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Participating Organizations: First Nations Health Authority (FNHA), Non-Insured Health Benefits (NIHB), Department of National Defence (DND), Veterans Affairs Canada (VAC), Medavie-Blue Cross, Royal Canadian Mounted Police (RCMP), Speech-Language & Audiology Canada (SAC), Canadian Academy of Audiology (CAA)

Questions

Q1: Member Question to Royal Canadian Mounted Police (RCMP)

I have an RCMP officer who was recently fit with hearing aids. He was informed that he must have the HINT test completed. I have contacted multiple companies as well as colleagues at educational institutions and this test does not appear to be available for purchase. I contacted Dr. Afanasyeva of the RCMP inquiring as to where this test could be purchased since it is one of their requirements. I also reported that research has shown that the QuickSIN, which is readily available to all clinics, has been found to be a more accurate test than the HINT. This was also mentioned by the companies and colleagues that I spoke with. The response I received was acknowledging that very few centers in Canada complete this testing and they have arrangements with a clinic in Ottawa that has the test. It is my understanding that many Audiologists have been searching for this test with no success. It seems odd that RCMP officers should have to travel to Ottawa for a specific test that is not available for other clinics to purchase. This is being used to assess their hearing with the use of amplification. I think the Audiologist fitting the hearing aids should have the opportunity to complete the required testing and adjust the hearing aids accordingly.

I am hoping that someone can review this policy and consider allowing the use of the QuickSIN in place of the HINT test. I am listing some of the articles that provide comparative studies of these tests.

1. R.H. Wilson, et al.; "An Evaluation of the BKB-SIN, HINT, Quick SIN and WIN Materials on Listeners With Normal Hearing and Listeners with Hearing Loss"; J. Speech Language Hear Res., Aug 2007.
2. K. Duncan & N. Aarts; "A Comparison of the HINT and Quick SIN Tests"; J. of Speech-Language Pathology and Audiology; Vol. 30, No.2 Summer 2006.

RCMP Response:

RCMP is reviewing the use of the QuickSIN. Current protocol remains unchanged. Should RCMP members have concerns, they should reach out to their divisional Health Services office.

Committee member follow-up questions:

1. Can you confirm current protocol is to have all hearing aid recipients complete the HINT?

RCMP Response:

Yes, that is the current protocol.

2. Can you confirm that travel to Ottawa is mandatory?

RCMP Response:

Yes, Ottawa is the only location currently conducting this test.

Q2: Member Question to Non-Insured Health Benefits – Saskatchewan (NIHB)

The approval process through NIHB is taking too long. Items that are time sensitive are a particular issue. For example, a physician wants swim plugs for client with chronic ears and the client is unable to get back in for a script as NIHB requests. Is there any way to streamline this process?

The problem that we run into here in SK is that the ENTs often just tell the client to come get swimplugs without a script. Then when we ask for one the client either has to go back which is not usually possible especially during Covid-19 or the ENT doesn't follow through with a formal script when requested. A lot of the clients are not in a position to come back again especially if they have been in for a checkup from hours away and the ENT requests plug impressions while they are in the city. A lot of us just go ahead and make/eat the cost if we know the kid might have ears that are not safe as we don't want months to go by with potential water contamination occurring.

I think the need to get a prior approval is part of the problem as some of these clients are flown down for an appt that has maybe already seen several re-bookings. The ENT may see them at their office and have the client call one of us to make some swim plugs before they go home. Home might be hours away or totally impractical to come in for repeat appointments. I think it would be good to have an accommodation for some of these cases. I get it they want a doctor prescription as well but they don't always do and then the audiologist has to try and track down to send in with a preapproval request. These take too much time to get anyway for a client coming in only for the one appointment. It's rare an audiologist would make swim plugs anyway unless the ENT asks for it on an unsafe ear. For kids or adults within the city I totally get it that a prescription and preapproval would be required before but the cost to bring clients in or arrange travel coordination is likely way more expensive than just allowing an exemption for some of these cases.

NIHB Response:

When the SK region receives prior approval requests, they triage the requests based on urgency. An urgent request is typically processed within 24 business hours. Urgent requests include life sustaining equipment and devices, equipment and supplies required for hospital discharge and for clients on palliative care.

Audiology requests such as swim molds would be triaged into our Regular queue, unless it is for a child or person over 70 years old. The Regular queue requests are taking approximately 7 business days to process.

