

# Hearing Aid Process and Guidance

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## Purpose

This guidance outlines the hearing aid process, reviews issues to consider in vocational counseling, and discusses how to determine the rate of payment for a consumer who requires a hearing aid. This document further considers services related to hearing aids, including maintenance and repairs.

The decision on whether to purchase hearing aids can be complicated. The Vocational Rehabilitation Counselor (VRC) should use counseling techniques to guide the consumer through the process. Hearing aid costs are expensive and increasing, and there are several ongoing costs and commitments for the consumer to consider. Regular audiology appointments to obtain and fit hearing aids are required, and the consumer must address responsibilities such as hearing aid battery replacement, maintenance, protection, repair, and eventually replacement as needed in the future.

## Contents

<a href="#">When to Purchase a Hearing Aid</a> .....	1
<a href="#">Hearing Aid Process Flowchart</a> .....	2
<a href="#">Comparable Benefits</a> .....	3
<a href="#">Selecting an Audiologist</a> .....	3
<a href="#">Initial Evaluation and Assessment</a> .....	3
<a href="#">How to Read an Audiologist's Report/Audiogram</a> .....	4
<a href="#">How to Purchase Hearing Aids</a> .....	5
<a href="#">Maintenance, Repairs and Warranties</a> .....	6
<a href="#">Planning and Saving for Future Hearing Aid Costs</a> .....	7
<a href="#">Definitions</a> .....	8
<a href="#">Functional Audiogram for Vocational Rehabilitation Counselors</a> .....	10
<a href="#">Handout for Audiologists</a> .....	11

## When to Purchase a Hearing Aid

At any point in the vocational rehabilitation process, a VRC may directly observe or hear a consumer discuss signs of experiencing hearing loss. The VRC should ask questions regarding a consumer's functional hearing as it relates to reaching their IPE goal or participating in services. Specific questions should be asked to identify situations and environments in which a consumer has difficulty hearing, including work environments. The purpose of these initial questions is to gather information to determine whether a referral for a formal audiological evaluation is necessary and how the hearing loss will impact work.

# Hearing Aid Process Flow Chart



## **Comparable Benefits**

Determine if there are any comparable benefits available before purchasing a service including the hearing evaluation. If reviewing and exploring a comparable benefit does not significantly delay services (such as job loss), then DVR can explore comparable benefits. Hearing aids are often not covered by insurance companies, but the consumer should check with their provider. Other potential comparable benefits include the Veteran's Administration and the Katie Beckett program for individuals under 18 years old. If the consumer has insurance, but is unable to meet the deductible, DVR can sometimes assist with paying for it on a case-by-case basis. The consumer needs to provide documentation that includes insurance coverage, deductible, prices, etc.

To coordinate services and benefits, ask the consumer to obtain a letter, or other documentation from their benefit provider, indicating what is or is not covered for hearing aids and evaluations.

Financial assistance for hearing aids may be available from Medicaid or other resources. A listing of potential resources can be found at: <https://www.hearingloss.org/hearing-help/financial-assistance/>.

## **Selecting an Audiologist**

DVR is required to use a licensed audiologist, not a certified hearing aid dispenser or other unlicensed provider, when evaluating a consumer's needs. An audiologist must be licensed through the State of Wisconsin. A licensed audiologist may have a doctorate in audiology (Au.D.) or have been grandfathered in with a master's degree to hold the state licensed required.

An Audiologist can provide a more comprehensive service to the consumer and is specifically trained and licensed. These are some examples of what audiologists are qualified to provide:

- Comprehensive audiological evaluations including tests of hearing sensitivity, speech understanding, middle ear function, inner ear and auditory nerve function
- Design, selection, fitting and verification of hearing instruments and assistive listening devices
- Rehabilitation therapy for hearing disorders which may include strategies to improve aided and unaided hearing, speech-reading (including lip reading) and sign language

Not all consumers receive these services as they are provided on an individualized basis and must be tied to their disability and employment goal.

