior to signing the certificate and if the aid(s) are able to be returned, the specialty supplier must reverse the original claim submitted to Alberta Blue Cross. They may then claim the return fee to Alberta Blue Cross. If the aid(s) are unable to be returned, the Specialty Supplier must reverse the original claim and then can claim the manufacturer invoice cost, to the AADL maximum allowed, as well as the return fee.

Clients:

1. Make decision regarding acceptance of the amplification device(s).
 - a) If accepting, sign and date the AADL Validation Certificate.
 - b) If not accepting, discuss alternatives with the Specialty Supplier.
2. Acknowledge that by signing the Validation Certificate, the client accepts responsibility for the loss, theft or damage of the aid or obtains appropriate insurance coverage.
3. Acknowledge that by signing the Validation Certificate, the client accepts that they are not eligible for further government funding for a replacement aid as per the quantity and frequency limits outlined on the approved product list.
4. Obtain a copy of the signed Validation Certificate for their personal files.

Alberta Blue Cross:

1. Retains all documentation submitted through the Alberta Blue Cross Online Health Portal.
2. Responds to all questions and/or concerns from assessors and/or clients regarding the AADL Validation Certificate.
3. Refers questions and/or concerns to AADL, if required.

Policy H – 14

Follow-up Schedule

Policy Statement

Follow up to the initial hearing instrument fitting should be completed on a regular schedule, with accommodation for individual needs. Following the completion of the trial period, it is the Specialty Assessor's responsibility to have contact, in the form of a letter, e-mail or appointment, with the client following the signing of the Validation Certificate at the following times:

- contact at 90 days (3 months) following the signing of the certificate
- contact between 6 months following the signing of the certificate and the one year anniversary date of the initial fitting.
- annual follow-up following the one year anniversary date of the initial fitting is recommended.

At each follow-up visit, the use, care and maintenance of the hearing instruments should be discussed as questions arise, or as re-instruction is required. Assessment of hearing levels shall be done if a change in hearing is noted. Subsequent adjustments should be made to the hearing instruments as needed. Real Ear verification is recommended when changes in hearing are noted, new earmolds are fit and hearing aid adjustments are required.

Additional Recommendations for Pediatric Clients (0-6 years)

It is recommended that the Audiologist see the child and family for a minimum number of two follow up visits within the trial period which is recommended to be a minimum of 60 days for pediatric clients age zero to six (0-6) years.

Follow-up visits are recommended at the following times:

- about every three months for one year after the fitting of amplification,
- about every six months for a second year, and
- annually thereafter until grade one entry.

This follow-up schedule may vary from child to child. Some may require less frequent visits, but for children with a progressive or fluctuating hearing loss or auditory neuropathy spectrum disorder, regular follow-up is recommended. The schedule should be re-assessed on an ongoing, individual basis, with appropriate documentation.

Policy H – 15

Earmolds

Policy Statement

AADL will fund earmolds for users eligible for amplification devices. Earmolds are eligible for replacement as per the quantity and frequency limits outlined on the Approved Product List. The replacement of ear molds is not automatic. Earmolds may only be replaced when one of the following conditions apply:

- Significant, age-typical development of the external ear.
- Loose fitting resulting in feedback.
- Inadequate high-frequency response due to feedback.

Procedure

Specialty Suppliers:

1. Confirm client eligibility for replacement earmold and cost share status through Alberta Blue Cross Online Health Portal, Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss earmold options with the client.
4. Discuss cost-sharing with client.
5. Confirm with client, which earmold(s) are to be ordered.
6. Document why earmold(s) require replacement, if applicable, in the client's file.
7. Enter the authorization request through the Alberta Blue Cross Online Health Portal, prior to client's fitting date.
8. Perform hearing aid verification using REM (or S-REM when applicable) at earmold fitting, this applies to new and remake earmolds.
9. Document the real ear verification, keep copies on the clients file, and record the following information:
 - Client's name
 - Date
 - Body Side (L or R)
 - Serial Number of hearing aids(s) and earmold(s)
 - Manufacturer and model of hearing aid(s) and earmold(s)

- Hearing aid settings
 - Real ear verification results
10. Enter claim(s) on the fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
 11. Collect client's cost-share portion, if applicable.
 12. Provide client with Alberta Blue Cross Claim Statement.

