UA Clinical Services

Overview of Services Provided

A. The Following Diagnostic Audiologic Services are Provided:
   1. Behavioral, physiologic, electrophysiologic audiologic evaluation of all ages
   2. Behavioral, physiologic and electrophysiologic site of lesion testing
   3. Cochlear implant candidacy evaluation
   4. Auditory function and aural (re)habilitation candidacy assessment
   5. Hearing aid/assistive device candidacy evaluation
   6. Auditory processing Disorder evaluation

B. The Following Hearing Aid, Cochlear Implant and Other Services are Available (see section III):
   1. Hearing aid fitting
   2. Hearing Aid Bank hearing aid fitting
   3. Fitting of earmolds, swim plugs, hearing protectors
   4. Hearing aid repair
   5. Sale of hearing aid supplies
   6. Hearing aid orientation/counseling
   7. Verification and validation of treatment benefit (real ear measurements, etc.)
   8. Electroacoustic hearing aid analysis
   9. Loaner hearing aid provision
   10. Hearing aid repair
   11. Cochlear implant mapping, fine tuning, and processor repair
   12. Individual and group aural (re)habilitation

C. Other Services Provided Include:
   1. Counseling
   2. Consultation
   3. Referrals
   4. Follow-up
   5. Parent and family training
   6. In-service training and workshops

D. Clinicians Engaged in Patient Services Shall:
   1. Be licensed by the State of Arizona as Dispensing Audiologists.
   2. Be certified by the American Speech-Hearing-Language Association
   3. Maintain strict patient confidentiality in accordance with the department’s privacy policies
   4. Refer patients for needed services not available in the program
   5. Not accept remuneration for referrals
   6. Have available information regarding other professional resources in the community
   7. Not discriminate on the basis of sex, race, age, religion, national origin, or sexual preference.
   8. Comply with the regulations of legally authorized agencies
Communication Screenings
- As part of the diagnostic evaluation, the audiologist will screen speech and language skills of patients as deemed necessary.

A. Procedure
   1. Adult: Audiologist will attempt to engage patient in conversation. Should patient not become engaged, the audiologist is to obtain necessary communication information via guardian, spouse/significant other report.
   2. Child: Audiologist will attempt to engage patient in play or conversation. Should patient not become engaged, the audiologist is to obtain necessary communication information via parent/guardian report.

B. Areas of assessment
   1. Receptive language
   2. Expressive language
   3. Articulation
   4. Voice
   5. Fluency
   6. Oral-facial anomalies

C. Screening Instruments:
   1. Use of the “Communication Screening Guidelines” is recommended for assessing comprehension, expressive language and articulation
   2. Voice and fluency are judged by examiner with consideration given to sex and age appropriateness
   3. Oral-facial anomalies should be judged by non-invasive observation

D. Referral criteria and referral sources:
   1. A rationale for refer and instances where patient could not be screened needs to be included in the audiologic report
   2. Examples of referral sources for immediate follow-up include but are not restricted to:
      (a) Speech-language pathologist for complete speech-language evaluation in cases of:
          • Receptive or expressive language delay
          • Inappropriate speech intelligibility for age
          • Dysfluency
      (b) Speech language pathologist or Ear, Nose and Throat to assess voice
   3. Patients managed by their primary care physician, another agency or professional should not be directly referred for follow-up. A recommendation for follow-up should be made in the audiologic report
   4. No referral should be made if patient is already receiving treatment or therapy for a noted concern.
Note regarding capturing patient contact information

The following patient identification information must be obtained anytime audiologic services are provided. This information includes requirements indicated in Article 2, R9-16-212-C of the Arizona rules for Licensing Audiologists and Speech-Language Pathologists.

1. Name
2. DOB
3. Address
4. Telephone
5. Parent/guardian (if applicable)
6. Physician
7. Referred by
8. Date of evaluation
**Adult Audiologic Evaluation**

A. Prior to appointment
   1. Check equipment
   2. Review charts (history, prior reports/records) and SAC

B. Case History Information
   a) Chief complaint(s)
   b) History of: (including but not limited to)
      i. Tinnitus
      ii. Dizziness
      iii. Noise exposure
      iv. Family history of hearing loss
      v. Head trauma
      vi. Ear pain/infection/drainage
      vii. History of ear infections/ear surgery
      viii. Ototoxic drugs
      ix. Assessment of communication handicap
      x. Results of previous audiologic evaluations
   c) History of hearing aid use (if applicable)
      i. First aided (i.e., date)
      ii. Type of aid(s) or other device(s) used
      iii. Monaural vs. Binaural
      iv. Which ear fitted
      v. Present aid
      vi. Summary of success with hearing aid(s) to date
      vii. Name of hearing aid dispenser(s)
   d) Social/work factors
      i) Living situation and support system
      ii) Professional background
      iii) Goals: Situations in which they would like to hear better
   e) Other medical concerns
      i) History of chemotherapy radiation
      ii) Diabetes or heart disease

C. Procedure for a Basic Hearing Evaluation
   1. Speech Awareness or Reception Threshold (familiarization first)
   2. Pure Tone Thresholds by air conduction. Whenever possible, the following frequencies will routinely be obtained: 250, 500, 1000, 2000, 3000, 4000, 6000, 8000 Hz.
   3. Pure Tone Thresholds by bone conduction
   4. Word recognition testing in quiet using BYU lists/NU 6
   5. QuickSIN (binaural presentation, under headphones/insert phones using standard protocol)
   6. Acoustic immittance, which may include:
      i. Tympanometry
      ii. Ipsilaterally stimulated acoustic reflexes at varied test frequencies (500, 1000, 2000, 4000 Hz)
iii. Contralaterally stimulated acoustic reflex thresholds at varied test frequencies (500, 1000, 2000, 4000Hz)

7. Most comfortable loudness levels for speech and/or pure tones

8. Tolerance levels for speech and/or pure tones

D. Site of Lesion Testing: A patient referred with chief complaint of tinnitus, dizziness or aural fullness may undergo a basic audiologic assessment, together with additional site of lesion testing. Patients demonstrating sensorineural hearing losses, asymmetric hearing loss, or unilateral hearing losses may also undergo additional site of lesion testing. The additional site of lesion testing may include one or more of the following:

1. Acoustic reflex decay testing at 500 and 1000 Hz (ipsilateral and contralateral stimulation

2. Tone decay testing (note method used) at 500, and 2000Hz and/or the impaired frequency

3. PI-PB function (i.e., Performance Intensity Function for Standardized word lists)

4. Electrophysiologic evaluation (ABR, etc.)

5. Otoacoustic emissions testing

6. Tests for non-organic hearing loss

E. Reports
**Audiologic Evaluation for Adults Referred by Arizona Disability Determination Service; Tucson, DDSA**

Such patients are referred for audiologic evaluations for the purpose of determining whether or not they qualify for disability payments. Given the constraints of the referral and the higher than normal likelihood of non-organic hearing loss, the following variations on our standard procedures are required.

1) Only pure tone testing (air and bone), and word recognition testing will be done at the initial appointment. If further testing is indicated, the following two scenarios apply:
   a) If the testing is needed for routine reasons, like immittance re: middle ear issues, the audiologist can ask for the office staff to call DDS for authorization and proceed with the testing assuming that we will receive authorization.
   b) If the testing is needed because of concerns about reliability, a second appointment is required. The audiologist should:
      i) Finish with the appointment, letting the patient know that further testing is needed at a separate appointment.
      ii) Write a report that includes specifically what is required at the reevaluation, specifying the relevant CPT Codes.
      iii) Call DDS (Ricardo Chavez) with an update.

2) The SRT will be obtained before any other testing is done. However, the patient is NOT to be oriented to the words through the audiometer. Instead, they are two be given a written list of the words to be used and the following instructions: “You are going to hear these words presented in random order; please repeat them back. The level will get very soft, so even if you are not sure what you heard, take a guess.”

3) Vigilance regarding test reliability will be maintained, including but not limited to:
   a) Assessment of the patients ability to communicate with and without visual cues during the case history, to be compared to the test results,
   b) Stenger test when possible,
   c) A primarily ascending approach to threshold testing until reliability can be confirmed.
   d) Random variation of frequencies and ears tested,
   e) Recheck of thresholds to determine consistency.

4) Written reports must include the following:
   a) Case history
   b) Detailed comments about otoscope evaluation
   c) Description of results
   d) Discussion of reliability
   e) NO comment about degree of disability. This will be determined by DDS based on the results and other factors.

5) DDS Contact as of 7/18/17:
   Ricardo Chavez Sr.
Professional Relations Officer; Arizona Disability Determination Service; Tucson
4710 South Palo Verde Road
Tucson, Arizona 85714
(520) 638-2051
Ricardo.Chavez@ssa.gov
Pediatric Evaluation

A. Case History Information
   1. Chief complaint
   2. Referred by and reason for referral
   3. Parent/guardian observations re: child
   4. Reported observations of others (i.e., educational personnel or health care professionals)
   5. Pertinent medical history (including ear infection history)
   6. Family history of hearing loss
   7. Pertinent birth history
   8. Summary of communication development, including parent/guardian report of receptive/expressive language abilities
   9. Results from previous audiologic evaluations

B. History of Hearing Aid Use (if applicable)
   1. Date hearing aid(s) acquired
   2. Binaural vs. monaural
   3. Type of aid (make, model)
   4. When are aids worn?
   5. Parent/teacher observations of behavior changes when child is aided
   6. Dispenser
   7. Impression of degree of success with aids

C. Procedures for Basic Behavioral Hearing Evaluations of Infants and Toddlers having a developmental age level between 6 months~3 years)
   1. Speech Awareness Threshold (SAT) in sound field or under insert receiver phones or a Speech Reception Threshold (SRT) using picture identification, object identifications or body part identification in the sound field or under insert receiver phones.
   2. Behavioral thresholds using appropriate stimuli for soundfield or ear specific testing using visual reinforcement audiometry or conditioned play audiometry.
   3. SRT/SAT by bone conduction and threshold responses to tonal stimuli by bone conduction (if possible)
   4. Acoustic immittance testing including: tympanometry, acoustic reflexes with ipsilateral stimulation and contralateral stimulation (if possible). For children between the ages of birth to ~6 months, use both a 226 Hz and 1000 Hz probe tone. For older infants and children, use a 226 Hz probe tone.
**Soundfield Assessment of Aided Speech Recognition Ability in Adults**

A. Assumptions:
   1. All testing will be done with the chair and patient in the calibrated position
   2. All levels referred to here result in a presentation of 60 dBA
   3. All testing is to be done through one, front-facing speaker only

B. AZ Bio Sentence Recognition Testing
   1. On the audiometer, select the following
      - Line in
      - Channel 1: Left Speaker, Source A, 60 dBHL on the dial (results in 60 dBA)
      - Channel 2: Off
   2. Present stimuli through the ASU Sentence Test Software
      - Use calibration tone to calibrate Channel 1
      - Use the software to present and score the desired test(s)

C. CNC Word Recognition Testing
   1. On the audiometer, select the following
      - Line in
      - Channel 1: Left Speaker, Source A, 60 dBHL on the dial (results in 60 dBA)
      - Channel 2: Off
   2. Present stimuli through the ASU Sentence Test Software
      - Use calibration tone to calibrate Channel 1
      - Use the software to present and score the desired test(s)
**Hearing Screenings (Not for Occupational Hearing Conservation)**

Screenings are provided to individuals at the Hearing Clinic or at contracted offsite locations. The purpose of a screening is to identify those individuals in need of further speech-language and/or hearing services.