Audiologists are recognized prescribers for audiology benefits therefore, in the case of swim molds (code 99400648), there should be no need to return to the physician for a script as this could come from the audiologist.

*Swim plugs/molds are an **exception** of the NIHB Program and requests are reviewed on a case-by-case basis. They may be considered for coverage when medically necessary to complete activities of daily living (such as bathing, or showering). NIHB does not fund custom or over the counter earplugs for leisure or sports-related activities alone, such as swimming.*

The information required is: A Prior Approval (PA), prescription, and medical justification as to why over-the-counter earplugs do not meet client medical needs. NIHB will explore options to address this issue.

Committee member follow-up question:

1. An example of “medical justification” as mentioned would be patent PE tubes?

NIHB Response:

Yes, that is a good example of medical justification. Simply requiring swim plugs for recreation (i.e. swimming), would not qualify.

Q3a: Member Question to ALL Federal Health Partners

Review audiological evaluations requested by physicians: many audiologists are asked to see clients for serial audiograms that exceed frequency funded by the third party. Is this something that can be reviewed re: reimbursement?

NIHB Response:

3a: NIHB currently covers a comprehensive hearing assessment at a frequency of 1 every 5 years. Reassessments are covered at a frequency of 1 every 2 years. If a client requires additional audiograms which exceed these frequencies, a request along with medical justification can be submitted to the region for consideration. The medical justification should include the reason additional assessments are needed as well as the proposed frequency.

DND Response:

3a: Audiograms requested by CAF medical clinics are automatically authorized regardless of frequency allowance. Hearing providers can request authorization to perform audiograms outside of frequency limit with appropriate substantiations.

VAC Response:

3a: VAC reviews / considers requests for hearing tests out of frequency with a medical rationale.

FNHA Response:

3a: Yes, FNHA may support an evaluation beyond what is listed in the FNHA fee supplement as long as it is to support a medical need (condition of client requires additional assessments). Providers can submit a pre-determination with an exception request if the evaluation exceeds dollar max/frequency.

RCMP Response:

3a: If a RM, S/Cst. Member or a civilian member's hearing loss is related to a work injury/ illness, a request for additional coverage can be submitted for review and consideration by the Health Benefits Advisory Committee (HBAC). These requests are reviewed on a case by case basis.

Q3b: Member Question to ALL Federal Health Partners

Please clarify criteria for hearing loss and coverage of devices: the current criteria miss a lot of clients who are demonstrating functional communication impairment:

- a. For example: the client may have tinnitus but their hearing loss is too mild by current standard.
- b. Conversely, they may have normal hearing acuity but require a sound generator to treat hearing-related conditions such as: auditory neuropathy spectrum disorder (ANSO), central auditory processing disorder (CAPD), hyperacusis, misophonia, or tinnitus.

NIHB Response:

3b: NIHB hearing loss criteria for hearing aids: children (under 18)

- *Clients are eligible for coverage if there is a hearing loss of 25 dB or greater at any frequency from 500 to 4000 Hz*

NIHB hearing loss criteria for hearing aids: adults

- *Clients are eligible for coverage if there is a minimum of 30 dB hearing loss at three frequencies from 500, 1000, 2000, 3000 and 4000 Hz*

NIHB is currently undertaking a review of the hearing loss criteria for adults.

For additional information about coverage criteria for FM systems, BAHS and cochlear implants, please visit <https://www.sac-isc.gc.ca/eng/1585321635593/1585321656771>

DND Response:

3b: *The CAF provides hearing aids to their members to restore hearing loss only. Other conditions which present themselves with the absence of hearing loss do not qualify for hearing aids at this time.*

VAC Response:

3b: *The Veterans Healthcare Regulations outline two categories that determine the scope of a Veteran's eligibility for treatment benefits and services, and associated cost reimbursement:*

- *Group A Veterans receive approved health care benefits which are directly related to a health condition for which they hold VAC disability benefits entitlement regardless of alternative coverage.*
- *Group B Veterans receive approved health care benefits for any health condition based on a demonstrated health need when the health care benefit is not covered through their provincial health care system.*

The extent of coverage depends on a number of factors, including how a Veteran qualifies, their health needs and individual circumstances.