Clients:

1. Provide the Specialty Supplier with appropriate information to obtain eligibility information.
2. Undergo Real Ear verification measures with new/remade earmold(s).
3. Pay the cost-share portion, if applicable.
4. Keep copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding earmold replacement guidelines.
2. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal.
3. Adjudicates authorizations and claims.
4. Pays eligible claims.
5. Responds to all questions and/or concerns from assessors and/or clients regarding claims submissions.
6. Refers questions and/or concerns to AADL, if required.

Policy H – 16

Personal Listening Devices

Policy Statement

A personal listening device is a portable personal communications device that improves the listening experience for a hard of hearing person who does not wear a hearing aid.

The AADL Program will provide eligible clients one (1) Personal Listening Device (PLD), in lieu of a hearing aid, as per the quantity and frequency limits outlined on the Approved Product List (APL).

Replacement after this time period may be requested only if the previous device can no longer be used, or is too costly to repair.

Fitting, Verification & Validation Guidelines

Testing and Environment, as well as Aural rehabilitation requirements are the same as for hearing aid benefits.

The Specialty Assessor shall provide the eligible client with a trial period of at least 28-days after the fitting of the Personal Listening Device (PLD). The 28 day trial period does not include days when the PLD is not in the client's possession.

The Trial Period, Validation Certificate, and Repair Policies discussed in this manual are all applicable to PLD systems.

Procedure

Specialty Suppliers:

1. Confirm client eligibility for amplification and cost share status through Alberta Blue Cross Online Health Portal, Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss personal listening device options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost-sharing with client.

5. Confirm with client, which Personal Listening Device is to be ordered.
6. Document why a Personal Listening Device is being substituted for hearing aids in the client's file.
7. Enter the authorization request through the Alberta Blue Cross Online Health Portal, prior to client's fitting date.
8. Verify functionality of the personal listening device, and that it is meeting the clients' needs.
9. Instruct client to date and sign Fitting Line of AADL Validation Certificate.
10. Enter claim(s) on fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
11. Collect client's cost-share portion, if applicable.
12. Provide client with Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Clients:

1. Confirm eligibility for cost-share exemption and complete a cost-share exemption form, if applicable.
2. Listen and consider amplification options presented by the Specialty Supplier.
3. Confirm with Specialty Suppliers which device is to be ordered and whether the device falls within the program maximum funding.
4. Undergo verification procedures at time of initial fitting.
5. Sign the Fitting Line of the AADL Validation Certificate.
6. Pay cost-share portion, if applicable, and any upgrade costs.
7. Keep a copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding Personal Listening Device replacement guidelines.
2. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal (OHP).
3. Adjudicates authorizations and claims submitted through the OHP.
4. Pays eligible claims submitted through the OHP.
5. Responds to all questions and/or concerns from assessors and/or clients regarding claims submissions.
6. Refers questions and/or concerns to AADL, if required.

Policy H – 17

Remote Microphone Hearing Aid Technology (RM-HAT) Systems

Policy Statement

The AADL Program will provide eligible clients funding for a remote microphone hearing aid technology (RM-HAT) system (i.e., Frequency Modulation (FM)/Digital Modulation (DM) system) and repairs as per the quantity and frequency limits outlined on the Approved Product List (APL). All new and repaired devices must come with a minimum one (1) year warranty.

Personal RM-HAT Systems must be fitted and verified by an Audiologist. The Audiologist is the only professional who is qualified to select, evaluate, fit and dispense RM-HAT systems through AADL.

Eligibility Criteria

Clients must meet the general AADL eligibility criteria and the following criteria for RM-HAT Systems:

- Individuals must be under 18 years of age, or a full-time student, still receiving benefits under the Alberta Health Care Insurance Plan as a dependent under their parent's plan and are between the ages of 18 to 24 years. Proof of full-time educational enrolment is required for those aged 18 to 24.
- The RM-HAT system must be used in conjunction with an amplification benefit, or by individuals who present with a permanent, unaidable, unilateral hearing loss.
- It must be established that the equipment shall be used in a variety of listening environments, not solely for school use.
- The individual's caregivers must be trained in the use of the device and motivated to use it in a variety of listening environments.