All adult screenings will be done in accordance with ASHA's Guidelines for Audiologic Screening:

Washington DC: Author

Copies may be ordered from:
ASHA Fulfillment Operations
10801 Rockville Pike
Rockville, MD 20852-3279
(301) 897-5700, x 218
Or through their web site: [http://www.asha.org/](http://www.asha.org/)

All school screenings will be done in accordance with The Dept. of Health Services, Title 9, Ch. 13. The guidelines can be found at: [http://www.azsos.gov/public_services/Title_09/9-13.htm](http://www.azsos.gov/public_services/Title_09/9-13.htm) (Guidelines are for infants and school-age children only)

A. Referral

1. Hearing Clinic Screenings (Non-occupational)
2. An individual may be screened at the Center as the result of or referral from any source.
3. An individual may be screened at the Hearing Clinic when referred alone or as part of a group.
4. Individuals are screened at offsite locations when the following requirements are met:
   i. no less than 10 children referred
   ii. appropriate space is provided

B. Protocol

1. Individual: Pure tone hearing screening is conducted under earphones at frequencies and levels suggested in the current ASHA guidelines for identification audiometry. When reliable pure tone responses cannot be obtained or a hearing loss is identified a follow-up audiologic evaluation will be recommended.
2. Group School Hearing Screens: Pure tone hearing screening is conducted under earphones at frequencies and levels mandated by the State of AZ. Tympanometry can also be administered as part of the hearing screening. There are 3 ways to pass a school hearing screening:
   i. Pure tone only: Pass criteria are 500 Hz (25dB HL), Octave frequencies between 1000 and 4000 Hz (20 dB HL).
   ii. Tympanometry (clear admittance peak between -200 daPa and +100 daPa combined with pure tone pass for octave frequencies between 1000-4000 Hz (20 dB HL).
3. TEOAEs (if behavioral responses cannot be obtained). A pass is a 3 dB signal to noise ratio and reproducibility greater than 50% in at least 3 frequency bands

C. Documentation
   1. Individual: An appropriate pre-drafted screening result form indicating hearing screen results and appropriate follow-up is provided to each individual.
   2. Group: An appropriate pre-drafted screening result form indicating hearing screen results and appropriate follow-up is provided to school personnel for each individual. Summary information regarding results of mass screenings is provided to the appropriate person at the referring agency. Information regarding screening results and recommendations are maintained on the clinic computer for a period of seven years and discarded thereafter.
**Occupational Hearing Conservation Program (HCP)**

Hearing conservation services are provided at the University of Arizona Hearing Clinic or off site if needed. Hearing testing is available to University departments and local industries for employees participating in industrial hearing conservation programs organized by the company. Testing, interpretation and record keeping are accomplished in a manner consistent with requirements of the Occupational Safety and Health Administration regulations. Additionally, the recommendations of the National Hearing Conservation Association and American Speech Language and Hearing Association may be utilized when appropriate. A contract for audiometric testing is established with each separate industry according to the needs of the industry and the hearing clinic’s ability to provide the service.

**HCP Scheduling**

A. The referring party contacts the Hearing Clinic with names of employees needing audiologic screening.

B. Test dates and times are arranged by the hearing clinic secretary with a representative of the referring employer according to their needs and the clinic schedule. Audiometric testing is scheduled as early in the employees work shift as possible. This is especially important for baseline audiograms. Use of personal ear protection as a substitute for 14 hours away from workplace noise is not encouraged. The industries are informed of current OSHA guidelines as related to noise exposure prior to testing.

C. Hearing tests are scheduled during regular clinic hours. Time allotted for each test is approximately 15 minutes for baseline and annual hearing tests.

**HCP Testing and Interpretation**

A. Case history information/identification is obtained initially and updated periodically, as necessary.

B. Unmasked pure tone air conduction thresholds are obtained in both ears for each employee at frequencies designated in the OSHA standard (500, 1000, 2000, 3000, 4000, and 6000Hz). We routinely obtain a threshold at 8000 Hz as well.

C. Hearing test results and case history information will be recorded on a Hearing Clinic Occupational Audiologic Record form and Employee History form

D. Audiometric test results are interpreted in accordance with the requirements of the Occupational Safety and Health Administration (OSHA).
   a. Definitions:
      i. Baseline: Earliest audiometric results OR the results from the most recent revision of the baseline, in either ear. NOTE this means that the baseline results from one ear might be those from a different date from the baseline results of the other ear.
      ii. Standard Threshold Shift (STS): 10 dB or greater average shift from baseline at 2000, 3000 and 4000 Hz in either ear.

Updated 3-12-18
iii. Revision of baseline: The baseline is revised when the employee sustains a Standard Threshold Shift.

iv. Reportable STS: An STS must be reported to OSHA as a work related injury if
   1. The resulting hearing loss is greater than 25 dBHL based on an average of 2000, 3000 and 4000 Hz, and
   2. It is deemed by the audiologist or physician to be possibly work related.
      An STS may be deemed NOT work related, for example, if it is determined to be conductive or if the configuration is inconsistent with noise induced hearing loss.

b. Referrals and recommendations:
   i. In the case of an STS, the employee will be scheduled for a complete audiologic evaluation in our clinic, to be billed to Risk Management. This evaluation will be described as an “STS Evaluation” and will be discussed later.
   ii. If a hearing loss exists but there has not been an STS, employees are recommended to receive services in our clinic at their own expense or through their health insurance.

iii. Referral criteria (Adapted from recommendations of the Council for Accreditation in Occupational Hearing Conservation and those of the American Academy of Otolaryngology, Head and Neck Surgery)

iv. Recommendations:
   1. Audiologic and/or medical referral: Employees will be referred for a complete audiologic evaluation, an evaluation by their primary physician, or an evaluation by an otolaryngologist if one or more of the following is observed:
      a. Unilateral or asymmetrical hearing loss
      b. Pure tone average (500, 1000 & 2000 Hz) of greater than 25 dBHL.
      c. Single frequency loss greater than 55 dBHL at 3000 Hz or greater than 30 dB at 500, 1000, or 2000 Hz.
      d. Change in any frequency from baseline or previous audiograms:
         i. More than 15 dB at 500, 1000, or 2000 Hz.
         ii. More than 20 dB at 3000 Hz.
         iii. More than 30 dB at 4000 Hz.
      e. Unusual or atypical configuration.
      f. Variable or inconsistent responses on manual tests.
   2. Medical referral: Employees will be referred for an evaluation by their primary care physician or an otolaryngologist if one or more of the following signs/symptoms are present:
      a. Presence of ear pain, drainage, dizziness, sever persisting tinnitus, unilateral hearing loss, sudden or fluctuating hearing impairment, rapidly progressive hearing loss, a feeling of fullness or discomfort in one or both ears, or a history of these within the preceding 12 months.
      b. Visible evidence of a foreign body or obvious abnormality of the
outer or middle ear.

E. STS Complete evaluation: If an STS is evident on initial screening, the employee will be scheduled for a complete audiologic evaluation in our clinic within 30 days. This evaluation must include:
   a. Pure tone air and bone conduction thresholds
   b. Speech reception thresholds
   c. Word recognition testing
   d. Admittance and reflex testing.
   e. Evaluation of hearing protection performance preferable using the Real Ear Attenuation by Threshold (REAT) method:
      i. Unaided sound field thresholds (contra ear muffled or masked) without ear protection vs. the same thresholds with ear protection.
      ii. The employee’s most commonly used ear protection should be utilized. If deemed to be not optimal, an appropriate alternative will be recommended.

F. Hearing conservation training. Each employee will be counseled regarding the hazardous effects of noise on hearing and the importance of personal ear protection in occupational/recreational noise occurs individually at each appointment. They will also be provided a pamphlet re: noise induced hearing. If you take the last pamphlet, please make copies before you give it away.

**HCP Documentation and counseling**

Documentation of occupational hearing testing is recorded and disseminated as follows:

A. Test results will be recorded in both in Noah and in serial form on the occupational evaluation forms below; these results will be obtained under the supervision of and reviewed by a licensed audiologist.

B. The graduate student will review the results with the employee, noting:
   a. Any change in hearing,
   b. The importance of the use of ear protection, and
   c. Strategies for hearing conservation in their specific workplace.

C. If a reportable, standard threshold shift is observed, the audiologist will send a letter to the employee, copied to Julia Rosen in Risk Management, including the following language:

   *Your most recent hearing test shows that you have a mild or greater hearing loss in at least one ear. You have also had a significant change in your hearing (OSHA Standard Threshold Shift) for one or both ears. Please take this letter to your supervisor so that he or she can report this hearing loss with Risk Management Services as a possible work related illness.*

   *Repeated exposure to high intensity noise could cause further hearing loss. You are now required to use hearing protection when exposed to noise at or above 85 dBA. BE SMART! Use hearing protection when around noise both on and off the job.*

D. Copies of such letters and all hearing conservation test results will be retained in SLHS indefinitely.

Updated 3-12-18
What follows are the standard forms currently in use.

Department: ______________________ Location: □ □ □
Main Campus AHSC Other, explain

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**Annual Update**

*Please write today's date and check below if you have experienced any of the following since your last hearing test. If not, check "No change"*

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<th>Date:</th>
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<tr>
<th>New Job Title or Department</th>
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<tr>
<th>Problems with hearing protectors</th>
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<th>Noises/Ringing in ears</th>
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<th>Ear aches / drainage</th>
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<th>Seen doctor for ears</th>
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<th>Dizziness / poor balance</th>
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<th>Serious or chronic health problem</th>
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<th>Taken medications (i.e. frequent aspirin, antibiotics)</th>
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<th>Second job</th>
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<th>Gun noise</th>
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<th>New noisy hobby</th>
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<th>No change</th>
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**Today have you had...?**

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<tr>
<th>Stopped-up ears (cold, sinus, allergy)</th>
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<th>Ringing or noises in your ears</th>
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<th>Noise exposure without hearing protectors</th>
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Updated 3-12-18
Annual Update

Please write today's date and check below if you have experienced any of the following since your last hearing test. If not, place a check in the box.

