



Australian Government

**Department of Health,
Disability and Ageing**



Frequently Asked Questions and Answers

For contracted service providers



Contents

Contents

- Contents..... 2
- Introduction 5
- 1. Charging fees 5
 - Q1a: Can providers charge clients for failing to attend an appointment? 5
 - Q1b: Can providers charge a client a fee for a loan aid set up?..... 5
- 2. Device Trials 5
 - Q2a: Can clients trial several devices and sign a quote at the time of fitting of the chosen device?..... 5
 - Q2b: If a client signs a quote at the time of completing a hearing device trial, is there an imposed timeframe to fit that aid? 5
 - Q2c: Can a program client trial another provider’s product privately without needing to relocate?..... 6
- 3. Evidence Requirements..... 6
 - Q3a: What statutory declaration is required? 6
 - Q3b: Do quotes for a private device being maintained under the program need to be signed at the fitting?..... 6
 - Q3c: Does data logging need to be printed or can it just be documented? 6
 - Q3d: How much detail is required for ‘review of client clinical and audiological history’ in client reviews? 6
 - Q3e: What supporting evidence is required for a remote control to be fit? 7
- 4. Refittings..... 7
 - Q 4a: Is it mandatory to have a GP certificate for Refit under ECR2 and ECR3?..... 7
 - Q 4b: How does logging of private hearing aids (which do not affect ‘date of last fitting’) affect the 5-year eligibility date of the ECR 6? 7
 - Q 4c: Why is refit criterion 4 still an option?..... 8
 - Q 4d: Does the ECR 6 eligibility date relate to the last claimed HSP fitting date as it appears on the HSP Portal? 8
 - Q 4e: What are the rules for claiming a client review (items 920, 930, or 940) when doing an initial fitting or a refitting of a client with devices?..... 8
 - Q 4f: Which refit criteria relates to changing from hearing aid to CROS? 8
 - Q 4g: Can a refitting be done on the 5-year anniversary, or does it need to be ‘plus one day’? 8

Q 4h:	Is REM required if devices are faulty and exchanged with same type but different serial numbers, or can settings just be transferred?	8
Q 4i:	What if a client needs GP clearance before proceeding with a fitting, but doesn't have or doesn't want us to contact their GP?	9
Q 4j:	Can a provider proceed to fit/refit a relocating client before the previous provider's notes arrive?	9
5.	Revalidations	9
Q 5a:	Have there been any changes to the revalidation process?	9
Q 5b:	If a client's private device is no longer suitable, do they have to recommence using a program-funded device if it is suitable?	9
6.	Telehealth	10
Q 6a:	If a client uses telehealth for a follow up, is it acceptable to record data logging as "client reported"?	10
Q 6b:	Can aided speech testing be done over the phone for follow up appointments via telehealth?	10
Q 6c:	Can a provider do a telehealth follow up if the client can't come in due to illness or other reasons? if so,	10
Q 6d:	What details should be submitted instead of the data logging details and speech validation testing if a follow up is done via telehealth?	10
7.	Parallel Clients	10
Q 7a:	Can providers view information about services parallel clients receive from Hearing Australia for cochlear implants?	10
8.	CSO Clients	11
Q 8a:	If the client has received CSO devices in the past and relocates to an independent hearing clinic, does the 10-day rule apply?	11
9.	Relocations	11
Q 9a:	Do providers need to keep the original Maintenance Agreement and send a copy when their client relocates?	11
Q 9b:	What should relocated clients and their new providers do if the client has been unable to return previously fitted, unsatisfactory devices?	11
Q 9c:	What should providers do if they receive improperly posted relocated client files (no tracking), or emailed in non-password protected zip files?	11
10.	Replacing branded lost devices:	11
Q 10a:	Does the program require providers with branded devices to provide services to other providers to enable ongoing support to relocated clients with branded devices?	11
Q 10b:	Is being forced to pay more from a competitor when there is a cheaper alternative, anti-competitive?	12