Fitting, Verification & Validation Guidelines

- Testing and Environment, as well as Aural rehabilitation requirements are the same as for hearing aid benefits.

- The Audiologist will discuss all audiologic, developmental, listening environment, and technology issues prior to recommending an RM-HAT System.
- At the time of fitting and at routine follow-up, the Audiologist should verify that the electro-acoustic fitting goals have been attained or maintained.
- The Audiologist shall provide the eligible client with a trial period of at least 28-days after the fitting of the RM-HAT System. The 28-day trial period does not include days when the RM-HAT System is not in the client’s possession.
- The Trial Period, Validation Certificate, and Repair Policies discussed in this manual are all applicable to RM-HAT systems.

Procedure

Audiologists:

1. Confirm client eligibility for RM-HAT system and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss a RM-HAT options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost-sharing with client.
5. Confirm with client, which RM-HAT is to be ordered.
6. Document why RM-HAT requires replacement (if applicable) in the client’s file.
7. Enter the authorization request, prior to client’s fitting date.
8. Collect proof of full time educational enrollment from eligible clients aged 18 to 24 and submit to Alberta Blue Cross through the OHP.
9. Order the RM-HAT device from the approved manufacturers list.
10. Fit the RM-HAT system and use verification methods to ascertain adequate benefit.
11. Provide training in the use of the device to family members, and others who may use the RM-HAT system.
10. Instruct client to date and sign AADL Validation Certificate on date of fitting and at completion of 28-day trial period.
11. Enter claim(s) through the Provider Portal on fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
12. Collect client’s cost-share portion, if applicable.
13. Provide client with Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Clients/Families:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Provide proof of full time educational enrollment from eligible clients aged 18 to 24, if applicable.
3. Listen and consider amplification options presented by the Specialty Supplier.

4. Confirm with Specialty Suppliers which RM-HAT device is to be ordered and whether it falls within the program maximum funding.
5. Undergo verification procedures at time of initial fitting.
6. Train in the use of the RM-HAT system.
7. Sign AADL Validation Certificate on date of fitting and at completion of 28-day trial period.
8. Pay cost-share portion, if applicable, and any upgrade costs.
9. Keep a copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding RM-HAT replacement guidelines.
2. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal.
3. Adjudicates authorizations and claims.
4. Pays eligible claims.
5. Responds to all questions and/or concerns from assessors and/or clients regarding claims submissions.
6. Refers questions and/or concerns to AADL, if required.

Policy H – 18

Cochlear Implants

Policy Statement

AADL will provide funding for Cochlear Implant (CI) Replacement Processors for eligible AADL clients as per the quantity and frequency limits outlined on the Amplification Benefits Approved Product List. All devices must come with a one year warranty, at minimum.

AADL will provide funding for Cochlear Implant (CI) repairs for eligible AADL clients as per the quantity and frequency limits outlined on the Amplification Benefits Approved Product List. All repairs must come with a minimum six-month warranty.

Eligibility

Clients must meet the general eligibility criteria requirements found in the AADL General Policies and Procedures Manual and the hearing loss eligibility criteria discussed in this manual. Replacement devices and repairs must be recommended by an authorized Alberta Health Services audiologist. Applicants cannot have the same or similar devices in good working order. Applicants must trade in their old processor in order to obtain a new one.

Procedure

Authorizers:

1. Confirm client eligibility for replacement amplification and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss a range of amplification options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost-sharing with client.
5. Confirm with client, which Cochlear Implant device(s) are to be ordered.
6. Document why Cochlear Implant device(s) require replacement in the client's file.
7. Enter the authorization request through the Alberta Blue Cross Online Health Portal, prior to client's fitting date.
8. Verify functionality of the Cochlear Implant and that it meets clients' needs.

