


**Online Training Module**

Module 2.8.2

Alberta Aids to Daily Living  
Amplification Benefits  
August 2022



*Alberta*

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**Module 2.8.2 Overview**

The Amplification Benefits training module is divided into the following sections:

1. Provider Roles and Responsibilities
2. Approved Product List (APL): Amplification Benefits
3. Fitting and Verification of Amplification Devices
4. Quantity and Frequency Requests (QFRs)



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Section 1

**Provider Roles and Responsibilities**



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### Provider Terminology

- Client eligibility for amplification benefits is determined by **Authorizers** (Alberta Health Services Audiologists) and **Specialty Assessors** (private practice audiologists and hearing aid practitioners).
- Amplification benefits are provided by approved AADL **Vendors & Specialty Suppliers**.
- Alberta Blue Cross uses the general term **Provider** when referring to any of the above clinicians or clinics.

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### Specialty Assessor/Authorizer Qualifications (H-05)

- **Audiologists:**
  - Must be a member in good standing with the Alberta College of Speech-Language Pathologists and Audiologists.
  - Must have a minimum of one-year clinical experience with a minimum of 1,250 clinical hours dispensing hearing aids as a registered audiologist with the Alberta College of Speech-Language Pathologists and Audiologists to be granted AADL specialty assessor status.
- **Hearing Aid Practitioners:**
  - Must be a registered hearing aid practitioner (RHAP) in good standing with the College of Hearing Aid Practitioners of Alberta.
  - Must have a minimum of one-year clinical experience with a minimum of 1,250 clinical hours dispensing hearing aids as a registered hearing aid practitioner (RHAP) with the College of Hearing Aid Practitioners of Alberta to be granted AADL specialty assessor status.

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### Specialty Assessor Application (GN-05)

- To become an authorizer/specialty assessor for amplification benefits, applicants must complete the following online training:
  - *Module 1: AADL general overview, policies and procedures (1.1 through 1.7)*
  - *Module 2.8: Amplification Benefits (2.8.1 through 2.8.3)*
- New applicants must submit applications to Alberta Blue Cross for review with AADL.
- Providers must be registered on the Alberta Blue Cross online health portal before they can submit authorization requests and/or claims for amplification benefits.

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### Provider Roles and Responsibilities

- Please review training modules 1.2 through 1.4 for a comprehensive review of the roles and responsibilities of authorizers, vendors, specialty assessors and specialty assessors

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### Section 2

## Approved Product List (APL)

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### Approved Product List (APL) (GN-15)

- Each benefit area has an approved product list (APL)
- The APL provides the following information for each benefit area:
  - Products by benefit area
  - Catalog numbers for amplification benefits
  - A description of products/services covered by AADL
  - Quantity and frequency limits for each product/service
  - AADL maximum price limits for each product/service

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### APL: Amplification Benefits

- The APL for Amplification Benefits is divided into the following sections:
  - Seniors and Adult Dependents of Seniors: Cost-Share
  - Adults, seniors and adult dependents of seniors: Cost-Share Exempt
  - Children under 18 years & Full-Time Students (18-24 years)
  - Bone Anchored Hearing Devices (BAHD)
  - Cochlear Implants (CI)
  - Approved manufacturers

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### APL: Amplification Benefits (Additional Notes)

- Authorization/claim/QFR errors for BTEs are common
- Please differentiate BTE or High Power BTE
  - There is a different code for a BTE (H210) vs. High Power BTE (H209).
  - Please cross check APL with Blue Cross website when creating authorizations and completing QFRS for amplification devices.

AADL Catalogue No.	Benefit Name	
Current Benefit	H210	BTE
Requested Benefit	H209	High Power BTE

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### APL: Amplification Benefits (Additional Notes)

- Authorization/billing/QFR errors for CROS/BICROS aids are common. Please note the following:**
- CROS/BICROS Hearing Aid + Microphone**
  - The CROS/BiCROS Microphone (H224) must be billed in conjunction with a CROS (H222) or Bi-CROS (H223) hearing aid.
  - The CROS/BiCROS Microphone cannot be billed on its own
  - The CROS/BiCROS Microphone cannot be billed in conjunction with other styles of hearing aids (H209, H201, H211, H219, or H221).
  - CROS is for client with UNILATERAL hearing loss.
  - BICROS is for client with BILATERAL hearing loss.
  - Please cross check APL with Blue Cross website when creating authorizations and completing QFRs for amplification devices.

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### APL: Amplification Benefits (Additional Notes)

- Ensure the correct amplification device descriptions and codes (as per the approved product list) are entered into authorizations, claims and QFRs.
- **Exception requests** must be submitted to AADL through a manual authorization process with Alberta Blue Cross. All supporting documentation must be included.
- **Early replacement requests** must be submitted through the quantity and frequency review (QFR) authorization process on the Alberta Blue Cross online portal.

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### Section 3

## Fitting and Verification of Amplification Devices

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### Client Consent Form

- A completed Client Consent form is required for all amplification funding requests, including repairs, parts, and changes.
- The Client Consent form MUST be signed prior to authorizations being created on Alberta Blue Cross website.

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### Fitting and Verification of Hearing Aids (H-11)

- At the initial hearing aid fitting, the provider must complete the following:
  - Real ear measurements for verifying and optimizing the electro-acoustic characteristics of the hearing aid fitting for gain and maximum output, or
  - Simulated real ear measurements of the real-ear aided response may be used for infants or clients unable to actively participate in real ear measurement verification.
- Real-ear measurements must be kept on file.
- Claims must be submitted on the fitting date

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### Validation Certificate (H-13)

#### Validation Certificate

- The Validation Certificate is a three-part form. The client will sign this form on three separate occasions:
  - hearing assessment,
  - amplification device fitting, and
  - completion of a minimum 28-day trial period.
- Providers must have, and retain on file, all necessary documentation relating to active clients for specific benefits (GN-11).

