

Information Bulletin

August 10, 2020

Attention: Hearing Aid Providers (HAP) in BC & Hearing Aid Providers Out-of-Province (HAP OOP)

Subject: Assistive Listening Devices (ALDs) vs. Accessories over \$200, Combination Device Fitting Fee Code(s), and Reminders

Assistive Listening Devices vs. Accessories over \$200

It is important to use the correct item and fee code(s) when requesting authorization for an ALD or an Accessory over \$200.

When requesting authorization and invoicing for an ALD (e.g. FM systems or other signal enhancing devices):

- Use Fee Code 19632;
- Do **not** use the Accessories over \$200 fee code 19562.

The Assistive Listening Device Dispensing Fee Code 19686:

- Must be pre-approved by WorkSafeBC Board Officer;
- **Not** billable in the first year of the hearing aid fitting;
- Applies only when an ALD requires a separate assessment, counselling, **and** training to use the device;
- Device to be billed as per the manufacturers invoice cost with invoice submitted "copy not for processing".

Combination Device Fitting Fee Code(s)

When a worker has an **accepted Tinnitus claim** and is being fit with a device to address the tinnitus (either with or without accompanying hearing loss), then the combination device fee code is billed. In all other cases, the standard fitting fee code(s) are used.

Reminders

1. When hearing aid(s) have been lost or damaged (beyond normal wear and tear), replacement **authorization is always required** by WorkSafeBC, *regardless of the age of the Hearing Aid(s)*.
 - If clinics fit a worker without authorization, the re-fitting fee (or Fitting Fee) will **not** get paid.

2. For all replacement requests, *regardless of the age of the hearing aids*, you must submit the Hearing Aid Replacement Request Form 51W6. Complete and accurate documentation is required.
 - For an early replacement request, if an incomplete Form 51W6 is submitted, the request will **not** be reviewed.
3. For hearing aid(s) that are over 5 years old, pre-authorization is not required however one or more replacement criteria must be met in order for hearing aids to be replaced.
 - All forms must be submitted in a timely manner or the Fitting Fee may not be paid.
4. Please include hearing aid serial numbers on the invoice form 51D12 in the Service Description section when billing the Fitting Fee or Re-fitting fee code.
5. Complete the [Hearing Aid Returns form 83D425](#) for any hearing aids exchanged and returned to the manufacturer.

For more information about other health care programs at WorkSafeBC, visit us online at <https://www.worksafebc.com/en/health-care-providers>