

# Hearing aid provider quick reference guide

Updated: January 2024

# First-time hearing aid fittings

Confirm worker's claim status is accepted by one of the following:

- Call the Claims Centre.
- Search "view claim information" in your account on worksafebc.com.
- View the injured worker's claim acceptance letter.

Conduct a hearing evaluation and record the results on the External Hearing Evaluation (**Form 83D73**).

Select the appropriate hearing aid(s) on the WorkSafeBC Price Grid from a WorkSafeBC contracted manufacturer.

Conduct the hearing aid fitting and provide two free accessories.

Hearing Aid Provider (HAP) must submit the following forms to WorkSafeBC within 7 business days following the hearing aid fitting appointment:

- External Real Ear Measures for New Hearing Aid Fitting (**Form 83D72**), including the real ear measure tracings showing the hearing aids meet prescribed targets.
- External Hearing Evaluation (**Form 83D73**).
- Hearing Aid Provider Serial Number Record (**Form 69D9**).

## Important notes

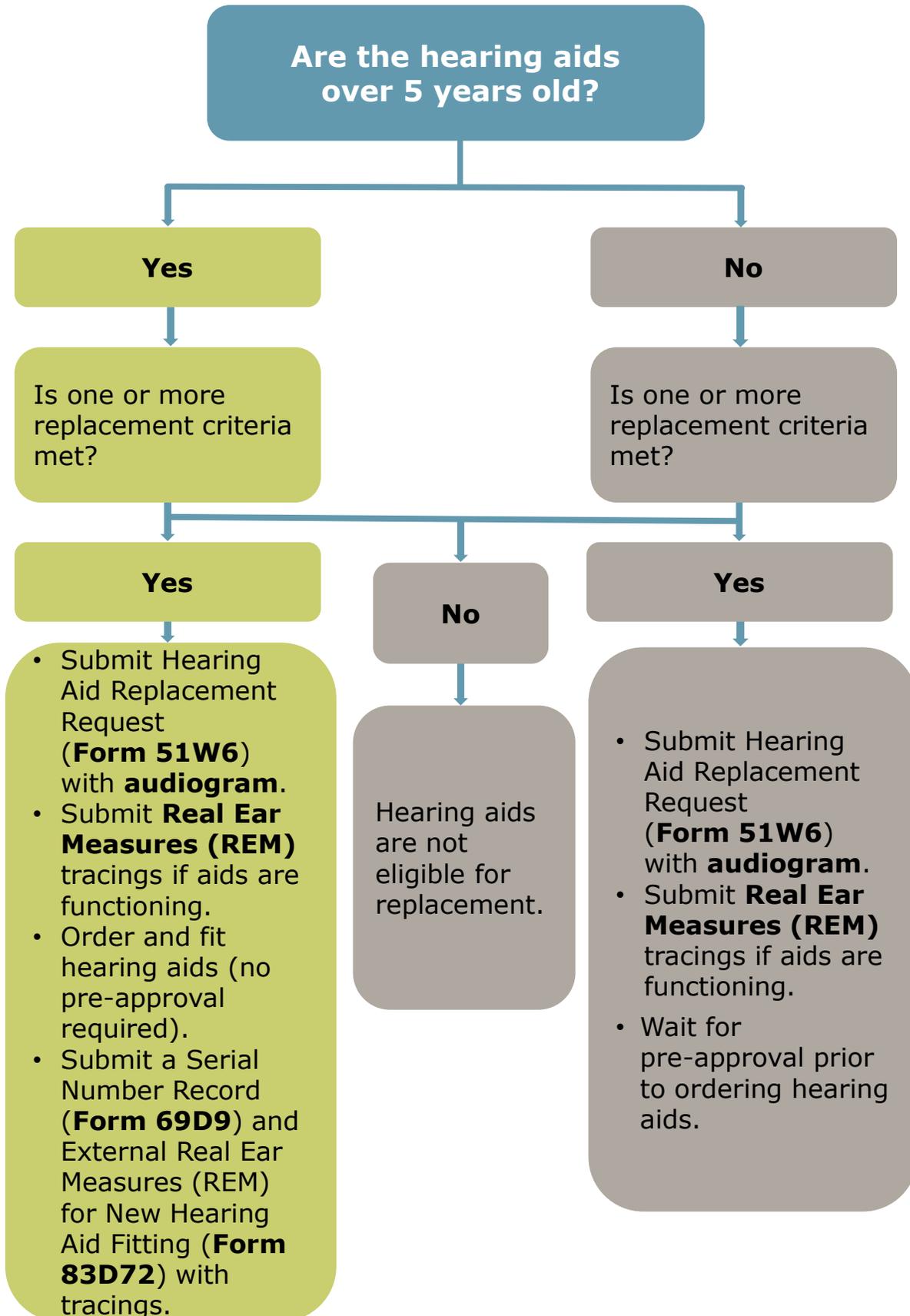
During the 60-day trial period, the injured worker may return or exchange the hearing aid(s). See Section 6.0 of the [Reference Manual](#) for further details regarding exchanged or returned hearing aid(s).

