



Hearing Services Program (Schedule of Service Items and Fees 2022-23) Instrument (No. 2) 2022

I, Chris Carlile as delegate of the Minister for Health and Aged Care make the following instrument.

Dated 14 June 2022

Chris Carlile
Assistant Secretary
Hearing Services Branch
Cancer, Hearing and Program Support Division
Department of Health

1 Name

This instrument is the *Hearing Services Program (Schedule of Service Items and Fees 2022-23) Instrument (No. 2) 2022*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. <i>The whole of this instrument</i>	<i>1 July 2022</i>	

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Repeals

The *Hearing Services Program (Schedule of Service Items and Fees 2021-22) Instrument (No. 1) 2022* is repealed.

3 Authority

This instrument is made under the *Hearing Services Program (Voucher) Instrument 2019*.

4 Schedules

Schedule 1 of this instrument contains the *Schedule of Service Items and Fees 2022-23*.

Schedule 1



Australian Government

Department of Health

Australian Government Hearing Services Program

Schedule of Service Items and Fees



Hearing Services Program

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About the Schedule of Service Items and Fees

Clients who have a current voucher are entitled to a range of services through the Hearing Services Program (program). The Schedule of Service Items and Fees (Services Schedule) provides information on service, program and evidence requirements for the services available to program clients.

Contracted service providers (providers) must comply with the program requirements. The Services Schedule includes the program standards; [Minimum Hearing Loss Threshold \(MHLT\) Guidelines](#), the [Eligibility Criteria for Refitting \(ECR\)](#) and [Documenting Consent and Agreement](#).

Services must be delivered in accordance with professional standards, including the Practitioner Professional Body (PPB) Code of Conduct and Scope of Practice. Any clinical concerns and questions should be escalated to the PPB.

The Commonwealth may, in exceptional circumstances where Service Providers may have difficulty in meeting requirements in the Services Schedule, issue a notice (Notice) that suspends the operation of any of these requirements and introduces interim requirements for a set period of time.

The Notice:

1. must specify the requirement(s) in the Services Schedule that are to be suspended and the interim requirement(s) that are to be applied;
2. must specify the time period for the application of these interim requirement(s);
3. must be addressed to the Service Provider Contact Point;
4. is to be:
 - a. signed by the person giving the notice and delivered by hand; or
 - b. signed by the person giving the notice and sent by pre-paid post; or
 - c. transmitted electronically by the person giving the notice by electronic mail transmission.
5. is deemed to be effected:
 - a. if delivered by hand – upon delivery to the relevant address; or
 - b. if sent by post – upon delivery to the relevant address; or
 - c. if transmitted electronically – upon
 1. the sender receiving an automated message confirming delivery or
 2. 30 minutes after the time sent (as recorded on the device from which the sender sent the email) unless the sender receives an automated message that the email has not been delivered whichever happens first.

A notice received after 5.00 pm, or on a day that is not a Business Day in the place of receipt, is deemed to be effected on the next Business Day in that place.

Definitions

Definitions used throughout the Schedule of Service Items and Fees are as defined by the [Hearing Services Administration Act 1997](#), [Hearing Services Program \(Voucher\) Instrument 2019](#), and/or [Service Provider Contract](#). Additional definitions include:

Non-Routine Client

A non-routine client is a client found to have one or more of the following audiometric presentations

- an air bone gap of 20dB or greater at 0.5, 1 and 2 kHz,
- speech discrimination poorer than expected given hearing threshold levels, and/or
- evidence of fluctuating audiometric thresholds.

Specialist Services Client

A client is eligible for specialist services if they have a

- 3 Frequency Average Hearing Loss (3FAHL) greater than or equal to 80dB in the better ear measured at 0.5, 1 and 2 kHz, or
- hearing loss and severe communication impairment that prevents the person from communicating effectively or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability.

If a client is eligible for specialist services, the client record in the portal must be updated to notify the program of the client's specialist status.

Clients eligible for Specialist Services must be advised that they may be eligible for additional services through Hearing Australia (Australian Hearing Services). Details of the information provided to the client, and the client's decision of where to receive services, must be recorded on the client record.

Glossary of terms in the Schedule of Fees

ALD – Assistive listening device

BTE – Behind the ear

ITE – In the ear

ITC – In the canal

CIC – Completely in the canal

IIC – Invisible in the canal

CROS – Contralateral routing of signal

BiCROS – Bilateral CROS

NS – Non-standard

Available Services

Voucher clients may be entitled to

- an audiological assessment
- an audiological case management service (where applicable)
- rehabilitation or rehabilitation plus services
- a fitting and follow up service including a fully subsidised device/s, or a subsidy towards a partially subsidised device/s
- annual client review services
- replacement of a lost or damaged device
- annual maintenance and batteries supply (optional)
- a remote control
- a spare device

An additional assessment or fitting service may be approved by the program as a revalidated service provided certain criteria are met

Private Services

Program clients have the right to choose when and where they access hearing services, including purchasing services and devices

- that are not available to them on their current voucher
- not available under the program, and/or

- from a non-program provider.

The client record must contain evidence that the client understood their rights under the program and consented to pay for private services and/or devices. This includes:

- notes documenting the advice given by the qualified practitioner to the client regarding the program services available on their current and future voucher
- notes confirming that a same/similar service or revalidated service was not available to the client on their current voucher (e.g. in the client record or private services agreement)
- a device quote supplied for any fittings
- the private services agreement signed and dated by the client, that includes
 - a statement that the client understands the services available to them under the program, but has decided to purchase services and/or device/s privately
 - what program services will no longer be available
 - the total cost of the service/s and/or device/s and that no program subsidy is available

If there is a refitting, replacement or the client chooses to enter a maintenance agreement for a private device, the standard program record keeping requirements for these services apply and these form part of the client record.

The portal should have an accurate record of the client's primary device/s.

- If a client is fitted with a private device, the device information in the Service History accordion of the portal must be updated.
- If the client's private device/s are listed on a Schedule of Approved Devices, also include the device code in the Service History.

Providers should familiarise themselves with services for clients which may be covered by other Government funded programs, such as Medicare, National Disability Insurance Scheme, Department of Veterans Affairs, Disability Employment Services or My Aged Care.

Providers may charge clients for services not available on their voucher, including:

- home visit call out fees
- wax management
- additional appointments not claimable through the program

General Program Requirements

General Program Service Requirements apply to all program services. Providers must comply with the following, as well as service requirements for each Service Claimed services that do not meet the requirements must be reimbursed to the program.	
1	The hearing services available to a client are subject to assessment of the voucher-holder's clinical need for that service.
2	Clients must have a current voucher and the Date of Service must be on or between the start and end date of the voucher that was current at the date of service.
3	Providers must ensure the service is available on the client's current voucher before delivering and claiming for any service.
4	Services must be performed by a Qualified Practitioner (QP) or Provisional Practitioner under supervision of a QP in accordance with PPB requirements, excluding Maintenance and Rehabilitation Services.
5	Clients must be referred to an appropriate medical practitioner where clinically necessary.
6	Services must be delivered in accordance with the PPB Code of Conduct and Scope of Practice.
7	Services must be delivered in accordance with current Australian laws and standards, for example Australian Privacy and Consumer Laws, ambient noise level testing and audiometric equipment standards.
8	The Practitioner QP number must be valid and linked to the provider in the portal at the Date of Service.
9	The Site ID must be valid at the Date of Service.
10	A Claim for Payment form must be correctly completed.
11	Supporting evidence must be documented on the client record, as per the requirements published on the Department's website and evidence requirements for each Service Item.
12	Portal information for the client must be updated as required, including: <ul style="list-style-type: none"> • contact information • the 3FAHL results should be updated after each audiogram • changes in device(s) used by the client • if the client is changing from monaurally fitted to binaurally fitted, or vice versa, the fitting configuration in the portal and on the provider's software must be updated prior to claiming.
13	Any reassessment, and/or consequent refitting, within 12 months of the original fitting, does not attract a Scheduled Fee but is considered part of the original Hearing Rehabilitation service unless a revalidated service is approved.
14	If a service is provided via telehealth, this must be documented on the client record and the client must be informed that a telehealth appointment is taking place
Device Supply Requirements	
Detailed written device quote Clients must receive a single detailed written device quote for all devices supplied under the program (fully and partially subsidised devices, replacements, spare devices and ALDs) that <ul style="list-style-type: none"> • is provided before the fitting service to ensure the client understands the supply arrangements and the associated costs • is signed and dated by the client on the day it is received. 	
The quote must include <ul style="list-style-type: none"> • the device model, style and device code • the full device costs, separately identifying right and left device cost, the total government subsidy amount, and device and accessory costs to the client (remote control, etc.) • the optional annual maintenance and repair costs, including whether this will change over time • the warranty period • the provider's returns policy • for partially subsidised devices: <ul style="list-style-type: none"> ○ any additional maintenance and repair costs above the program's set Client Maintenance Co-payment ○ acknowledgement that the client was offered a choice of a fully subsidised device. 	
Only approved devices fitted The device(s) fitted must be listed on a Schedule of Approved Devices on the fitting date, unless otherwise approved by the department, and the correct device code used when claiming. Device(s) supplied to program clients and claimed through the program must be purchased directly by the provider from an Appointed Supplier. If a client requires a device that is not available on a Schedule of Approved Devices, you can submit a Non-scheduled Device Request for approval to fit the device to the client.	
The device fitted to the client must <ul style="list-style-type: none"> • be suitable to the client's hearing loss and individual circumstances • be appropriately programmed, with the device response verified against a prescriptive target • be optimised according to the client's needs and preferences • have sufficient reserve gain to allow for normal deterioration of hearing levels and conductive hearing loss over the lifespan of the 	

device/s (headroom of 10dB or more across 500Hz to 4000Hz). If a device does not have sufficient reserve gain, please email hearing@health.gov.au with a request outlining why this particular device should be fitted to the client.

- be checked for comfort
- include initial supply of consumables, as per the Deed of Standing Offer clause 7, schedule 2.

The client or carer **must** be counselled on how to effectively manage the device.

Cost to Client

Fully subsidised devices

- There will be no cost to the client other than Maintenance Co-payment where applicable.

Partially subsidised devices

- Providers may charge client the difference between the government device subsidy and the device cost (as per the quote).
- Providers may negotiate a Maintenance Agreement amount with the client to cover expenses such as additional repair costs (as per the quote).
- Clients cannot be charged additional repair costs unless they were advised in the quote.

Schedule of Fees

Annual indexation of fees

Under the Australian Government Hearing Services Program, the GST exclusive amount for service items will be adjusted on the first day of each financial year, in accordance with the following indexes

- the Wage Cost Index 1 for the majority of items, this being a weighted average of estimated movements in wage costs and underlying inflation, and
- the Consumer Price Index for client maintenance contributions.

The resultant GST amount will be rounded to the nearest cent.

The final indexed fee amount is rounded to the nearest 5 cents.

Device pricing

The device prices payable are those specified in the Schedule of Fees current at the Date of Fitting.

Non-standard device prices

Please refer to the Fully Subsidised Device Schedule for individual device pricing. The device prices can be found on the Hearing Services Online Portal.

Dispensing fee for behind-the-ear (BTE) hearing aids fitted

An additional dispensing fee is paid for BTE hearing devices in Category 1 and 2 as listed in the Schedule of Fees for item numbers 630, 631, 640, 641, 650, 651, 660, 661, 760, 761, 770, 771, 820, 821, 830, 831, 840, 850 and 960.

Note: for BiCROS and CROS fittings, the dispensing fee is only paid for a BTE device fitted to the other ear.

Payments from clients

Device Maintenance Co-payment

The client can be charged the specified Maintenance Co-payment listed in the Schedule of Fees in accordance with the Device Supply Requirements.

Clients fitted with partially subsidised devices can be charged a higher Maintenance Co-payment. This must be documented in the quote or in the next Maintenance Agreement for relocated clients.