## **Initial Evaluation and Assessment**

Several steps are included in the hearing aid evaluation process. If a consumer has a history of hearing loss and use of hearing aids, less information is needed to prepare them for completing an evaluation.

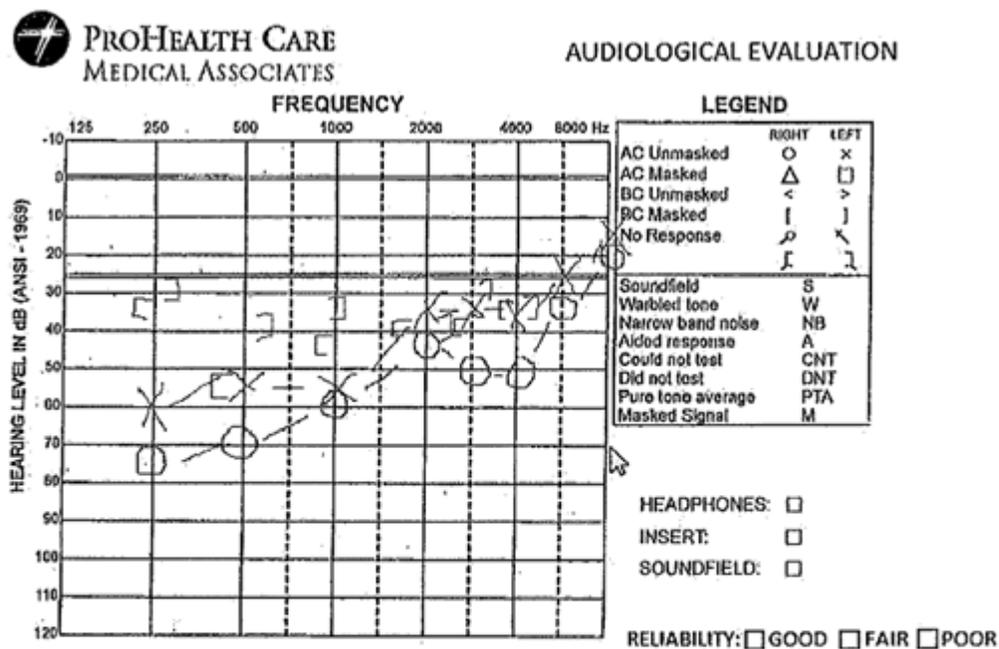
At the time of the hearing evaluation, a case history will be taken to determine how the existing hearing loss impacts the consumer's day-to-day life, including employment or potential employment. A medical history will be taken, and questions will be asked about when and how the hearing loss started, and if there are other hearing-related issues to address such as ringing in the ears (tinnitus) or dizziness. Questions about general health history that might be relevant to use of hearing aids may also be included. Additionally, a hearing test (or tests) will be completed with an audiologist in a sound-proof room to test sound levels and frequency.

If the hearing test reveals a permanent hearing loss, a hearing aid may be recommended for one or both ears. The evaluator may explain what sounds the consumer is not hearing and what a hearing aid or aids can do to help. It is usually at the second appointment that hearing aid style options are presented. The evaluator will recommend the most appropriate hearing aid styles, features, and level of sophistication based on the degree of hearing loss and need.

Once a decision is made about the necessary type of hearing aid, the evaluator may take impressions of the consumer's ears for custom hearing aids or behind-the-ear hearing aids, which require earmolds. Hearing aids must usually be ordered from a manufacturer and then programmed by a hearing professional to meet specific hearing needs. This process can take several few weeks and may require multiple appointments.

### How to Read an Audiologist's Report/Audiogram

Each audiogram should have a series of X's and O's connected with lines. The X's refer to the left ear and the O's refer to the right ear. Like vision, each ear has its own level of ability to hear and detect sound, or *tones*. Sounds that are above each of the connected lines are those that the individual cannot detect. The level of hearing loss is determined by averaging the loudness (Db) at frequencies (Hz) 500, 1000, and 2000.



