

Chapter 313: Audiology Services and Hearing Aids

Vermont Division of Vocational Rehabilitation
Policy and Procedures Manual

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Section 1: Definitions

- A) **"Audiology services"** means hearing assessment, diagnostic, and hearing aid fitting services provided by a licensed provider.
- B) **"Related diagnosis"** means Meniere's disease, vertigo, and tinnitus.

Section 2: Eligibility for Services Based on Hearing Loss or a Related Condition

General Requirements

- A) To be determined eligible for DVR services based on hearing loss or a related diagnosis, the applicant must:
 - 1) Meet all basic conditions of eligibility outlined in Chapter 203, Section 3;
 - 2) Have an audiogram that is less than one year old; and
 - 3) Complete the Workplace Communication Assessment Tool. The assessment will help the VR counselor identify areas of functional loss and barriers to employment.
- B) When determining eligibility based on hearing loss or a related diagnosis, VR counselors are encouraged to consult with the DVR Deaf Services Coordinator or a VR rehabilitation counselor for the deaf if they have questions or need assistance in interpreting audiological assessments.

Requirements Based on Hearing Loss

- C) To be determined eligible based on hearing loss the applicant must have:
 - 1) At least 40 decibel loss in the better ear unaided, reference ANSI (American National Standards Institute), PTA (Pure Tone Average). To find the pure tone average, take the average of the three most severe consecutive decibel scores from the person's audiogram; or
 - 2) At least 30-39 decibel loss in the better ear unaided, reference ANSI, PTA with at least one of the following:
 - a) Speech discrimination less than 75 percent; or
 - b) A statement from a licensed audiologist or Ear, Nose, Throat (ENT) Otolaryngologist indicating progressive loss of 10 decibel or more, with the person in good health (no colds/flu symptoms) at the time of audiology testing.

Requirements Based on a Related Diagnosis

- D) An applicant may also be determined eligible based on a diagnosis of Meniere's disease, vertigo, and tinnitus. This is because these conditions can affect an individual's ability to hear and communicate in an employment setting. Hearing aids and audiology services can mitigate these issues and reduce the impact of these conditions.

Requirements Based on a One-Sided Hearing Loss

- E) Applicants can be found eligible for services based on one-sided hearing loss if:
- 1) The hearing loss is severe or profound, and a hearing aid will not be effective for that ear.
 - 2) They rely on the good ear to communicate and could benefit from hearing aid and audiology services.
 - 3) They provide an audiogram that is less than a year old showing a one-sided loss of 80 decibels or greater in the worse ear.
 - 4) Based on the Workplace Communication Assessment Tool, the counselor determines the applicant has significant functional barriers to employment.

Section 3: Hearing Aid and Audiology Services

General Requirements

- A) To be determined eligible and receive hearing aid services, an applicant must have an audiogram that is less than one year old.
- B) For audiogram testing and hearing aid services, we strongly recommend that a certified audiologist be used. This is based on their educational and training background in this specialized field of knowledge, and licensure with the Vermont Secretary of State's Office of Public Regulation (<https://sos.vermont.gov/opr/> under audiologist listing). If an audiologist is not available locally for a participant, the counselor can refer them to a licensed hearing instrument specialist or dispenser.

Guidance: – Spending guidelines for exams.

Insurance will typically cover audiology exams annually or every 12 months, with and without Primary Care referral, depending on the insurance carrier. If the participant does not have insurance, the VR counselor can provide funds towards an audiology exam and hearing aid test.

End Guidance.

- C) Participants must confirm with their health insurance provider whether hearing aid purchases are covered. If the participant's health insurance does cover hearing aid purchases, the VR counselor must request verification from the participant.

Guidance: – Health insurance coverage for hearing aids.

- The following hearing aid services are covered when medically necessary:
 - ⊕ Analog or digital hearing aids, plus their repair, replacement, or modification.
 - ⊕ Prescriptions for hearing aid batteries.

- ⊕ Fitting, orientation, and/or checking of hearing aids; and
- ⊕ Ear molds specific to hearing aids.
- Health plans may limit coverage to one of the following conditions:
 - ⊕ Hearing loss in the better ear is greater than 30dB based on an average taken at 500, 1000, and 2000Hz;
 - ⊕ Unilateral hearing loss is greater than 30dB based on an average taken at 500, 1000, and 2000Hz; and/or
 - ⊕ Hearing loss in the better ear is greater than 40dB based on an average taken at 2000, 3000, and 4000Hz, or word recognition is poorer than 72%.
- Health plans may limit coverage of hearing aids to one hearing aid per ear every three years for specified degree of hearing loss. Health plans may also limit coverage of hearing aid repairs to 50% of the replacement cost.

End Guidance.