The GST amount for the co-payment is not recorded on the claim for payment form but must be declared in your Quarterly BAS Statement for each client who makes a payment within this period.

Replacement Fee

The client can be charged the specified Replacement Fee listed in the Schedule of Fees per replacement device unless this is covered by items 555 or 888.

Claiming for services provided

Providers are responsible for ensuring the client has a current voucher prior to services being provided through the program. All services must be on or between the voucher start and expiry date of the voucher current at the time of the date of service, except where a fitting begins on one voucher and a follow up is completed on a new voucher. Claims for services must be submitted within 12 months of the date of service.

Items marked with an asterisk (*) in the Schedule of Fees must be submitted as a Portal (manual) claim.

	Item No.	Schedule of Service Items & Fees – 2022/23	Amount ex GST	GST Liable	GST	Total Incl. GST
Assessment & Referral	600	First Assessment	\$147.95	\$0.00	\$0.00	\$147.95
	610	Audiological Case Management (Review and Advice)	\$46.95	\$0.00	\$0.00	\$46.95
	800	Reassessment	\$147.95	\$0.00	\$0.00	\$147.95
	810	Audiological Case Management (Review and Advice)	\$46.95	\$0.00	\$0.00	\$46.95
Initial Fittings	630	Initial fitting with Maintenance Agreement - Monaural	\$472.15	\$10.00	\$1.00	\$473.15
	631	Initial fitting with Maintenance Agreement - Non Follow up - Monaural	\$236.05	\$10.00	\$1.00	\$237.05
	640	Initial fitting with Maintenance Agreement - Binaural	\$590.70	\$20.00	\$2.00	\$592.70
	641	Initial fitting with Maintenance Agreement- Non Follow up - Binaural	\$295.35	\$20.00	\$2.00	\$297.35
	650	Initial fitting (no Maintenance Agreement) - Monaural	\$459.20	\$0.00	\$0.00	\$459.20
	651	Initial fitting (no Maintenance Agreement) - Non Follow up - Monaural	\$229.60	\$0.00	\$0.00	\$229.60
	660	Initial fitting (no Maintenance Agreement) - Binaural	\$550.80	\$0.00	\$0.00	\$550.80
	661	Initial fitting (no Maintenance Agreement) - Non Follow up - Binaural	\$275.40	\$0.00	\$0.00	\$275.40
	760	Subsequent Initial Fitting with Maintenance Agreement	\$120.90	\$10.00	\$1.00	\$121.90
	761	Subsequent Initial Fitting with Maintenance Agreement - Non Follow up	\$60.45	\$10.00	\$1.00	\$61.45
	770	Subsequent Initial Fitting (no Maintenance Agreement)	\$87.00	\$0.00	\$0.00	\$87.00
	771	Subsequent Initial Fitting (no Maintenance Agreement) - Non Follow up	\$43.50	\$0.00	\$0.00	\$43.50
Refitting	820	Refitting - Monaural	\$394.60	\$0.00	\$0.00	\$394.60
	821	Refitting - Non Follow up - Monaural	\$197.30	\$0.00	\$0.00	\$197.30
	830	Refitting - Binaural	\$392.20	\$0.00	\$0.00	\$392.20
	831	Refitting - Non Follow up - Binaural	\$196.10	\$0.00	\$0.00	\$196.10
Initial Fitting ALD	635	ALD: Initial fitting with Maintenance Agreement	\$212.50	\$10.00	\$1.00	\$213.50
	636	ALD: Initial fitting with Maintenance Agreement- Non Follow up	\$106.25	\$10.00	\$1.00	\$107.25
	655	ALD: Initial fitting (no Maintenance Agreement)	\$193.70	\$0.00	\$0.00	\$193.70
	656	ALD: Initial fitting (no Maintenance Agreement) - Non Follow- up	\$96.85	\$0.00	\$0.00	\$96.85
Refit ALD	825	ALD: Refitting	\$136.30	\$0.00	\$0.00	\$136.30
	826	ALD: Refitting - Non follow up	\$68.15	\$0.00	\$0.00	\$68.15
Maintenance	700	Maintenance and Battery Supply - Monaural	\$101.00	\$50.50	\$5.05	\$106.05
	710	Maintenance and Battery Supply - Binaural	\$202.05	\$101.00	\$10.10	\$212.15
	711	Relocated Maintenance and Battery Supply - Monaural	\$70.70	\$59.00	\$5.90	\$76.60
	722	Relocated Maintenance and Battery Supply - Binaural	\$95.95	\$71.50	\$7.15	\$103.10
	777	Client Co-payment for Maintenance and Batteries - DVA eligible clients	\$46.55	\$23.50	\$2.35	\$48.90
	790	Maintenance and Battery Supply (Private Devices) – Monaural	\$101.00	\$50.50	\$5.05	\$106.05
	791	Maintenance and Battery Supply (Private Devices) – Binaural	\$202.05	\$101.00	\$10.10	\$212.15
Client Review	920	Client Review - Unaided	\$83.40	\$0.00	\$0.00	\$83.40
	930	Client Review - Monaural or ALD	\$83.40	\$0.00	\$0.00	\$83.40
	940	Client Review - Binaural	\$129.25	\$0.00	\$0.00	\$129.25
Rehab	670	Rehabilitation Service - Unaided	\$213.80	\$0.00	\$0.00	\$213.80
	680	Rehabilitation Plus (two sessions)	\$151.50	\$0.00	\$0.00	\$151.50
	681	Rehabilitation Plus (single session)	\$75.20	\$0.00	\$0.00	\$75.20
Replacement	840	Replacement of Lost/ Damaged Beyond Repair Device - Monaural	\$74.05	\$0.00	\$0.00	\$74.05
	850	Replacement of Lost/ Damaged Beyond Repair Devices - Binaural	\$108.00	\$0.00	\$0.00	\$108.00
	555	Client Co-payment for Exempt Clients	\$43.40	\$0.00	\$0.00	\$43.40
	888	Client Co-payment for DVA Eligible Clients	\$43.40	\$0.00	\$0.00	\$43.40
Spare	960	Spare Device	\$78.70	\$0.00	\$0.00	\$78.70
Remote	4*	Remote Control (Manufacturer's invoice amount only < \$200)				
Device Fees		Category 1 - High powered BTEs (plus dispensing fee, listed below)	\$501.55	\$0.00	\$0.00	\$501.55
		Category 2 - BTEs (plus dispensing fee, listed below)	\$474.45	\$0.00	\$0.00	\$474.45
		Category 3 - Custom devices (ITE, ITC, CIC, IIC)	\$435.70	\$0.00	\$0.00	\$435.70
		Non-standard (NS) devices (ALD, BiCROS, CROS, bone conductor)	Refer FS Device Schedule for pricing			
		BTE Dispensing Fee	\$28.15	\$0.00	\$0.00	\$28.15
Other	1*	Device Returned for Credit: Monaural – Half Cost of the Fitting item (no Maintenance Agreement)				
	2*	Devices Returned for Credit: Binaural – Half Cost of the Fitting item (no Maintenance Agreement)				
	3*	BTE Returned for Credit: Dispensing Fee	\$28.15	\$0.00	\$0.00	\$28.15
	6*	Miscellaneous Claim: Only claimable when pre-approved by the program				
Client Fees		Client Maintenance Co-payment	\$46.55	\$23.50	\$2.35	\$48.90
		Client Replacement Co-payment	\$43.40	\$0.00	\$0.00	\$43.40

Schedule of Service Items

Assessment

ASSESSMENTS / REASSESSMENTS

Assessment and Reassessment Services to establish the nature and extent of a client's hearing and communication needs and the client's communication and hearing goals.

Item	Service
600	First Assessment
800	Reassessment
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	<p>Practitioners establish the nature and extent of client's hearing and communication needs through the following:</p> <ul style="list-style-type: none"> • an accurate and complete assessment of the client's clinical and audiological history • an accurate and complete audiological assessment, as required by the client's needs • discussion of client's communication and hearing goals • discussion of client's expectations, motivation and attitude towards hearing rehabilitation • informing the client about appropriate communication strategies and tactics. <p>Practitioners support client's decision making in managing their communication and hearing goals by:</p> <ul style="list-style-type: none"> • providing rehabilitation to clients to better manage their life with hearing loss. This may or may not include a device fitting • informing the client of rehabilitation programs, including Rehabilitation Plus (680/681) and Rehabilitation Service (670) • informing the client of the technological options available and suitable device choices (type, style and configuration), including fully subsidised device options
Program Requirements	
3	Item 600 can be claimed once only for each client. Item 800 can be claimed once only on each subsequent (Return) Voucher.
4	<p>Specialist Services (Complex) clients (see definitions) must</p> <ul style="list-style-type: none"> • have their client details updated through the portal; • be advised that they may be eligible for additional services through Hearing Australia • be allowed at least 10 business days (without being provided further services) before being contacted to ask whether they have decided to receive additional services from Hearing Australia, unless the client notifies their decision earlier.
5	<p>Non-routine clients (see definitions)</p> <ul style="list-style-type: none"> • If assessed by an Audiometrist, advice must be requested from an Audiologist or medical practitioner. • Where advice is requested from an Audiologist, Item 610 or 810 is claimed with the Audiologist's QP number. • The Assessment or Reassessment Items (600/800) must not be claimed until the advice has been received and actioned, whether from an Audiologist or a medical practitioner. • Date of Service for Audiological Case Management (Review and Advice) Service (Item 610/810) must match Date of Service for Assessment or Reassessment Items (600/800).
6	<p>If the client is likely to proceed to a fitting, the client must</p> <ul style="list-style-type: none"> • have 3FAHLs of greater than or equal to 23dB (3FAHL \geq 23dB) or be eligible under the MHLT Exemption Criteria. Each ear must be evaluated independently • receive written information about the provider's device supply arrangements • not have been fitted under the program before or must be eligible for refitting under the ECR guidelines • be provided with a detailed device quotation, as specified in the Device Supply Requirements (see page 4), to ensure they understand any out of pocket costs.
7	If the client is not proceeding to a fitting, the client must be advised about the Rehabilitation Service (Item 670) if appropriate.
8	If a new client is bringing previously fitted devices onto the program, a Client Review (Items 930/940) can be claimed at the same time as the Items 600 & 790/791, providing the Client Review requirements are met.
9	The Date of Service is the date of the assessment/reassessment is completed. If an Audiometrist requires advice for a non-routine client from an Audiologist or medical practitioner, the Date of Service for Items 600/800 is the date the advice is provided.

Evidence Requirements

Evidence kept on the client record to substantiate Assessment/Reassessment Services **MUST** include

- Practitioner's (and supervisor's) full name
- Date of Service
- Claim for Payment form
- otoscopy results
- a complete and dated audiogram
- complete assessment of clinical and audiological history (established or reviewed)
- client's hearing goals (established or reviewed)
- client's expectations, motivation and attitude towards hearing rehabilitation
- discussion of communication strategies/tactics
- device advice, including fully subsidised device recommendation (if client is likely to be fitted)
- detailed device/accessories quote/s (if client is likely to be fitted)
- both MHLT exemption criteria if a client with 3FAHLs < 23dB is going to be fitted with a device, including a current WANT completed at the time of the assessment or device discussion

Evidence kept on the client record to substantiate Assessment/Reassessment Services **MAY** include

- speech testing (where appropriate)
- referral to a medical practitioner where appropriate
- Specialist Services client decision regarding choice of provider (if applicable)
- advice on management of non-routine client (if applicable)
- advice regarding Rehabilitation Service (Item 670) if client is not going to be fitted with a device.

AUDIOLOGICAL CASE MANAGEMENT (REVIEW AND ADVICE)

Review and advice provided by a QP Audiologist to enable an Audiometrist to complete a non-routine client's Assessment/Reassessment Service.