**Date:**

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<tr>
<th>Event</th>
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<tr>
<td>New Job Title or Department</td>
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Hearing x1s
**Hearing Aid Evaluation**

**A. Case History**
1. Reason for referral (i.e., chief complaint)
2. Date when most recently seen for hearing evaluation
3. Location of previous evaluations
4. Copy of most recent audiometric test results (See Below for more information)
5. If further case history information is not available in the report from the recent hearing evaluation, HAE case history may include review of information listed under “Hearing Evaluation - Case History Information”
6. Establishment of goals for amplification (needs assessment). (Example – COSI)
7. Previous hearing aid use and benefit

**B. Hearing Aid Evaluation Information**
1. Following an initial basic hearing evaluation (See Audiologic Evaluation Section, Subsection B), a hearing aid evaluation may be performed. It is the policy of this clinic to accept test results from other sources on which to base the HAE if the following requirements are met:
   i. Previous audiometric testing was conducted by a licensed audiologist (name and signature of the examiner required), and
   ii. The test data was obtained within the past 12 months (within the past 6 months for children under the age of 18)
   iii. Per Article 3, R9-16-313 the audiometric results used for fitting and dispensing purposes must include information regarding:
      1. Type, degree and configuration of hearing loss;
      2. Ability, as measured by the percentage of words the client is able to repeat correctly, to discriminate speech (Speech recognition in quiet at conversational levels; and
      3. The client’s most comfortable and uncomfortable loudness levels in decibels
2. In addition to information obtained in a basic hearing evaluation, the following unaided information should also be obtained for fitting hearing aids:
   i. Speech recognition ability in noise
   ii. Formal assessment of function in critical listening situations (COSI, Glasgow or similar)

**C. Reports**
1. Selection of the hearing aid must be completed either during the time of the appointment or after the appointment. Any associated ordering of earmolds/aids, or HAB repairs must be complete by the student conducting the evaluation appointment.
   a. Please see Hearing Device Section of this manual for specific instructions on selecting hearing aids for HAB, EPIC, VR, Self-pay appointments.
**Hearing Aid Fitting**

Audiometric test results are to be used for a hearing aid fitting only if they meet the following conditions:

1. Were obtained within the previous 12 months (6 months for a child).
2. Were obtained by or under the supervision of a licensed audiologist.
3. The results were obtained by a licensed hearing aid dispenser AND
4. The results are supported by similar results obtained by an audiologist.
5. There is a signature and name of the licensed professional on the test results
6. Are deemed by the U of A audiologist to contain adequate information needed for the fitting and include the necessary results cited in R9-16-313.

*Please see Hearing Device Section of this manual for specific instructions on fitting hearing aids for HAB, EPIC, VR, Self-pay appointments.*

A. **Hearing Aid Pre-fitting Preparation**
   
a. **Hearing Aid Bank:**
   
i. **Custom aids:**
   1. A thorough listening check and electroacoustic evaluation are to be done to ensure proper hearing aid function.
   2. The instrument is to be connected to the fitting system to insure that it can be programmed.
   3. A note is to be entered into Lytec indicating the make, model and serial number and the outcome of the listening and connection check.
   4. The aid is placed in a tray with the client’s name on it, in the hearing aid workroom.
   5. The aid is to be quick-fit and pre-programmed appropriately for the patient.
   6. **ALL STEPS ARE TO BE DONE BY THE FITTING STUDENT.**
   
ii. **Non-custom aids:**
   1. A thorough listening check and electroacoustic evaluation are to be done to ensure proper hearing aid function.
   2. The instrument is to be connected to the fitting system to insure that it can be programmed.
   3. A note is to be entered into Lytec indicating the make, model and serial number and the outcome of the listening and connection check.
   4. The aid and earmold (when received) is placed in a tray with the client’s name on it, in the hearing aid workroom.
   5. The aid is to be quick-fit and pre-programmed appropriately for the patient.
   6. **ALL STEPS ARE TO BE DONE BY THE FITTING STUDENT.** Typically this is done at the time of the hearing aid order, but must be done at least 24 hours prior to the fitting.
b. New Hearing Instruments:
   i. Ensure a note is entered into Lytec indicating their make, model & serial numbers and that they have been received. Check the color.
   ii. Insure the instruments’ date-received, invoice number, and serial numbers are to be entered into the Hearing Instrument Log.
   iii. The aids and earmolds (when received) are placed in a tray with the client’s name on it, in the hearing aid workroom.
   iv. The aids are color coded and any accessories are checked in and charged in preparation for the fitting appointment.
   v. The aids are to be quick-fit and pre-programmed appropriately for the patient.
   vi. Steps ii-iv are often done by the hearing clinic assistant. STEP v and vi MUST BE DONE BY THE FITTING STUDENT AT LEAST 24 HOURS PRIOR TO THE FITTING.

B. Hearing Aid Fitting Appointment
   a. The physical fit of the hearing aid/earmold will be checked.
   b. Adjustments will be made to the fit, venting and/or electroacoustics of the instrument to minimize the risk of feedback.
   c. Testing will be done to verify the appropriateness of fit in the following areas:
      i. AUDIBILITY:
         1. Hearing instruments are to be fit to an appropriate target using real ear measures, typically with an input level of 60 dBSPL. Place each client’s PROBE TUBE in a plastic bag with their name on it and attach it securely in their chart for future use.
         2. Per Article 2, R9-16-313 (A)(7) This verification must be documented in the patient’s chart and maintained for at least 36 months.
      ii. COMFORT & TOLERANCE:
         1. Normal conversational level speech is to be deemed “comfortable” by the patient.
         2. Loud conversational level speech is to be deemed “loud but not painful.”
   d. The patient and/or family is instructed regarding hearing aid use, including the following:
      i. Battery management and safety
      ii. Instrument features and landmarks
      iii. Working knowledge of hearing aid components
      iv. Insertion and removal (practiced until successful)
      v. Expectation of performance
      vi. Tips regarding acclimation to hearing aid use
      vii. Instruction on cleaning, care, and maintenance
      viii. Warranty information
      ix. The clinic’s hearing aid information brochure will be provided
      x. Patient’s permission to receive a 1-week phone call will be obtained and the student clinician will contact the patient in one week and administer the interview. A copy of the interview questions is given to the patient.
   e. The hearing aid Bill of Sale will be reviewed and signed by the patient and
audiologist. The U of A hearing aid contract forms have been constructed to be consistent with the requirements covered in ARS 36-1909:

"B. A bill of sale shall contain the hearing aid dispenser's or the dispensing audiologist's signature and shall show the address of that person's regular place of practice and the number of that person's license, a description of the make and model of the hearing aid and the amount charged. The bill of sale shall also state the serial number and the condition of the hearing aid as to whether it is new, used or rebuilt.

C. A bill of sale shall contain language that verifies that the client has been informed about audio switch technology, including benefits such as increased access to telephones and assistive listening devices. If the hearing device purchased by the client has audio switch technology, the client shall be informed of the proper use of the technology. The client shall be informed that an audio switch is also referred to as a telecoil, t-coil or t-switch.

D. A bill of sale shall contain language that informs the client about the Arizona telecommunications equipment distribution program established by section 36-1947 that provides assistive telecommunications devices to residents of this state who have hearing loss."

i. This form should be documented in the patient’s chart and the patient must receive a copy for their own records.

f. A follow-up appointment is made for 1-2 weeks as deemed appropriate.
**Real Ear Verification Using REAR**

Speech mapping can be completed either after measuring a patient’s RECD or allowing the system to use age-related normative data. In order to determine the impact of using normative rather than measured RECD, we measured RECD on college-aged students. Then we asked the system to generate NAL-NL1 targets assuming a flat 60 dBHL SNHL and a binaural fitting. We then compared the targets obtained using a measured RECD to those using an average RECD. The data were as follows.

<table>
<thead>
<tr>
<th>Frequency (Hz)</th>
<th>Measured RECD</th>
<th>Average RECD</th>
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<tbody>
<tr>
<td>250</td>
<td>2</td>
<td>1</td>
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<tr>
<td>500</td>
<td>2</td>
<td>1</td>
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<tr>
<td>750</td>
<td>2</td>
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<td>4000</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>6000</td>
<td>-1</td>
<td>-2</td>
</tr>
</tbody>
</table>

**Average difference**

-1.18182

**SD**

2.979267

Based on these data, the following protocol is recommended:

1. **With adults:** Although RECD measurement is always preferred,
   a. RECD measurement can be skipped in favor of use of normative data if the patient’s ear canal is of a typical size.
   b. RECD measurement must be done if the patient’s ear canal is unusually large or unusually small.
2. **With children:** Because of the greater degree of variability and the more significant
potential error in gain and MPO that might be caused by an exceptionally small ear canal, RECD measurement must always be done prior to speech mapping with children.
**Hearing Aid Follow-Up**

Scheduling: All patients fit with hearing aids are to be scheduled for at least one follow up appointment.

A. Components:
   a. All patient concerns are to be identified and, when possible, addressed.
   b. Patients are to be questioned, at a minimum, regarding:
      i. Hours of use
      ii. Communication function in goal situations
      iii. Physical comfort
      iv. Loudness discomfort

B. Validation: In order to be sure that the selected instrument(s) is making a satisfactory impact on the patient’s life, a formal validation measure is to be completed within the first two months after fitting. This might include one of the following:
   a. Client Oriented Scale of Improvement (COSI)
   b. Abbreviated Profile of Hearing Aid Benefit (APHAB)
   c. Glasgow Hearing Aid Benefit profile (GHABP)
   d. International Outcome Inventory for Hearing Aids (IOI-HA)
Overview of Hearing Aid Programs

The University of Arizona Hearing Clinic provides hearing aids and related services through a variety of programs, including the following:

A. Sertoma Arizona Hearing Aid Bank (SAHAB): The Hearing Aid Bank hearing aid program uses donated previously owned hearing aids to fit patients who would otherwise not be able to afford amplification. Donated hearing aids are obtained through the combined efforts of the Community Outreach Program for the Deaf (COPD), Sertoma, and the University of Arizona. Patients become eligible for the PCHAB by applying through COPD and must be 65 or older, citizens of Pima County, and of low income, as defined by the SAHABs eligibility assessment tool.

B. University of Arizona Hearing Clinic (Self-Pay): The University of Arizona Hearing Clinic selects and dispenses new hearing aids and assistive devices to non-indigent hearing impaired adults and children. All hearing aids are dispensed with a thirty-day trial period during which follow-up services are scheduled to ensure that maximum benefit is obtained from amplification. Dispensing is done in compliance with all state and federal regulations regarding hearing aid fittings. Graduate students actively participate in all hearing aid fittings under the supervision of qualified audiologists certified as clinically competent by the American Speech-Language-Hearing Association.

C. EPIC

D. Vocational Rehabilitation

E. Non-UA Hearing Aids that are “adopted” as part of the Arizona Hearing Aid Care Plan
Medical Referral and Clearance Prior to Hearing Aid Fitting
(ALL HEARING AID PATIENTS)

Patients considering amplification will be referred for medical evaluation and management, preferably by an Otolaryngologist or Otologist, when deemed necessary by their audiologist. In particular, such a referral will be seriously considered if any of the following signs are observed:

1) Visible congenital or traumatic deformity of the ear.
2) History of active drainage from the ear within the previous 90 days.
3) History of sudden or rapidly progressive hearing loss within the previous 90 days.
4) Acute or chronic dizziness.
5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.
6) Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.
7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.
8) Pain or discomfort in the ear.

Children (under 18 years of age) will always be referred for medical assessment and management, unless they are known to already have been evaluated by an Otolaryngologist or Otologist and reevaluation is deemed unnecessary by the audiologist.

