



WORKING TO MAKE A DIFFERENCE

Hearing Aid Program Billing Guide

Revised 2010

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A. Introduction:

This Billing Guide contains important information for those who provide Hearing Aid Services to Injured Workers referred by WorkSafeBC (The Workers' Compensation Board of British Columbia). It is not intended to replace the *Hearing Aid Service Provider Agreement*, but rather to assist with the completion and submission of Hearing Aid Program forms, documentation and invoices to WorkSafeBC.

1. Claim Status

It is your responsibility to ensure that the client has an accepted claim for Hearing Loss and is entitled to health care benefits, before providing services to him/her.

Claim status can be determined at www.worksafebc.com. Please remember that workers are assigned a claim number upon claim initiation. Having a claim number does not mean the claim has been accepted.

If you have questions you can contact the Inquiry Call Centre at 604 231-8888 or 1 888-967-5377.

B. Ordering and Fitting Hearing Aids:

Please note the "Hearing aid" definition includes all features of the hearing aid, such as the telecoil, directional/dual microphones and CROS/BiCROS cords. The cost of the entire hearing aid, including the features noted above, must be under the Manufacturers Hearing Aid Maximum Price Cap. If a remote control is included within the price cap, it too is considered to be part of the hearing aid (s) (for repairs, etc.)

The price cap for 2009 is \$700.00 per hearing aid.

Also, please remember to have the client sign for their acceptance of the hearing aid(s) following the trial period. You might have to create your own form for this, and it is to be retained in the worker's file. The wording must be as follows:

"I realize that I had up to sixty (60) days to assess my hearing aid(s). I now find that my hearing aid(s) are beneficial to me and have decided to keep them. I understand that my hearing aid(s) will be replaced only if necessary. If problems arise with my hearing aid(s) I will return to the Service Provider in a timely manner."

1. Manufacturers:

WorkSafeBC has a negotiated agreement with many Hearing Aid Manufacturers. Hearing aids must be ordered from these manufacturers, as the hearing aid cost will be billed directly to WorkSafeBC. WorkSafeBC will provide clinics with a list of the participating manufacturers.

If you are unsure whether WorkSafeBC purchases hearing aids from a particular manufacturer, please confirm before ordering the hearing aids.

2. Ordering Replacement Hearing Aids:

WorkSafeBC will replace existing hearing aids only when deemed necessary regardless of the hearing aid's age. Authorization requirements and reporting time-lines, however, are slightly different depending upon the age of the hearing aid.

WorkSafeBC may authorize a new hearing aid if:

- The hearing aid is not functioning properly and the cost of repair is no longer considered cost effective;
- The hearing aid fit is inappropriate and the cost of a new shell is no longer considered cost effective;
- The hearing aid circuitry is inappropriate and the cost of replacing the circuit is no longer considered cost effective;
- There have been significant changes in hearing. That is, audiometric test results show that the worker's hearing has changed by a minimum of 20 dBHL in three or more of the octave frequencies 500 Hz - 4000 Hz, such that audibility has been affected. The initial hearing aid fitting should be able to accommodate any changes less than this.

Replacing hearing aids that are less than (5) five years old requires pre-approval from the WorkSafeBC Hearing Loss Unit.

Other requests will be reviewed on a case by case basis by the WorkSafeBC Hearing Loss Unit.

Hearing aids will not be replaced while under manufacturer or repair warranty without WorkSafeBC pre-authorization.

3. Replacing Lost Hearing Aids:

Any replacement of a hearing aid(s) lost or damaged by causes other than normal wear and tear requires pre-authorization from WorkSafeBC's Hearing Loss Unit.

It is the Injured Worker's responsibility to obtain written approval from WorkSafeBC's Hearing Loss Claims Department. The Injured Worker should write a letter to WorkSafeBC's Hearing Loss Claims Department describing the circumstances surrounding the loss or damage.

Please be aware, that these will be reviewed on a case by case basis and replacement might not be approved.

- If a hearing aid(s) is replaced after the first year, a fitting fee may be invoiced on the Hearing Aid Provision and Services Invoice form (51W12).
- If a hearing aid(s) is replaced within the first year, the Re-fitting Fee for Lost Hearing Aid may be invoiced on the Hearing Aid Provision and Services Invoice form (51W12).