Item	Service
610	Audiological Case Management (Review and Advice) – with Assessment Service (Item 600)
810	Audiological Case Management (Review and Advice) – with Reassessment Service (Item 800)
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Practitioners ensure the safety of the clients through Audiometrists liaising with an Audiologist about the management of non-routine clients. The Audiological Case Management (Review and Advice) Service is delivered by a QP Audiologist for a non-routine client (see definitions).
Program Requirements	
3	Item 610 can be claimed once only for each client.
4	Item 810 can be claimed only once on each subsequent (Return) Voucher.
5	Items 610 and 810 can only be claimed where an Audiometrist requests and receives advice from an Audiologist on the management of a non-routine client in order to complete an Assessment/Reassessment Service.
6	Items 610 and 810 cannot be claimed when a provisional (non-qualified) Audiometrist is under the supervision of an Audiologist.
7	The prerequisite Assessment Services (Items 600/800) must be delivered by a QP Audiometrist or a provisional Audiometrist under the supervision of a QP Audiometrist.
8	Items 610 and 810 may be subcontracted to a QP Audiologist.
9	Items 610 and 810 must be claimed with the QP number of the QP Audiologist who delivered the Audiological Case Management Service.
10	Date of Service for Audiological Case Management (Review and Advice) Service (Item 610/810) must match Date of Service for Assessment or Reassessment Items (600/800).
Evidence Requirements	
Evidence kept on the client record to substantiate Audiological Case Management (Advice and Referral) Service MUST include	
<ul style="list-style-type: none"> • Practitioner's full name • Date of Service • Claim for Payment form • Audiometrist's request to Audiologist for advice (dated) • Audiologist's advice and additional test results if appropriate (dated) • evidence the Audiologist's advice has been followed. 	

Initial Fittings

INITIAL AND SUBSEQUENT INITIAL FITTINGS

- Client's first fitting service through the program to provide appropriate hearing technology which is clinically suitable to the client's needs.
- A Subsequent Initial Fitting is for a client who has previously been monaurally fitted through the program and now requires a hearing device for their other (previously unfit) ear.

Item	Service
630	Initial Fitting – Monaural
631	Initial Fitting – Non Follow up – Monaural
640	Initial Fitting – Binaural
641	Initial Fitting – Non Follow up – Binaural
650	Initial Fitting (no Maintenance Agreement) – Monaural
651	Initial Fitting (no Maintenance Agreement) – Non Follow up – Monaural
660	Initial Fitting (no Maintenance Agreement) – Binaural
661	Initial Fitting (no Maintenance Agreement) – Non Follow up – Binaural
760	Subsequent Initial Fitting
761	Subsequent Initial Fitting – Non Follow up
770	Subsequent Initial Fitting (no Maintenance Agreement)
771	Subsequent Initial Fitting (no Maintenance Agreement) – Non Follow up

Service Requirements

1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Practitioner provides appropriate hearing technology for the client through the following: <ul style="list-style-type: none"> • Appropriate device(s) programming and verification against a prescriptive target • Optimise device(s) to meet the client's needs and preferences • Check for comfort of device(s) • Evaluation of the short term outcome(s) of the client's rehabilitation program at follow-up • Assist the client to address any issues or concerns
3	Initial fittings and subsequent initial fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
4	The client's clinical and audiological history and hearing goals must be reviewed at fitting unless done so in the past 12 months at Assessment, Reassessment or Client Review

Program Requirements

4	A fitting service should consist of at least two appointments, the fitting and a follow up . <ul style="list-style-type: none"> • The follow up must occur at least seven calendar days after the fitting to allow the client time to identify any issues with the fitting or device. • Outcomes against hearing goals must be assessed at follow up. • If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client's device enables remote programming. • Where attempts have been made to contact the client and a follow up is not completed, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted. <p>Except for Non Follow up services, a claim should not be submitted until the fitting is considered successful and the client has accepted the device(s). A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
5	Only one Initial Fitting Item can be claimed for each client and no previous fitting through the program must have occurred.
6	If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet both MHLT exemption criteria (Criterion 1 and 2) prior to fitting (a 3FAHL of 23.3dB should be recorded as 23.3dB in the portal and on the claim form).
7	An Assessment or Reassessment Service or Client Review must be completed prior to an Initial or Subsequent Fitting. The provider must ensure all fittings are based on the client's current hearing thresholds no more than 12 months old.
8	Any Refitting within 12 months of the Initial Fitting is considered part of the original Hearing Rehabilitation Program and cannot be claimed, unless the device/s have been + returned for credit and a recovery processed (if already claimed), or if the fitting service has been revalidated.
9	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the Device Supply Requirements (see pages 6 & 7). <ul style="list-style-type: none"> • If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval.
10	All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 20 for further program requirements.
11	Where a client receives a MONAURAL Initial Fitting, an Initial Fitting to the other ear must be claimed as a SUBSEQUENT Initial

	Fitting (Items 760, 761, 770, 771).
12	SUBSEQUENT Initial Fittings with Maintenance Agreement (Items 760,761) can only be claimed where the client has a current monaural Maintenance Agreement.
13	A SUBSEQUENT Initial Fitting Item can be claimed once only for a previously monaurally fitted client.
14	If the client has private device(s) maintained through the program, their first program fitting must be claimed as an Initial Fitting.
15	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the fitting date).

Evidence Requirements

Evidence kept on the client record to substantiate the Fitting Service **MUST** include

- Practitioner's (and supervisor's where applicable) full name
- Date of Service
- Claim for Payment form
- evidence MHLT exemption criteria (including WANT) is met where required
- device quote signed and dated by client
- otoscopy results at time of fitting, or the reason the practitioner determines otoscopy is not required
- correct device details (serial numbers and device codes, features, accessories)
- device programming (NOAH data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.)
- device/s optimised to the client needs and preferences
- fitting checked for comfort, feedback, occlusion, Maximum Power Output (MPO), etc.
- client/carer counselled on management of devices (device/battery insertion, volume control, cleaning, wax management, additional programs, phone use, etc.)
- Maintenance Agreement discussed (copy of agreement and receipt for client Co-payment where applicable)
- strategies/tactics discussion to help manage hearing loss and device use
- notes on client issues/concerns that have been addressed and support/referral provided as necessary
- review of device use (data logging if available)
- adjustments/modifications/program changes at follow up where required
- fitting outcome evaluated at follow up service
- aided speech testing (at either fitting or follow up)
- review of outcomes against hearing goals at follow up
- check client is satisfied with outcomes
- for non-follow up claims, evidence of attempts to contact the client
- copy of client receipt if payment required for partially subsidised device.

Refitting

REFITTINGS	
<p>These fittings are for clients who have been previously fitted on the same ear. A client may only be refit if they meet the Eligibility Criteria for Refitting (ECR).</p>	
Item	Service
820	Refitting – Monaural
821	Refitting – Non follow up – Monaural
830	Refitting – Binaural
831	Refitting – Non follow up – Binaural
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Practitioner provides appropriate hearing technology for the client through the following: <ul style="list-style-type: none"> • Appropriate device(s) programming and verification against a prescriptive target • Optimise device(s) to meet the client’s needs and preferences • Check for comfort of device(s) • Evaluation of the short term outcome(s) of the client’s rehabilitation program at follow-up • Assist the client to address any issues or concerns identified
3	Refittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
4	The client’s clinical and audiological history and hearing goals must be reviewed at fitting unless done so in the past 12 months at Reassessment or Client Review.
Program Requirements	
4	<p>A fitting service should consist of at least two appointments, the fitting and a follow up.</p> <ul style="list-style-type: none"> • The follow up must occur at least seven calendar days after the fitting to allow the client time to identify any issues with the fitting or device. • Outcomes against hearing goals must be assessed at follow up. • If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client’s device enables remote programming. • Where attempts have been made to contact the client and a follow up is not completed, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted. <p>Except for Non Follow up services, a claim should not be submitted until the fitting is considered successful and the client has accepted the device(s). A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
5	The client must have previously received a fitting through the program to the same ear.
6	<p>Clients must not be refitted unless the fitting complies with the ECR.</p> <ul style="list-style-type: none"> • Evidence supporting the relevant ECR must be kept on the client’s record.
7	<p>If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet both MHLT exemption criteria (Criterion 1 and 2) prior to fitting.</p> <ul style="list-style-type: none"> • A 3FAHL of 23.3dB should be recorded as 23dB on the claim.
8	An Assessment, Reassessment, screening or Client Review must have been completed before Refitting. The provider must ensure the fitting is based on hearing thresholds no more than 12 months old.
9	Any Refitting within 12 months of a previous Fitting is considered part of the previous Hearing Rehabilitation Program and cannot be claimed, unless the device/s have been returned for credit and a recovery processed (if already claimed), or if the fitting service has been revalidated.
10	<p>The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the Device Supply Requirements (see pages 6 & 7).</p> <p>If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval</p>
11	All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 20 for further program requirements.
12	If a fitting (doesn’t include replacements) has been claimed for the same ear on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
13	If a monaural Refitting has been claimed and the opposite ear requires a refit within 6 months on the same voucher, the previous fitting claim must be recovered and these services claimed as a binaural fitting (except where the client has relocated and the fittings are completed by different providers). If the opposite ear is refitted more than 6 months following a monaural refit, a monaural refitting claim should be submitted and no recovery is required.
14	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the Fitting date).

Evidence Requirements

Evidence kept on the client record to substantiate the Refitting Service **MUST** include

- Practitioner (and supervisor's where applicable) full name
- Date of Service
- Claim for Payment form
- evidence MHLT exemption criteria (including WANT) is met where required
- the ECR number, reason for the refit and evidence required by the ECR
- device quote signed and dated by client
- otoscopy results at time of fitting or the reason the practitioner determines otoscopy is not required.
- correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone, accessories)
- device programming (NOAH data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.)
- device/s optimised to the client needs and preferences
- fitting checked for comfort, feedback, occlusion, MPO, etc.
- client/carer counselled on management of devices (device/battery insertion, volume control, cleaning, wax management, program switching, phone use, etc)
- Maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable)
- strategies/tactics discussion to help manage hearing loss and device use
- notes on client issues/concerns that have been addressed and support/referral provided as necessary
- review of device use (data logging if available)
- adjustments/modifications/program changes at follow up where required
- fitting outcome evaluated at follow up service
- aided speech testing (at either fitting or follow up)
- review of outcomes against hearing goals at follow up
- check client is satisfied with outcomes
- for non-follow up claims, evidence of attempts to contact the client
- copy of client receipt if payment required for partially subsidised device.

Assistive Listening Devices (ALDs)

ASSISTIVE LISTENING DEVICES (ALDs) – INITIAL FITTING

To provide clinically suitable ALDs for clients who are not able to or do not wish to wear hearing aid(s).