**SPEECH AUDIOMETRY**

WORD LIST: PPK J W Z Z (NUB)

	SD	SL	DISCRIMINATION %			MCL	UCL
	SRT		QUIET	NOISE	SIN		
R	55	25	92				
L	50	25	100				
S							

It may be helpful to refer to a functional audiogram to show how hearing loss at a certain decibel or frequency might impact work. See the Functional Audiogram on page 10 for more information.

## How to Purchase Hearing Aids

Before beginning the process of purchasing a hearing aid, determine that the hearing aid and related services *are necessary and appropriate for the achievement of the IPE goal*. DVR will purchase the lowest cost option that will meet the consumer's needs as noted in the IPE. DVR uses the Medical Assistance Maximum Allowable Fee schedule as a benchmark for pricing.

Inform the consumer that they have the option to purchase hearing aid(s) at their preferred service provider, even if it is not the lowest cost option, so long as they pay the cost differential themselves. DVR's maximum allowable contribution toward the purchase price is the lowest estimated price that was obtained in the competitive process. If the consumer has insurance, but is unable to meet the deductible, in some cases DVR may assist with paying the deductible. This decision is made on a case-by-case basis. The consumer must provide documentation that includes all insurance coverage information, including deductible, prices, etc.

### *Step 1: Hearing Aid Evaluation*

Obtain an evaluation recommending specific hearing aid(s), including a detailed report that shows:

- Explanation of why the recommended hearing aid or aids are needed. The rationale should include a pre-fitting assessment of the patient's type, degree, etiology, and prognosis of hearing loss, listening-needs assessment, and hearing aid fitting plan.
- Itemized cost of the hearing aid(s), including the dispensing fee and any other related items/fees (e.g., Ear molds, FM Systems, Bluetooth, loop systems, fitting, etc.).

### *Step 2: Provider Pricing Determination*

Identify if the provider will offer the recommended hearing aid(s) at a cost not to exceed invoice cost plus 15 percent, or will accept the cost as outlined in the Medical Assistance Maximum Allowable Fee Schedule: <https://www.forwardhealth.wi.gov/kw/pdf/2017-30.pdf>.

**Note:** It may be necessary to consult with the provider and to determine if there have been allowed price increases by Medicaid.

### *Step 3: Additional Estimates and Purchasing*

If the cost of the hearing aid(s) estimated by the service provider fits the criteria described above, proceed with purchasing. If not, contact two additional service providers to obtain an estimate for the same hearing aid(s).

This request is for an estimate only and does not obligate the service provider to fit the patient with the same hearing aid(s). An additional hearing aid evaluation may be authorized when the counselor or the consumer has a concern or seeks validation of the original assessment.

#### Step 4: Service Authorization

Authorize the goods/services to the provider. Coding for hearing aids and related services are as follows:

Title	Examples and Included Items	Code	Object/Sub-Object Codes
<b>Hearing Evaluation</b>	Hearing Assessments, Audiology Exams etc.	021	Service: 8910000 (5712)
<b>Hearing Aids</b>	Restoration Hearing Aids, Hearing Aid Related Equipment and Services	036	Supply: 8800000 (5700-72)
<b>Hearing Aid Dispensing Fee</b>	Includes: <ul style="list-style-type: none"><li>• A 12-month service guarantee</li><li>• Any necessary service to maintain proper function of the hearing device</li><li>• Ear mold impression</li><li>• Initial office visit</li><li>• Proper fitting of the hearing device, plus up to 5 post-fittings as necessary for hearing device orientation and adjustments (including performance checks)</li></ul>	036	Service: 8910000 (5712)
<b>Hearing Devices</b>	Rehabilitation Technology Devices (FM Systems, Bluetooth, loop systems, etc.) <b>Note:</b> If the rehabilitation technology is built directly into the hearing aid, code as 036.	033	Supply: 8800000 (5700-72)

Dispensing Fee Guidance: <https://www.forwardhealth.wi.gov/kw/pdf/2015-32.pdf>.