4. Ordering Hearing Aids that exceed the maximum price limit:

I. Cost Share:

If an Injured Worker chooses a Hearing Aid (including Bone Anchored Hearing Aids (BAHAs)), that exceeds the maximum single unit manufacturer's price s/he may choose to enter into a Cost Share Arrangement. With this type of arrangement you may:

- Order the hearing aids directly from the manufacturer.
- Invoice WorkSafeBC for the fitting fee and the Hearing Aid Cap.
 - In 2009, WorkSafeBC's contribution is \$1176.00/aid.
 - Please use fee code 19695 on the Hearing Aid Provision and Services Invoice form (51W12).

- The difference between the retail cost (private pay price) and WorkSafeBC's contribution, as outlined above, can be invoiced to the Injured Worker.
- The First Time Fitting Fee can also be billed, if applicable.

Please note, before entering into a Cost Share arrangement:

- The Injured Worker must have the opportunity to try hearing aids fully covered by WorkSafeBC;
- You must take all reasonable steps to ensure that the Injured Worker fully understands the contents of the Cost Share Arrangement and the responsibilities of the WCB, the Contractor and the Injured Worker
- The Injured Worker must sign indicating that they are aware of the above and this must be maintained in the worker file.

II. Special Consideration:

If the price of the hearing aid and/or additional features exceeds the maximum price limit, it may be purchased through the Cost Share arrangement as outlined above. In some instances, however, the Hearing Loss Claims Department may consider exceptional circumstances in which WorkSafeBC will cover the full cost of the hearing aids.

- In these cases, Hearing Loss Claims Department pre-approval must be obtained.
- As well, you must inform the Manufacturer that pre-approval has been received in every instance in which invoice costs will exceed the maximum WorkSafeBC limit. They may require a copy of the written pre-approval.

For consideration of exceptional circumstances the Contractor must provide the following:

- A statement of explanation outlining why such a device is required;
- A list of situations where the Injured Worker encounters difficulty with current Hearing Aids;
- Reasons why and how this instrument would better meet the Injured Worker's needs (for example the request for an autocoil must demonstrate why a regular telecoil is inappropriate to meet the Injured Worker's needs); and
- A current audiogram containing pure tone air and bone conduction thresholds, speech reception threshold, speech recognition scores in quiet and in noise, uncomfortable listening levels, and any relevant Hearing Aid evaluation measures showing to the satisfaction of the WorkSafeBC Hearing Loss Claims Department that the hearing loss cannot be reasonably addressed by alternative amplification.

5. Interpreters

WorkSafeBC has an Interpreter network for use when the Injured Worker requires assistance. Please contact the Team Assistant in the Hearing Loss Unit to arrange for the interpreter appointment.

Please attempt to give at least 3 business days notice to the Team Assistant in order to allow sufficient time to arrange for an Interpreter and to avoid Emergency Interpretation rates. The Provider should estimate as accurately as possible the hours that will be required.

If the appointment is cancelled the Clinic should immediately notify the Interpreter Service Provider. If the interpreter can not be cancelled and attends the appointment, then the Clinic should document this on the interpreter's attendance form.

If the Injured Worker does not show for the appointment and/or arrives too late to attend the appointment, then the Clinic should document this on the interpreter's attendance form.

C. Forms:

The Hearing Aid Program has a number of specific forms that are used for invoicing or reporting. Forms are periodically revised; therefore it is important that clinics ensure that they are using the current edition of a form. Forms can be accessed through the WorkSafeBC website (<http://www.worksafebc.com>). It is necessary to keep copies of all forms in Injured Workers' files. Please note, forms are to be sent to the fax number (or address) on the top of each form. If forms are being couriered, in order to obtain a signature they must be sent to:

Payment Services
6951 Westminster Hwy
Richmond, BC
V7C 1C6

Mandatory Fields: There are requirements for additional information on invoices. Mandatory fields are marked with an asterisk on the invoice template (51W12). Invoices may be rejected if any field with an asterisk is not completed or contains inaccurate information.