Q 10c: Why can't providers purchase branded devices direct from the manufacturer when the same device has two different device codes?	12
11. DVA:.....	12
Q 11a: Are providers required to provide a veteran with a 'top-up' quote for hearing aids if the veteran is seeking employment?	12
12. Non-Standard Devices:.....	12
Q 12a: Where providers have obtained approval from Hearing Australia to fit non-standard devices, can providers invoice the program for repair costs to these devices?	12
13. Postage and Insurance:.....	12
Q 13a: Is it possible to pass postage and insurance costs on to clients?	12
14. Records management:.....	13
Q 14a: Will providers be able to complete and submit online forms directly on the new portal, rather than needing to keep paper copies on file?	13
Q 14b: What are the rules for providers transitioning to digital files?	13
Q 14c: What are the rules or accepted methods for transferring digitised client files? ...	13
15. Maintenance:.....	13
Q 15a: Are providers compelled to accept maintenance agreements and provide maintenance and repairs after the warranty period expires?	13
16. Device Quotes:.....	13
Q 16a: Is there a time limit between getting a client to sign a quote and fitting a device?	13
Q 16b: Do providers need to keep the original quote and send a copy to the new provider?.....	14

Introduction

This document collates questions and answers about various aspects of service delivery that have been asked by Hearing Services Program providers.

The purpose of the FAQs is to assist providers meet requirements under the Hearing Services Program. It is not a substitute for independent legal advice. While every effort is made to ensure this document is kept up to date, if there is any ambiguity or inconsistency between this document and the [Hearing Services Administration Act 1997](#), the [Hearing Services Program \(Voucher\) Instrument 2019](#), the [Schedule of Service Items and Fees](#) or the Service Provider Contract, the legislation and contract take precedence.

1. Charging fees

Q1a: Can providers charge clients for failing to attend an appointment?

A: The program has no specific restriction on charging clients for late or missed appointments; this is a business decision. However, providers must make clients aware in advance if charging for appointments not kept. Providers must ensure services and client payments comply with program requirements, as well as Australian Consumer Law.

Q1b: Can providers charge a client a fee for a loan aid set up?

(E.g. if a different brand of aid is required, or if need to revert to a dome, which requires additional programming?)

A: If there is a maintenance agreement in place, the provider must not charge a fee for a loan aid set up as this is covered by the maintenance agreement.

If there is no maintenance agreement in place, the provider may charge a fee for this service.

2. Device Trials

Q2a: Can clients trial several devices and sign a quote at the time of fitting of the chosen device?

A: Yes, provided that the quote for the chosen devices is signed before the fitting service. While it is not currently a program requirement, providers are encouraged to give clients a quote for every device they trial so that they are aware of the costs, warranty period and returns policy for each device before making their decision.

Q2b: If a client signs a quote at the time of completing a hearing device trial, is there an imposed timeframe to fit that aid?

A: The [Schedule of Service Items and Fees](#) sets out program device quote requirements. The device quote must be signed and dated by the client either before or on the day the device/s are fitted. The program does not stipulate a timeframe for trials.

Q2c: Can a program client trial another provider’s product privately without needing to relocate?

A: No. A client must relocate if they wish to receive services from another provider, regardless of whether it is claimable; this includes for trialling devices.

When a client trials devices, the trial start and end dates should be recorded on the client record, along with the device details (style, type, category, features) and the reason for the trial.

A quote must be provided to the client before or at the time of fitting and this should be kept on the client record.

3. Evidence Requirements

Q3a: What statutory declaration is required?

A: From 1 October 2023, a Commonwealth Statutory Declaration is required for lost devices.

Providers were given a 3-month transition period from 1 July 2023 to update systems and processes in line with this (and other requirements) of the new Schedule of Service Items and Fees.

The Commonwealth Statutory Declaration form is available for download from the [Attorney-General’s Department website](#).

Q3b: Do quotes for a private device being maintained under the program need to be signed at the fitting?

A: If the device is supplied as a private device to the client and then bringing it onto the program, then yes. This must happen at or before the fitting, as well as completing the Private Services and Devices Acknowledgement.

If client is bringing the device in from another provider, then no, this is not a requirement.

Q3c: Does data logging need to be printed or can it just be documented?

A: Data logging information should be recorded on the client record and be supported by NOAH data.

If NOAH data is unavailable to share electronically, printouts/screenshots must be provided if the client relocates, or the client record is requested for audit.

Q3d: How much detail is required for ‘review of client clinical and audiological history’ in client reviews?

A: Clinical and audiological history is required in both Assessment/Reassessment and Client Review services.

The review of clinical history should include: general health, ENT interventions, dexterity, vertigo, memory, vision/spectacle use, etc.

The review of audiological history should include: hearing status/deterioration, hearing loss onset, ear pain/discomfort, previous device history/usage, current device/s and usage, ear infections, wax problems, tinnitus, otoscopy, noise exposure, current hearing issues, etc.