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### Receipt of Equipment

Clients / families are expected to:

- Agree to use the amplification device(s) for the primary purpose of hearing and communication
- Maintain, care for and protect the device(s)
- Advise the provider if there is any concern about the device
- **Acquire adequate private insurance** should the device(s) need to be replaced or repaired due to misuse

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**Trial Period and Follow-up (H-12)**

- The specialty supplier must provide eligible clients a trial period of at least 28 days after the fitting of amplification device.
- A 60-day hearing aid trial period is recommended for new users and pediatric clients 0 – 6 years-old.
- The client shall have the benefit of a personally fitted custom earmold during the hearing aid trial period, if applicable.

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**Trial Period and Follow-up (H-12)**

- The specialty assessor must have contact with the client a minimum of once between the initial fitting date and the end of the trial period.
- If the client is re-fitted with a different model of amplification device or earmold during the trial period, the trial period recommences from the date of the re-fitting.
- The 28-day trial period does not include days when the aid is not in the client's possession.

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**Repairs (H-20)**

- AADL will pay the manufacturer's invoice cost for repair of a client's current amplification devices only, up to the AADL set maximum.
- Devices are eligible for repair as per the quantity and frequency limits outlined on the Amplification Benefits Approved Product List after the manufacturer's warranty has expired.
- A one-year repair warranty on major repairs is required.
- A six-month warranty on major repairs is acceptable if there is less than 12 months prior to the next replacement eligibility period.

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Section 4

## Quantity and Frequency Review (QFR) Process

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### Quantity and Frequency Review (GN-28)

- Review Module 1.7 and the AADL program manuals for a complete discussion on the Quantity & Frequency Review (QFR) process
- **The QFR process is intended for exceptional circumstances only.**
- The AADL Program Manager reviews requests for benefits over the quantity and frequency limits.
- **QFRs must be approved prior to submitting an authorization for the benefit.**

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### Quantity and Frequency Review (GN-28)

**The following requests are outside the QFR process and should not be submitted:**

- Benefits for which the client does not meet the eligibility criteria.
- Requests for medical equipment and supplies which are not on the APL.
- **Replacement of lost, stolen or damaged benefits.**
- Replacement of benefits due to misuse or inadequate care and maintenance.
- Replacement of benefits for convenience or lifestyle.
- Replacement of benefits due to technological advancements.
- Funding for charges above AADL maximum approved limits (i.e. upgrading costs).
- Funding for duplicate benefits (i.e., two products for the same functional purpose).
- AADL program cost-share exemption appeals (refer to Policy GN-24).
- Difference of opinion between two assessors.
- Assessment errors related to the original benefit.

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### QFRs for Amplification Benefits (H-22)

**Consideration will be given only if the client:**

- Has undergone a significant change in hearing since original authorization
  - more than 20dB pure tone average loss at 500, 1,000 & 2,000 Hz for those losses moderate and less, and more than a 10dB pure tone average at 500, 1,000 & 2,000 Hz for those losses moderately-severe to profound.
- Has undergone a significant change in physical condition (e.g., pediatric growth, acute loss of mobility) resulting in the amplification device no longer being appropriate
  - Re-chargeable hearing aids are not included in this request unless there is medical documentation to support a significant change in physical ability to handle the hearing aid since original purchase.
- A major repair of the amplification device is required and the client is within six months of the replacement eligibility period
- Equipment is obsolete and cannot be repaired.

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### Quantity and Frequency Review (GN-28)

**All QFR requests require the following:**

- A completed QFR form.
- Detailed explanation of alternate funding options, alternate strategies employed or other efforts on behalf of the client to meet basic needs within available quantity and frequency.
- Documentation to support why the existing benefit no longer meets the client's clinical needs (i.e. audiograms, medical records, manufacturer letters).
- Requests for a significant decline in hearing must include the following:
  - Current and pre-existing audiograms
  - Manufacturer, make and model of current hearing aid(s).

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### Summary

In Module 2.8.2 we discussed the following:

1. Provider Roles and Responsibilities
2. Approved Product List (APL): Amplification Benefits
3. Fitting and Verification of Amplification Devices
4. Quantity and Frequency Requests (QFRs)

In Module 2.8.3 we will discuss the following:

1. The role of Alberta Blue Cross within the AADL program
2. How to register as a provider
3. How to navigate the Alberta Blue Cross online portal with regards to patient inquiries, authorizations, and claims

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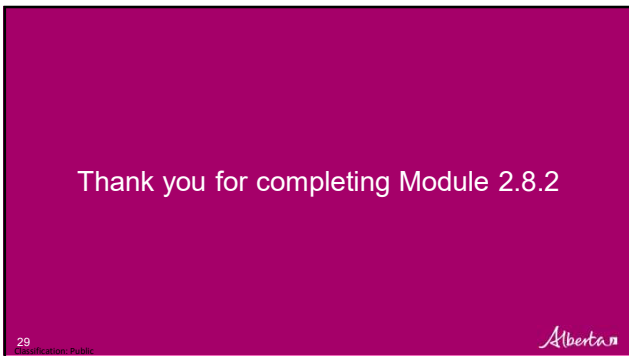
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