Distributors:

1. Enter claim(s) through the OHP on fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
2. Collect client's cost-share portion, if applicable, and mail device to intended recipient.
3. Provide client with Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Clients:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Listen and consider amplification options presented by the authorizer.
3. Confirm with authorizer which Cochlear Implant (s) are to be ordered and whether the aids fall within the program maximum funding.
4. Undergo verification procedures at time of initial fitting.
5. Pay cost-share portion, if applicable, and any upgrade costs.
6. Keep copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding Cochlear Implant replacement guidelines.
2. Retains all relevant documentation submitted through the Online Provider Portal.
3. Adjudicates authorizations and claims.
4. Pays claims.
5. Refers questions or concerns to AADL, if required.

Policy H – 19

Bone Anchored Hearing Device (BAHD)

Policy Statement

AADL will provide funding for bone anchored hearing devices (BAHD), and BAHDs with a Softband, for eligible AADL clients as per the quantity and frequency limits outlined on the Amplification Benefits Approved Product List. All devices must come with a one-year warranty, at minimum.

AADL will provide funding for BAHD repairs for eligible AADL clients as per the quantity and frequency limits outlined on the Amplification Benefits Approved Product List. All repairs must come with a minimum six-month warranty.

Eligibility

BAHD:

Clients must meet the general eligibility criteria requirements found in the AADL General Policies and Procedures Manual, and the hearing loss eligibility criteria discussed in this manual. Replacement devices and repairs must be recommended by an authorized Alberta Health Services audiologist. Applicants cannot have the same or similar devices in good working order. Applicants must trade in their old processor in order to obtain a new one.

BAHD with Softband:

Alberta Health Services authorized audiologist may recommend the use of a BAHD with softband as a temporary solution until the child is old enough for a BAHD implant (generally <5 years old)

Clients (5yrs+) may choose a BAHD softband as an alternative to traditional bone conduction hearing aids or BAHD implant surgery.

Procedure

Authorizers:

1. Confirm client eligibility for replacement amplification and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss a range of amplification options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost-sharing with client.
5. Confirm with client, which BAHD(s) are to be ordered.
6. Document why BAHD(s) require replacement in the client's file.
7. Enter the authorization request through the Alberta Blue Cross Online Health Portal, prior to client's fitting date.
8. Verify functionality of the BAHD and that it meets clients' needs.

Distributors:

1. Enter claim(s) through the Provider Portal on fitting date. The claim entry process consists of providing claim details, viewing predetermination results and submitting the claim(s).
2. Collect client's cost-share portion, if applicable, and mail device to intended recipient.
3. Provide client with Alberta Blue Cross Claim Statement and Amplification Device funding letter.

Clients:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Listen and consider amplification options presented by the authorizer.
3. Confirm with authorizer which BAHD(s) are to be ordered and whether the aids fall within the program maximum funding.
4. Undergo verification procedures at time of initial fitting.
5. Pay cost-share portion, if applicable, and any upgrade costs.
6. Keep copy of Alberta Blue Cross Claim Statement and Amplification Device funding letter.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Responds to all questions and/or concerns from assessors and/or clients regarding BAHD replacement guidelines.
2. Retains all relevant documentation submitted through the OHP.
3. Adjudicates authorizations and claims.

4. Pays claims.
5. Refers questions and/or concerns to AADL , if required.

Policy H – 20

Amplification Device Repairs

Policy Statement

The AADL Program will pay, up to the AADL set maximum, towards the manufacturer's invoice cost for repair of current amplification devices only. Devices are eligible for repair as per the quantity and frequency limits outlined on the Approved Product List after the manufacturer's warranty has expired. A one-year repair warranty on major repairs is required. A six-month warranty on major repairs is acceptable if there is less than 12 months prior to the next replacement eligibility period.

AADL pays for repairs of hearing aids that were funded by AADL and registered with AADL. A hearing aid not purchased by AADL can be adopted and registered with the program in lieu of an AADL funded aid but a client can't adopt a second hearing aid if they are only eligible for one hearing aid from AADL. An example of an adopted aid would be if an eligible client moves to Alberta, wearing a pre-existing hearing instrument, or an instrument paid for privately. These adopted hearing aids would also be eligible for repairs.

Cost-share clients are eligible for repair funding for one hearing aid. Cost-share exempt clients are eligible for funding up to a maximum of one hearing aid per ear.