**Note:** A copy of this resource can be included with each purchase order.

#### Step 5: Confirmation of Receipt

Check in with the consumer and determine if all goods have been received and all services have been completed. Receive on the purchase order as soon as the consumer reports receipt of goods and completion of satisfactory services.

#### Maintenance, Repairs, and Warranties

Maintaining hearing aids requires daily cleaning and care to remove ear wax, which can damage hearing aid mechanisms. Any exposure to water, humidity, condensation, or perspiration can cause severe damage to a hearing aid. Hearing aids must be dried out daily.

Consumers can use a "dry box" to assist in keeping hearing aids dry when not in use. To prevent damage, hearing aids should be stored in a consistent, safe manner when not in use. They should be placed out of the reach of small children and pets, as animals tend to be drawn to the devices due to the lingering human scent.

Hearing aids typically come with a starter set of batteries. Consumers are responsible for purchasing additional batteries, and it is recommended that they speak with their audiologist about battery options. Hearing aids may also require occasional repairs and updates. Programming updates or simple repairs may address issues that the consumer is experiencing with existing hearing aids. The consumer should bring along existing hearing aids to see what repairs or update options are possible.

If necessary for employment, DVR may replace hearing aids. The goal is to assist consumers in being as independent on the job as possible. It is important to identify which functional areas are impacted as well as the work environment in making a decision to purchase replacement hearing aids.

Most hearing aids and associated equipment come with a one-year warranty from the manufacturer. The warranty typically covers one year of loss, damage, and repairs. Many audiologists will also offer an extended two- or three-year hearing aid warranty at the time of purchase. The average lifespan of a hearing aid is six years. DVR may assist with the cost of an extended warranty on a case-by-case basis or negotiate with the consumer to pick up this additional cost. Each case is different and payment for warranties should be discussed with the consumer.

## **Planning and Saving for Future Hearing Aid Costs**

Following the purchase of hearing aids with DVR's assistance, consumers should identify strategies for saving and use of other available sources for funding future hearing aids. Several options and resources are available to assist with personal savings planning. DVR staff should share these resources with consumers following a successful hearing aid purchase:

- IRS Health Savings Account Information and Requirements: <https://www.irs.gov/credits-deductions/individuals/health-savings-account-hsa-at-a-glance>
- Consumer Credit Counseling: <https://cccsonline.org>
- Wisconsin Department of Health Services - Options for Funding Hearing Aids: <https://www.dhs.wisconsin.gov/odhh/hearingaids/financial-assist.htm>
- Impairment-Related Work Expenses (IRWE) for Individuals Receiving SSI/SSDI: <https://www.ssa.gov/ssi/spotlights/spot-work-expenses.htm>

In addition to these options, consumers may consider a personal savings account payroll deduction. This option involves the consumer setting up their payroll account to deposit a small amount into a separate savings account each pay period or month to go toward purchasing future hearing aids or batteries.

**Note:** As always, DVR staff are encouraged to share questions with Advanced VRCs, VR Supervisors, their local SenseAbility representative, or the SenseAbility team ([DWD DL DVR SenseAbility](#)).

## Definitions

**Amplifier:** The component of the hearing aid that boosts the volume of sound.

**Audiogram:** The chart that provides a visual representation of your hearing exam results. The vertical axis measures decibels (volume) and the horizontal axis measures frequencies (pitch). An audiologist documents the lowest decibel level you can hear at each frequency. The line on an audiogram identifies the level of hearing loss for each ear.

**Behind the Ear (BTE) Hearing Aids:** Hearing aid with the majority of its parts contained in a case placed behind the ear and attached to an earmold by a clear plastic tube. Mini-BTE hearing aids are also available.