Item	Service
635	Initial ALD Fitting
636	Initial ALD Fitting – Non Follow up
655	Initial ALD Fitting (no Maintenance Agreement)
656	Initial ALD Fitting (no Maintenance Agreement) – Non Follow up
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Practitioner provides appropriate assistive listening device technology for the client through the following: <ul style="list-style-type: none"> • Optimise device to meet the client’s needs and preferences • Check for comfort of device • Evaluation of the short term outcome(s) of the client’s rehabilitation program • Assist the client to address any issues or concerns.
3	ALD Initial Fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
4	<p>A fitting service may consist of two appointments, a fitting and a follow up.</p> <ul style="list-style-type: none"> • If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least seven calendar days after the fitting to allow the client time to identify any issues with the fitting or device. • Device use and hearing goals must be evaluated at the follow up, where this occurs. • Can be completed via telehealth if there are no issues with comfort, sound quality or management. • If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client’s device enables remote programming. • If no follow up appointment is required, the client does not attend a follow up, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted. <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the ALD. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
5	The client must not have received a previous fitting, including ALD through the program.
6	An Assessment or Reassessment Service must be completed prior to an Initial Fitting. The provider must ensure the fitting is based on the client’s current hearing thresholds.
7	<p>If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet both MHLT exemption criteria (Criterion 1 and 2) prior to fitting (a 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form)</p> <p>Note: An ALD fitting recorded in the portal will default to the ear with the highest 3FAHLs.</p>
8	<p>Clients can receive an ALD or a hearing aid fitting, but not on the same voucher unless a revalidated service is approved.</p> <ul style="list-style-type: none"> • Clients can receive a device fitting at a later time on a future voucher, after meeting one of the ECR. • Clients can receive an ALD Fitting following a previous device fitting, on a future voucher, after meeting one of the ECR.
9	The client must receive a detailed written device quote and must only be fitted with approved device(s) in accordance with the Device Supply Requirements (see pages 6 & 7).
10	All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 20 for further program requirements.
11	The Date of Service is the date of the follow up (except for non-follow up fittings (items 636 and 656), when the Date of Service is the date the ALD was provided to the client).
Evidence Requirements	
<p>Evidence kept on the client record to substantiate the ALD Fitting Service MUST include</p> <ul style="list-style-type: none"> • Practitioner (and supervisor’s where applicable) full name • Date of Service • Claim for Payment form • evidence MHLT exemption criteria (including WANT) is met where required • device quote signed and dated by client • file notes on the goals to be addressed by the ALD and fitting outcomes evaluated at follow up (if follow up claimed) • dated file notes to support completion of a follow up appointment (if follow up claimed) • ALD serial number and device code • check for comfort and issues/concerns have been addressed • client/carer counselled on management of ALD and support/referral provided as necessary • Maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable) • strategies/tactics discussion to help manage hearing loss and ALD use 	

ASSISTIVE LISTENING DEVICES (ALDs) REFITTING

To provide clinically suitable ALDs for clients who are not able to or do not wish to wear hearing aid(s). **A client may only be refit if they meet the Eligibility Criteria for Refitting (ECR).**

Item	Service
825	ALD Refitting
826	ALD Refitting – Non Follow up
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Practitioner provides appropriate assistive listening device technology for the client through the following: <ul style="list-style-type: none"> • Optimise device to meet the client's needs and preferences • Check for comfort of device • Evaluation of the short term outcome(s) of the client's rehabilitation program • Assist the client to address any issues or concerns.
3	ALD Refittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
4	<p>A fitting service may consist of two appointments, a fitting and a follow up.</p> <ul style="list-style-type: none"> • If the practitioner believes the client requires or would benefit from a follow up appointment, it must occur at least seven calendar days after the fitting to allow the client time to identify any issues with the fitting or device. • Device use and hearing goals must be evaluated at the follow up, where this occurs. • Can be completed via telehealth if there are no issues with comfort, sound quality or management. • If the client requires adjustments or there are issues with the fitting, the client will need to attend a face to face appointment, unless the client's device enables remote programming. • If no follow up appointment is required, or the client does not attend a follow up, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted. <p>A claim should not be submitted until the fitting is considered successful and the client has accepted the fitting. A successful fitting is one where client has demonstrated improvement in their hearing goals and the ability to manage their devices.</p>
5	The client has previously been fitted with an ALD or hearing aid against a previous voucher.
6	An ALD should only be refitted when the client will no longer be using previous device/s.
7	If a fitting (hearing aid or ALD) has been claimed on the current voucher, revalidation of a fitting service must be approved by the program prior to service provision.
8	Clients should not be refitted unless they meet the ECR .
9	A Reassessment Service or a Client Review (if appropriate) must be completed prior to an ALD Refitting. The provider must ensure the fitting is based on the client's current hearing thresholds.
10	<p>If the client has 3FAHLs < 23dB in the ear to be fitted, the client must meet both MHLT exemption criteria (Criterion 1 and 2) prior to fitting (a 3FAHL of 23.3dB should be recorded as 23dB in the portal and on the claim form).</p> <p>Note: An ALD fitting recorded in the portal will default to the ear with the highest 3FAHLs.</p>
11	<p>Clients can receive an ALD fitting or a hearing aid fitting, but not both on the same voucher.</p> <ul style="list-style-type: none"> • Clients can receive an ALD fitting following a previous hearing aid fitting, on a future voucher, after meeting one of the ECR. • Clients can receive a hearing aid fitting at a later time on a future voucher, after meeting one of the ECR.
12	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the Device Supply Requirements (see pages 6 & 7).
13	All clients receiving a fitting must be offered a Maintenance Agreement and clients can choose to enter into a Maintenance Agreement. Please refer to the Maintenance for Fitting Items on page 19 for further program requirements.
14	The Date of Service is the date of the follow up (except for non-follow up fittings, when the Date of Service is the date the ALD was provided to the client).

Evidence Requirements

Evidence kept on the client record to substantiate the ALD Refitting Service **MUST** include

- Practitioner (and supervisor's where applicable) full name
- Date of Service
- Claim for Payment form
- evidence MHLT exemption criteria (including WANT) is met where required
- ECR number, reason for the refit and evidence required by the ECR
- device quote signed and dated by client
- file notes of the goals to be addressed by the ALD and fitting outcomes evaluated at follow up service (if follow up is claimed)
- dated file notes to support completion of a follow up appointment (if follow up claimed)
- ALD serial number and device code
- check for comfort and issues/concerns have been addressed
- client/carer counselled on management of ALD and support/referral provided as necessary
- Maintenance Agreement discussed (copy of agreement and receipt for Client Co-payment where applicable)
- strategies/tactics discussion to help manage hearing loss and client/carer counselled on management of ALD

Maintenance

MAINTENANCE AND RELOCATED MAINTENANCE

- Maintenance Agreements are optional for fitted clients and offer the client annual, subsidised device maintenance, repairs and battery supply.
- Relocated Maintenance fees compensate providers when a client relocates to them and the client had an existing Maintenance Agreement with their previous provider.
- Private Device Maintenance allows providers to maintain devices listed on an Approved Device Schedule which have been purchased privately by program clients.

Item	Service
700	Maintenance and Battery Supply – Monaural
710	Maintenance and Battery Supply – Binaural
711	Relocated Maintenance and Battery Supply – Monaural
722	Relocated Maintenance and Battery Supply – Binaural
777	Client Co-payment for Maintenance and Battery Supply – DVA Eligible Clients
790	Maintenance and Battery Supply (Private Devices) – Monaural
791	Maintenance and Battery Supply (Private Devices) – Binaural
Program Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Maintenance Services can be delivered by persons with the appropriate skills.
3	The client has a current fitting.
4	<p>All clients receiving a fitting must be offered a Maintenance Agreement.</p> <ul style="list-style-type: none"> • A Maintenance Agreement must be signed and dated by the client confirming their acceptance of the agreement. • Clients must be informed they will receive device batteries, maintenance and repairs if they enter a Maintenance Agreement with the provider and pay the annual Client Maintenance Co-payment (unless DVA exempt or the fee is waived). • The client must still sign a Maintenance Agreement if the Co-payment is waived or is paid by DVA. • It is not mandatory for clients to accept the offer. • Standard consumer protections apply, including device warranties.
5	<p>Maintenance Agreements cover:</p> <ul style="list-style-type: none"> • Appropriate battery supply • Adjustments and re-programming if required (including phone or accessories connectivity issues) • Repairs to the device as well as to any other attachments necessary for the operation of the device • Necessary components for the functioning of the device (e.g. Ear-moulds, thin tube and dome replacement) • Hearing Aid cleaning
6	<p>Maintenance and repairs must</p> <ul style="list-style-type: none"> • be timely so that the client is not without the use of their device for any significant period • be adequate to restore the device to its original physical condition, allowing for normal wear and tear • ensure that the electroacoustic characteristics and any other features prescribed by the Qualified Practitioner match the original fitting, unless changes are clinically appropriate <p>If same day repair is unavailable, a loan device should be offered where appropriate.</p>
7	Warranty on the hearing aid must be utilised for specified hearing aid repairs, as detailed in the Deed of Standing Offer.
8	Maintenance Items (with exceptions of 711 and 722) cannot be claimed earlier than 12 months after the Date of Fitting for Initial Fitting and Refitting Items.
9	<p>Standard maintenance can only be claimed once every 12 months, with the exception of:</p> <ul style="list-style-type: none"> • Relocated Maintenance (Items 711/722), refer to Requirement 15 below • Private Device Maintenance (Items 790/791), refer to Requirement 17 below.
10	Clients must not sign a Maintenance Agreement or pay their Maintenance Co-payment more than 45 days before the date on which Maintenance services commence.
11	Where the client enters into a Maintenance Agreement towards the end of the current voucher, the provider must honour the Maintenance Agreement for 12 months from the agreement commencement date, even if the client's voucher expires.
12	<p>The Date of Service is</p> <ul style="list-style-type: none"> • the anniversary date of the last agreement if the client signed and dated the Maintenance Agreement, and paid the Client Maintenance Co-payment (where required) on or before the anniversary date of the last agreement (requirement 9 applies); or • the date the client signed and dated the Maintenance Agreement, and paid the Client Maintenance Co-payment (where required) after the anniversary date of the last agreement or where the client had no previous Maintenance Agreement.
13	<p>Where the client has agreed to enter into a Maintenance Agreement, Maintenance (Items 700/710) may be claimed on or after</p> <ul style="list-style-type: none"> • the anniversary of the Initial Fitting (Items 630, 631, 635, 636, 640, 641, 650, 651, 655, 656, 660, 661)

	<ul style="list-style-type: none"> the anniversary of Refitting (Items 820, 821, 825, 826, 830, 831) the anniversary of an Item 790/791 claim for a private device/s, or the anniversary of Maintenance Items 700/710.
14	<p>Relocated Maintenance, Items 711/722 (where client has relocated from one provider to another)</p> <ul style="list-style-type: none"> The client must have a current Maintenance Agreement with their previous provider. The client's relocation to the new provider must already be processed in the portal. Date of Service is the date the client consents to relocate to the new provider. <p>NOTE: Relocated Maintenance cannot be claimed again if a client relocates away from a provider and then returns within the same Maintenance Agreement period.</p>
15	<p>DVA Client Maintenance Co-payment, Item 777 (not applicable for Relocated Maintenance)</p> <ul style="list-style-type: none"> DVA pays the Client Maintenance Co-payment for eligible DVA clients. The provider can claim an Item 777 for this amount. The DVA Client Maintenance Co-payment is listed in the Schedule of Fees. Clients must hold a DVA Gold Card or White Card (for hearing loss). DVA PCC clients are not entitled to this claim Item. Item 777 is claimed annually with Maintenance claims (Items 700, 710), for Initial Fitting claims that include Maintenance Agreement (Items 630, 635, 640) and with Private Device Maintenance (Items 790, 791). Item 777 Date of Service matches the Date of Service of the Maintenance claims (Items 700, 710, 790, 791) or the Date of Fitting for Initial Fitting claims that includes Maintenance Agreement (Items 630, 635, 640) or the Date of Fitting for Refitting claims (Items 820, 825, 830). DVA will not pay the Client Maintenance Co-payment for the first 12 months if the client does not attend a Follow up Service. The client will be responsible for paying the Co-payment. If the client enters into a Maintenance Agreement for subsequent years, an Item 777 can be claimed for the Client Maintenance Co-payment. If a DVA Gold or White Card (for hearing loss) holder chooses a partially subsidised device, DVA will only pay the program's set Client Maintenance Co-payment towards their Maintenance Agreement. The client must pay any difference between the provider's quoted maintenance fee and the program set Client Maintenance Co-payment. The client must still sign a Maintenance Agreement if the Co-payment is paid by DVA.
16	<p>Private Devices Maintenance, Items 790/791</p> <ul style="list-style-type: none"> Maintenance (Items 790/791) may be claimed for the initial year of maintenance if <ul style="list-style-type: none"> the client has never been fitted through the program the client enters into a Maintenance Agreement the private device/s will be the primary device(s), and the private device/s are on a Schedule of Approved Devices. Items 790/791 can only be claimed if the device(s) are suitable to the client's needs and still in good working condition. The client device details (device type, code) must be added to the client's service history in the portal. The client must have received an assessment prior to the Items 790/791 claim to ensure the fitting is based on the client's current hearing thresholds. Once the initial Maintenance Agreement expires, subsequent annual Maintenance (Items 700/710) can be claimed as usual. <p>Where a client has previously been fitted with a device through the program and wishes to purchase private devices and bring them onto the program, providers may claim Maintenance (Items 700/710) if</p> <ul style="list-style-type: none"> the client has an expired Maintenance Agreement and signs a new agreement the private device(s) will be the primary device(s) and the private device(s) are on a Schedule of Approved Devices.
17	<p>Cost to Client</p> <ul style="list-style-type: none"> Fully Subsidised devices: The Schedule of Fees sets the Client Maintenance Co-payment for clients. Clients with fully subsidised devices must not be charged more than this amount. Partially Subsidised devices: The provider and the client can negotiate a Client Maintenance Co-payment which may be higher than the Co-payment for a fully subsidised device. The fee must be included on the Device Quote (provided to the client prior to fitting). The provider may increase the fee annually if the client is informed through the quote and is specified on each Maintenance Agreement the client signs. The provider cannot charge more than the quoted amount during the life of the device/s.
18	<p>Non-approved devices</p> <p>A client cannot enter into a program maintenance agreement, and providers cannot claim maintenance from the program, if a client chooses private device(s) which are</p> <ul style="list-style-type: none"> not on a Schedule of Approved Devices, and/or not their primary device(s). <p>If a provider sells a client private device(s) that are not on a Schedule of Approved Devices, the provider must be able to maintain the device(s) privately. The program will not provide replacements for non-approved devices. There is a risk if a client moves to a new provider that the new provider may not maintain the non-approved devices and the device(s) will not be able to</p>