If a patient is referred for medical evaluation and management, but elects not to follow the recommendation, they will be required to sign the following waiver form, adapted from CFR Title 21 Sections 801.420 & 801.421

I have been advised by _____________________________ that he or she has determined that my best health interest would be served if I had a medical evaluation by a physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I am 18 years or older and do not wish to have a medical evaluation before purchasing a hearing aid.

___________________________________ ____________
Signature      Date

(NOTE: The supervising audiologist’s name should be written in the “advised by” blank.)
Hearing Aid Inventory

A. Location
   a. New hearing aids and earmolds, waiting to be dispensed, are kept in name-
      labeled trays in the upper hearing aid workroom cabinets.
   b. Hearing aid bank aids and earmolds, waiting to be dispensed, are kept in name-
      labeled trays in the upper hearing aid workroom cabinets.
   c. Consignment aids are kept in the labeled basket in the upper hearing aid bank
      cabinet, far right.
   d. Hearing aid bank aids:
      i. Recently-donated aids are placed in the “donated aids – unsorted
         drawer”.
      ii. Aids checked and ready for dispensing are kept in the labeled HAB
          drawers (VC, No VC, etc.)

B. Hearing Instrument Inventory sheet (HI Log)
   a. All new aids are logged into the Excel file “HI Log”. This file is on the shared
      drive, accessible from most clinic computers.
   b. To be logged at time of order (one line per device):
      i. Audiologist’s and student clinician’s initials
      ii. Date of order
      iii. Manufacturer
      iv. Model
      v. Patient name
      vi. Charge to patient
   c. To be logged at time of check in:
      i. Date received
      ii. Invoice number
      iii. Serial number
      iv. HA cost (if available)
   d. To be logged in at time of fitting: Date of fitting
   e. To be logged at time of trial closure or return:
      i. CDate (e.g. C7/23/09) if trial is closed
      ii. RDate (e.g. R7/23/09) if aid is returned
      1. Returned to patient:
         a. If the aid is returned and NO aid is kept, this amount is the
            retail cost of the hearing aid, less the non-refundable
            portion.
         b. If the aid is returned to switch to a different aid, this is the
            total retail cost of the hearing aid. (The charge for the
            replacement hearing aid will be entered in its own line.)
      2. Returned from manufacturer: This is the amount credited by the
         manufacturer for the hearing aid. If it is not known at the time of
         the return, it will be entered by the clinic manager when the
         credit is available.
f. Monthly Inventory Check: The clinic division leader will:
   i. Crosscheck the inventory with the hearing aids on hand in the cabinet.
   ii. Make sure that all information has been entered and is current.
   iii. Note that this check was completed in the HI log

  g. Biannual Reasonableness check: Twice a year, the division leader will:
   i. Crosscheck the hearing aid revenue totals in the hearing instrument
      inventory against the amount collected as indicated in Lytec to be sure
      there is not a significant discrepancy.
   ii. Note that this check was completed in the HI log

  h. End of Fiscal Year Inventory Report – July 1st of each year: The division leader
     will:
   i. Complete a monthly check as indicated above.
   ii. Compile a report consisting of:
       1. The hearing aids on hand, not yet fit, including:
          a. Make, Model, Serial # and patient initials
          b. Each hearing aid’s cost and charge to the patient
          c. How much each patient has already paid for each aid.
          d. Total projected income pending payment for the devices.
       2. Number of boxes of batteries on hand for resale. This includes all
          of the batteries at the front desk and an estimate # of batteries in
          the primary stock that will be sent for resale, their cost and total
          projected income pending sale.
       3. The division leaders signature and that of a second clinical faculty
          or staff member, certifying that the information is correct.
   iii. Provide this information to the business manager for reporting.
Hearing Aid Returns for Credit

I. Self Pay
   a. Hearing aids can be returned for credit if:
      i. They are returned within the 30 day trial period or an extension of that trial period previously agreed to by the clinician.
      ii. They are in good condition
   b. Earmolds cannot be returned for credit
   c. The non-refundable charge, typically $150, also cannot be returned.
   d. Amount to be returned to the patient:
      i. If one device is returned and one is kept:
         Hearing aid charge – earmold charge (if applicable)
      ii. If all devices are returned:
         Hearing aid charge – earmold charge (if applicable) – nonrefundable charge
   e. Return for credit form:
      i. The clinician will complete the form and give it to the office staff for credit.
      ii. If the patient paid by credit card, the office staff will:
         1. Credit the credit card account, and
         2. Staple a copy of the return for credit form to the credit card receipt to be submitted to the business manager.
      iii. If the patient paid by cash or check, the office staff will:
         1. Inform the patient that it will take 4-5 weeks for them to receive payment, and
         2. Give the return for credit form, proof of payment (if payment was made by check), and the number of the deposit (can be found in Lytec) to the business manager. The business manager will then complete a check request to forward to Accounts Payable.

II. Hearing Aid Bank: Hearing aid bank hearing aids cannot be returned for credit, as indicated on the contract.
Hearing Instrument Return for Credit

Patient Name: _______________________________________

Patient Address: _______________________________________

Patient Phone #: _______________________________________

Clinician: _____________________________________________

Fitting Date: ___________________

Return Date: ___________________

Hearing Instrument(s) Make, Model and Serial #: 

_______________________________________  

_______________________________________  

Reason for Return:

_______________________________________________________________

Amount to be Refunded: ____________________________

Clinician Approval: ________________________________ Date: ________________  

Clinician Signature

NOTE: No refunds can be provided without a signature indicating clinician approval.

Patient originally paid by: Credit Card □ Check □ Cash □
**Loaner Hearing Aids**

A hearing aid patient will be provided with a loaner hearing aid if an appropriate one is available in the event their personal aid is sent for repair. If needed, a behind-the-ear device will be loaned with a soft stock mold (kept in labeled drawer in HA workroom).

A. Hearing aids to be loaned:
   a. Hearing aid bank aids: HAB aids can be chosen from for this purpose, as long as there are at least two other similar aids available in the bank to be fit on incoming patients. They can be loaned to both HAB and self-pay patients.
   b. Consignment aids: Appropriate consignment aids can be loaned only to self-pay patients and only if they purchased their original hearing aids from our clinic.

B. Loaner Aid Agreement form (below):
   a. This form must be completed by the clinicians and signed by the patient at the time of the loan.
   b. Aids may not be loaned for more than two months.
   c. Cost if not returned:
      i. HAB aids: $250
      ii. Consignment aids: Retail cost of the aid if purchased new.
   d. Patients are to be informed that they will automatically be billed for the aid if it is not returned in the specified time.
UNIVERSITY OF ARIZONA HEARING CLINIC  
P. O. Box 210071, Tucson, Arizona 85721 (520) 621-7070  
HEARING AID LOANER AGREEMENT

PATIENT NAME:________________________________________

PATIENT ADDRESS:____________________________________

PATIENT PHONE #:____________________________________

DATE OF LOAN/FITTING DATE:_________________ DATE OF RETURN:________

The undersigned hereby loans, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

<table>
<thead>
<tr>
<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>YEAR</th>
<th>NEW/USED</th>
<th>SERIAL #</th>
<th>REPLACEMENT COST</th>
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HEARING AID LOANER AGREEMENT

The charges on this loaner agreement are for the hearing aid and/or accessory device fitting services, and for professional follow-up services pertaining directly to the fitting and use of the hearing aid. Professional fees for evaluation of hearing and other tests and services prior to the loan of the hearing aid are not included. If a hearing aid is returned damaged or non-functional, the loanee will be responsible for the cost of repair, typically at least $230. If the aid is not returned, or returned in an unrepairable condition, the loanee will be responsible for the replacement cost as indicated above, and the replacement aid will remain the property of the U of A Hearing Clinic. I understand that this hearing aid cannot be returned for credit as I do not own the device. I have been warned of the dangers of battery ingestion. I am fully aware that Medicare does not cover any of these charges. I have been informed of audio switch technology (also called “telecoils,” “T-coil,” or “T-switch” technology). I understand that such device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program and am aware of how to access the program to obtain telecommunication equipment.

I am aware that this device(s) DOES have a T-Coil and I know how to access it.  

I am aware that this device DOES have an INACTIVE T-Coil that can be activated at my request.  

I am aware that this device DOES NOT have a T-Coil  

________________________________________  
Signature of Patient Loaning Device  
Date

________________________________________  
Signature of Audiologist  
License #  
Date
Sertoma Arizona Hearing Aid Bank Selection, Ordering and Billing

A. Hearing Aid Selection  
   a. At the time of the audiologic and/or hearing aid evaluation, candidacy for amplification is determined and discussed with the patient.  
   b. The patient and/or family is counseled regarding the price, policies and procedures for acquiring a hearing aid through the Hearing Aid Bank.  
   c. Specific recommendations re: style, power, frequency response characteristics (determined by availability of hearing aids in HAB) are made  
   d. An appropriate or best fit hearing aid is selected from the Hearing Aid Bank.  
   e. To help insure that appropriate hearing instruments are available for all hearing aid bank patients, each person will only be fit with ONE device.
   f. Hearing aid bank patients may, on occasion, provide hearing aids of their own to be fit, for example that have been given to them by a family member. In some circumstances, such an aid, if appropriate, can be fit as a second device. This represents an additional use of clinic/HAB time and resources over and above the budgeted-for one-hearing aid policy. However, if this is less the case when the aid is fit at the same time as the first HAB aid. Therefore the cost of this second, self-provided hearing aid fitting varies based on time:  
      i. If done at the time of the first aid fitting: $70 including Earmold or recasing.  
      ii. If done at a time separate from the first hearing aid fitting: $200 including the Earmold or recasing. (This price is based on a HAB discounted version of the Arizona Hearing Aid Care Plan)
   g. Canal style instruments will NOT be fit through the hearing aid bank unless deemed necessary for audiologic reasons.  
   h. An ear impression is taken of the ear to be fit with a hearing aid.  
   i. The contract form is partially completed and discussed with the patient (see relevant policy).  
   j. The encounter form is completed (see relevant policy).  
   k. A hearing aid fitting appointment is scheduled for approximately three weeks after the earmold impression is obtained.

B. Ordering  
   a. All In-The-Ear Hearing Aids  
      In-the-Ear hearing aid remakes are ordered using a Prairie Labs repair form using the account number 2713
   b. Behind-The-Ear Hearing Aids  
      i. Earmold: an earmold order form is completed for Westone Laboratories – write “FASA PRICING” on the form - and forwarded with the earmold impression The University of Arizona account number 3089C is used for all earmold orders. Upon receipt, the earmold is placed the existing red bin with the patient’s name and HA for fitting.  
      ii. Hearing Aid: the hearing aid is selected from the Hearing Aid Bank stock and placed in a red bin with the patient’s name for use on the day of the
hearing aid fitting.

