



Speech-Language & Audiology Canada  
Orthophonie et Audiologie Canada  
Communicating care | La communication à cœur



Canadian Academy of Audiology  
Académie Canadienne d'audiologie

## Federal Healthcare Partners (Virtual) Spring Meeting Minutes

May 26, 2025 @ 12-1pm ET

Meeting Facilitated over Microsoft Teams

**Committee Chairs:** Bonnie Cooke (SAC) & Calvin Staples (CAA)

### Attendees:

Organization
Department of National Defense (DND)
Medavie-BlueCross
Non-Insured Health Benefits (NIHB)
Royal Canadian Mounted Police (RCMP)
Veterans Affairs Canada (VAC)
Canadian Academy of Audiology (CAA)
Speech Language & Audiology Canada (SAC)
Phonak/Sonova

### Updates:

- From NIHB: There is a modified reimbursement model with price adjustments coming soon. Stay tuned.
- From DND:
  - There will be another price increase implemented as of July 1, 2025.
  - Pierre Lamontagne will be retiring at the end of 2025 and Chantal Kealey is now at DND and will be replacing Pierre.

### Question(s) for NIHB:

*Comment: It would be nice if Hearing could have its own space, as it is cumbersome to search for hearing aids in the current set-up with them listed along with all other Medical Devices on the grid.*

NIHB is unable to facilitate this as it would be much too cumbersome for every professional group to have their own Medical Device database. It should be noted that the Audiology related benefits are always at the beginning of the price grid.

Follow-up question: why does funding need to be re-approved each time?

For adult clients, authorization is required at the initial assessment- once a client has received pre-authorization, you simply need to quote this for ongoing billing.

1. In terms of the pre-approval process with NIHB, what is the criteria/criterion for approval?

The criteria for hearing loss under the NIHBs guidelines differs from other FHP programs and can be found [here](#).

## Question(s) for VAC:

1. When referring to form PEN6249e (2024-07): [Medical Questionnaire: Hearing Loss/Tinnitus](#):

What registers as a concern, what is VAC doing with the data provided. How does the Veteran get support?

This information is outlined in the Hearing Loss Entitlement Eligibility Guidelines (EEG) document which can be found here (for [Tinnitus](#), for [Hearing Loss](#)). The EEG, and full audiogram, are used when a decision maker is determining if the applicant qualifies for entitlement for disability benefits. Once this is determined, the [Table of Disabilities](#) is used to measure the extent of the disability. The Table of Disabilities align with the associated Medical Questionnaires and enable VAC to apply a consistent and fair medical assessment rating % using the evidence provided. For these cases, one of the biggest criteria points is whether the damage that can be linked to the tinnitus happened during service. It should be noted that a veteran can be considered for support for tinnitus care even if they are not experiencing hearing loss.

Within the medical questionnaire – VAC is looking for evidence of barotrauma, NIHL, compare information on medical questionnaire to audiogram and audiograms during service.

The topic of Cognitive Behavioural Therapy (CBT) for tinnitus patients came up- Barb acknowledged an APP – that can support CBT and pointed out that best practices in Tinnitus care are changing.

[Does the detailed audiology report help? Why is there an SRT as one of the itemized tests completed?](#)

Yes, it is worthwhile including a detailed audiology report as the assessors can look at the audiogram and report and can identify existing red flags. The reporting of the SRT scores helps VAC assess the reliability of the hearing test.

Should the language be updated regarding a built-in masker? I think most research would suggest masking is not ideal - what is VAC looking for with this “masker” language?

Yes, this is currently being updated. Use of a masker may provide a higher level of support.

Are we responsible for the medication list - or does this need to be pushed to the family GP to discuss?

Yes, this should come from the patients' primary care provider- and the audiologist needs to verify and need to gain consent to verify.

What other diagnostic evaluations is VAC looking for - how does this help the outcome of support?

The completion of the Medical Questionnaire is all that is needed for the initial application. If further information is required, VAC will request this after the initial application has been submitted.

*Follow-up question: would additional information help support our patients?*

No, a completed Medical Questionnaire is all that is needed for the initial assessment.

VAC will also look at the Applicant Questionnaire and Service Record.

What is the billing process when helping to manage a tinnitus patient? Is there a billing ability for ongoing continuous support for patients with VAC support

For the initial application for disability support and entitlement - complete the medical questionnaire and invoice can be sent in for payment. VAC will only pay for the test that have been requested by the department. Once entitlement is determined the fee schedule process is through Medavie Blue Cross.

Here are some useful links shared by VAC:

- Entitlement Eligibility Guidelines: [Tinnitus](#)
- Entitlement Eligibility Guidelines: [Hearing Loss](#)

- Table of Disabilities: [Chapter 9 - Hearing Loss and Ear Impairment | Veterans Affairs Canada](#)
- Policy: [Payment of Medical Fees | Veterans Affairs Canada](#)
- Policy: [Hearing Loss and Tinnitus | Veterans Affairs Canada](#)
- [Medical Questionnaire: Hearing Loss/Tinnitus | Veterans Affairs Canada](#)

### **Question(s) for RCMP:**

1. We have recently been asked to perform Functional Audiological Assessments for certain RCMP members. These assessments go beyond conventional audiometry and require additional time and equipment, including sound field testing and equipment with Quick SIN integration. We have not been able to locate information regarding billing procedures and reimbursement for the tests included in these assessments—specifically:

- Aided and unaided sound field audiograms for each ear
- Quick SIN
- Real ear measurements with interpretation

Please note that not all the above tests will be performed for every member. The exact test battery will depend on factors such as hearing aid use and pass/fail results during the assessment.

Although there is a code listed for Quick SIN in the RCMP fee grid, there is no associated information about reimbursement.

Could the following be clarified:

- Which billing method should be used (e.g., direct billing to RCMP services, online submission, etc.)?
- The appropriate billing codes for each test involved
- The reimbursement rates for each service

As preauthorization is required for all claims through RCMP, it is best for the member to reach out directly to RCMP with specific questions like this. It should be noted that the different tests that the RCMP mandates are there to ensure that the hearing aid works in the field. Providers must submit a quote and rationale - authorization # is faxed or emailed to both member and the provider.

The RCMP grid is live and the best thing to do is get in touch with the Health Service Office to get all OHC codes. Registered providers can access the benefit grid via the portal.

**Which billing method should be used (e.g., direct billing to RCMP services, online submission, etc.**

Direct billing- treatment plan (quote) to health services for approval of treatment, including authorization number, provider can then submit for payment using the portal.

**The appropriate billing codes for each test involved**

Billing codes (please note that these codes all require pre-authorization):

- Aided sound field audiograms for each ear (no code specific to this)
- Quick SIN: 320909
- Real ear measurements with interpretation (hearing aid services): 320930

**The reimbursement rates for each service**

- Aided/Unaided soundfield for each ear – no code assigned to this test. Once approved – preauthorization is required – #320930 is the code. The RCMP member provides the code.
- QuickSIN #320909 – Preauthorization is required.
- Real Ear Measurement #328203 left, #328304 right – 1 per year, \$50/ear– Supplemental –
- 330186, 330187 - Preauthorization is required – work related incident (OHC in brackets occupational healthcare)

**Question(s) for DND:**

none