As this is a mandatory activity that has been costed into the service fee, there must be clear indication on file that the client history has been discussed, not merely the notation “no change”.

Providers should consider how recently the client’s full history has been recorded and the likelihood of change between recordings. Reassessment services are usually every 5 years, while Client Reviews can be done annually. The client’s next practitioner may need access to this information, therefore providers should consider how far back into the client record they may need to look to find it and whether it is still current.

Q3e: What supporting evidence is required for a remote control to be fit?

A: Refer the Schedule of Service Items and Fees for a complete list. Some examples include:

- Justification of the client’s need for a remote control, such as not being able to manage the device standard manual controls for volume adjustment or the program settings without a remote control **or other technology such as phone apps**.
- File notes regarding client’s ability to manage other aspects of the devices (ability to insert/remove, change batteries, clean etc).

Remote controls can be provided privately if a client wants one but does not meet program requirements.

4. Refittings

Q 4a: Is it mandatory to have a GP certificate for Refit under ECR2 and ECR3?

A: For refitting under ECR 2 and ECR 3, obtaining a supporting letter from a GP is optional, however, supporting evidence is still required.

If requesting a *revalidated service* (ECR2), a supporting letter from a GP is required, unless the deterioration is with speech discrimination. This letter must include evidence of a deterioration in health, dexterity or cognitive ability.

For ECR3, a record showing evidence of a change in physical condition of the ear or ear health is required.

Q 4b: How does logging of private hearing aids (which do not affect ‘date of last fitting’) affect the 5-year eligibility date of the ECR 6?

A: A program client is eligible for a program refitting if they meet an ECR. As required by the ECR, any refitting must consider the client’s current/primary devices. If the client was fitted privately since their last program fitting, these would be considered their primary device/s. A client’s private devices must be shown to be not suitable before proceeding with a program fitting.

Q 4c: Why is refit criterion 4 still an option?

A: Some client devices still use telecoil.

Q 4d: Does the ECR 6 eligibility date relate to the last claimed HSP fitting date as it appears on the HSP Portal?

A: ECR 6 relates to the last claimed initial or refitting claim date in the portal. A private fitting or replacement does not affect a client's eligibility for an ECR 6 refitting. As required by the ECR, 'the client's current devices must be evaluated and found to be unsuitable before new device(s) are discussed with the client'. This includes private device(s), which are considered the clients primary device.

Q 4e: What are the rules for claiming a client review (items 920, 930, or 940) when doing an initial fitting or a refitting of a client with devices?

A: Refer the Schedule of Service Items and Fees.

Item 920 is only for unaided clients. Unaided Client Review services can be claimed annually, where it is 12 months or more from the last program Assessment or Reassessment date and 12 months or more from the last Client Review or Unaided Client Review service. (Refer to 63(4) of the schedule)

Aided Client Review services can be claimed annually, where it is 12 months or more from the last program fitting date and 12 months or more from the last Client Review service.

If it is found during a Client Review that an unfitted client now requires devices or a previously fitted client requires a refit, it is acceptable to claim the Client Review service. You must ensure sufficient activities have been provided to justify claiming the Client Review.

A review of devices, maintenance and management must be undertaken to be able to claim a 940 Fitted Client Review

Q 4f: Which refit criteria relates to changing from hearing aid to CROS?

A: ECR 2 – speech discrimination, would be the most appropriate refit criteria, if a client suffers deterioration in speech discrimination ability which would be more appropriately addressed with a CROS.

Evidence justifying the need for a change to CROS devices (speech testing with the previous and new devices) must be kept on the client file or provided with Revalidation requests.

Q 4g: Can a refitting be done on the 5-year anniversary, or does it need to be 'plus one day'?

A: Yes, a refitting can be done on the 5-year anniversary date.

Q 4h: Is REM required if devices are faulty and exchanged with same type but different serial numbers, or can settings just be transferred?

A: For initial fittings and refitting, device programming must be verified against a prescriptive target. Clinical judgement should be used to determine if it is appropriate to transfer settings from a faulty device to a new device.

Q 4i: What if a client needs GP clearance before proceeding with a fitting, but doesn't have or doesn't want us to contact their GP?

A: If there are medical contraindications to the fitting of a device, do not fit the client and inform them you cannot proceed until they have obtained GP clearance beforehand.

Q 4j: Can a provider proceed to fit/refit a relocating client before the previous provider's notes arrive?

