Federal Healthcare Partners (Virtual) Spring Meeting Minutes: 18-MAY-2022 Host: SAC

Committee Chairs: Charlotte Douglas (SAC) & Justyn Pisa (CAA)

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)

Agenda:

Introductions

General Questions

Follow-up Questions/Discussion

Adjourn

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Questions

Q1: Member Questions to ALL Federal Health Partners

A) Why do completely-in-canal (CIC) hearing aids require prior approval when their larger custom counterpart hearing aids (ex, in-the-canal (ITC), in-the-ear (ITE)), which are the same price, don't require prior approval?

DND Response: *DND does not cover CIC and mini-canals hearing aids without exceptions. This decision has nothing to do with costs. It has to do with reliability and durability. CAF members are often away from their units for taskings/deployment, which can send them anywhere in the world for extended periods of time. CIC and mini-canal hearing aids have a greater incidence of failure than other styles, thus the reason for not covering them.*

NIHB Response: *The NIHB Program requires prior approval (PA) for all hearing aids covered under the Program.*

VAC Response: *VAC requires that pre-authorization for first time reimbursement requests of Completely-In-Canal (CIC) and Mini-canal (MC) Hearing Aids. The decision to require pre-authorization for any benefit or service is made considering many different factors.*

It has been our experience that there is a higher rate of return and failure with these types of Hearing Aids. In addition, batteries for these aids, due to their very small size, do not seem to last more than 5-7 days. It has also been our experience that elderly Veterans, with manual dexterity problems, struggle with insertion, removal and battery replacement for these types of Hearing Aids due to their size.

RCMP Response: *The RCMP requires prior approval (PA) for all hearing aids covered under the Program.*

FNHA Response: *Hearing aids are covered in the Fee Supplement- right (code 27003) and left (code 27004) with a limit of $1083 each, 1 every 5 years. Claims do NOT require prior approval. Completely-in-the-canal hearing aids right and left are included in the coverage. This reimbursement includes the fitting fee.*

FNHA's latest updates to our fee supplement includes fee codes for:

- *27106 (Hearing Aid Batteries- Rechargeable $50 per battery L&R every 3 years)*
- *27055 (Hearing Aid- Battery Charger $275 every 5 years)*
- *37078 (Cochlear Implant- Battery Charger $450 every 5 years)*
- *27056 (Hearing Aid Cleaning $26 per year)*
- *Included hearing reassessment for pediatric in code 27017.*

27014	Hearing Aid - BiCROS	Limit of $1,083. 1 every 5 years combined with 27015.	N	MD; NP; AUD; RHIP	Retain a copy of the prescription/recommendation on file.
27015	Hearing Aid - CROS	Limit of $1,083. 1 every 5 years combined with 27014.	N	MD; NP; AUD; RHIP	
27004	Hearing Aid - left ear **Eligible Products Include:** • bone conduction • completely-in-the-canal right and left • digital basic • digital custom *Includes Fitting, Dispensing & Shipping/Handling*	Limit of $1,083. 1 every 5 years combined with 27019.	N	MD; NP; AUD; RHIP	
27003	Hearing Aid - right ear **Eligible Products Include:**	Limit of $1,083. 1 every 5 years combined with 27018.	N	MD; NP; AUD; RHIP	

B) Oticon allows us to change out Li-ion batteries for rechargeable hearing aids in clinic when they need to be replaced. I have heard conflicting information on what code they need to use for this service. At Oticon, they're under the impression that we can use the disposable battery code (when the aids are out of warranty) to replace them. Some other clinicians have been told there is no code, and they need to send in the devices as an out of warranty repair. Some clarity on this would be helpful.

DND Response: *Hearing aid batteries are issued to CAF members through our base pharmacy network. The DND is now aware that the battery needs to be replaced with lithium ion batteries and fitting adjustments need to be made; please contact DND representative Pierre Lamontagne directly for pre-approval/processing of reimbursement.*

NIHB Response: *NIHB codes for Li-ion-type batteries for rechargeable hearing aids are listed in the Guide and Benefit List on the Government of Canada website:*

https://www.sac-isc.gc.ca/eng/1585321635593/1585321656771#s2-3-1

99401248 Rechargeable battery hearing aid, left 1 every 3 years (no PA required)

99401247 Rechargeable battery hearing aid, right 1 every 3 years (no PA required).

VAC Response: *Rechargeable and Non-rechargeable batteries for Hearing Aids are reimbursed under benefit code 320621 (Accessories – Hearing Aid Batteries). The benefit grid parameters are $40.00 per ear, each quarter per calendar.*

RCMP Response: *The RCMP allows accessory battery code: 320621 to be used for Oticon Lithium Ion rechargeable battery replacements.*

FNHA Response: *FNHB coverage provides for Hearing Aid Batteries- Rechargeable (code 27106) in the Fee Supplement. Coverage is $50 per battery (L&R) every 3 years.*

	batteries				
27106	Hearing Aid Batteries-Rechargable	$50 per battery (L&R) every 3 years.	N	Not Required	
27055	Hearing Aid- Battery Charger	$275 every 5 years.	N	Not Required	Retain a copy of the record of purchase on file.