At the end of the 60-day trial period the HAP must:

- Obtain the injured worker's written acceptance of the hearing aid(s).
- Re-submit the updated Hearing Aid Serial Number Record (**Form 69D9**), as applicable.
- Supply the injured worker with an appropriate number of batteries to last for a minimum of 6 months to a maximum of 12 months.

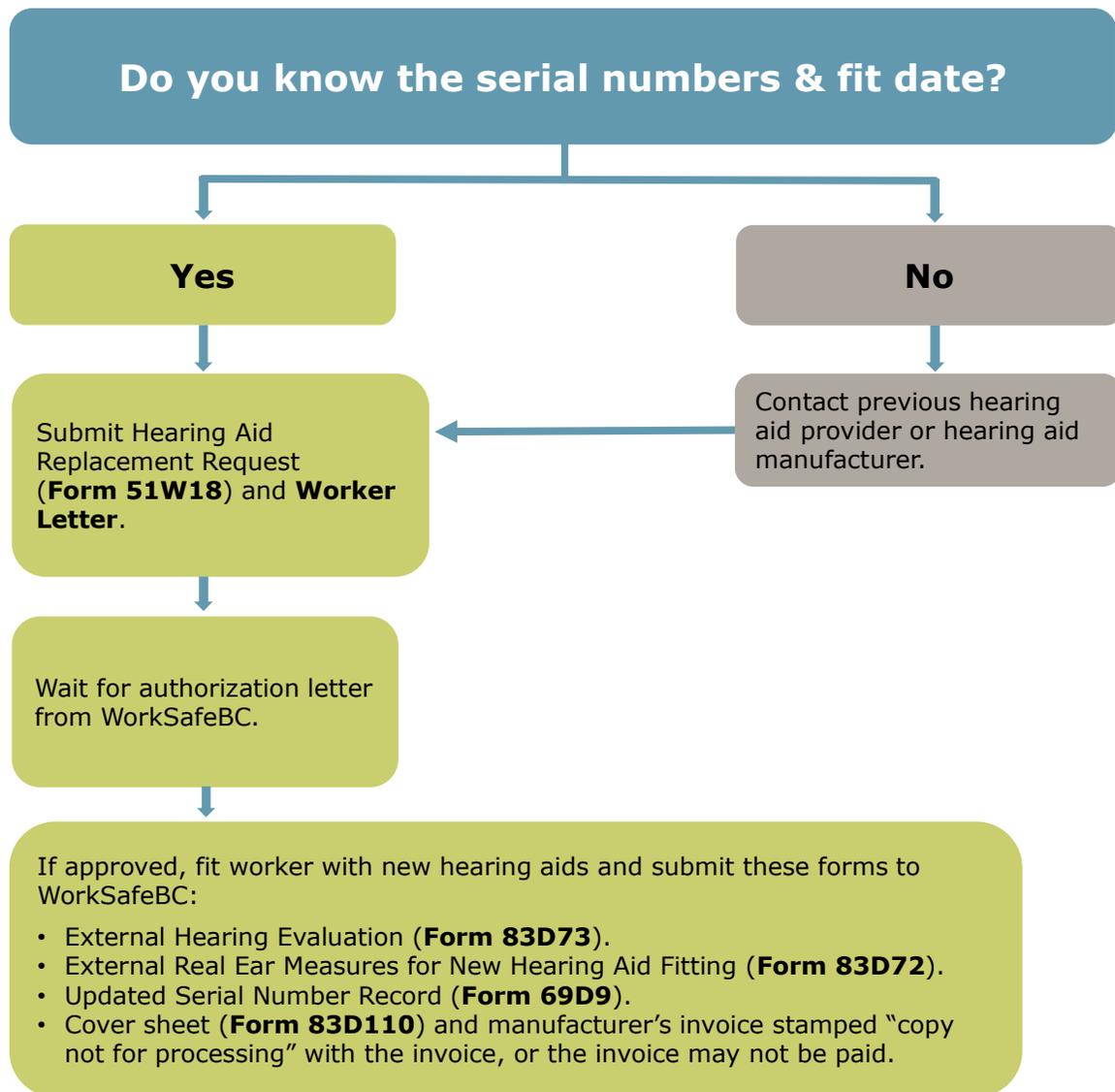
# Requesting hearing aid replacements

For steps regarding lost or damaged hearing aid replacements beyond normal wear and tear please see the next page



# Requesting hearing aid replacements

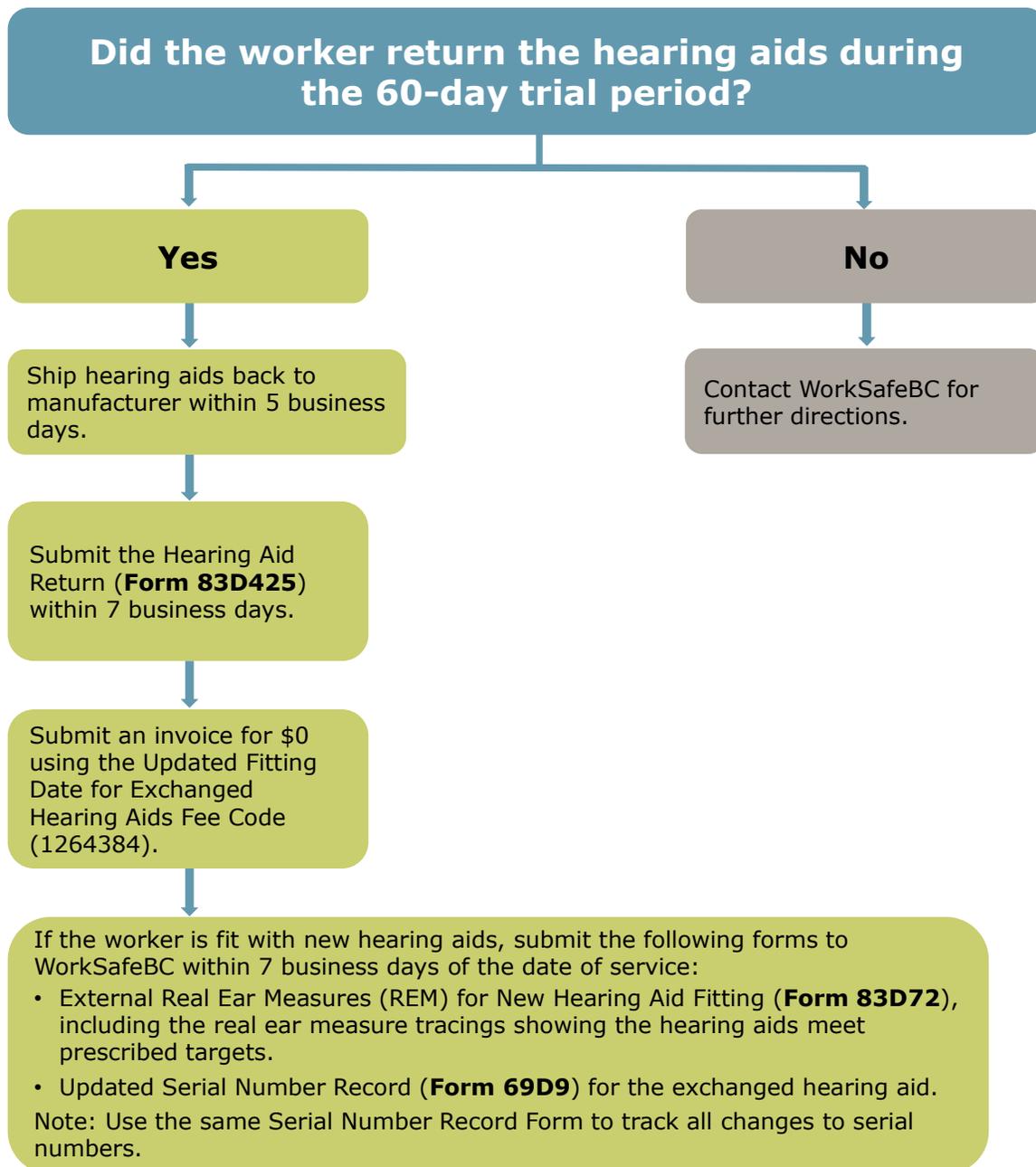
For aids lost or damaged beyond normal wear and tear