A major repair is done when the instrument is sent to the manufacturer's factory, or to an authorized repair facility.

A client may be eligible for an in-house receiver in the canal (RIC) repair as per the quantity and frequency limits outlined on the Approved Product List after the manufacturer's warranty has expired.

An in-house RIC repair is done when the specialty supplier replaces the receiver in-house.

The following services are not covered by AADL:

- Minor repairs and adjustments, other than RIC receiver replacements.
- Fees for extended warranties, other than a 12-month repair warranty, or rush services.
- Verification procedures following a repair.

Procedure

Specialty Suppliers:

1. Confirm client eligibility for amplification benefit and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen. An authorization for repairs is not required.
2. Inform the client as to their eligibility status.
3. Register the serial number of the amplification device to be repaired if it is not already on the system.
4. Retain all related documentation within the client's file regarding the amplification device repair:
 - Client's name
 - Date
 - Body Side (L or R)
 - Manufacturer's Invoice
 - Serial Number of amplification device (s)
 - Manufacturer and model of amplification device(s)
5. Ensure repaired amplification device meets client's needs.
6. Enter claim(s) through the provider Portal on fitting date.
7. Collect client's cost-share portion, if applicable.
8. Provide client with Alberta Blue Cross Claim Statement.

Clients:

1. Provide the Specialty Supplier with appropriate information to obtain eligibility information.
2. Pay the cost-share portion, if applicable.
3. Keep copy of Alberta Blue Cross Claim Statement.

Alberta Blue Cross:

1. Adjudicates authorizations and claims submitted through the OHP.
2. Pays eligible claims submitted through the Alberta Blue Cross OHP.
3. Responds to all questions and/or concerns from assessors and/or clients regarding claims submissions.
4. Retains all relevant documentation submitted through the OHP.
5. Refers questions or concerns to AADL, if required.

Policy H – 21

Amplification Device Replacement

Policy Statement

Amplification devices may be replaced as per the quantity and frequency limits outlined on the Approved Product List' after the replacement eligibility period has expired, if one or more of the following conditions apply:

- Electroacoustic analysis and/or real ear measurements demonstrate that the client's amplification device is no longer appropriate, due to changes in hearing.
- The amplification device requires a major repair and has met, or exceeded, the quantity and frequency limits outlined on the Approved Product List.
- Improvements in design and technology will result in an overall improvement in the client's ability to hear.
- The physical ability of the client to manually operate the controls of the amplification device has become impaired since the original fitting, to the extent that the device cannot be used.
- The amplification device has been lost, stolen or damaged and alternate means of replacement (e.g. insurance) have been exhausted; and, the frequency replacement limit has been met, or exceeded, as outlined on the Approved Product List.

Early replacement of amplification devices may be requested through the Quantity and Frequency Review (QFR) Process outlined in this manual.

AADL funded amplification devices have a minimum one-year purchase and/or repair warranty. Clients must seek repair and replacement through the warranty, if applicable, in that time period.

If the client is not eligible for replacement, yet meets early replacement criteria, a QFR form must be completed. Please refer to the QFR policy in this manual.

Procedure

Specialty Suppliers:

1. Confirm client eligibility for replacement amplification and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. Discuss a range of amplification options with the client, starting with those available within the program maximum funding and restricted to AADL approved manufacturers.
4. Discuss cost-sharing with client.
5. Confirm with client, which amplification device(s) are to be ordered.
6. Document why amplification device(s) require replacement in the client's file.
7. Enter the authorization request through the Alberta Blue Cross OHP, prior to client's fitting date.

Clients:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Listen and consider amplification options presented by the Specialty Supplier.
3. Confirm with Specialty Suppliers which amplification device(s) are to be ordered and whether the aids fall within the program maximum funding.

AADL:

1. Provides a full list of approved manufacturers.

Alberta Blue Cross:

1. Retains all relevant documentation submitted through the Alberta Blue Cross Online Health Portal.
2. Adjudicates authorizations and claims submitted through the Alberta Blue Cross Online Health Portal.
3. Pays eligible claims submitted through the Alberta Blue Cross Online Health Portal.
4. Responds to all questions and/or concerns from assessors and/or clients regarding claims submissions.
5. Refers questions and/or concerns to AADL, if required.