C) What are the qualifications and training requirements for individuals providing tinnitus services?

DND Response: *Tinnitus services are not covered for DND clients.*

NIHB Response: *The NIHB program does not cover tinnitus devices or services.*

***VAC Response**: VAC reimburses Tinnitus Therapy that is prescribed by a Clinical Audiologist or an Ear, Nose, and Throat Specialist / Oto-Rhino-Laryngologist. The provider the Tinnitus Therapy would have to be a VAC-registered Audiological Services (Program of Choice 3) provider.*

VAC also reimburses mental health services for Tinnitus (i.e. psychology and psychotherapy services) to help cope with Tinnitus. The provider of Mental Health Services would have to be a VAC-registered Other Related Health Services (Program of Choice 12) provider.

***RCMP Response**: The RCMP covers tinnitus-related therapy and management under occupational healthcare, however a prescription from an Otolaryngologist is required when claims are submitted.*

D) What are the policies around funding of nonsurgical bone conduction devices? Members are reporting varied experiences with approval and funding of these devices. In addition, disparities across jurisdictions and inadequate funding relative to cost of the devices has been noted.

***DND Response**: Funding for bone conduction devices are only considered as a last resort, as there could be some serious career limitation for CAF members. Requests are reviewed on a case by case basis after all other options have been exhausted.*

***NIHB Response**: The NIHB program covers bone conduction hearing aids as well as a non-implantable bone conduction hearing systems. Bone conduction hearing aids are part of the Entry Level Category 1 aids and are reimbursed at $575, once every 5 years, like all other Category 1 hearing aids.*

Non-implantable bone conduction hearing systems are also covered, once every 5 years, at a cost of $2576 per device. This cost is harmonized across all jurisdictions in Canada. The criteria for eligibility for this device and other information are listed on the website:

https://www.sac-isc.gc.ca/eng/1585321635593/1585321656771#s2-3-5

NIHB is currently undertaking a review of prices for non-implantable bone conduction hearing systems and will announce changes in the following months, through the newsletter.

***VAC Response**: VAC does not cover Nonsurgical Bone Conduction Devices as a standard benefit. Requests for exceptional consideration (with medical rationale) can be sent to Medavie Blue Cross.*

***RCMP Response**: Bone conduction devices are not currently covered; however, applications can be submitted under special circumstances and will be reviewed by the Health Advisory Committee.*

***FNHA Response**: Hearing aids are covered in the Fee Supplement- right (code 27003) and left (code 27004) are covered to a limit of $1083 each, 1 every 5 years. Claims do NOT require prior approval. Bone conduction hearing aids right and left are included in the coverage.*

Bone conduction hearing aid batteries are also eligible for coverage (code 27006):

27006	Hearing Aid Batteries **Eligible Products Include:** • bone anchored hearing system processor - batteries	$60 every 4 months.	N	Not Required

Q2: Member Questions to Non-Insured Health Benefits (NIHB)

A) It has been the case in the past that hearing test reimbursement has been denied when requests for new hearing aids are being made/approved at the same time. Is this still the case and if so, why?

NIHB Response: *Reimbursement for a hearing evaluation should not be denied unless the frequency has already been reached, regardless of whether or not hearing aids are being approved at the same time. Complete hearing assessments are covered 1 every 5 years and hearing re-assessments, 1 every 2 years.*

If the provider would like to submit some specific examples/cases, NIHB can further investigate to determine the root of the specific issues.

B) What is the expected response time for a prior approval for a hearing test? For those who need more frequent hearing tests (due to the nature of their hearing loss) than the current pre-approved test every 5 years, it can be a long approval process to accommodate their hearing needs.

NIHB Response: *Response times may vary somewhat by region however, on average the response time for urgent requests for prior approval is 2 days and for regular requests, 8 days.*

NIHB currently covers a comprehensive hearing assessment at a frequency of 1 every 5 years as an open benefit (no prior approval required). Re-assessments 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. This could be added to the client's profile and expedite the request.

C) The requirement for confirmation of private hearing aid benefits is a barrier for some clients. Is it necessary to continue having clinicians ask for this information from clients? In many cases clients may also come with other than family or attendant and may not have this information either.

NIHB Response: *Clients that are covered by another public or private health care plan must first submit their claim to that other health care/benefits plan. An explanation of benefits from any third-party coverage available to the client is required by NIHB. NIHB is a secondary payer.*

The client also has the option to pay for the device and seek reimbursement from the primary insurance. Clients can then seek reimbursement for the residual amount through client reimbursement with NIHB. The client should confirm the eligible amount of reimbursement with the Program in advance to avoid any out of pocket expenditure.

D) Will NIHB consider funding ABRs, tinnitus/sound tolerance, CAPD, Vestibular services where indicated for clients? Jordan's principal will sometimes fund pediatric services but there can be considerable delay to obtain approval.

NIHB Response: *Assessment or evaluations as well as other services that are insured benefits covered by a private or provincial/territorial health insurance plan or social program are not covered by NIHB.*

The NIHB Program is aware of these concerns and will review this in more detail.