The mandatory fields are marked as follows:

- ❖ Invoice Date
- ❖ Postal Code
- ❖ Service Recipient's First and Last name and birth date
- ❖ Date of injury
 - You do not need to enter a Date of Injury at this time.
- ❖ Payee number
 - Only payments with the payee number related to the service provided will be processed.
- ❖ Service Location Codes
 - You do not need to enter a Service Location Code at this time.
- ❖ Date of service
 - The Date of Service must be included on all invoices. Please ensure that the date format used is absolutely clear. For example, use a "Mar 10, 2009" format, or include a "yyyy-mm-dd" indicator of the format used. If a Date of Service is ambiguous, the associated line item may be rejected.
- ❖ Fee code for service or goods provided
- ❖ Description of Fee Code item
- ❖ Number of units, cost per unit, item total and Invoice total
- ❖ PST and CSA

When there is more than one line item on the invoice that is subject to PST, the PST for each item does not need to be entered separately. The total amount of PST for the invoice can be entered as a single line item. Providers can determine what items are subject to PST by accessing the Provincial Government's web site at:

http://www.sbr.gov.bc.ca/business/Consumer_Taxes/Provincial_Sales_Tax/pst.htm

1. Commonly Used Forms:

I. 83D110: Cover Sheet

All mail received by WorkSafeBC must now have an index code. Because Audiograms, Verification measurements and Manufacturer's Invoices do not have a code, a cover sheet, with an index code, has been created.

- Please staple the appropriate document(s) to the cover sheet, and indicate what has been attached by ticking the appropriate box(es) on the cover sheet.
- If you have attached a manufacturer's invoice, please clearly write/stamp "Copy only – Not for payment" on the top of the invoice.

This form **is not** to be used with Hearing Aid Clinic Invoice or any other WorkSafeBC template form (for example, 51W6, 51D3, and 51W12).

II. 51W6: Hearing Aid Replacement Information Form

This form must be completed when replacement of worker's present hearing aid(s) is requested. The reason(s) why the Injured Worker's present hearing aid(s) is functionally inappropriate and require replacement must be noted. Justification for replacement is required regardless of the age of the hearing aid(s).

This form must be accompanied by the audiogram and verification measurements, which will be attached to the Cover Sheet 83D110, to support replacement.

III. 51W12: Hearing Aid Provision & Services Invoice Form:

This form must be completed when a clinic invoices for the provision of services or products dispensed to a WorkSafeBC Injured Worker in accordance with the *Hearing Aid Provider Services Agreement*.

IV. Personal Information Release Consent Form:

This form is attached to the *Your Hearing Aids, Your Hearing Aid Clinic and You* pamphlet. Workers must sign the "Personal Information Release Consent Form" BEFORE their name and claim number is sent to hearing aid manufacturers when ordering or repairing hearing aid(s).

2. Required Forms:

The following section outlines the required forms for specific services:

I. Initial Hearing Aid Fitting:

- Hearing Aid Provision and Services Invoice form (51W12);
- Cover Sheet (83D110) with:
 - Current audiogram;
 - Clearly labeled Hearing Aid verification measures,
 - If necessary, a copy of the manufacturer's invoice for ear molds. Stamp the top of the Invoice with "Copy only – not for processing".

II. Hearing aid replacement:

Please note, if the present hearing aid(s) is less than 5 years old pre-authorization must be obtained from the WorkSafeBC Hearing Loss Claims Department before the injured worker's hearing aid(s) is replaced.

- Hearing Aid Replacement form (51W6) indicating reason(s) why the aids should be replaced;
- Hearing Aid Provision and Services Invoice form (51W12);
- Cover Sheet (83D110) with:
 - Current audiogram;
 - Clearly labeled verification measures of hearing aids that are being replaced, indicating inappropriate function; please indicate that the information pertains to the “old” aids.
 - Clearly labeled verification measures of new hearing aids; please indicate that this information pertains to the “new” hearing aid(s)
 - If necessary, a copy of the manufacturer's invoice for ear molds. Please stamp the top of the Invoice with “Copy only – not for processing”.

III. Cost-share hearing aids:

- Hearing Aid Provision and Services Invoice form (51W12).
- Cover Sheet (83D110) with:
 - Current audiogram;
 - Clearly labeled verification measures of new hearing aids,
 - A copy of the manufacturer's invoice for the hearing aids and ear molds if billing for these items. Please stamp the top of the Invoice with “Copy only – not for processing”.
- If replacing Hearing Aid(s): Hearing Aid Replacement form (51W6) and supporting documentation (attached to the Cover Sheet 83D110).