C. Contract form (See below):
   a. At the time of the hearing aid selection, the audiologist and/or student are to:
      i. Fill out the...
         1. Ear to be fit
         2. Hearing aid make & model if available
         3. Date of manufacturer if available (it rarely is available)
         4. Indicate that the aid is “used”
         5. Battery size
   b. At the time of the hearing aid selection, prior to taking payment, the office staff are to:
      i. Review the policies regarding payment with the patient
      ii. Indicate payment on the contract form
   c. At the time of the hearing aid fitting, the audiologist or student is to
      i. Complete the contract form with all available information
      ii. Review the form with the patient and ask them to sign it prior to leaving with the hearing aid.
   d. Billing:
      i. Patients are to be charged $70 per hearing aid, irrespective of style of aid, reflected on the HAB Purchase Agreement form and using the appropriate hearing aid code on the encounter form.
      ii. Patients are NOT to be charged for earmolds as, for the purpose of the HAB, they are built into the price.
      iii. If the patient needs to pay out of pocket for their hearing evaluation, the discounted fee will be $45.

D. Hearing Aid Bank Device Check-in
   a. Custom and BTE aids (if sent for recase or repair):
      i. A thorough listening check is to be done to insure proper hearing aid function
      ii. The instrument is to be connected to the fitting system to insure that it can be programmed.
      iii. A note is to be entered into Lytec indicating the make, model and serial number and the outcome of the listening and connection check.
      iv. The aid (and earmold upon receipt) is placed in a red bin with the patient’s name and date.
      v. The aid is to be quick-fit and pre-programmed appropriately for the patient.
      vi. Steps 1-4 may be done by the clinic assistant; STEP 5 MUST BE DONE BY THE FITTING STUDENT AT LEAST 24 HOURS PRIOR TO THE FITTING.

E. Hearing aid repair
   a. Within the first 6 months: If a HAB hearing aid fails within the first six months, it will be repaired or replaced at no charge to the patient.
   b. After the first 6 months:
i. BTE: The hearing aid can be repaired (Prairie Labs) or replaced at the audiologist’s discretion. Either way, the patient will be charged $45. ($70 if a new earmold is also needed)

ii. ITE: The hearing can be repaired (Prairie Labs) or replaced at the audiologist’s discretion. If repaired, the patient will be charged $45; if replaced, they will be charged $70.

c. Replacement after 2 Years: If an aid is to be replaced two or more years after the patient qualified for the HAB, they must return to COPD for requalification before the hearing aid can be replaced.
UNIVERSITY OF ARIZONA HEARING CLINIC  
P. O. Box 210071, Tucson, Arizona 85721  (520) 621-7070  
Pima County Hearing Aid Bank  

HEARING AID PURCHASE DESCRIPTION

PURCHASER:___________________________________________

DATE OF ORDER: ___________________________ FITTING DATE: ___________________________

The undersigned hereby purchases, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

<table>
<thead>
<tr>
<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>YEAR</th>
<th>NEW/USED</th>
<th>OLD:</th>
<th>NEW:</th>
<th>SERIAL #</th>
<th>PRICE</th>
<th>TOTAL</th>
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GRAND TOTAL: $________

HEARING AID PURCHASE AGREEMENT

The charges on this purchase description/agreement are for the hearing aid, earmold, dispensing and fitting services, and for 6 months of professional follow-up services pertaining directly to the fitting and use of the hearing aid. Professional fees for evaluation of hearing and other tests and services prior to the recommendation of the hearing aid are not included. Hearing aid bank hearing aids carry a 6-month guarantee against defective material. Damage due to mishandling is not covered. I understand that my hearing aid cannot be returned for credit. I have been warned of the dangers of battery ingestion. I am fully aware that Medicare does not cover any of these charges. I have been informed of audio switch technology (also called “telecoils,” “T-coil,” or “T-switch” technology). I understand that such device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program and am aware of how to access the program to obtain telephone equipment.

________ I am aware that my device(s) DOES have a T-Coil and I know how to access it.  

________ I am aware that my device DOES have an INACTIVE T-Coil that can be activated at my request.

________ I am aware that my device DOES NOT have a T-Coil

Payment schedule as follows:
1st visit (Hearing aid order) $35
2nd visit (Hearing aid fitting) Balance Due (If unable to pay balance, a minimum $25 payment is required. Thereafter, any unpaid balance may be paid $5 per month.)

Signature of Purchaser ___________________________ Date ____________

Signature of Audiologist ______________________ License # __________ Date ____________

Updated 3-12-18
**Self-Pay Hearing Aid Selection, Ordering & Billing**

A. Hearing Aid Selection
   a. Utilizing audiologic test results and case history information provided by the patient, candidacy for amplification is determined and discussed with the patient or their guardian.
   b. In order to provide an adequate range of technology options, audiologists are to be familiar with hearing aids from at least three major manufacturers, although it may or may not be appropriate to discuss more than one option with any given patient.
   c. The patient and family are counseled regarding the price, policies and procedures for acquiring a hearing aid.
   d. Specific recommendations regarding technological options, style, power and frequency response characteristics are made.
   e. When appropriate, manufacturer software is to be used to educate the patient as to their options.
   f. A mutually agreed upon hearing aid selection is made.
   g. If necessary, an earmold impression is taken of each ear to be fit.
   h. A hearing aid fitting appointment is scheduled for such a time that all necessary devices/earmolds are expected to be available.
   i. The contract form is partially completed and reviewed with the patient (see relevant policy).
   j. The encounter form is completed (see relevant policy).

B. Ordering:
   a. Hearing aids are to be ordered by the supervising audiologist or by the student with the help of their supervisor.
   b. Account numbers are posted in the clinic and in the pricing/HA info binder. When available, the AHAA account number is to be used.
   c. Ordering non-custom instruments:
      i. AHAA vendors: Hearing instrument orders are phoned into the AHAA main phone number. Note: if necessary, orders can be phoned into the manufacturer directly using the AHAA number. However, pricing is sometimes more favorable if we call through AHAA.
      ii. Other vendors: Hearing instrument orders are phoned directly into the manufacturer.
   d. Ordering custom instruments: The manufacturer’s order form should be used. If available, AHAA account numbers are to be used; otherwise use the U of A account number. In all cases, the same account number is to be used in both the bill-to and ship-to blanks.
   e. Earmolds are to be ordered directly from Westone Laboratories of Colorado Springs using the appropriate order form and account number 3089C.
   f. The Patient name, make and model of hearing aid and audiologist initials are to be entered into the Hearing Instrument Log, available on the shared directory on the server, accessible through most clinic computers.
g. Payment of one half the balance will be made to the clinic’s administrative secretary with a copy of the bill of sale and receipt for payment to be used as proof of purchase by patient.

C. Contract form (see below):
   a. At the time of the hearing aid selection, the audiologist or student are to
      i. Fill out the following:
         1. Ear(s) to be fit
         2. Make, model, & year of manufacture
         3. Indicate that the aids are new
         4. Pricing information
         5. Warranty information
         6. Nonrefundable expense information: $150.00 plus earmold charges. Please see return policy re: additional information.
      ii. Review the contract with the patient. They need not sign it at the time of the fitting.
   b. At the time of the hearing aid fitting, the audiologist or student are to fill out all
      remaining information and have the patient sign the form before leaving with
      the hearing aids.
UNIVERSITY OF ARIZONA HEARING CLINIC  
P.O. Box 210071, Tucson, Arizona 85721 (520) 621-7070

HEARING AID(S) BILL OF SALE

PURCHASER: ____________________________

DATE OF ORDER: _________________________ FITTING DATE: _________________________

The undersigned hereby purchases, subject to the terms, conditions and price, as herein set forth, the following hearing instrument(s):

<table>
<thead>
<tr>
<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>YEAR</th>
<th>NEW/USED</th>
<th>SERIAL #</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Earmold(s)


Service Agreement


GRAND TOTAL: $ __________

HEARING AID(S) PURCHASE AGREEMENT

The charges on this purchase description/agreement are for the hearing aid(s), earmold(s), accessories, dispensing and fitting services, and for 30 days of professional follow-up services starting from the date of fitting pertaining directly to the fitting and use of the hearing aid(s). Professional fees for evaluation of hearing and other tests and services prior to the recommendation of the hearing aid(s) are not included.

I understand that my hearing aid(s) can be returned and my order canceled within 30 calendar days from the date of fitting. I also understand that I will be responsible for loss or damage of the hearing aid(s) during the 30 day trial period. If the purchase is canceled within 30 calendar days, I will return the hearing aid(s) in good condition. Refundable expenses will be $ ________ to be refunded to me within 10 working days of the University of Arizona Hearing Clinic’s receipt of my returned hearing aid(s). Nonrefundable expenses will be $ ________ which includes earmolds, fitting, dispensing and follow-up fees.

The new hearing aid(s) carry a _____ month guarantee against defective material, to expire on ___________. Damage due to mishandling is not covered. (See manufacturer’s warranty for specific information.)

The new hearing aid(s) carry a _____ month service agreement with the University of Arizona Hearing Clinic, to expire on __________. This agreement covers all hearing aid related services including a adjustment and fine tuning, electroacoustic analysis, in office repairs, hearing aid check and clearing every six months, and enrollment in our Living Well with Hearing Loss Class. Audiologic evaluations are NOT covered by the agreement. After the agreement expires, patients can choose to purchase an extended service agreement, or pay for follow-up services as needed.
I understand that I am free to purchase my hearing aid(s) from any dispenser. I have chosen to purchase the hearing aid(s) with a 30 day trial period from the University of Arizona Hearing Clinic and I agree to abide with the terms of this agreement. I have been warned of the dangers of battery ingestion. I have been informed of audio switch technology (also called “telescoils,” “T-coil,” or “T-switch” technology). I understand that such a device may increase my access to telephones and assistive listening devices. Furthermore, I have been informed about the Arizona Telecommunications Equipment Distribution Program in accordance with A.R.S. § 36-1947 and am aware of how to access the program to obtain telephone equipment.

I am aware that my device(s) DOES have a T-Coil and I know how to access it.  
I am aware that my device DOES have an INACTIVE T-Coil that can be activated at my request.  
I am aware that my device DOES NOT have a T-Coil.

Regarding insurance:
I understand that the University of Arizona will only bill my insurance company if there is reasonable evidence of hearing instrument coverage. I further understand that I will be responsible for any amount not paid to the University of Arizona by my insurance company within 90 days. I am fully aware that Medicare does not cover any charges related to hearing aids.

Signature of Purchaser ________________________________  Date ___________

Signature of Audiologist ________________________________ License # ________  Date ___________
Repair and Follow-up Charges

Fees for verification and validation testing, counseling, adjustments, follow-up, troubleshooting and repairs are built into the purchase price of a hearing instrument. As a result, fees for these services will be assessed differently depending upon where the device was originally purchased.