In terms of disability benefits entitlement, please see links below to VAC's Entitlement Eligibility Guidelines for Hearing Loss and Tinnitus:

- *Hearing Loss: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/hearing_loss*
- *Tinnitus: <https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/tinnitus>*

VAC covers Hearing Aids and other benefits and services for Veterans with Hearing Loss and / or Tinnitus. Note: Hyperacusis is a condition included in the Entitlement Eligibility Guideline for Tinnitus.

Requests for audiological benefits or services for other disability benefits conditions can be sent with a medical rationale for consideration.

FNHA Response:

3b: *Criteria depends on the device being requested. FNHA needs providers using hearing assessments to establish a bona fide medical need and then recommend the device that best suits the needs of the client within the list of items covered by the FNHA benefits program.*

RCMP Response:

3b: *When referred by a certified audiologist or licensed physician, an eligible member is covered for the cost of hearing examination. An eligible member will be provided with a hearing aid when referred by a certified audiologist or licensed physician and pre-authorized by the divisional Health Services Officer. A member's hearing loss in the ear that is most impaired must be at least an average of 35 decibels (air conduction) for frequency 500, 1000, and 2000 Hz. (ANSI S3.6).*

An eligible member may be provided with a hearing aid when an ENT medical specialist certifies that providing hearing aids at a lesser degree of hearing loss will, in their professional opinion, prevent future loss of speech discrimination or permit control of tinnitus. Pre-authorization is required.

Q3c: Member Question to ALL Federal Health Partners

Please clarify current coverage for the following:

- a. Advanced diagnostics for complex disorders (e.g. Auditory brainstem response testing, CAPD testing, tinnitus, cortical evoked response audiometry).
- b. Auditory rehabilitation.
- c. Vestibular evaluation and management (electro or video nystagmography).
- d. Higher level hearing instrument technology: some agencies cover higher levels than others but clients should be able to access the best technology we can for them or be allowed to cover difference to obtain if they request it.

NIHB Response:

3c: *In terms of question 3c. a., b., and c., diagnostic assessments, therapies and rehabilitation are not within the mandate of the NIHB Program.*

3.d. The NIHB Program covers the full cost of the items that are medically necessary to address the client medical needs. Cost sharing, or co-payment to upgrade an item is not permitted.

If a higher level of hearing instrument technology is required, the provider must submit a medical justification as to why the aids covered by the Program do not meet the client medical needs and why a higher-level hearing instrument technology is required. These requests are reviewed on a case-by-case basis.

DND Response:

3c: *ABR and cortical responses testing can be requested. They will be considered on a case by case basis. Auditory rehab needs to be more specified and will be considered on a case by case basis. Vestibular testing needs to be requested by ENTs. Higher level technology hearing aids can be considered if, entry level have been tried and failed during and before the end of the trial period. Substantiation must be provided. CAF members are not allowed to upgrade and pay the difference.*

VAC Response:

3c: *A and C are not currently covered by VAC however, a request for a non-benefit item with medical rationale can be submitted for consideration. VAC offers some coverage for B (e.g. speech / lip reading courses, etc.).*

For D, VAC considers contributions towards higher level hearing aid technology. The contribution offered is based on a Veteran's health needs. A request with medical rationale can be submitted for consideration.

FNHA Response:

3c: FNHA is waiting for more information to help clarify this but generally the FNHA fee supplement is designed to list items covered, not particular conditions. FNHA relies on providers to diagnose the client's condition and then provide a recommendation on the items/service that suppose the client's medical need. Is there a specific item/service that FHP feels need to be reviewed?

RCMP Response:

3c: RM and S/Cst members are not covered for the above mentioned under their Supplemental Health Care benefits. Since April 2013, RMs and S/Cst. members receive their BHC coverage through their respective provincial/territorial health care insurance plans. Respective provincial/territorial governments are the payer for BHC entitlements.

With the exception of tinnitus, A-D can be submitted for review by the Health Benefits Advisory Committee (HBAC) for consideration under Occupational Health Care benefits. These requests are reviewed on a case by case basis.

As for the treatment of Tinnitus, RM, S/Cst. Member or Civilian Member, with a duty related injury/illness may obtain Tinnitus Retraining Therapy under their Occupational Health Care Benefits. Programs endorsed by the Canadian Hearing Society and performed by an audiologist are covered. An eligible member may be provided with a hearing aid when an ENT medical specialist certifies that providing hearing, in their professional opinion, will permit control of tinnitus. Pre-authorization is required.