be repaired under a program maintenance agreement.

- Providers have the right to refuse to maintain devices supplied to a client outside the program and which are not on a Schedule of Approved Devices.

Evidence Requirements

Evidence kept on the client record to substantiate the Maintenance Service **MUST** include

- Claim for Payment form (with authorised QP number)
- Maintenance Agreement signed and dated by client not more than 45 days before commencement
- details of current fitting (i.e. the device that will be maintained by the agreement) for **private** device/s
- receipt for the Client Maintenance Co-payment (where required)
- relocation authorisation signed by the client, if claiming Relocated Maintenance
- file notes assessing the suitability and condition of the **private** device/s.
- evidence may also include file notes on maintenance undertaken.
- for private devices, Private Services Acknowledgement Form signed and dated by the client

Maintenance for Fitting Items

For **Initial Fitting** Services

- If the client does not accept a Maintenance Agreement, an *Initial Fitting (no Maintenance Agreement)* Item must be claimed. Standard consumer protections, including warranties and returns apply.
- If the client agrees to enter into a Maintenance Agreement, the *Initial Fitting with Maintenance Agreement* Item should be claimed. Items 630, 631, 635, 636, 640, 641 include device maintenance and batteries for 12 months from the date of fitting.

For **Subsequent Initial Fitting** Services

- If the client is on a current Maintenance Agreement, a *Subsequent Initial Fitting with Maintenance Agreement* Item must be claimed. After the expiry date of the existing Maintenance Agreement, Item 710 can be claimed, providing the client is using both devices, and the client agrees to enter into another Maintenance Agreement.
- If the client does not have a current Maintenance Agreement, and does not accept a Maintenance Agreement, a *Subsequent Initial Fitting (no Maintenance Agreement)* Item must be claimed. Standard consumer protections, including warranties and returns apply.

For **Refitting** Services

- Maintenance Items 700 and 710 cannot be claimed within the first 12 months following the Date of Fitting.
- If the client agrees to enter into a Maintenance Agreement, the client must sign a Maintenance Agreement and can be charged a Co-Payment on or after the Date of Fitting. This also applies to clients that still have current maintenance agreements at the time of refitting.
- If the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.

For **ALD Fitting** Services

- If the client does not accept a Maintenance Agreement, an Initial ALD Fitting (no Maintenance) must be claimed (Items 655/656). Standard consumer protections, including warranties and returns apply.
- If the client agrees to enter into a Maintenance Agreement, the Initial ALD Fitting with Maintenance Item should be claimed. Items 635 and 636 include ALD maintenance, batteries and repairs for 12 months from the date of fitting.
- For ALD Refittings, if the client has entered into a Maintenance Agreement prior to the refitting and this expires during the 12 months after their Date of Fitting, the client can be charged a Co-Payment on or after the Date of Fitting.
- For ALD Refittings, if the client does not accept a Maintenance Agreement, standard consumer protections including warranties and returns apply.

For **Parallel** Services

- Clients can choose to receive hearing services, batteries, maintenance and repairs for their hearing aid from their current provider under the voucher program, whilst also receiving maintenance and some services for the implantable device such as cochlear implant or implantable bone conduction device from Hearing Australia under the CSO program.
- For clients accessing parallel services:
 - An email should be sent to hearing@health.gov.au to request that a client's status in the portal is updated to 'specialist services - parallel'
 - The client should be listed under the provider maintaining and supporting the hearing aid
 - Only the hearing aid should be entered into the portal, and not the implantable device
 - Monaural maintenance claims should be submitted for the hearing aid supplied through the voucher program
 - Hearing Australia will support the implantable device under the CSO program
 - An annual maintenance fee may be payable to both Hearing Australia and their other provider

Client Review

CLIENT REVIEW SERVICES - UNAIDED

To enable annual reviews of the client's current hearing status. The service aims to allow clients' ear and hearing health to be monitored over time and improve the access to services for these clients.	
Item	Service
920	Client Review – Unaided
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	<p>Practitioner establishes the nature and extent of client's hearing and communication concerns through the following:</p> <ul style="list-style-type: none"> • discussion of client's communication and hearing goals • discussion of client's expectations, motivation and attitude towards hearing rehabilitation • inform client about appropriate communication strategies and tactics. <p>Client Review Service must include</p> <ul style="list-style-type: none"> • Review of the client's clinical and audiological history • Review of the client's hearing goals <p>And, two or more of the following additional activities</p> <ul style="list-style-type: none"> ➤ Hearing screening, including a check of middle ear status if clinically indicated ➤ Speech testing ➤ Training and communication strategies to manage the effects of hearing loss ➤ Education on impact of hearing loss and hearing loss prevention. ➤ Discussion of rehabilitation options, including hearing devices and ALDs available to assist clients to manage their hearing loss and enhance communication
3	Client Reviews can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
4	Client must not be fitted with devices (including ALDs) under the program and does not have private devices maintained under the program.
5	Claimable annually, where it is 12 months or more from the last program Assessment or Reassessment date and 12 months or more from the last Client Review – Unaided service.
6	The Date of Service is the date the Client Review is completed.
Evidence Requirements	
<p>Evidence kept on the client record to substantiate the Client Review Service MUST include</p> <ul style="list-style-type: none"> • Practitioner (and supervisor's where applicable) full name • Date of Service • Claim for Payment form • dated audiogram (if completed) • client's audiometric history review • client's hearing goals • otoscopy results (if completed) • air conduction (if completed) • bone conduction (if completed) • tympanometry results (if completed) • evidence of Speech Testing (if completed) • documentation of discussions/training for other items (if completed) • training and communication strategies (if completed). 	

CLIENT REVIEW SERVICES - AIDED

To enable annual reviews of the client's current hearing status and to ensure the client is receiving benefit from their device/s.
The service also aims to address any hearing related issues the client may have.

Item	Service
930	Client Review – Monaural or ALD
940	Client Review – Binaural
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	<p>Client Review service must include</p> <ul style="list-style-type: none"> • Review of the client's clinical and audiological history • Review of the client's hearing goals • Check of device function <p>And, three or more of the following additional activities (four or more if completed at same time as a Reassessment) Only activities marked with (*) may be performed for clients with ALDs.</p> <ul style="list-style-type: none"> ➤ Hearing screening, including a check of middle ear status if clinically indicated* ➤ Speech testing (including for validation of devices)* ➤ Review of client's device management with reinstruction* ➤ Review of device expectations and management* ➤ Training and communication strategies to manage the effects of hearing loss* ➤ Education on impact of hearing loss and hearing loss prevention* ➤ Device verification (e.g. REM, LSM, 2cc Coupler Measurement, etc.) or aided threshold measurement ➤ Resetting and/or reprogramming device parameters to accommodate changes in hearing thresholds or needs, including assessment of MPO ➤ Fitting new ear moulds or modification of the current ear mould/shell (e.g. retubing, replacement of ear hook)
3	Client Reviews can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
4	Client must be fitted with at least one device (including ALDs) under the program or has private devices maintained under the program.
5	<p>Claimable annually, where it is 12 months or more from the last program fitting date and 12 months or more from the last Client Review service.</p> <ul style="list-style-type: none"> • For clients with private device/s who have no previous program fitting, a Client Review Service can be completed and claimed on the same date as the private device/s are brought onto the program (Items 790/791).
6	<p>A Client Review Service can be completed and claimed on the same date as an Assessment/Reassessment Service (Items 600/800).</p> <ul style="list-style-type: none"> • If provided on the same date, four of the additional Client Review activities must be performed (see requirement 2). • Activities must be different to those performed as a part of the Assessment/Reassessment Service. • Client Review activities must be documented separately to the Assessment/Reassessment Services.
7	The Date of Service is the date the Client Review is completed. This may occur over one or more appointments.
Evidence Requirements	
<p>Evidence kept on the client record to substantiate the Client Review Service MUST include</p> <ul style="list-style-type: none"> • Practitioner (and supervisor's where applicable) full name • Date of Service • Claim for Payment form • client's audiometric history review • File notes of the client's reviewed hearing goals • file notes on current device function • device usage (data logging if available) • dated audiogram (if completed) • otoscopy results (if completed) • device management file notes (if completed) • training and communication strategies (if completed) • education on hearing loss (if completed) • device adjustments/modifications and MPO testing method (if completed) • device programming (NOAH Data if available), with response verified against a prescriptive target (e.g. REM, LSM, 2cc Coupler Measurement, etc.) (if completed) • modification to the ear moulds/shell (if completed) 	

Rehabilitation

REHABILITATION SERVICE - UNAIDED

To provide an alternative for clients who are not to be fitted with a hearing device but who would benefit from receiving training and strategies to manage the effects of their hearing loss.

Item	Service
670	Rehabilitation Service – Unaided
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	The service must <ul style="list-style-type: none"> • take into consideration the client’s attitude and motivation towards hearing rehabilitation • reflect the client’s communication and hearing goals • educate the client on communication strategies and tactics • inform the client about technology options suitable to their needs (if appropriate).
3	Rehabilitation Service can be completed via telehealth.
Program Requirements	
4	Rehabilitation Service may be claimed once only for each client.
5	Cannot be claimed if the client has been fitted previously through the program.
6	Must not be claimed if the client has indicated interest in being fitted with device(s).
7	Client can receive a fitting at a later date, if eligible, and changes in client’s circumstances are recorded on the client record.
8	Can only be claimed within 12 months after an Assessment/Reassessment service.
9	Rehabilitation Service (must be provided over two appointments, minimum 30 minutes duration per appointment) <ul style="list-style-type: none"> • first appointment is a consultation • second appointment provides follow up Appointments should be recorded separately on the client record and on the Claim for Payment form.
10	The Date of Service is the date the initial Rehabilitation appointment occurs. The Date of Follow-up is recorded on the Claim for Payment form.
Evidence Requirements	
Evidence kept on the client record to substantiate the Rehabilitation Service MUST include <ul style="list-style-type: none"> • Practitioner (and supervisor’s where applicable) full name • Date of Service • Claim for Payment form • documentation of two Rehabilitation appointments: 1st = consultation, 2nd = follow up • discussion of client’s attitude and motivation towards rehabilitation • discussion of client’s communication and hearing goals • notes detailing strategies/tactics advised to manage hearing loss without devices • follow up notes recording client outcomes and review of tactics. 	