IV. Lost or damaged hearing aid(s)

- Letter from the worker: If the worker is applying to have WorkSafeBC cover the cost of replacement hearing aids, s/he must send a letter to their Claim Officer explaining the circumstances surrounding the loss of the hearing aid(s). These will be reviewed on a case by case basis and replacement might not be approved.
- Hearing Aid Provision and Services Invoice form (51W12) - with prior approval.
 - If a hearing aid(s) is replaced prior to one year, the Re-Fitting Fee for Lost Hearing Aid maybe invoiced.
 - If a hearing aid(s) is replaced after one year, a fitting fee may be invoiced on the Hearing Aid Provision and Services Invoice form (51W12).
- Cover Sheet 83D110 with supporting documentation – including manufacturer's invoice if a deductible is being billed. Stamp the top of the Invoice with “Copy only – not for processing”.

V. Hearing aid repairs

In-house service:

- Hearing Aid Provision and Services Invoice form (51W12). Please write a brief explanation of service supplied under 'description'.

Out-office repair:

- Hearing Aid Provision and Services Invoice form (51W12);
- Cover Sheet (83D110) with a copy of the manufacturer's invoice. Stamp the top of the Invoice with "Copy only – not for processing".

VI. Batteries:

- Hearing Aid Battery Invoice 51D3. This form can be sent on the last business day of the month or the first business day of the following month.

VII. Re-evaluation of the Injured Worker/Hearing Aid:

- Hearing Aid Provision and Services Invoice form (51W12);
- Cover Sheet (83D110) with:
 - Current audiogram.

VIII. Billing for Accessory items:

- Hearing Aid Provision and Services Invoice form (51W12).
- Please note that accessories include: dry aid kits, ear gene, wax guard kits, telephone ear pads, CROS and BiCROS cords, oto-ferm, comply soft wraps, sanitation cleaner, superseals, CFA tubes, ear mold blowers and items (e.g. tubes/domes) for open-fittings, wax removal kits, hearing aid cleaning tools, and earmold cleansing tablets,
 - For any other item not listed above the Contractor must obtain pre-approval from the Hearing Loss Claims Department. This includes Electronic Global Dry and Store Kits and amplified telephones. This also includes remote controls if the Hearing Aid Price Cap is exceeded.

IX. Billing for BTE ear mold:

- Hearing Aid Provision and Services Invoice form (51W12);
- Cover Sheet (83D110) with a copy of the manufacturer's invoice. Stamp the top of the Invoice with "Copy only – not for processing".

E. Fee Schedule

Please refer to the *Agreement* for the Fee Schedule, and note that the Hearing Aid Provider must submit invoices within ninety (90) days after services rendered or a hearing device issued. Late invoices may not be processed.

F. Contact Numbers and Addresses

1) For information requests related to specific claims

Inquiry Call Centre: 604-231-8888 or 1-888-967-5377

Hearing Loss Claims Department
PO Box 5350 Stn Terminal
Vancouver BC
V6B 5L5

3) To report changes to legal ownership, staff, hours or location:

Corporate and Health Care Purchasing
PO Box 5350 Stn Terminal
Vancouver, BC V6B 5L5

Fax: 604 276-3260

Email: Purchase@WorkSafeBC.com

4) To request Clinic Qualification Documents:

Corporate and Health Care Purchasing:
Lower Mainland: 604 276-3344
Toll-free: 1 888 967-5377, local 3344
Fax: 604 276-3260
Email: Purchase@WorkSafeBC.com

6) For payment inquiries:

Payment Services
Lower Mainland: 604 276-3085
Toll-free: 1-888 967-5377, ext 3085
Fax: 604 279-7590

7) For service delivery or other contract related inquiries:

Health Care Services
Lower Mainland: 604 279-8123
Toll-free: 1 866 244-6404
Fax: 604 231-8424

8) Freedom of Information and Privacy Protection Inquiries:

WorkSafeBC FIPP Office:
Toll-free: 1-866-266-9405
Lower Mainland: 604-279-8171