E) Is NIHB considering increasing the level of technology they will fund for clients? Also: will they consider allowing for at least a microphone as an accessory?

NIHB Response: *Entry level Category 1 hearing aids are covered by the NIHB Program. The range of hearing aids offered at this level reportedly meet the needs of the majority of NIHB clients. In a case where a client's needs are not being met, the provider may request a higher level of technology on an exception basis. The provider must include justification as to why a higher of level of technology is needed to meet the client's needs. This will be reviewed on a case by case basis.*

The NIHB code for accessories (99400276) can be claimed ***once every 5 years for a maximum of $200*** *with no prior approval (open benefit). Providers can use this code for a microphone and/or other accessories that help improve or enhance the function of the hearing aid and client experience.*

Please review the Guide and Benefits List for more information:

https://www.sac-isc.gc.ca/eng/1585321635593/1585321656771#s2-3-5

F) Are improvements being considered for the Express Scripts portal? Challenges were noted related to ease of use and efficiency. In addition, concerns were raised about potential for delays and errors when preapproval for devices is through the provincial contact and entry for reimbursement through Express Scripts.

NIHB Response: *NIHB/Express Scripts Canada is looking at various enhancements to improve a user's experience and welcome any and all feedback.*

Additional details are needed regarding specific challenges with ease of use and efficiency in order.

Q3: Member Question to Interim Federal Health Program (IFHP)

A) Is there a mechanism in place to extend the benefit coverage period for these clients if there are delays or if they require amplification?

IFHP Response: *TBD*

Q4: Member Questions to Veterans Affairs Canada (VAC)

A) Those approved for tinnitus, but not hearing loss, never seem to know that they are eligible for hearing aids (masking devices). I think this needs to be clearer for clients as it has caused a lot of unnecessary stress for some of them.

***VAC Response**: Thank you for your feedback. We will take this away and see if there are any actions we can take to better communicate this.*

B) Returns and/or switching to different hearing aid(s) does use more of our time. The fitting fee needs to be unbundled so that in these situations, we can keep our fees for the services and time during the fitting process. Information such as chart notes, real ear measure verifications etc. could be provided to show that time was spent following fitting gold standards to ensure the fitting was appropriate.

***VAC Response**: Thank you for this feedback, VAC will take this away and review this suggestion in conjunction with our federal health partners.*

C) Additional clearance to be reimbursed for wax removal more than once a year would be very helpful. Those who would need this service are few and far between, however, there are those who need it on a much regular basis.

***VAC Response**: Requests for cerumen removal over existing VAC benefit grid limits can be sent for exceptional consideration (with medical rationale) to Medavie Blue Cross.*

D) Are real ear measures (REMs) billable as a separate code following the first year?

***VAC Response**: A hearing aid performance check applies to both ears and includes the following:*

- *Listening check and visual examination of the hearing aid(s);*
- *Electroacoustic analysis of the hearing aid(s);*
- *Real-ear measurement; and*
- *Written record of Hearing Aid Performance Check.*

This can be completed once per year per ear if the Veteran initiates it. It cannot be billed to VAC within the one year Post Fitting Hearing Aid Follow-up nor in conjunction with the service fee payable to the provider for manufacturer repairs.

Please see the VAC benefit grid for more information on the Hearing Aid Performance Check: https://www.veterans.gc.ca/eng/financial-support/medical-costs/treatment-benefits/poc_searchs.

E) Clients approved for tinnitus should automatically be eligible for a bedside masking device IF the clinician feels it is necessary. VAC typically approves these requests and so it would be more efficient for them and us to make this pre-approved.

***VAC Response**: Thank you for your feedback on this, VAC will take this suggestion away for further consideration.*

F) Clarification on the application process would be beneficial to the Veterans and us. Patients tend to be confused. They come in with different letters or no letters at all and it leads to us having to call to confirm their application. Sometimes we are given approval over the phone while other times we are not. The confusion can also extend to their forms they arrive with as some are applying for hearing loss and tinnitus while others are only applying for one when it should be both or vice versa.

***VAC Response**: Thank you for your feedback. It is unclear if this question pertains to applications for disability benefits entitlement or treatment benefits. We would like to discuss this further at our upcoming meeting.*

G) Can more clarity as to what is expected/required for a tinnitus claim be provided?

***VAC Response**: Please see the entitlement eligibility guidelines for Tinnitus for more information: https://www.veterans.gc.ca/eng/health-support/physical-health-and-wellness/compensation-illness-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/tinnitus#condition*

Please see VAC's benefit grid for information on Tinnitus related benefits and services: https://www.veterans.gc.ca/eng/financial-support/medical-costs/treatment-benefits/poc_search.

H) Can there be an extra billing code for accessory troubleshooting OR increase frequency to an existing code that this can fall under? With today's connectivity, accessories provide a lot of benefit to the Veteran to assist in their hearing needs but can require additional use of our time to maintain/troubleshoot such devices along with their hearing aids.

***VAC Response**: VAC recognizes that providers may need to spend additional time with clients to assist them with the use of wireless accessories.*

As we wrap up outstanding work and shift focus, VAC will take this request away for consideration in conjunction with our federal health partners.