A: Providers have 20 business days to submit outstanding claims following a client relocation, and therefore relying on portal data alone may not show the complete service history. Claims for payment must be repaid to the Commonwealth if the previous provider has already provided a service but has not yet submitted the claim. Therefore, it would be advisable to phone the previous provider if the client file has not yet arrived.

Fittings must be based on current hearing thresholds and a review of audiological history and goals must be completed if not already done in the last 12 months at assessment / review. The provider must perform these activities separately if they don't have access to the full record.

5. Revalidations

Q 5a: Have there been any changes to the revalidation process?

A: A new Revalidation request process came into effect on 1 July 2022, which included Speech Discrimination with Eligibility Criteria for Refitting no. 2 (ECR2).

Providers should ensure they have all the evidence required by the program before making a revalidation claim. Doctors supporting letters must clearly indicate the onset and limitations of any deterioration in health, dexterity or cognitive ability or the change in physical condition/health of the ear. Deterioration of hearing thresholds must be shown to be permanent.

Revalidated service requests are deemed invalid where there is inadequate evidence to support the service. (e.g. hearing deterioration was not permanent and returned to previous levels at the revalidated service and a doctor's supporting letter has not provided evidence of need).

Q 5b: If a client's private device is no longer suitable, do they have to recommence using a program-funded device if it is suitable?

A: If the previous program devices are suitable or can be adapted/modified to suit the client, these devices should be used.

If neither the previous program devices nor the private devices are suitable, the reasons why must be clearly documented on the client record. A request for a revalidated service will be required if a fitting has been claimed on the current voucher.

6. Telehealth

Q 6a: If a client uses telehealth for a follow up, is it acceptable to record data logging as “client reported”?

A: If there is no other way to record the data logging, client self-reporting is acceptable, however providers should be cautious as self-reporting can be unreliable.

Q 6b: Can aided speech testing be done over the phone for follow up appointments via telehealth?

A: The provider must ensure that client outcomes are considered, and services are delivered in accordance with the PPB Code of Conduct and professional standards.

Refer to the Teleaudiology Guidelines for clinical guidance when delivering telehealth service. If these standards and client needs can be met, aided speech testing may be done via telehealth.

The file must record that the service was provided by telehealth and the client must be informed that they are receiving a telehealth service.

Q 6c: Can a provider do a telehealth follow up if the client can't come in due to illness or other reasons? if so,

A: Yes, follow up appointments after a fitting can be done via telehealth. Alternatively, the service can be delayed when a client has difficulty coming to the site.

Q 6d: What details should be submitted instead of the data logging details and speech validation testing if a follow up is done via telehealth?

A: Data-logging information and speech assessment are still required as part of a fitting and follow up claim. Self-reported device usage is acceptable, though providers should be cautious as this can be unreliable. Speech testing can be completed at the fitting if it cannot be completed via telehealth.

7. Parallel Clients

Q 7a: Can providers view information about services parallel clients receive from Hearing Australia for cochlear implants

A: The program website contains information about services available through CSO, including for cochlear implant recipients. Please refer to information under ‘Services available under the CSO’, found under the ‘Accessing the program’ tab. (or www.health.gov.au/our-work/hearing-services-program/accessing/cso-services). Any more detailed information can be sought from Hearing Australia directly.

If a client believes they are not receiving appropriate services from any provider, they should contact the program.

8. CSO Clients

Q 8a: If the client has received CSO devices in the past and relocates to an independent hearing clinic, does the 10-day rule apply?

A: In this case the 10-day rule does not apply. If a client has already been notified to the program as eligible for specialist services and made their decision about where to receive services, there is no need to wait 10 days before contacting them. A CSO client can choose to relocate to any provider at any time, however they will not be able to access CSO funding if the provider is not Hearing Australia.

9. Relocations

Q 9a: Do providers need to keep the original Maintenance Agreement and send a copy when their client relocates?

A: Providers do not need to retain original Maintenance Agreement forms when a client relocates. Maintenance agreements should be kept in the client's record and passed on to the new provider. As per the Service Provider Contract clause 12.3, all original claim forms and receipts for payments must be kept by the original provider.

Q 9b: What should relocated clients and their new providers do if the client has been unable to return previously fitted, unsatisfactory devices?

A: All providers are bound by the terms of their returns policy – which is a requirement of all device quotes (s7 Schedule). If a provider is not meeting their obligations under the agreed returns policy, and the client is not satisfied with the fitting, the client should lodge a complaint first with the previous provider, and if not resolved, with the Department for further investigation. The program will then investigate the matter to ensure program requirements are being met and a decision will be made on the way forward for the client.