**Bilateral Hearing Loss:** Hearing loss in both ears, which could be symmetrical (the same degree of loss in both ears) or asymmetrical (different levels of loss in each ear).

**Bluetooth Technology:** Enables the hearing aid to communicate wirelessly with several devices, including mobile phones, computers, MP3 players, and other compatible products.

**Cerumen:** Medical term for ear wax.

**Decibel (dB):** The unit of measure for sound level or intensity. Normal conversation registers at approximately 60 decibels, and long-term exposure to any sound more than 80 decibels could cause irreversible hearing loss. Since the scale is logarithmic, an increase of 6-10 decibels doubles the volume of the sound. See diagram on page 10 for an example.

**Degree of Hearing Loss:** Hearing loss is generally classified as mild (26-40 dB loss), moderate (41-55), severe (71-90), or profound (91+).

**Digital Hearing Aid:** Hearing aids that incorporate a digital microchip, used to custom-program the hearing aid to complement each person's distinct hearing loss.

**Digital Signal Processor:** A special microprocessor inside of a hearing aid that manipulates and enhances sound.

**Directional Microphones:** Microphones that can focus in on sound coming from a specific location while minimizing background noise.

**Earmold:** A piece of plastic, acrylic, or other pliable material that is shaped to the contours of an individual's ear, used for the fitting of hearing aids.

**Frequency:** Represents pitch as measured in hertz. Picture moving up the keys on a piano, from left to right (low-frequency/pitch to high-frequency/pitch). See diagram on page 10 for an example.

**FM System:** A device (not a hearing aid) used to amplify sounds using an external microphone.

**Hearing Aid Style:** The type of hearing aid defined by its size and position relative to the ear. Common styles include behind-the-ear, in-the-ear, and in-the-canal.

**High-frequency Hearing Loss:** The most common type of hearing loss. People with high-frequency hearing loss have the most difficulty hearing higher frequency sounds, like the sounds of speech.

**In-the-canal (ITC) Hearing Aids:** Hearing aid with parts enclosed in a case that fits inside of the ear canal. Completely-in-the-canal (CIC) hearing aids are also available that are near invisible when worn.

**In-the-ear (ITE) Hearing Aids:** Hearing aid with parts enclosed in a case that fits in the outer part of the ear.

**Loop System:** A system (using hearing aids) consisting of a loop of wire placed around the perimeter of a designated area that enables partially deaf people to hear dialogue and sound in theatres, cinemas, etc. The system emits an electromagnetic signal which is picked up by a hearing aid.

**Microphone:** The hearing aid component that picks up sound in the environment and converts the sound waves into an electrical signal.

**Noise Reduction:** Functionality that assists the hearing aid to differentiate speech sounds from background noise, which results in the augmentation of speech and the inhibition of distracting noise.

**Sensorineural Hearing Loss:** A type of hearing loss that occurs when there is damage to the nerve cells of the inner ear. This is the most common type of permanent hearing loss, triggered by being exposed to loud noise, the aging process, genetics, or other health issues.

**Speaker:** The hearing aid component that delivers the enhanced sound to the ear.

**Telecoils:** A coil placed inside of a hearing aid that allows it to connect to wireless signals originating from telephones, assistive listening devices, and hearing loops installed in public venues.

**Threshold of Hearing:** The lowest decibel level that can be detected at each frequency.

**Tinnitus:** A prolonged ringing or buzzing in the ears when no external sound is present. Usually a sign of hearing damage or loss.

**Wireless Antenna:** Available in specific hearing aids, enabling wireless connectivity to compatible gadgets such as smartphones and music players.

**Variable Programming:** Hearing aid programming that enables the individual to adjust sound settings depending on the environment (e.g. at home versus in a chaotic restaurant).