REHABILITATION PLUS SERVICES - AIDED

To assist clients being fitted for the first time to acquire and apply skills to maximise their communication abilities and better manage their hearing loss.

Item	Service
680	Rehabilitation Plus (two sessions)
681	Rehabilitation Plus (single session)
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	The service must: <ul style="list-style-type: none"> • take into consideration the client's attitude and motivation towards hearing rehabilitation • reflect the client's communication and hearing goals • educate the client and significant others on communication strategies and tactics • inform the client about technology options suitable to their needs (if appropriate).
3	The service must not address issues of device fitting (inserting devices, cleaning, changing batteries, program/volume control management etc.) and adjustment (sound adjustments) as these are expected activities for the Fitting Service.
4	Rehabilitation Plus can be completed via telehealth.
Program Requirements	
5	Only available to clients receiving fully subsidised devices, partially subsidised devices at no cost to client, private devices brought onto the program or an ALD for the first time through the program.
6	Clients are only entitled to one Rehabilitation Plus program, either one Item 680 OR two Item 681. <ul style="list-style-type: none"> • Item 680 consists of at least two sessions and can only be claimed once per client. • Item 681 consists of one session and can be claimed twice per client.
7	Service/s must take place: <ul style="list-style-type: none"> • no earlier than 14 calendar days after follow up • no later than 12 months after follow up.
8	Item 680 consists of: <ul style="list-style-type: none"> • 2 x 1 hour group sessions, managed by a QP and delivered by a QP or persons with the appropriate skills, or • 2 x 30 minutes individual sessions, delivered by a QP; or • One group and one individual session. Partners/significant others can attend any session.
9	Item 681 consists of: <ul style="list-style-type: none"> • a 1 hour group session, managed by a QP and delivered by a QP or persons with the appropriate skills; or • a 30 minute individual session, delivered by a QP. Partners/significant others can attend any session.
10	Claim form must specify the QP number of the QP who delivered (or managed, if group sessions), the service/s and Site where services were provided. <ul style="list-style-type: none"> • If services are provided at a location not operated by the provider, claim using the site ID where the client's record is held.
11	Providers may subcontract the delivery of Rehabilitation Plus group sessions to a person with the appropriate skills. Note: Services must be claimed with the QP number of the QP who managed the group session.
12	The Date of Service is the date the final Rehabilitation Plus Service is provided.
Evidence Requirements	
Evidence kept on the client record to substantiate the Rehabilitation Plus Service MUST include <ul style="list-style-type: none"> • Practitioner (and supervisor's where applicable) full name • Date of Service • Claim for Payment form • appointment date/s noting client's attendance for group sessions • File notes of the review of client's hearing goals • notes detailing advice/training/follow up on communication strategies and tactics. 	

Replacements

REPLACEMENTS for lost/damaged devices

To enable clients who have lost or damaged their device/s to return to their previous device status.

Item	Service
840	Replacement of Lost/Damaged Beyond Repair Device – Monaural
850	Replacement of Lost/Damaged Beyond Repair Device – Binaural
555	Client Co-payment for Exempt Clients
888	Client Co-payment for DVA Eligible Clients
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Devices must be set to the client's preferred settings. The client should be offered a Client Review Service, if they have not received a Client Review Service in the past 12 months.
3	Replacement fittings can be completed via telehealth when replacing with like for like devices, and if no changes in the client's ear and hearing health is reported.
Program Requirements	
4	A fitting service item has previously been processed and approved
5	Device(s) have been lost or damaged beyond repair.
6	A Replacement can be claimed at any time after a claim for an Initial Fitting through the program.
7	Replacement must be for the primary device(s).
8	<p>Replacements must be for the same device if still available on a Schedule of Approved Devices.</p> <ul style="list-style-type: none"> If the device is no longer on an Approved Device Schedule, it should be replaced with another Approved Device from the same category (e.g. Category 1 – High powered BTE, Category 2 – Lower powered BTE, etc.) tier and family if possible. If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval. If the client was previously fitted with a device that would best meet their needs, email the program for approval to fit the device if it is no longer on an Approved Device Schedule, but is available from the manufacturer. If the device was part of a CROS/BiCROS fitting, both the CROS device and hearing device in the other ear may be replaced if the matching device is no longer available on the schedule. If the device was a partially subsidised device, it can be replaced with a fully subsidised device. The device should be from the same, category, tier and family if available, otherwise a device similar in technology. The client must be given a detailed device quotation prior to replacement, in accordance with the Device Supply Requirements specified on pages 6 & 7. If the client meets one of the ECR, they should be refit or a revalidation of services requested. If the client wants a different device but the ECR are not met, the client may purchase a private device. Fitting of the private device may be covered by the provider or paid by the client.
9	<p>Lost device/s require a correctly completed Statutory Declaration (Commonwealth or State/Territory form)</p> <ul style="list-style-type: none"> written and signed in the name of the person making the declaration (usually the client but can be the client's representative, not a representative of the provider) witnessed by an Authorised Witness (refer Attorney General's Department for listing) must state which device was lost (left, right, both or spare device), and if known, how, when and where lost must be dated Statutory Declaration must be received before providing the replacement device(s).
10	<p>Damaged Beyond Repair (DBR) device/s require a DBR letter from the device manufacturer</p> <ul style="list-style-type: none"> if unable to be repaired by the provider, damaged devices must be returned to the manufacturer manufacturer must provide a written statement declaring the device(s) are damaged beyond repair manufacturer's letter must be received before providing the replacement device(s).
11	<p>Clients with partially subsidised devices can be charged for their replacement device above the standard device subsidy for that category device.</p> <p>This must be no more than the cost provided on a quote to the client prior to Replacement.</p>
12	<p>Replacement Fee:</p> <p>Providers may charge clients a Replacement fee, not exceeding the amount specified in the Schedule of Fees current at the Date of Service.</p> <p>Exceptions</p> <ul style="list-style-type: none"> Replacement fee should be waived and an Item 555 claimed if the client meets the following criteria with evidence documented on the client's file <ul style="list-style-type: none"> ➤ client has dementia ➤ device was lost/DBR in hospital or a nursing home ➤ the device was lost/DBR in the post

	<p>Replacement fees must be waived and an Item 888 claimed for</p> <ul style="list-style-type: none"> ➤ DVA clients with a Gold Card ➤ DVA clients with a White Card issued for hearing loss. • DVA PCC clients are not entitled to Item 888.
13	The Date of Service for all Replacement Items (Items 840/850/555/888) is the date the replacement device is provided.
14	<p>If a client loses a hearing device between the fitting and follow-up appointment:</p> <ul style="list-style-type: none"> • if 1 device had been fitted and is lost, you can claim item 631, 651 or 821, and item 840 once the lost device is replaced • if 2 devices had been fitted and both are lost, you can claim item 641, 661 or 831, and item 850 once the lost devices are replaced • if 2 devices had been fitted and 1 is lost, you can claim item 631, 651 (then item 760 or 770 for the opposite ear after the follow up) or 821 (then item 820 for the opposite ear after the follow up), then item 840 once the lost device is replaced. <p>If the client finds the lost device, send the replacement back to the manufacturer, and do not claim item 840 or 850.</p>
15	<p>Private devices:</p> <p>If a client is using private devices as their primary devices and the client loses or damages their private devices beyond repair, they are entitled to receive the services available to them on their current voucher.</p> <ul style="list-style-type: none"> • If the client has not previously received a fitting through the program, they are entitled to receive an Initial Fitting Service with device/s from a Schedule of Approved Devices. • If the client has previously received a fitting through the program, and the lost/DBR private device <ul style="list-style-type: none"> ➤ is on a Schedule of Approved Devices, the device should be replaced with the same device ➤ is no longer on a Schedule of Approved Devices, the device should be replaced with a similar device ➤ the above Service Requirements for a Replacement Service apply. <p>If the client has received a fitting through the program and they meet the ECR, they are entitled to receive a Refitting Service, provided they accept device(s) from a Schedule of Approved Devices.</p>
Evidence Requirements	
	<p>Evidence kept on the client record to substantiate the Replacement Service MUST include</p> <ul style="list-style-type: none"> • Practitioner (and supervisor's where applicable) full name • Date of Service • Claim for Payment form • device quote signed and dated by client • Statutory Declaration for lost device(s), or Manufacturers DBR letter for DBR device(s) • correct device details (serial numbers and device codes, features (e.g. telecoil/smart phone), accessories) • explanatory file notes if replacement device differs from lost/DBR device • device programming to client's preferred settings (NOAH data if available) • receipt for replacement fee (if not waived) or partially subsidised device payment • documentation of justification for Item 555 claim (e.g. client file note, nursing home letter).

Spare Device

SPARE DEVICE	
To ensure clients who only have one aidable ear and are heavily reliant on a device are able to have continuous use of a device even when their fitted device is unavailable due to loss/damage/repair.	
Item	Service
960	Spare Device
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Spare device fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.
Program Requirements	
3	Client has only one aidable ear and is currently monaurally fitted or has a Bi-CROS fitting.
4	Client is highly dependent on aiding of the better ear.
5	Client does not have a second device that could be adapted to act as a spare.
6	Client has not had a spare device previously fitted through the program.
7	Spare device must be for the primary device <ul style="list-style-type: none"> • A Spare Device cannot be claimed for a CROS fitting. A Spare Device can only be claimed for the receiver component of a Bi-CROS fitting.
8	Spare device must be the same device, or if no longer available, the same device category as the fitted device. <ul style="list-style-type: none"> • If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval.
9	The client must receive a detailed written device quote and must only be fitted with approved devices in accordance with the Device Supply Requirements (see pages 6 & 7).
10	Replacement <ul style="list-style-type: none"> • If the spare device is lost: client must complete a Statutory Declaration and the Replacement requirements apply (refer Item 840). • If the spare device is damaged beyond repair (DBR): the device must be sent to the manufacturer for a DBR letter and the Replacement requirements apply (refer Item 840). • If the spare device is no longer suitable due to a significant change in hearing threshold levels: the practitioner must provide explanatory file notes.
11	The Date of Service is the date the spare device is provided to the client.
12	Future maintenance must be monaural unless client is fitted with a Bi-CROS system.
Evidence Requirements	
Evidence kept on the client record to substantiate the Spare Device Service MUST include <ul style="list-style-type: none"> • Practitioner (and supervisor's where applicable) full name • Date of Service • Claim for Payment form • device quote signed and dated by client • history of monaural fitting or fitting with Bi-CROS system • justification of need for a spare device, including high dependence on device (e.g. data logging) • explanatory notes from practitioner if the device is no longer clinically appropriate • details of spare device (serial number, model and device code) • client payment receipt (if applicable). 	