A. Instruments Purchased from U of A Hearing Clinics:
   a. Factory Repair - Under Warranty - any hearing aid repair under warranty will be at NO COST to the patient, assuming that the problem is not due to damage or misuse.
   b. Factory Repair – Not Under Warranty- any out of warranty hearing aid will be sent to the original manufacturer when possible, or to an all make repair lab when the original manufacturer cannot be used.
      i. The patient will be charged the manufacturer’s cost of repair (including shipping) plus 100% mark up.
      ii. The day the patient picks up the hearing aid they will pay in full to the secretary of the Hearing Clinic.
   c. Follow-up appointments – All verification and validation testing, adjustments, counseling, follow-up and troubleshooting will be done at NO CHARGE during the warranty period. A nominal fee may be assessed for these services after the end of the warranty period is over.
   d. Loss & Damage replacement:
      i. Under service agreement with UA: Patients will be charged the invoice cost of the replacement – The replacement fee plus shipping if applicable.
      ii. NOT under service agreement with UA: Patients will be charged the invoice cost of the replacement – The replacement fee plus shipping if applicable. They will also be charged for any clinical time/services provided.

B. Hearing Aid Bank repair.
   a. If deemed appropriate, any HAB aids can be repaired through Prairie Labs
      i. The patient should be charged the cost of the repair + shipping (varies by device). These fees are paid to the U of A.
      ii. As with new aids, the patient must pay at least $25 at the time the aid is sent for repair, at least $15 at the time of pick up, and can make payments thereafter.
   b. Given the minimal cost of HAB aids, it may be deemed more appropriate to obtain a replacement device instead.
      i. If the first aid lasted less than two years, this replacement can be done without requalification, at the audiologist’s discretion.
      ii. If the aid is more than two years old, the patient must contact COPD first to prequalify for the program.

C. Instruments NOT Purchased from the U of A Hearing Clinics:
   a. Troubleshooting – Patients will be billed for a minimum of a level 1 hearing aid service charge. Additional fees for parts and/or increased service level will also apply as needed.

Updated 3-12-18
b. Factory Repair – Under-Warranty – Any charges from the manufacturer for shipping, etc. will be passed on to the patient. Additional charges will also be applied based on the hearing aid service level. These fees will be due in full at the time the device is picked up.

c. Factory Repair – Not Under Warranty
   i. The patient will be charged the University's usual and customary repair charge
   ii. Additional charges will also be applied based on the hearing aid service level. These fees will be due in full at the time the device is picked up. All charges must be paid in full on the day the hearing instrument is either repaired or sent for repair.
## Hearing Aid Related Charges

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Cost of the Device</th>
<th>Cost of the Professional Hearing Aid Service*</th>
</tr>
</thead>
</table>
| **Hearing Aid Purchased at UA** | Hearing aid cost based on manufacturer, style, and model (will include a 3 year repair warranty) | New devices, covers the first three years patient owns the hearing aids. Cost is paid up front.  
One Hearing Aid = $600  
Two Hearing Aids = $1000 |
| **Arizona Hearing Aid Care Plan** | Devices purchased elsewhere | The service agreement is for the life of the instrument.  
If the devices were previously fit, the cost is:  
One Hearing Aid = $400  
Two Hearing Aids = $500 |
| **EPIC** | Per EPIC price sheet (paid directly to EPIC). UA does not receive payment from the client. | **ALL Levels:**  
EPIC covers all follow-up during the first year; then the patient can purchase $400 service plan to cover all follow-up for the life of the hearing aids from UA |
| **Hearing Aid Bank** | One hearing aid = $70 ($35 is due at the time of the hearing evaluation; $35 is due at the hearing aid fitting). Clients are no longer allowed to have a 2nd hearing aid. | Service is included through the 6 month warranty. After this, there is an office visit fee applied to any visit of $10 -this fee will include any minor parts such as a tube change, etc. |

*Professional Hearing Aid Service does not cover hearing testing or out-of-warranty repair charges.

---

**Hearing Aid Follow-up**

*Updated 3-12-18*
### Table 2

<table>
<thead>
<tr>
<th></th>
<th>HAB</th>
<th>In Manufacturer Warranty &amp; In Service Agreement</th>
<th>Out of Manufacturer Warranty &amp; Out of Service Agreement</th>
<th>In Manufacturer Warranty &amp; In Service Agreement</th>
<th>Out of Warranty + NO Service Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit (TIME)</td>
<td></td>
<td>No charge</td>
<td>No Charge</td>
<td>Charge ($30 for every 15 minutes)</td>
<td>Charge ($30 for every 15 minutes)</td>
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<td></td>
<td>$10 (after first 6 months)</td>
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<td>Parts</td>
<td></td>
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<tr>
<td>Tubing: $5</td>
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<td>Ear mold mod: $10</td>
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<tr>
<td>Cleaning: $5</td>
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<td>Battery door: $5</td>
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<td>Electroacoustic: $20</td>
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<td>Wax Guards: $3</td>
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<td>Domes (10): $8</td>
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<td>Batteries (4): $5</td>
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<td>Batteries (6): $5</td>
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<tr>
<td></td>
<td></td>
<td>Small parts included in office visit.</td>
<td>Office repairs and parts at no charge; factory repairs at no charge</td>
<td>Office repairs as posted; factory repairs per manufacturer</td>
<td>Office repairs as posted; factory repairs per manufacturer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out of warranty repairs not included.</td>
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</tbody>
</table>

### Table 3

<table>
<thead>
<tr>
<th></th>
<th>In Man. Warranty</th>
<th>Out of Man. Warranty</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Service Agreement</td>
<td>No charge for office visit; Office repairs and parts at no charge; factory repairs at no charge</td>
<td>No charge for office visit; Office repairs as posted; factory repairs per manufacturer</td>
</tr>
<tr>
<td>Out of Service Agreement</td>
<td>Charge for office visit; Office repairs as posted; factory repairs at no charge</td>
<td>Charge for office visit; Office repairs as posted; factory repairs per manufacturer</td>
</tr>
</tbody>
</table>
Hearing aid warranty and loss & damage policies, their extension and hearing aid replacement

A. If the patient is under a service agreement with the U of A:
   a. All new hearing aid prices are based on a standard three year repair warranty and one year loss and damage insurance policy. These will be ordered with no additional cost to the patient.
   b. If a patient would like to extend the warranty and/or Loss & Damage policy, they will be charged the manufacturer fee plus $25 per year per policy. For example,
      i. To extend to a three year warranty and two year Loss & Damage policy, the patient will be charged manufacturer cost + $50
      ii. To extend to a three year warranty and three year Loss & Damage policy, the patient will be charge manufacturer cost + $75.
   c. During the warranty repair, all repairs done to the hearing instrument, not including the earmold, will be done at no charge if related to normal use wear and tear.
   d. During the Loss & Damage policy period, a hearing aid can be replaced under the terms and conditions of the policy. Patients will be charged only manufacturer cost + shipping costs, if any. (Earmolds are replaced separately at full charge.) NOTE: Most policies allow for only a single replacement.
   e. Midwest Loss & Damage replacement
      i. Complete claim form on line with the patient and have them sign it.
      ii. Send the claim form to Midwest. If an ITE is to be replaced, send the earmold impression to them as well. For a BTE, the mold will be ordered separately at full price.
      iii. If the patient has their “+$150” policy, the payment we receive from Midwest is sufficient. If not, the patient pays $100 per hearing aid replaced, as noted above.

B. If the patient is NOT under a service agreement with the U of A, they will be subject to the charges noted above and for the service level provided.
Non-UA Hearing Aids: Assessment of Performance

Patients who have obtained hearing aids or other devices elsewhere may be interested in assessment of the devices’ characteristics, fit, performance, and/or settings. Such an assessment WOULD NOT INCLUDE ANY ADJUSTMENT TO THE DEVICES:

A. Elements of the assessment might include
   a. Review of audiometric test results
   b. Review of history, communication situations and difficulties and goals for amplification
   c. Assessment of physical fit
   d. Assessment of hearing aid characteristics
   e. Real ear evaluation - Place each client’s PROBE TUBE in a plastic bag with their name on it and attach it securely in their chart for future use.
   f. Assessment of hearing aid settings
   g. Real ear and/or ANSI testing
   h. Recommendations regarding:
      i. Physical or electroacoustic changes to current hearing aids,
      ii. Additional or alternative devices or equipment
      iii. Realistic expectations
   i. Appointment time of up to 1.5 hours

B. Fee: $150, but can be applied to
   a. Purchase of AZ Hearing Aid Care Plan if purchased within six months, or
   b. New hearing instrument or assistive device, if the instrument or device is more than $800 and purchased within six months.
Arizona Hearing Aid Care Plan

Part of the reason that hearing aids are expensive is that typically all services needed for dispensing and follow up care are included in the price. There are circumstances, however, in which a person either: (1) acquires hearing aids through sources other than an audiologist and the hearing aids are not programmed properly for the user; or (2) the audiologist who dispensed the aids originally, the one who was paid, may no longer be able to provide follow-up. The University of Arizona Hearing Clinic’s Arizona Hearing Aid Care Plan is designed for these circumstances. For a fee, we will provide audiologic follow-up for hearing aids to assure continuity of care.

What is covered under the plan FOR THE LIFE OF THE HEARING DEVICE:

- Hearing aid adjustments, including:
  - Programming/fine tuning changes
  - Real ear and electroacoustic verification of hearing aid performance and adjustments
  - In-office adjustments to the fit of the hearing aid/ earmold
- All possible in-office repairs
- Factory repairs under warranty

Services that are NOT covered:

- Hearing testing (typically $72 - $125)
- Out of warranty factory repairs (often $90 to $300 depending on the problem and manufacturer.)
- New earmolds
- Assistive technologies

Costs

**PLAN I:** Devices previously fit:

One Aid: $400
Two Aids: $500

**PLAN II:** Devices never before fit:

One Aid: $600
Two Aids: $1000
Arizona Hearing Aid Care Plan Agreement

PURCHASER: __________________________________________________________
DATE OF PURCHASE: ____________________________

<table>
<thead>
<tr>
<th>R/L</th>
<th>MAKE</th>
<th>MODEL</th>
<th>SERIAL #</th>
<th>PRICE</th>
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</table>

GRAND TOTAL  
$

What is covered under the plan:

• Hearing aid adjustments, including:
  o Programming/fine tuning changes,
  o Real ear and electroacoustic verification of hearing aid performance and adjustments
  o In-office adjustments to the fit of the hearing aid/earmold
• All possible in-office repairs
• Factory repairs under warranty

Services that are NOT covered:

• Hearing testing (typically $72)
• Out of warranty factory repairs (often $90 to $300 depending on the problem and manufacturer.)

I understand these terms and exclusions. I am fully aware that Medicare does not cover any of these charges.

______________________________  ____________________________
Signature of Purchaser          Date

______________________________  ____________________________
Signature of Audiologist        License #                  Date

Updated 3-12-18
**FM Systems for DRC Students**

A. **Background:** The Disability Resource Center on campus frequently purchases FM systems for use by their hearing impaired students. The majority use simple systems, typically the Williams Sound Personal FM system or equivalent. They use such devices with either headphones or a neckloop and rarely if ever need to be seen in our clinic. Increasingly students are using more sophisticated systems such as the Phonak MicroLink system. These often require the advice of an audiologist regarding model choice, adjustment of hearing aids/CI processors to be compatible with the system, adjustment of hearing aid/CI processor memories for optimal FM use, and more detailed instructions regarding use. Often these services can be provided to the student and the DRC by the students own, home audiologist. If not, our clinic is available to help.