Policy H – 22

Quantity and Frequency Review Process

Policy Statement

Devices that require early replacement must go through the Quantity and Frequency Review (QFR) Process which is explained in the AADL General Policy & Procedures manual. QFRs must be approved prior to submitting an authorization for the benefit. Quantity and frequency limits are outlined in the Amplification Benefits Approved Product List (APL).

Consideration will be given only if the client:

- Has undergone a significant change in hearing since original authorization – more than 20dB pure tone average loss at 500, 1000 & 2000 Hz for those losses moderate and less, and more than a 10dB pure tone average at 500, 1000 & 2000 Hz for those losses moderately-severe to profound; or
- Has undergone a significant change in physical condition (e.g., pediatric growth, acute loss of mobility) resulting in the amplification device no longer being appropriate, or
- A major repair of the amplification device is required and the client is within six months of the replacement eligibility period.
- Equipment is obsolete and cannot be repaired.

AADL funded amplification devices have a minimum one-year purchase and/or repair warranty. Clients must seek repair and replacement through the warranty, if applicable, in that time period.

QFR requests are submitted through the Alberta Blue Cross Online Health Portal and the following document must be uploaded:

- QFR Request form (mandatory)
- Audiogram (mandatory if reason for request is significant change in hearing since original authorization)
- Other supporting document (optional)
- Student enrolment letter (optional)
- Client Declaration Form (mandatory)

Procedure

Specialty Suppliers:

1. Confirm client eligibility for replacement amplification and cost share status through Alberta Blue Cross Online Health Portal (OHP), Patient Inquiry Screen.
2. Inform the client as to their eligibility status.
3. If the client is not eligible for the regular quantity and frequency limits but the client meets early replacement criteria as outlined in this policy, submit a Quantity and Frequency Request and provide all supporting clinical documentation for consideration.
4. Obtain client signature on the QFR form.
5. Submit the QFR request through the Alberta Blue Cross OHP.

Clients:

1. Confirm cost-share eligibility and complete a cost-share exemption form, if applicable.
2. Sign the QFR form, if appropriate.

Alberta Blue Cross:

6. Receives and log QFR requests.
7. Forwards QFR requests to AADL.
8. Forwards AADL decisions regarding the QFR request to the Specialty Supplier and client.
9. Responds to all questions and/or concerns from assessors and/or clients regarding amplification device replacement guidelines.
10. Retains all relevant documentation submitted through the Online Provider Portal.

AADL:

1. The AADL Hearing and Augmentative Communications Program Manager will adjudicate the QFR request and provide a response to Alberta Blue Cross to update the QFR status on the OHP.
2. Retains all relevant documentation submitted through the OHP.

Policy H – 23

Statement of Account

Policy Statement

Amplification benefit suppliers must provide every client with a statement of account for each hearing service invoiced to the AADL program. The claim statement is comprised of three sections:

- statement information
- claim summary, and
- claim detail.

General information including statement details, Alberta Blue Cross contact information and patient data appear on the claim statement.

The claim summary displays the overall breakdown of how much each client is responsible for against the total claimed amount for all claims submitted. The claim summary section displays the following information:

- Total amount claimed – The sum of claimed amounts for all claims submitted.
- AADL will pay – The total amount that AADL will cover for all claims submitted.
- Patient will pay – The total amount the patient is responsible to pay for all claims submitted. This amount is the sum of any cost share amount the patient owes and upgrade charges that are not covered by AADL.

The claim detail section displays every claim submitted and the breakdown of how much each participant is responsible for against each claim. This section needs to clearly indicate cost share and upgrade amounts paid by the patient.

Clients must be provided with a copy of their claim statement as well as a copy of the AADL Amplification device funding letter.

Procedure

Specialty Suppliers:

1. Provide the client with a statement of account for AADL amplification benefits when invoiced to the AADL program.
2. Provide client with Amplification Device funding letter when an amplification benefit is invoiced to the AADL program.

Alberta Blue Cross:

1. Provides the specialty supplier with a detailed claim statement.
2. Provides the specialty supplier with an Amplification Device Funding letter