

Schedule A – practice and accreditation standards for hearing aid service providers

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Intent

1. This document sets out:
 - (a) accreditation standards, and
 - (b) service provider guidelines,

for health care providers providing hearing aid services (hearing service providers), as that term is defined in *The Hearing Aid Sales and Services Act*, to WCB customers (workers).

Introduction

2. WCB developed practice standards, business rules and fees for hearing service providers providing medical aid to workers. These standards have been updated with the collaboration of The Saskatchewan Hearing Instrument Practitioners (SHIPS).

Professional affiliation and WCB accreditation requirements

3. All hearing service providers supplying hearing aid services to workers must comply with the standards of care included herein. In addition, hearing service providers must comply with the code of ethics governing their discipline (such as the Canadian Association of Speech Language Pathologists and Audiologists, SASLPA or other appropriate professional association registered as a non-profit organization in Saskatchewan). These codes of ethics include standards for the delivery of hearing aid services and the environment in which those services are delivered.
4. All hearing service providers providing medical aid services to workers, including hearing evaluations and hearing instrument fittings, as contemplated herein, must:
 - (a) be a(n):
 - (i) audiologist currently licensed and in good standing with SASLPA;
 - (ii) hearing instrument practitioner providing services within Saskatchewan who, as of August 1, 2024, is and remains a registered member of, and is in good standing with, SHIPS; or
 - (iii) hearing instrument practitioner providing services outside of Saskatchewan who is a graduate of a minimum two-year program at an accredited university or technical school with a directly-supervised practicum of 840 hours;
 - (b) if providing medical aid services in Saskatchewan, be accredited and approved to provide such services to workers by WCB; and
 - (c) carry and maintain malpractice insurance.

Practice guidelines

Audiometric assessment

5. Complete audiometric testing is required for hearing instrument recommendations. The assessment must include:
 - (a) Air conduction thresholds at 250, 500, 1000, 2000, 3000, 4000, 6000 and 8000 Hz.
 - (b) Bone conduction thresholds from 500 to 4000 Hz.
 - (c) Acoustic immittance.
 - (d) Speech reception thresholds and word recognition ability.
 - (e) Tonal uncomfortable loudness levels and or speech discomfort levels.
 - (f) Any other tests required for the chosen hearing instrument selection procedure.
 - (g) All hearing instrument fittings should be documented using “real ear” or sound field-testing to determine effectiveness.

Minimal guidelines to the fitting of amplification

6. Pure tone average at 1 KHz, 2 KHz and 3 KHz, which equals or exceeds 30 dB.
7. Normal hearing sensitivity to 2 KHz with a loss equal or greater than 40 dB at 3 KHz and 50 dB at 4 KHz.

Auditory evoked potential battery

8. Auditory evoked potential battery is indicated when a customer meets any or all of the following criteria:
 - (a) Results of previous standard audiometric evaluation are suspect.
 - (b) A sudden change in thresholds or fluctuations in thresholds is noted between evaluations.
9. The auditory evoked potential battery must include the following tests:
 - (a) otoacoustic emissions
 - (b) auditory brainstem response
 - (c) cortical evoked response audiometry
10. Where a worker has not had a complete audiology evaluation within six months of the auditory evoked potential battery, or if a sudden change or fluctuation is reported, a repeat audiogram must be performed.

Fees for service

11. Hearing service providers may charge WCB fees for medical aid WCB requires of workers pursuant to section 103(1) of *The Workers' Compensation Act, 2013*, which states in part:

103(1) Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:

 - (a) any medical aid that may be necessary as a result of the injury;
 - (b) any other treatment by a health care professional.
12. To avoid conflict of interest issues that may arise as a result of the prescriber of hearing instruments also being the supplier, “mark ups” of hearing aids, supplies, etc., are limited to that set out in the attached fee schedule.
13. Where the WCB has authorized the issuance of a hearing instrument, the worker will not be billed for any services included in the WCB fee schedule unless the worker has chosen to purchase an upgrade from the hearing instrument approved by the WCB.

Record keeping and reporting

14. There shall be a formal in-clinic record for each worker, including situations where a worker requests services due to possible work-related hearing loss, which will include the assessment of findings and services provided.
15. Where the worker reports hearing loss and attributes this to employment, the hearing service provider shall submit an audiogram and the “Hearing Loss – Request for Funding” form to the WCB, with a prescription for a suitable hearing instrument, where appropriate, with attention to the WCB fee schedule.
16. Once a diagnosis of noise-induced hearing loss is confirmed, decisions regarding the relationship between the hearing loss injury and employment will be made by WCB’s operations staff. Once WCB authorizes direct billing using the “Hearing Loss – Request for Funding” form, the hearing services provider shall issue the hearing instrument to the worker.
17. The worker has an option to purchase an upgrade to the hearing instrument prescribed by the hearing service provider. If such a purchase is made, this shall be recorded in the clinic’s file, as well as the communication to the WCB.
18. There will be a written record of all equipment calibrations. This record shall be submitted to the WCB on request to verify compliance with standards.

Confidentiality requirements

19. All advertisements will be factual about the services and products offered. Any descriptions and claims will not be misleading, either directly or by implication, about the

services and products offered or about their suitability for the purpose recommended. The following practices are prohibited:

- (a) Direct or indirect mass marketing such as telemarketing or letter box mailing to provide services to eligible customers.
- (b) The use of testimonials referring to workers or to services provided by a clinic.
- (c) The use of the terms “WCB”, “Saskatchewan Workers’ Compensation Board”, other term a reasonable person would consider to be in reference to WCB or the WCB’s logos or graphic representations or otherwise making any other representation that a reasonable person may consider to be affiliated with the WCB, in advertising, publications or any other public representation without the prior written consent of the WCB.

Facility guidelines

20. Each clinic must have a sound-treated room, which adheres to American National Standards Institute (ANSI) standards, and/or equipment that eliminates the need for a sound-treated room.
21. There shall be adequate space, facilities and equipment to fulfil the needs of the services, and accessibility must be adequate for the workers served. Workers must be tested in a permanently-standing clinic, though temporary clinics may be approved by the WCB in remote areas.
22. The following test equipment must be available:
 - (a) clinical audiometer capable of air, bone, masking and speech testing,
 - (b) acoustic immittance,
 - (c) real ear measurement,
 - (d) electroacoustic hearing aid analyzer,
 - (e) stethoscope,
 - (f) otoscope,
 - (g) modifying tools,
 - (h) ultrasonic cleaner, and
 - (i) digital hearing aid programming equipment.
23. Audiometric equipment must be calibrated at least once every year.

Continuing education

24. There shall be a planned orientation program attended by all new staff.
25. All hearing service providers shall be encouraged to participate in continuing education programs, as per the requirements of the licensing or registering body, and must be up-to-date on current audiology practices and treatment protocols.

Quality assurance and performance evaluation measures

26. Within each clinic there shall be a program to evaluate the quality of services provided, including an evaluation of outcomes.
27. For each new fitting, a minimum of one follow-up visit with the worker is required with a maximum of two visits per year. A copy of the validation survey shall be provided to the WCB.

At the discretion of the WCB, compliance to these standards and the fees schedule may be evaluated through audits of hearing service provider files and WCB files.