B. **Purchasing the FM system:** The DRC may purchase the system through our clinic, even if we are not involved with the student. We will charge them the invoice cost, plus a $25 handling fee.

C. **Professional fees:** If the University of Arizona Hearing Clinic is asked to become involved with the student and their FM system, we will agree to serve as their audiologist for a period of one year. Professional fees are typically the responsibility of the student and will be equivalent to the one year/two aid price of the Arizona Hearing Aid Care Plan. **FOR ONE YEAR,** this fee will be include:
   a. Hearing aid adjustments including:
      i. Programming/fine tuning changes
      ii. Real ear and electroacoustic verification of hearing aid performance and adjustments
      iii. In-office adjustments to the fit of the hearing aid(s)/ earmold(s)
   b. All possible in-office repairs
   c. Factory repairs under warranty

D. **Per-visit charges:** Hearing aid and FM adjustments cannot be done on a per-visit charge basis. However, once the Arizona Hearing Aid Care Plan fee has been paid, all follow up for the above-described services will be done at no charge; there is no limit to the number of follow up visits allowed.

**MAJOR DONORS AND CLINICAL SERVICE**

Individuals who donate in excess of $5000 to the Speech, Language or Hearing Clinics shall be entitled to free audiologic and hearing aid services for a period of one year after the donation. This courtesy will also be extended to their immediate family members. They will, however, be made aware of the cost of the services provided so that they know the usual and customary procedures. If they choose to pay for the services, such payment will be accepted. Devices and accessories will not be discounted.

Updated 3-12-18
Vocational Rehabilitation Audiology and Hearing Aid Procedures

A. Step 1: The audiologic evaluation
   a. Authorization and Coding: We will receive authorization for $280 for “Service Code C01D”
      i. This covers the audiologic evaluation. Be sure to run the QuickSIN as part of the evaluation. It also covers the cost of the earmolds if any.
      ii. We bill for the $280 even if no earmolds are made.
      iii. We bill this not by CPT code, but instead by this service code. We will need to set this up in Lytec.
   b. Ear Impressions: Ear impressions are to be made at the time of the audiologic eval.
      i. If earmolds are to be made, they are to be ordered immediately and held pending hearing aid authorization.
      ii. If ITEs are to be ordered, the impressions will be held pending hearing aid authorization. If there is more than a 30 day delay in authorization, the patient may need to return for new impressions at our judgment.
      iii. If open-fit aids are to be ordered, tube/wire length should be measured and noted as well as color of hearing aid(s) so that the aids can be ordered when authorization is received.
      iv. If BTEs are to be ordered, determine and note color of the case so that they can be ordered when authorizations is received.
   c. Paperwork: All of the following should be sent to VR together:
      i. Our written report and test results
      ii. Exhibit 1 (Completed by Audiologist/Student)
      iii. Exhibit 2 (Completed by Audiologist/Student)
         1. Complete part I only.
         2. Contracted vendors and hearing aids are available here: https://www.azdes.gov/rsa/contracts.asp
         3. Leave the “RSA contract price”, “Repair Warranty” and “Loss/Damage Warranty” fields blank
      iv. Copy of hearing aid order form (if ITE)
      v. Billing statement indicating $280 for Service Code C01D (Completed by Billing Staff)
      vi. Exhibit 6: Contractors’ Invoice Form (Completed by clinicians)
      vii. Responsibilities:
         1. Audiologist:
            a. Complete Exhibits 1 & 2 hearing aid order form, and order earmolds, and the report in the usual manner.
            b. Complete encounter form, adding in C01D, $280 for the procedure.
            c. Turn in encounter form in usual manner.
            d. It would be helpful to also paper-clip all of the forms to be sent.
2. Billing staff: Once the report is available, they will complete exhibit 6, assemble and send the appropriate forms and invoice to VR.

B. Step 2: Authorization is Received; Hearing Aid is Ordered
   a. We receive two things:
      i. Exhibit 2 BACK with Part II completed by RSA Counselor
      ii. Authorization to bill for hearing aid fitting:
         1. One aid: $890
         2. Two aids: $1335
      iii. When authorization is received, the office staff will put the authorization in the chart and the chart in the audiologists box with a note asking if it is okay to schedule the patient.
   b. The audiologist checks on the order status of the hearing aids.
      i. ITE: Sending in order form with copy of Exhibit 2 attached (DO NOT USE ANY ACCOUNT NUMBERS ON THE BILLING FORM) Note: If the impression has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
      ii. BTE: Call manufacturer to determine if aid has been ordered by VR directly. If not, fax them Exhibit 2 to initiate the order.
   c. Office staff schedules the fitting: Once the hearing aids and earmolds (if appropriate) are in hand, the audiologist will ask the office staff to call to schedule the appointment for a fitting. AFTER RECEIVING THE AIDS, WE HAVE SEVEN DAYS TO GET THE PATIENT IN FOR A FITTING.

C. Step 3: Hearing Aid Fitting
   a. When authorization for HA services is received from VR, the office staff will put it with the chart in the clinician’s box with a note asking if okay to schedule.
   b. Hearing aids are fit in the usual manner
   c. TWO follow up appointments are made
   d. Exhibit 3, Page 1 is completed, SIGNED BY THE PATIENT AND AUDIOLOGIST
   e. Paperwork:
      i. Exhibit 3, Part I (Completed by Audiologist & patient, NOT YET SENT)
      ii. Billing statement referring Service Code C02F (Completed by Billing Staff, SENT TO VR)
      iii. Exhibit 6: Contractors’ Invoice Form (Completed by audiologist, SENT TO VR)
   iv. Responsibilities:
      1. Audiologist:
         a. Complete Exhibits 3 (part 1).
         b. Complete encounter form, adding in C02F for the procedure, with the appropriate charge.
         c. Turn in encounter form in usual manner.
         d. It would be helpful to also paper-clip all of the forms to be sent.
      2. Billing staff: Complete exhibit 6, assemble and send the appropriate forms and invoice to VR.

D. Step 4: First Hearing Aid Follow Up

Updated 3-12-18
a. Clinical procedures are as normal.

b. Part II of exhibit 3 is completed by audiologist and signed by patient. (NOT YET SENT TO VR)

E. Step 4: Trial Closure: At the time of the final follow up

a. Audiologist completes and patient signs Exhibit 3, Part III. (Note, the word “warranty” needs to be changed to “trial period” in the statement.)

b. In the event that the patient does not show up for follow up, or contacts the clinic indicating that all is well and that follow up is not needed, the audiologist can make a note of this on Exhibit 3, Part II and sign on their behalf.

c. Paperwork: Exhibit 3, Part I, II & III (page 2) is sent to VR WITH A COPY OF HA SETTINGS AND REAL EAR RESULTS. The audiologist or student is responsible for sending this paperwork.
### Exhibit 1

**Audiology Evaluation Report**

<table>
<thead>
<tr>
<th>Name</th>
<th>Client ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling or DES staff Name</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing Audiologist Name</th>
<th>Phone Number</th>
<th>Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measurements completed:**
- Tympanometry
- Otoacoustic reflex testing
- Otoscopy
- Hearing threshold and speech recognition
- Speech-in-noise testing
- Speech-in-noise testing

Above measurements are not completed, why not:

<table>
<thead>
<tr>
<th>Mold or ear impressions completed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exam recommended?
- Yes
- No

Why:

**Test Attached**

- Yes
- No

Why not?

**Final Comments:**

---

Hearing Audiologist Signature: ______________________ Date: ________
Exhibit 2

**PART I** *(This section is completed by audiologist during the comprehensive audiology evaluation)*

<table>
<thead>
<tr>
<th>Audiologist Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSA Client’s name:</td>
<td>RSA ID #</td>
</tr>
</tbody>
</table>

**HEARING AID SPECIFICATIONS**

<table>
<thead>
<tr>
<th>Noise reduction</th>
<th>Multi-memory</th>
<th>Multi-channel</th>
<th>Open ear fitting</th>
<th>Directional Microphones</th>
<th>Fixed DM</th>
<th>Adaptive DM</th>
<th>Automatic DM</th>
<th>Split band DM</th>
</tr>
</thead>
</table>

Other desired features:

- **T-coils must be included in recommendation for all clients**

**RECOMMENDED HEARING AID(S) based on the results of the audiology evaluation**

<table>
<thead>
<tr>
<th>Hearing Aid Manufacturer: Make:</th>
<th>Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Style:</td>
<td>Right ear</td>
</tr>
<tr>
<td>RSA Contract Price:</td>
<td>Repair Warranty:</td>
</tr>
</tbody>
</table>

**PART II** *(This section is completed by RSA counselors)*

<table>
<thead>
<tr>
<th>Referring RSA Counselor Name</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSA Counselor’s Approval Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Approved RSA Contract Price ( Counselor to insert) $</td>
<td></td>
</tr>
</tbody>
</table>

**BILL-TO ADDRESS:**

Hearing Aid Manufacturer sends an invoice to ADES/RSA Office:

<table>
<thead>
<tr>
<th>SHIP-TO ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aid Manufacturer sends the hearing aids to: Audiologist’s office:</td>
</tr>
</tbody>
</table>

**ART III** *(This section is completed by audiologist)*

<table>
<thead>
<tr>
<th>Date of submitting this form to hearing aid manufacturer :</th>
<th>Phone :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aid Manufacturer</td>
<td>Fax:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
</tbody>
</table>

Updated 3-12-18
Exhibit 3

<table>
<thead>
<tr>
<th>Client name</th>
<th>Client ID Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Referring counselor or DES staff name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Examining Audiologist Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E-mail Address:</td>
</tr>
</tbody>
</table>

Date of service

PART I: FITTING SERVICES
Check services provided:

- [ ] Electro-acoustic analysis for quality control to verify functioning
- [ ] Electro-acoustic verification (coupler or real ear) to ensure proper programming of aided and unaided sound field thresholds
- [ ] Aided speech measures (in quiet and in noise)
- [ ] Outcome measures, pre and post fitting
- [ ] Hearing aid orientation and counseling

Attach a written summary of fitting services to include the results of testing for electro-acoustic analysis and verification to ensure compliance with the manufacturer's specifications and to document actual instrument performance.

Appointment Date(s) for Follow Up Services: (Please note: the first appointment is to be scheduled at least seven (7) business days prior to the end of the hearing aid manufacturer's trial period which expires on ____________).

1. 

2. 

I, ______________________________ (client's name), have received my hearing aid(s) and I agree with the follow up dates.