Remote Control

REMOTE CONTROL	
To enable clients with significant dexterity issues to adjust the volume or change the program of their device/s.	
Item	Service
4	Remote Control (Manufacturer's invoice amount < \$200)
Service Requirements	
1	Comply with General Program Service Requirements (see page 6), the PPB Code of Conduct and Scope of Practice .
2	Client has been fitted with a device through the program (fully or partially subsidised) or is maintaining private device(s) through the program.
3	Client has not received a Remote Control for their current fitting. <ul style="list-style-type: none"> Remote Control Service can only be claimed once on a client's current voucher, unless each ear is fitted with different devices and each device requires a separate remote. Practitioners should ensure the client can effectively use the remote with their device(s).
4	Program approval is required if a subsequent remote control is required on the same voucher.
5	Clinical assessment identifying the client has significant functional limitations and/or dexterity issues and cannot effectively manage their device's standard manual controls for volume adjustment or the program settings without a remote control or other technology.
6	Where appropriate, a newer fitted ear must be fitted with the same device as the older fitted ear to ensure the client can use the same remote for both devices.
7	Only the actual remote control cost paid by the provider to the manufacturer/supplier (excluding postage and handling and after any discounts received) up to a cap of \$200 per remote control can be claimed.
8	Remote controls costing more than \$200 require pre-approval . The provider must submit a manufacturer's invoice for pre-approval by the program before it is supplied to the client. <ul style="list-style-type: none"> Remote controls costing more than \$200 will only be approved in exceptional circumstances.
9	If a client's remote control is lost or damaged beyond repair, a Statutory Declaration must be completed explaining the loss or how it is damaged beyond repair, and be signed and dated by the client or their representative, (and appropriately witnessed). <ul style="list-style-type: none"> The declaration must be received prior to supplying the Replacement and must be kept on the client's record. Please note: replacement claim for a remote control is an item 4
10	If a client's hearing device is lost or damaged beyond repair and the replacement device is not compatible with the previously supplied remote control, a new remote control may be provided. <ul style="list-style-type: none"> The client record must contain a written statement from the qualified practitioner stating why a different device was fitted and that the old remote control is not compatible with the new hearing device.
11	The Date of Service is the date the remote control is provided.
12	Item 4 claims must be submitted as portal claims against the individual client record
Evidence Requirements	
Evidence kept on the client record to substantiate the Remote Control Service MUST include <ul style="list-style-type: none"> Practitioner (and supervisor's where applicable) full name Date of Service Claim for Payment form Justification of client's need for a remote control File notes regarding client's ability to otherwise manage their device(s) independently Program email approval for if the remote is valued over \$200 or if a subsequent remote control is required on the same voucher Statutory Declaration if remote is Replacement Copy of manufacturer's invoice showing the actual cost paid. 	

Other Services

RETURNED DEVICES	
Item	Service
1	Device Returned for Credit: Monaural - Half Cost of the Initial Fitting (no Maintenance)
2	Devices Returned for Credit: Binaural - Half Cost of the Initial Fitting (no Maintenance)
3	BTE Returned for Credit: Dispensing Fee
Claiming Requirements	
1	The client returns monaural/binaural device(s) or ALD to the provider, and the provider is able to return the device(s)/ALD to the manufacturer for credit.
2	The client is not motivated to be fitted with a hearing device in the near future (\leq 2 months after devices returned).
3	If the fitting claim has been submitted it must be recovered before the Item 1 or Item 2 claim is processed.
4	The Date of Service is the date of fitting of the returned device(s)/ALD.
5	The provider will be paid one half of the Fitting (no Maintenance) Item fee.
6	<p>Dispensing fee for BTE device(s) returned for credit (Item 3)</p> <ul style="list-style-type: none"> • Dispensing Fees only apply to BTE devices. • An Item 1 or Item 2 has been submitted. • The Date of Service matches the Item 1 or Item 2 Date of Service. • If two BTE devices are returned, submit an Item 3 claim twice.
7	Item 1, 2 and 3 claims must be submitted as portal claims against the individual client record

Changes from previous version

Specialist Services	Updating of text to provide that a note must be kept on file to indicate client's chosen service provider. Change of name from Complex to Specialist clients
Available Services	Information regarding services not available on the voucher which can be charged for
Private Services	New section - general information and requirements for providing private services. Detailed requirements outlined in relevant claim item
General Requirements	Point 12: Addition of 'contact information' and 'changes in devices used by the client' Point 14 (new): If a service is provided via telehealth, document this on the client record and inform the client a telehealth appointment is taking place
Device Supply Requirements	Addition to only approved devices fitted: If a client requires a device that is not available on a Schedule of Approved Devices, you can submit a Non-scheduled Device Request for approval to fit the device to the client. Addition - If you wish to fit a device without sufficient reserve gain, please email the program for approval, including why you wish to fit this device Addition - device fitted to the client must include initial supply of consumables
Annual indexation of fees	Addition - The final indexed fee amount is rounded to the nearest 5 cents.
Device Pricing	Addition - Dispensing fee is paid to BTE devices from Category 1 and 2 Addition: Note for BiCROS and CROS fittings, the dispensing fee is only paid for a BTE device fitted to the other ear.
Payments from clients	Addition - Clients fitted with partially subsidised devices can be charged a higher Maintenance Co-payment. This must be documented in the quote or in the next Maintenance Agreement for relocated clients. Agreement if a client relocates
Claiming for services provided	Addition - Items marked with an asterisk (*) in the Schedule of Fees must be submitted as a Portal (manual) claim.
Schedule of Fees	ALDs separated into refitting and initial fitting in spreadsheet Addition - Other - item 6 - Miscellaneous Claim: Only claimable when pre-approved by the program
Assessment	Program Requirement 4 update: Specialist Services (Complex) clients must: be allowed at least 10 business days (without being provided further services) before being contacted to ask whether they have decided to receive additional services from Hearing Australia, unless the client notifies their decision earlier Program Requirement 5: inclusion of Item 610/810 may be claimed against the Audiologist's QP number Program Requirement 9: If an Audiometrist requires advice for a non-routine client from an Audiologist or medical practitioner, the Date of Service for Items 600/800 is the date the advice is provided.
Audiological Case Management	Removal of 'referral to a medical practitioner for evaluation where clinically appropriate' as this is a general requirement
QP Number	Evidence Requirement: Removal of QP number for all service items
Fittings	Service Requirement 2: Addition of follow up to 'evaluation of the short term outcome(s) of the clients rehabilitation program' New Service Requirement 4: The client's clinical and audiological history and hearing goals must be reviewed unless done so in the past 12 months at Assessment, Reassessment or Client Review Program Requirements rearranged so that they more closely align with initial and refittings Program Requirement 4 updated: A fitting service should consist of at least two appointments. Program Requirement updated: Fitting must be based on hearing thresholds no more than 12 months old. Program Requirement: Addition If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval. Program Requirement updated: If a follow up is not completed, or the follow up is sooner than seven calendar days after the fitting, a non-follow up claim must be submitted Program Requirement updated: If a monaural Refitting has been claimed and the opposite ear requires a refit within 6 months on the same voucher, the previous fitting claim must be recovered and these services claimed as a binaural fitting (except where the client has relocated and the fittings are completed by different providers). If the opposite ear is refitted more than 6 months following a monaural refit, a monaural refitting claim should be submitted and no recovery is required. Evidence Requirement: Aided speech testing may be completed at either fitting or follow up. Evidence Requirement updated: otoscopy results at time of fitting, or the reason the practitioner determines

	otoscopy is not required
ALD	Program Requirement 4 updated: A fitting service may consist of two appointments.
Maintenance	<p>Program Requirement 5: Updated to reflect list of items and services covered under maintenance from maintenance factsheet</p> <p>Program Requirement 6 merged into Requirement 5</p> <p>Program Requirement 12: Updated point two of Date of Service is: the date the client signed and dated the Maintenance Agreement, and paid the Client Maintenance Co-payment (where required) after the anniversary date of the last agreement or where the client had no previous Maintenance Agreement.</p> <p>Program Requirement 13: Addition of refitting service items and additional initial fitting items</p> <p>Program Requirement 15: Addition of Date of fitting for refitting claims (items 820, 825, 830)</p> <p>Program Requirement 16: removal of 'date of fitting' - The client device details (device type, code) must be added to the client's service history in the portal.</p> <p>Program Requirement 18: (new): Information regarding non-approved devices</p> <p>New evidence requirement: For private devices, Private Services Acknowledgement Form must be signed</p> <p>Maintenance for Fitting Items: New section for parallel services</p>
Client Review - Unaided	<p>Service Requirement 2: Removal of 'review of communication strategies'</p> <p>Addition of 'communication' into 'training and communication strategies to manage the effects of hearing loss'</p> <p>Evidence Requirements: 'clients hearing goals' separated from 'communication strategies review'</p>
Client Review - Aided	<p>Removal of 'extend the life of the fitting'</p> <p>Service Requirement 2: Speech testing combined with 'repetition of validation of the devices through speech testing'</p> <p>Removal of 'review of communication strategies' and addition of 'communication' into 'training and communication strategies to manage the effects of hearing loss'</p> <p>'REM, LSM, 2cc Coupler Measurements' listed as examples of device verification</p> <p>Removal of 'Assessment of MPO settings following device adjustment or modification'</p> <p>Evidence Requirements: Addition of 'training and communication strategies (if completed)'</p> <p>Addition of 'education on hearing loss (if completed)'</p> <p>Addition of 'modification to the ear moulds/shell (if completed)'</p> <p>Removal of 'communication strategies (if completed)'</p>
Rehabilitation - Aided	Program Requirement 5: Private devices included as fitting type in which clients can access rehab plus
Replacements	<p>Program Requirement 4: Addition of 'a fitting service item has previously been processed and approved'.</p> <p>Program Requirement 8: Change from Replacements 'should' to 'must' be for the same device if still available on a Schedule of Approved Devices</p> <p>Addition of 'tier and family' for replacing devices if device no longer available.</p> <p>Addition: If the device was ordered specifically for the client on or before its withdrawal date from an Approved Device Schedule, the device can be fitted within 14 days. Please email the program for approval.</p> <p>Addition: If the device was previously fitted, no longer on the approved schedule, but still available from the manufacturer, please email the program for approval to fit the device.</p> <p>Addition: If the device was part of a CROS/BiCROS fitting, both the CROS device and hearing device in the other ear may be replaced if the matching device is no longer available on the schedule</p> <p>Program Requirement 9: Addition of 'not a representative of the provider'</p> <p>Program Requirement 14 (new): instructions if a client has lost a hearing device between the fitting and follow up.</p>
Spare Device	<p>Service Requirement 2 Updated: Spare device fittings can be completed via telehealth if the technology allows and the practitioner is satisfied client outcomes are not compromised.</p> <p>Removal of Program Requirement 13 as it was a duplication of requirement 3</p> <p>Statutory Declaration removed as Evidence requirement for lost device (as belongs in lost device item). Replaced with 'explanatory notes from practitioner if device no longer clinically appropriate</p>
Remote Control	Service Requirement 9: Addition 'replacement claim for a remote control is an item 4'
MHLT	Update of 3 FAHL to greater than or equal to 23.3 dB (not 23)
ECR	<p>Change in wording of 'revalidated services' to reflect program requirements</p> <p>ECR 2: Addition of significant deterioration in speech discrimination as reason why current hearing aids are unsuitable and can no longer be used</p> <p>Record keeping - required ECR evidence must be on client record</p>
Documentation and Record Keeping	<p>New program Standard - Information from factsheet</p> <p>Information regarding acceptable client agreement and consent for program forms</p>

Program Standards

Minimum Hearing Loss Threshold (MHLT) Guidelines

The program requires clients being fitted with a hearing device to meet a minimum **3 Frequency Average Hearing Loss threshold of greater than or equal to 23.3dB (3FAHL \geq 23.3dB), measured at 0.5, 1 and 2 kHz**. Each ear must be evaluated independently.

Not all clients who have a hearing loss and attend an assessment want or need a hearing device. Before proceeding with a fitting of any client, practitioners must consider the nature and configuration of the hearing loss, the degree of communication difficulties experienced, and the attitude, motivation and goals of the client.

Clients with hearing loss below the program's threshold (**3FAHL $<$ 23.3dB**) should, in most instances, be provided with a rehabilitation service (communication training and strategies to manage their hearing loss) rather than be fitted with a hearing device.

If a qualified practitioner determines that a client would benefit from a device, the client can be exempt from the MHLT requirements if the client meets both **MHLT exemption criteria** legislated under the [Hearing Services Program \(Voucher\) Instrument 2019](#). **Both criteria must be met** before a client can be fitted or refitted under the program, and all other program assessment and fitting requirements (eg. Schedule of Service Items and Fees, and ECR must also be met).