Q 9c: What should providers do if they receive improperly posted relocated client files (no tracking), or emailed in non-password protected zip files?

A: All providers must comply with the Management of Client Records requirements in the Schedule (Part 4). If a provider has not sent records in compliance with these requirements, please notify the program immediately for our team to follow up.

10. Replacing branded lost devices:

Q 10a: Does the program require providers with branded devices to provide services to other providers to enable ongoing support to relocated clients with branded devices?

A: Suppliers have obligations under the Deed of Standing Offer, including regarding placement of orders. Providers who are experiencing issues with a supplier should report it to the program who will investigate all reports.

Q 10b: Is being forced to pay more from a competitor when there is a cheaper alternative, anti-competitive?

A: Clause 4.3 of the deed outlines the conditions between the supplier and provider for pricing of devices on the schedule of approved devices. The program does not interfere with these arrangements that exist between providers and device suppliers.

Q 10c: Why can't providers purchase branded devices direct from the manufacturer when the same device has two different device codes?

A: If a device is lost, it must be replaced with the same device. Replacing with a different device could affect the binaural compatibility of the device including ear to ear functionality, apps or remote controls may not be compatible with both device types and they may need to be programmed separately.

11. DVA:

Q 11a: Are providers required to provide a veteran with a 'top-up' quote for hearing aids if the veteran is seeking employment?

A: A program requirement is that all clients must receive a written quote for all devices or accessories supplied under the program before the device is fitted. Clients must also sign and date the quote on the day it is received. The program has advised DVA that quotes must be supplied to all program clients. Any contributions to devices made from DVA must be included on the quote. Service providers hold a contract with the Department therefore any changes to instructions on client record management will be communicated through the program.

12. Non-Standard Devices:

Q 12a: Where providers have obtained approval from Hearing Australia to fit non-standard devices, can providers invoice the program for repair costs to these devices?

A: No, there is currently no provision for this. Clients with specialist needs can access services and devices at Hearing Australia through CSO and these clients will not be considered for a non-scheduled device request. If a non-scheduled request is approved, only the standard maintenance claims are available as the device is being approved as a fully subsidised device for the client.

13. Postage and Insurance:

Q 13a: Is it possible to pass postage and insurance costs on to clients?

A: As per section 12 of the Schedule, clients with a maintenance agreement may be charged the specified maintenance co-payment listed in the Schedules. For clients with partially subsidised devices, providers may negotiate other conditions and fees for maintenance, as per the device quote provided prior to fitting.

14. Records management:

Q 14a: Will providers be able to complete and submit online forms directly on the new portal, rather than needing to keep paper copies on file?

A: Currently if a provider is storing a client record using digital files and forms, these should be kept in a digital format when a client relocates as per the Schedule. NOAH data only needs to be printed when a provider using paper client records needs to forward the record to the Department or a new provider.

The Department is considering all feedback regarding the new portal for the portal redevelopment project.

Q 14b: What are the rules for providers transitioning to digital files?

A: Requirements for managing client records can be found in:

- [Part 4 of the Schedule](#) and
- [Provider Handbook](#)

Providers should refer to these for the definitive answers on transitioning to digital files. If testing and fitting data is kept in NOAH, copies of the information are not required on the client file unless the client relocates. If the client relocates, the information should be printed and included with the file and the NOAH data should also be sent with the client file.

Q 14c: What are the rules or accepted methods for transferring digitised client files?

A: Section 29 of the Schedule should provide all the information you need for transferring a client record to a new provider.

15. Maintenance:

Q 15a: Are providers compelled to accept maintenance agreements and provide maintenance and repairs after the warranty period expires?

A: Yes. Clients fitted with devices under the program must be offered maintenance agreements and providers must honour the terms and conditions of maintenance agreements throughout the life of the device.

16. Device Quotes:

Q 16a: Is there a time limit between getting a client to sign a quote and fitting a device?

A: Expiry dates on quotes is a business decision. If you include an expiration date on your quotes, this must be clearly visible. If a client wants to be fitted on an expired quote and you are going to change the client cost, you must provide the client with a new quote. As per program requirements, the client must sign and date the quote on the day it is received, and this must be on or before the day the client is fitted with the devices. Please refer to the Schedule for more details.

Q 16b: Do providers need to keep the original quote and send a copy to the new provider?

A: Only original claim forms and copies of client receipts are required to be kept by a provider when a client relocates to a new provider. Part 4 of the Schedule contains more information on management of client records.

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