Client's signature_______________________________________ Date___________

Audiologist's signature __________________________________ Date___________
Exhibit 6

Invoice Date

Date of Service Provision

<table>
<thead>
<tr>
<th>Contractor’s name, address and phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Contract Number</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Contractor’s FEI or SSN Number</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Client’s name</strong></td>
</tr>
<tr>
<td><strong>Client’s RSA ID Number</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Referring RSA Counselor’s Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>RSA Authorization Number</th>
<th>Service Unit</th>
<th>RSA Fee Schedule Rate per Service Unit</th>
<th>Invoice amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
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<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

| Total Invoice Amount | $ |

Name, title, phone number and address of the Contractor has designated person who prepared this form:

Name:
Title:
Phone Number

PREPARER’S SIGNATURE

Date:____________________
EPIC Audiology and Hearing Aid Procedures

A. Step 1: The referral
   a. Clinic reception receives a Referral Letter and a Referral Activation Form from EPIC authorizing patient care
   b. Patient is instructed by EPIC to contact us directly to schedule and to identify themselves as being referred by EPIC HSP
      i. If an audiologic evaluation is needed
         1. Billing staff will verify insurance
         2. “Professional Fee” is included in EPIC reimbursement if patient insurance does not cover evaluation
         3. The following are billable codes to EPIC:
            a. 92552 Pure Tone Threshold
            b. 92557 Comprehensive Audiogram (Air, Bone, and Speech Discrimination)
            c. 92567 Tympanometry
            d. 92568 Acoustic Reflex Test
            e. 925588 Diagnostic OAE
   c. Hearing aids:
      i. Audiologist recommends hearing aid(s) selected from the EPIC Standard Level Hearing Aid Models list
         1. Hearing aid(s) should be selected from the PRICE TIER determined by the patient
   d. Ear Impressions: Ear impressions are to be made at the time of the audiologic evaluation.
      i. If earmolds OR ITEs are to be made, the impressions will be held in HA Lab with patient’s name on them pending receipt of the Authorization Form from EPIC. If there is more than a 30 day delay in authorization, the patient may need to return for new impressions at our judgment.
      ii. If open-fit aids are to be ordered, tube/wire length should be measured and noted as well as color of hearing aid(s) so that the aids can be ordered when the Authorization Form is received.
      iii. If BTEs are to be ordered, determine and note color of the case so that they can be ordered when the Authorization Form is received.
   e. Paperwork:
      i. The audiologist or student will complete the patient’s encounter form
         1. As usual for an evaluation if we complete an audiologic evaluation
            a. Insurance will be billed if applicable
         2. As a “consult” if patient brings in a current audiologic evaluation
      ii. The audiologist or student will complete the Referral Activation Form in detail.
         1. Include specific hearing aid information:
            make/model/features/color/slim tube or receiver
2. Include number of earmolds and earmold lab (if not specified on the form, Emtech is the default lab for EPIC)
   iii. The audiologist or student will FAX the Referral Activation Form to 626-723-2176 for EPIC approval
   iv. The audiologist or student will staple a copy of the Referral Activation Form to the patient’s encounter form
   v. The audiologist or student will file the original Referral Activation Form and the FAX “transmission confirmed” sheet in the patient’s chart

B. Step 2: Authorization is Received; Hearing Aid(s) is Ordered
   a. Clinic reception receives a completed Authorization Form with specific Purchase Order numbers and Bill To Account numbers relative to the specific patient
      i. Clinic reception notifies Audiologist that the Authorization Form has been received
   b. Audiologist or student orders the hearing aid(s) using the specific P.O. and Bill To Account numbers provided by EPIC, and with the University of Arizona Hearing Clinic as the Ship To Office address. Earmolds: Order using the appropriate EPIC provided account information for Emtech Labs.
      Emtech: 1-800-336-5719 Check website for EM materials and style: www.emtech-labs.com
      On the ORDER FORM:
      ➢ Use EPIC account number for BILL TO
      ➢ List the EPIC P.O.
      ➢ Use UA address for SHIP TO
      ➢ NOTE: THERE IS NO UofA account number for Emtech! You MUST use the EPIC account number!
      i. Note: If the impression(s) has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
      ii. ITE: Order using the appropriate EPIC provided account information. Note: If the impression(s) has sat on the shelf for more than 30 days, the patient will need to be scheduled for new impressions.
      iii. BTE: Call the manufacturer to order the appropriate hearing aid(s) using the EPIC provided account information
   c. Audiologist or student logs the hearing aid order into the HI Log as usual
      i. Write “EPIC” and the P.O. number in the comments column
   d. Clinic reception calls the patient to schedule a hearing aid fitting appointment.

C. Step 3: Hearing Aid Fitting
   a. Hearing aids are fit in the usual manner
   b. TWO follow up appointments are made to cover the 45-day trial period allowed by EPIC
      i. NOTE: If the patient has selected BASIC LEVEL tier hearing aids from EPIC, THE PATIENT IS RESPONSIBLE FOR PAYING EPIC FOR THE FOLLOW-UP VISITS. EPIC then pays the U of AZ for those visits.
c. Paperwork:
   i. Encounter form
      1. Mark with V5011 – Fit / Orientation of Hearing Aids
      2. Mark appropriate hearing aid and Earmold codes
      3. Mark the service agreement code, noting one year and the anticipated fee we are to receive based on the hearing aid level.
         When payment is received, office staff will revise this if you were wrong.

D. Step 4: First Hearing Aid Follow Up
   a. Clinical procedures as normal.
   b. If it is a follow-up for a BASIC LEVEL tier hearing aid, mark the Encounter Form as appropriate and submit to our Billing Office (Lacy) for submission to EPIC.

E. Step 5: Hearing Aid Trial Closure: At the time of the final follow up (45-day trial allowed by EPIC)
   a. Clinical procedures as normal
   b. If it is a follow-up for a BASIC LEVEL tier hearing aid, mark the Encounter Form as appropriate and submit to our Billing Office (Lacy) for submission to EPIC.
   c. Paperwork:
      i. The audiologist completes and patient signs the bottom portion of the EPIC Authorization Form
         1. Note that this includes a section regarding REM, COSI, etc
      ii. The billing staff FAX the completed Authorization Form back to EPIC for payment
Services for Special Olympics Athletes

The U of A Hearing Clinic has a longstanding history of involvement with the Special Olympics. Because of this, we are willing to provide services at a discount for athletes with limited income. This includes:

- **Children:** Children who qualify based on their family income in the usual manner, will be provided services through the Children’s Hearing Fund as long as such funds are available. Co-payment for services will apply.
- **Adults:** Adult Olympians who meet the same income qualification criteria as for the Children’s Hearing Fund will be charged only half of our usual and customary fees for services.
New Hearing Aid Check-In Procedures:

1. Look at order form
2. Open Lytec and look up the patient’s chart
3. Review previous Lytec notes regarding hearing aid order and confirm that the following are correct:
   - Make
   - Model
   - Color
   - Receiver length or slim tube size
4. Make a Lytec note describing the following information:
   
   **Right Ear:**
   - Make:
   - Model:
   - Serial Number:
   - Receiver length /Slim Tube Size/Dome:

   **Left Ear:**
   - Make:
   - Model:
   - Serial Number:
   - Receiver length /Slim Tube Size/Dome:

   Accessory Devices:

   The patient is scheduled for a HA fitting on ______________. The HAs have been placed in a red bin in the HA workroom.

   ***NOTE: if the patient is not scheduled for a fitting, please let the front desk know and ask them to schedule a HA fitting appointment.
5. Open the HI log (excel spread sheet) and enter the flowing information:
   - Audiologist
   - Date ordered
   - Date received
   - Fitting date
   - Manufacturer
   - Model
   - Invoice number
   - Serial number
   - Patients name
   - Under the misc column, please list if the patient is self-pay, EPIC, or VR
Hearing Aids Back from Repair Check-in Procedures

1. Look at receipt form package
2. Open Lytec and look up the patient’s chart
3. Review previous Lytec notes regarding hearing aid repair/drop-off
4. Perform a listening check—ensure the HA has good sound quality and both HAs sound is equally loud.
   - Run ANSI and compare test results with HA’s spec sheet
   - **NOTE:** if the HA manufacturer has already performed ANSI testing then you can skip this step
5. Make a Lytec note describing the following information:

   **Right Ear:**
   - Make:
   - Model:
   - Serial Number:
   - Receiver length /Slim Tube Size/Dome:

   **Left Ear:**
   - Make:
   - Model:
   - Serial Number:
   - Receiver length /Slim Tube Size/Dome:

   Accessory Devices:

6. Read carefully the Lytec note from when the aid was sent for repair. It should indicate what is to be done next. Typically:
   a. Call the patient to pick-up HA if the note indicates this is what to be done. In the Lytec note, state where the HA was placed
   b. Place the HA in a red bin for an already scheduled appointment (Check Lytec appointments to see if/when they are scheduled)
   c. In the Lytec note, state when the patient is scheduled for an appointment and where the HA can be found

   If the previous note doesn’t specify what is supposed to happen next, email the audiologist letting them know you don’t know what is to be done; ask them to handle it from there.
Hearing Aid Drop-Off Procedures

1. Perform a listening check
2. Clean the HA and earmold
3. Determine the problem (mic cover, receiver, microphone, tubing, wax guard, etc.)
4. Look at the patient’s service plan and warranty expiration dates to determine whether the patient needs to pay for services (located on the left side of the chart)
5. If the repair is minor (mic cover, tubing, dome replacement, wax guard, etc.) make the repair and call the patient to pick up the HA.
6. If the HA needs to be sent to the manufacturer
   - Call the patient and let them know that their device will need to be sent to the manufacturer for repairs
   - Get permission from the patient to send the HA in for repair
   - NOTE: if the patient asks how much the repair will cost, ask Dr. Muller
7. Make a note in Lytec with the following information:

   The following device was dropped off for a repair today:
   Make:
   Model:
   Serial Number:
   Receiver length / Slim Tube Size / Dome:

   A listening check was completed and revealed ____ sound quality.
   Visual inspection showed ____.
   Explain what procedures were done, for example:
   - The ____ was changed/ replaced. A final listening check revealed good sound quality.
   - Add in any other procedures that were done to repair / troubleshoot the HA.
   - The HA was sent to the manufacturer for repair

The HA was placed in a red bin in the HA workroom OR is in the front office. The patient was called and informed that their HA is ready for pick-up
**Batteries**

A. A single battery per hearing aid purchased is provided free of charge to Hearing Aid Bank patients at the time of hearing aid fitting.

B. A single pack of batteries is provided free of charge to University of Arizona Hearing Clinic self-pay hearing aid purchaser.

C. Additional batteries may be purchased at area pharmacies/stores, etc., of the patient’s choice or through the University of Arizona Hearing Clinic.

D. Battery Inventory
   1. Batteries for resale are to be kept in the cabinet in the hallway outside of clinic.
   2. Batteries for clinical use are to be kept in the cabinet in the hearing aid workroom, stocked with 20-30 cards of batteries of each type.
   3. Primary stock of batteries is to be kept in the clinic clinic coordinator’s office.  
      (a) Each box is to be labeled with the date received and a stock number, 1,2,3, etc.  
      (b) An inventory control log is to be kept with the batteries.
   4. Stocking batteries for resale and clinical use: When more batteries are needed, a staff or faculty member may take batteries from the primary stock. When they do, they must log the:
      (a) Date
      (b) Battery sizes and stock #s
      (c) Their name

Batteries are to be reordered by the clinic coordinator as needed based on the levels of the primary stock.