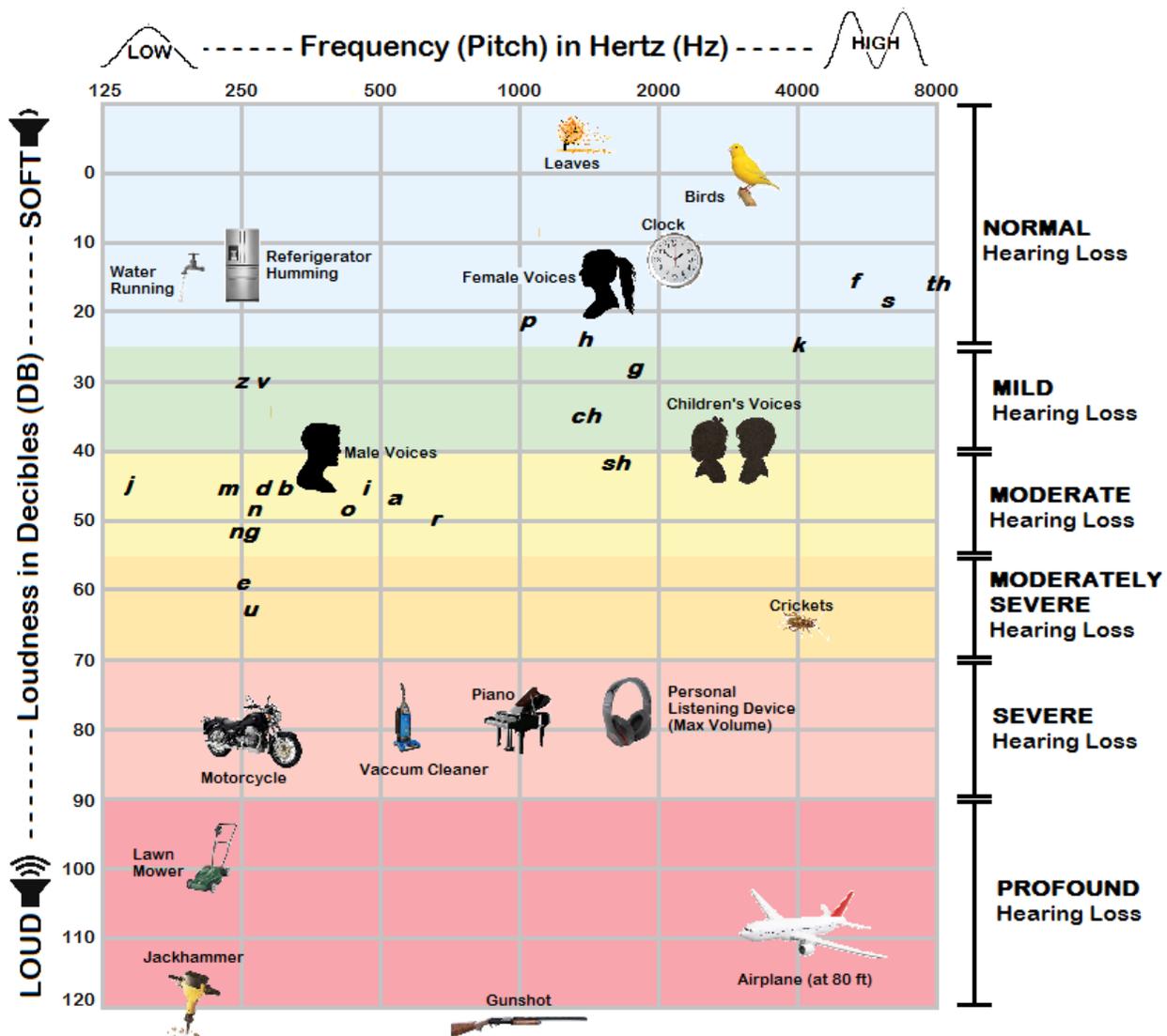
**Source:** <https://www.hearingbest.com/important-hearing-aid-terms-defined/>

## Functional Audiogram for Vocational Rehabilitation Counselors

The measurement of hearing consists of two parameters: the *frequency* or pitch of the sound, and the *intensity* or loudness of the sound. Once you gain an understanding of how these two parameters interact, you can begin to understand everyone's hearing abilities.