## Important notes

- The injured worker or the Hearing Aid Provider (HAP) can submit the worker letter, but it must be written by the worker or a representative, such as a family member.
- If the hearing aid is lost **during** the warranty period, the HAP will receive an authorization letter by fax.
- If the hearing aid is lost **after** the warranty period, only the injured worker will receive a decision letter.
- If denied, the injured worker will receive a decision letter. **The injured worker will be responsible for purchasing the hearing aid(s) privately**, however WorkSafeBC will maintain the hearing aid(s) purchased by the worker once the service period has expired.

# Exchanging/returning hearing aids during trial period



## Important notes

If the hearing aid was returned within 90 calendar days after the fitting and no other hearing aid is fit on the injured worker the Hearing Aid Provider (HAP) must:

- Submit a credit memo to WorkSafeBC on Provider Credit Memo (**Form 83D59**) for the Fitting Fee Code (19680/1246208), Cost Share Arrangement Fee Code (19695/1246209), Combination Device Fitting Fee Code (19631/1246210), or BiCROS Dispensing Fee Code (19685).
- Once the credit has been processed, the Hearing Aid Return Fee Code (19682) can be invoiced.

# Forms needed for Hearing Aid Providers

## Forms required for new hearing aid fittings

Send within 7 business days following fitting

External Real Ear Measures (REM) for New Hearing Aid Fitting ([Form 83D72](#)).

External Hearing Evaluation ([Form 83D73](#)).

Hearing Aid Provider Serial Number Record ([Form 69D9](#)).

Cover sheet ([Form 83D110](#)) with manufacturer's invoice stamped "copy not for processing," or the invoice may not be paid.

## Forms required for hearing aid replacement requests

Hearing Aid Replacement Request ([Form 51W6](#)), including REM tracings, if applicable.

External Hearing Evaluation ([Form 83D73](#)), up to six months from Date of Service (DOS).

Include forms required for new hearing aid fittings, within 7 business days following fitting.

## Forms required for lost or damaged hearing aids

Request for Replacement of Lost or Damaged (Beyond Normal Wear and Tear) Hearing Aid(s) ([Form 51W18](#)). Note: If a lost or damaged beyond normal wear and tear hearing aid is replaced without approval the re-fitting fee or fitting fee will not be paid.

Letter from injured worker explaining circumstances of the lost/damaged hearing aid(s).

Include forms required for new hearing aid fittings.

## Forms required for hearing aid exchanges or returns

Hearing Aid Return ([Form 83D425](#)), within 5 business days following sending hearing aids to manufacturer.

Provider Credit Memo ([Form 83D59](#)) for the fitting fee, if no other hearing aids fit on worker.

Include forms required for new hearing aid fittings, within 7 business days following fitting.

# When approval is required

## Requests that require pre-authorization

Hearing aids were lost and/or damaged beyond repair.

Hearing aids that are less than 5 years old and meet one or more replacement criteria.

Accessories greater than \$200, not including shipping.

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

Assistive Listening Device (ALD) Set Up Fee Code (19698). May be invoiced only when an ALD requires a separate appointment for an assessment, counseling, and training in the use of the device.

Refitting Fee Code (19626) for lost and/or damaged beyond repair hearing aids. Must be within the applicable lost and damaged warranty period.

Combination Device Fitting Fee Code (19631) for injured workers with an accepted tinnitus claim.

Provider Travel/Out of Office Visits Fee Code (19644).

Shipping Items to Workers Fee Code (19634), when shipping is priority (i.e., greater than \$20).

Bedside Sound Generator Fee Code (19639) for injured workers with an accepted tinnitus claim.

## Requests that do not require pre-authorization

Hearing aids that are more than 5 years old and meet one or more replacement criteria.

Manufacturer repairs for hearing aids.

Manufacturer repairs for hearing aid accessories.

Accessories less than \$200, not including shipping.