MHLT Exemption Criteria

Program requirements

Clients with a 3FAHL $<$ 23.3dB in either ear cannot receive a fitting to that ear, or an ALD, unless they meet **at least one condition under Criterion 1 and meet Criterion 2** of the MHLT exemption criteria.

Criterion 1

The client must meet one of the following four conditions

- a. **Client has a High Frequency Average Hearing Loss, equal to or greater than 40dB (HFAHL \geq 40dB), measured at 2, 3 and 4 kHz**. Where there is an air-bone gap in the high frequencies, check headphone placement/collapsing canals before calculating HFAHL.
- b. **Client has tinnitus, where both the hearing loss and the tinnitus can be addressed through the use of an approved hearing device**. Tinnitus cannot be the sole reason to provide devices. Fitting may proceed where amplification can be shown to both address the mild hearing loss and **reduce severe or constant tinnitus** that significantly affects quality of life. Documented evidence must show that aiding the client has had successful outcomes for both their hearing loss and tinnitus relief. Tinnitus severity or stress tools should be used prior to the fitting and at the follow-up to evaluate the device fitting. Results must be kept on the client's file.
- c. **Client has a visual impairment that cannot be corrected by treatment, which reduces the client's ability to see mouth movements**. Clients with a mild hearing loss and vision loss may experience greater communication difficulties compared to clients with mild hearing loss and good vision, and may benefit from receiving a device. Documented evidence that amplification improves speech audibility must be kept on the client's file. Clients with more serious visual impairments should continue to be identified as clients who are eligible for Specialist Services.
- d. **Client has previously been fitted under the program and can demonstrate consistent use of the previously fitted hearing device (includes Assistive Listening Device)**. Documented evidence of consistent device use must be kept on the client's file, and may come from sources such as data logging reports, repeated supply of replacement batteries and on-going minor repairs. Evidence of benefit and satisfaction from the use of a device may be provided through responses to self-report outcomes questionnaires and/or file notes from client reviews or other appointments.

Criterion 2

The client must demonstrate they have a positive attitude and are motivated to wear a hearing device through their response to the Wishes and Needs Tool (WANT).

The WANT is a client self-report questionnaire, consisting of two questions, intended to be administered towards the end of the assessment/reassessment appointment, prior to each fitting.

Each client should complete the questions without assistance or prompting from the practitioner or others, to ensure that the answers reflect their own attitude and motivation. If a client indicates they are not ready for devices or indicates minimal communication difficulties, a fitting should not proceed.

Each response is scored (scores equal the clients' answer numbers). The client must score **at least 2 or more for each question** and a **total score of 5 or more** (when both scores are added together), to be considered to have an acceptable attitude and motivation for a fitting. No information should be provided to the client to influence their responses. The WANT

must be signed and dated by the client and kept on the client's file. A new WANT should be completed prior to each MHLT fitting.

Asymmetrical Hearing Loss

If a client has a hearing loss in one ear that cannot be aided due to the severity of the loss or the ear health, the better ear can be fitted with a CROS device without meeting the MHLT guidelines. For clients being fitted with a BiCROS device, the better ear must meet the MHLT exemption criteria if the 3FAHL is $\leq 23.3\text{dB}$.

Claiming

Client 3FAHLs must be recorded on claim forms and 23.3dB should be rounded to 23dB.

Documented evidence to justify clients meeting Criterion 1 and 2 must be kept on the client file. Evidence supporting fittings under the MHLT exemption criteria and any associated claim forms can be requested by the program at any time.

Monitoring and Compliance

Fitting under the MHLT exemption criteria are routinely monitored and audited. Providers will be required to reimburse the Commonwealth, and if applicable the client, if a fitting does not comply with the MHLT guidelines.

Eligibility Criteria for Refitting

The ECR provide guidance for providers of the program when deciding whether to refit a client.

The ECR outline the situations where a client's current hearing device(s) are no longer suitable due to a significant change in the client's circumstances since their last fitting. The client therefore requires new hearing device/s and must be refitted.

Provider Responsibility

The client's current devices must be evaluated and found to be unsuitable before new device(s) are discussed with the client. Before refitting, it is the responsibility of the provider to check that a refitting service is available on the client's current voucher.

MHLT

Refitting's for clients with a 3FAHL < 23.3dB in any ear must meet both MHLT exemption criteria.

Revalidated Services

If an assessment or refitting service is not available on their current voucher and the client requires:

- an additional assessment due to the client's thresholds permanently deteriorated by 15dB or more at two or more frequencies between 500Hz and 4000Hz in at least one ear or
- a refitting and meets one of the ECR,

providers may request a revalidated service.

Lost or damaged devices

If a hearing device is lost or DBR, and it is still available on a Schedule of Approved Devices, the replacement must be the same hearing device. If the client meets an ECR then a refitting should occur.

Record Keeping

Please ensure that the required ECR evidence is documented on file. Before proceeding with a refitting of any client, practitioners must consider and document

- the client's current device usage, attitude, motivation and hearing goals
- alternatives to refitting to address the client's issues (counselling, assistance from family members, remote control, adjustment to current device settings etc)
- the nature and configuration of the changed hearing loss and likely future changes, and
- the degree of deterioration of the client's health or the physical change in ear health.

Eligibility Criteria

Any program refitting must meet one of the following criteria and the client file must include notes referencing the criterion used to support the refitting and the evidence listed under the evidence requirements for that criterion.

Eligibility Criteria	Evidence Requirements
<p>1. The current hearing aid(s) are unsuitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements.</p>	<ul style="list-style-type: none"> • Documented evidence on file details that the current hearing aid(s) are established to be in optimal working order through manufacturer service/repair, mould/shell modification or replacement And • After adjustment/modification has been made to current hearing aid(s) to accommodate changes in thresholds, Real Ear Measurements show a poor match to targets Or • Aid specifications show that the client's current Hearing Threshold Level (HTL) is outside the range of the current hearing aid(s) and they were previously optimally fitted. <p>For revalidated services: the client's hearing thresholds have permanently deteriorated by 15dB or more at two or more frequencies between 500Hz and 4000Hz in at least one ear.</p>
<p>2. The current hearing aid(s) are unsuitable because the client can no longer use their aid(s) due to a significant deterioration in health, dexterity, cognitive ability or speech discrimination since last fitting.</p>	<ul style="list-style-type: none"> • Documented evidence on file describes the client's deterioration and how this affects the client's ability to manage their hearing aid(s) or a letter from the client's doctor, carer, nurse, etc. giving details of how the condition affects current hearing aid usage. And • Details what has been tried with the current hearing aid(s) or why they cannot be modified And • Details how the new aid(s) proposed for refitting will address the issues with the current hearing aid(s). <p>For revalidated services: A letter from a medical practitioner is required when selecting ECR 2 to provide evidence of a deterioration in health, dexterity or cognitive ability.</p>
<p>3. A change in physical condition of the ear or ear health has occurred since last fitting and the client requires a different style of hearing device(s) to accommodate this change.</p>	<ul style="list-style-type: none"> • Documented evidence on file, such as case notes, that describe the change in physical condition of the ear or ear health And • Details what has been tried with the current aid(s) or why they cannot be modified And • Details how the new hearing aid(s) proposed for refitting will address the issues with the current hearing aid(s). <p>For revalidated services: A letter from a medical practitioner is required when selecting ECR 3 to provide evidence of change in physical condition of ear or ear health.</p>
<p>4. The current hearing aid(s) are unsuitable because the client requires a telecoil, and current hearing aid(s) do not have a telecoil.</p> <p>Please note, this situation does NOT allow for refitting with an FM system/streamer or equivalent.</p>	<ul style="list-style-type: none"> • Documented evidence on file, such as case notes, that states the specific goal which can only be met with a telecoil. And • Indicates a change in client needs relating to telecoil since the last fitting. <p>Please note, clients must opt-out of having a telecoil for any fitting.</p> <p>And</p> <ul style="list-style-type: none"> • A statement from the manufacturer that a telecoil cannot be retrofitted without re-shelling and/or faceplate modification.
<p>5. Client currently fitted with an Assistive Listening Device (ALD) and now requires hearing aid(s).</p>	<ul style="list-style-type: none"> • Documented evidence on file, such as case notes, detailing a change in client circumstances that indicates hearing aid fitting.
<p>6. Client's previous initial fit or refit occurred more than five (5) years ago.</p>	<ul style="list-style-type: none"> • Evidence that no fittings have been claimed within the last five (5) years for the ear(s) proposed for refitting.

Documenting Consent and Agreement

Client consent and agreement – signature policy

Program documents, forms and agreements that require client signature may be signed by various methods.

The [Electronic Transactions Act 1999 \(ETA\)](#) states that if a person or persons are asked to produce or provide information in writing, that person or persons may, given the appropriate circumstances, provide that information in an electronic manner (subsection 9(1)).

Subsection 10(1) makes reference to the signing of a document using electronic means. The requirements of a signature according to the ETA are that it must

- Serve to both identify the person and that person's intention towards the material it is attached to (subsection 10(1a)); and
- Be a reliable and appropriate method for the purpose of the communication (subsection 10(1bi)).

Acceptable methods of consent or agreement

Depending on the form or agreement used, the program accepts that if a client is required to 'sign and date' a form, the following methods may be available for use:

- Physical signature
- Digital
 - Digital signature
 - Digitised signature
 - Electronic signature
 - eSignature
 - Text Message
 - Email
- Verbal – via recorded conversation

For instances where a form has been sent to a client via text message or email, the client must be identifiable, and response must be captured on the client record.

For recorded conversations, the contents of the form must be read aloud to the client before the client can provide verbal agreement. This recording is required as part of the client record, including if a client relocates to another provider. Under *The Privacy Act 1988*, clients must be informed and give consent to any recording of conversations.

Please see below table outlining the acceptable methods of obtaining consent for program forms and templates:

Form	Verbal	Physical /digital	Evidence Required
Claim for Payment/Tax Invoice	No	Yes	Form - physical or digital only Tick box in portal
Client Application	Yes (portal)	Yes	Portal - verbal agreement (tick box signed) and read out privacy notice Form - physical or digital only
Client Relocation Consent	Yes (to relocate)	Yes (before providing services)	Form - physical or digital Verbal - template must be read to client and note on client record
Device Quote	No	Yes	Form - physical or digital only
Lost Device Statutory Declaration	No	Yes	Form - physical or digital only
Maintenance Agreement	Yes	Yes	Form - physical or digital Verbal - template must be read to client and conversation recorded
Private Services and Devices Acknowledgement	Yes	Yes	Form - physical or digital Verbal - template must be read to client and conversation recorded
Wishes and Needs Tool (WANT)	No	Yes	Form - physical or digital only

Definitions

Methods:

Digitising - The act of making a digital representation of a document or part of a document that can then be used in electronic documents.

Electronic Completion - The form is completed using a computer to fill in the required input using either a .pdf editing program (e.g. Adobe® Reader®) or a word processing program (e.g. Microsoft® Word)

Electronic Submission/delivery - The subject matter of the form is completed, and the form is transmitted to the intended recipient using an electronic means such as email or facsimile.

Signatures:

Digital Signature - In the case of electronic documents, certificates, letters and correspondence a digital signature can be attached to identify the person and person's intention towards the material it is attached. E.g. Adobe Digital Signature, DocuSign etc.

Digitised Signature - An analogue of handwritten signature of an individual that has been digitised for use with electronic documents. In most cases a digitised signature will not meet the requirements of the ETA.

Electronic Signature - A signature that identifies an individual using a computer-generated means. The most common example is the signature block affixed to emails.

eSignature - An ink stamp may be fixed to a program form before it is digitised, or an electronic equivalent may be affixed to the document electronically. It is also possible to accept electronically completed forms which are not stamped, as long as the information that would be in the stamp is included in the other fields of the form.