**Audiogram:** An audiogram is a graph that charts the way a person responds to specific sounds called *puretones*. It is designed to record the responses for the mechanical part of hearing. An audiologist measures hearing threshold at specific decibels and hertz. Most audiologists will also identify an individual's ability to recognize speech when measuring hearing loss.

**Speech Banana:** A term used to describe the area where all *phonemes*, or sounds of human speech, appear on an audiogram. Does your consumer have difficulty understanding human speech? Look at the audiogram below and identify the parts of sound they are not detecting.



**Note:** As always, DVR staff are encouraged to share questions with Advanced VRCs, VR Supervisors, their local SenseAbility representative, or the SenseAbility team ([DWD DL DVR SenseAbility](#)).

## Handout for Audiologists

The letter shown below is available in the forms center, [DVR-18560-E Audiologist PO Letter Template](#).

Dear Audiologist:

[INSERT NAME] is being referred by the Wisconsin Division of Vocational Rehabilitation (DVR) to assess their functional hearing abilities. In order to better serve our consumers please complete the following form.

### AUDITORY ASSESSMENT:

Based on the findings of the audiogram, [INSERT NAME] has:

<input type="checkbox"/> Normal Hearing	<input type="checkbox"/> Left ear	<input type="checkbox"/> Right ear	<input type="checkbox"/> Both ears
<input type="checkbox"/> Mild Hearing Loss	<input type="checkbox"/> Left ear	<input type="checkbox"/> Right ear	<input type="checkbox"/> Both ears
<input type="checkbox"/> Moderate Hearing Loss	<input type="checkbox"/> Left ear	<input type="checkbox"/> Right ear	<input type="checkbox"/> Both ears
<input type="checkbox"/> Severe Hearing Loss	<input type="checkbox"/> Left ear	<input type="checkbox"/> Right ear	<input type="checkbox"/> Both ears
<input type="checkbox"/> Profound Hearing Loss	<input type="checkbox"/> Left ear	<input type="checkbox"/> Right ear	<input type="checkbox"/> Both ears

### VOCATIONAL LIMITATIONS (check all that apply):

- Difficulty hearing 1:1 conversations
- Difficulty hearing group meetings
- Difficulty identifying emergency sounds (i.e. fire alarms)
- Difficulty communicating over the phone
- Difficulty hearing in noisy environments

[INSERT NAME] currently utilizes the following to address his/her hearing loss (check all that apply):

- Hearing aids – Make/Model
- Amplified Phone/Captioned Telephone
- Closed Caption on TV, computer, and/or smart phones
- FM System/Neck Loop
- Environmental modifications (i.e. increased lighting, quiet work spaces, strobe emergency alarms)

### WORKPLACE ACCOMMODATIONS RECOMMENDED (check all that apply):

- Assistive Listening Devices (i.e. phone amplification, captioned phones, FM systems)
- Modification of Non-Essential Duties
- Emergency Notification System (i.e. strobe lights on fire alarms, multiple frequency alarms)
- Position Reassignment

### RECOMMENDATIONS:

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Do you accept the Medical Assistance Rate?      YES      NO

**HEARING AID/ACCESSORIES RECOMMENDATION(S):**

**Make/Model:** \_\_\_\_\_

*Please attach an itemized quote including all services and/or accessories recommended to address consumers auditory functional limitations.*

**HEARING CARE INFORMATION:**

What is the life expectancy of the devices you're recommending?

\_\_\_\_\_

What steps should I take to properly take care of my hearing devices?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much are hearing aid batteries and where are they sold? How often do they need to be replaced on average?

\_\_\_\_\_

How should I clean ear wax from my ears?

\_\_\_\_\_