- D) In most cases the audiologist or hearing aid vendor will provide a hearing aid recommendation. In some instances, however, an audiologist may feel the results of audiogram testing warrant medical follow up. In these situations, the audiologist will refer the participant to a licensed ENT participant to secure “medical clearance to obtain hearing aids”, before providing a recommendation. The VR counselor should request a minimum of three hearing aid recommendations to ensure participant choice around affordability and best fit for their hearing needs.
- E) The VR counselor will obtain the state contractual pricing through their local state hearing aid vendor and share this cost information with the participant. The participant will choose the model that best fits their needs. The VR counselor should inform the audiologist of the choice so they can schedule and prepare a fitting appointment.

Spending Guidelines for Hearing Aids

- F) DVR may not set an absolute limit on specific service categories or total services provided. However, DVR may set spending guidelines to ensure reasonable effective use of funds. The VR counselor may make an exception to spending guidelines with the approval of the VR regional manager.
- G) When considering exceptions to the spending guidelines, the VR regional manager must consider the participant’s ability to contribute to their services. The participant contribution must be:
- 1) Reasonable,
 - 2) Based on financial need, and
 - 3) Not so high as to effectively deny the participant a necessary service.

- H) DVR cannot require participants who are SSI and/or SSDI beneficiaries to provide funding toward their services, including hearing aids.
- I) In general, DVR does not provide funding assistance for participants who have insurance for hearing aids and are employed, even if the insurance does not cover 100% of the cost. Employed participants will be expected to pay their patient share as they would for any health service. Exceptions to this include:
 - 1) If the participant receives SSI/SSDI they cannot be required to cover costs not covered by insurance.
 - 2) If the participant's earned income is so low DVR would be effectively denying the service if we did not contribute.
 - 3) If there are other extenuating circumstances that would make it necessary for DVR to contribute to the cost. Counselors must consult with their supervisor before making an exception due to extenuating circumstances.
- J) If the participant's health insurance coverage requires the utilization of a third-party hearing vendor (e.g., TruHearing, Amplifon, NationsHearing) then the participant must decide whether to go through DVR or their insurance's third-party option (cannot do both).
- K) The spending guidelines for hearing aids are \$1,500 for one hearing aid and \$2,000 for the cost of two hearing aids.
- L) DVR does not help with the cost of hearing exams, fitting fees, or hearing aid follow-up fees.

Payment Authorization

- M) DVR authorization for payment may be processed in one of two ways:
 - 1) Mail the authorization with the participant's contribution to the cost and a copy of the hearing aid recommendation showing participant's choice. Bank checks are required by our vendors as it is a guarantee of payment.
 - 2) Should the participant be a patient of a state hearing aid contract vendor or audiologist, the participant can pay the vendor or audiologist directly and there is no need for DVR to get involved regarding the patient's method of payment.
- N) The participant is expected to schedule their own audiology-related appointments and arrange payment for all service fees with the audiologist. The participant should be informed of this early in the process.
- O) It is the participant's responsibility to contact their health insurance carrier to find out what hearing aid coverage is available and what documentation is required for reimbursement. They will be responsible for submitting their DVR invoice to their health insurance for reimbursement.

- P) All hearing aids have a 45-day trial period for the participant to test them out. The counselor should note the 45-day trial period on the IPE (Individualized Plan for Employment). The 45-day period starts on the day the participant walks out of the fitting appointment wearing the aids. The counselor should follow up with the participant and/or the audiologist on how the hearing aids are working out. In the event the participant is not satisfied during this trial period, the hearing aids can be returned to the audiologist and their money will be refunded. The VR counselor can void the authorization and the hearing aid purchase can start over again. This is an important protection for participants.

Guidance: – Replacement of hearing aids.

- DVR will not cover damage to hearing aids or provide replacements within five years of purchase. Therefore, the participant is strongly encouraged to obtain loss or damage coverage for the hearing aids.
 - ⊕ Information about coverage is available through hearing aid manufacturers, hearing aid providers, and audiology practices.
 - ⊕ Most hearing aid warranties run for up to three years, depending on make and model. The last three to five years would need to be addressed by adding the hearing aids to a homeowner's or renter's insurance policy and/or purchasing hearing aid insurance through a hearing aid insurance provider like Midwest Hearing Agency, <https://www.mwhi.com/>. DVR may provide financial support for the additional coverage based on participant need.
- Standards for Exceptions:
 - ⊕ DVR may purchase replacement hearing aids in less than five years if the participant experiences significant additional hearing loss and this is verified in writing by a certified clinical audiologist or licensed hearing aid dispenser in good standing with the State of Vermont.
 - ⊕ The VR counselor must consult with the DVR Director or designee and document the exception in the case record.

End Guidance.