Saskatchewan Workers' Compensation Board

Health Care Services
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# Practice Standards for Hearing Service Providers

The WCB has been unsuccessful in obtaining input from the SASLPA for the development of practice standards and a fee schedule to cover hearing service providers supplying services to WCB clients. By the provisions of Sections 103(2)[1] and 104(1)[2] of the Act, the WCB set a fee schedule in 2006, after reviewing the processes and fees of other jurisdictions, in particular Manitoba WCB whose injured worker population and business costs closely approximate those of the Saskatchewan WCB. In 2007, the Saskatchewan Ministry of Health and the Regina Qu'Appelle Health Region HAP were consulted to resolve the issues arising from legislative authority of both the Ministry of Health and the WCB to set medical fees. To serve injured workers in close proximity to their homes, a fee schedule has been developed that allows both HAP and private clinics to be reimbursed by the WCB.

In 2009, SHIPS indicated interest in serving WCB workers and expressed a willingness to sign a relationship agreement that SHIPS to be the sole representative of hearing service providers unless SASLPA signed a relationship agreement with the WCB. SHIPS offered to provide the WCB with input regarding standards of care, accreditation of hearing service providers, and appropriate fees.

All care providers supplying hearing services to WCB clients must comply with these standards of care noted below. In addition, hearing service providers must comply with the code of ethics governing their discipline (i.e., Canadian Association of Speech Language Pathologists and Audiologists, SASLPA or an appropriate professional association registered as a non-profit organization in Saskatchewan). These codes of ethics include standards for the delivery of hearing services and the environment in which these services are delivered.

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

## 1. Qualifications with WCB Accreditation

All services, including hearing evaluations and hearing instrument fittings, will be provided by a WCB accredited hearing service provider who is:

a. an audiologist currently licensed and is in good standing with SASLPA;

[1] Medical aid shall be furnished or arranged for by WCB as it may approve.

[2] The fees for medical aid furnished by any health care professional shall be determined by WCB.

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b. a hearing instrument practitioner currently registered and is in good standing with a professional association that is registered as a non-profit organization; or

c. a graduate of a minimum two year program at an accredited university or technical school with a directly supervised practicum of 840 hours;

and has current malpractice insurance.

## 2. Clinic Standards

a. 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.

b. There shall be adequate space, facilities and equipment to fulfil the needs of the services, and accessibility must be adequate for the types of clients served. Clients will be tested in a permanently standing clinic, though temporary clinics may be approved by the WCB in remote areas.

c. The following test equipment must be available:
   i. Clinical audiometer capable of air, bone, masking, and speech testing;
   ii. Acoustic immittance;
   iii. Real ear measurement;
   iv. Electroacoustic hearing aid analyzer;
   v. Stethoscope;
   vi. Otoscope;
   vii. Modifying tools;
   viii. Ultrasonic cleaner; and
   ix. Digital hearing aid programming equipment.

d. Audiometric equipment must be calibrated at least once every year.

## 3. Audiometric Assessment

a. Complete audiometric testing is required for hearing instrument recommendations. The assessment must include:
   i. Air conduction thresholds at 250, 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz.
   ii. Bone conduction thresholds from 500 to 4000 Hz.
   iii. Acoustic immittance.
   iv. Speech reception thresholds and word recognition ability.
   v. Tonal uncomfortable loudness levels and or speech discomfort levels.
   vi. Any other tests required for the chosen hearing instrument selection procedure.

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vii. All hearing instrument fittings should be documented using "real ear" or sound field-testing to determine effectiveness.

## 4. Minimal Guidelines to the Fitting of Amplification

a. Pure tone average at 1 KHz, 2 KHz and 3 KHz, which equals or exceeds 30 dB.

b. Normal hearing sensitivity to 2 KHz with a loss equal or greater than 40 dB at 3 KHz and 50 dB at 4 KHz.

## 5. Auditory Evoked Potential Battery

Auditory evoked potential battery is indicated when a client 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.

The auditory evoked potential battery must include the following tests:

c. Otoacoustic Emissions.

d. Auditory Brainstem Response.

e. Cortical Evoked Response Audiometry.

Where a client 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 will be performed.

## 6. Advertising

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 clients.

b. The use of testimonials referring to clients or to services provided by a clinic.

c. The use of the term WCB, Saskatchewan Workers' Compensation Board, or the WCB's logos or graphic representations, in advertising, publications or any other public representation.

## 7. Ongoing Education

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There shall be a planned orientation program attended by all new staff.

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.

## 8. Record Keeping

Where the worker requests services due to possible work-related hearing loss, there shall be a formal in-clinic record for each client, which will include the assessment of findings and services provided.

Where the worker reports hearing loss and attributes this to employment, the hearing service provider shall submit an audiogram and the Primary Level Authorization to Treat – Hearing Services form to the WCB, with a prescription for a suitable hearing instrument, where appropriate, with attention to the WCB fee schedule.

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 the WCB's Operations staff. Once Operations staff authorize direct billing of the WCB, using the Primary Level Authorization to Treat – Hearing Services form, the hearing instrument should be issued to the worker.

The Primary Level Authorization to Treat – Hearing Services form should also be submitted to the WCB as per the fee schedule requirements.

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.

There will be a written record of all equipment calibrations. This record shall be submitted to the WCB on request to verify compliance to standards.

## 9. Quality Assurance

Within each clinic there shall be a program to evaluate the quality of services provided, including an evaluation of outcomes.

For each new fitting, a minimum of one follow up visit is required with a maximum of two visits per year. A copy of the validation survey shall be provided to the WCB.

## 10. Invoicing WCB

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To avoid conflict of interest issues that may arise as a result of the prescriber of hearing instruments also being the supplier, the WCB has limited the “mark up” of hearing aids, supplies, etc. to 10 percent of the cost of hearing instruments for private hearing service providers. HAP providers shall invoice the WCB using the Ministry of Health fee schedule. The rates payable are included in the fee schedule in effect.

Where the WCB has authorized the issuance of a hearing instrument, the client should 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.

## 11. Term

As per the effective date as endorsed by WCB Executive to December 31, 2017.