

**DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION
PROGRAM GUIDELINES**

NUMBER: 24-200.01

SUBJECT: Audiological Services

STATE BOARD

APPROVAL DATE: This will be the date of State Board approval

DISTRIBUTION: OVR staff
OVR legal counsel
Pennsylvania State Board of Vocational Rehabilitation
Pennsylvania Rehabilitation Council
Client Assistance Program
Statewide Independent Living Council
Advisory Committee for the Blind
External stakeholders

EFFECTIVE DATE: This will be the date of State Board approval

IMPORTANT

CHANGES: Expanded the types of qualified medical staff who can complete the otological evaluation
Removed the requirement of consideration of comparable benefits for hearing aids
Simplified the purchasing of otological evaluations to a single fee code
Added guidance on new hearing aid technologies and over-the-counter hearing aids
Added documentation requirements for third party hearing aid buyers

RESULTING

ACTION: Archive 15-200.01, Audiological Services, Interpreting Services

& Assistive Technology Procedures for Customers who are Deaf, Hard of Hearing, Late Deafened and Deaf-Blind

AUTHORING

AUTHORITY: Section 403 of the Hearing Aid Sales Registration Law

INQUIRIES: Central Office Statewide Coordinator of Deaf, Hard of Hearing & DeafBlind Services

717-936-5076

Copies of this numbered memorandum are available upon request. All materials provided, produced, and published by OVR will be made available in the appropriate alternative format when necessary and/or upon request.

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BACKGROUND

Hearing loss is one of the most common disabilities present in the US population, and a significant portion of case service monies go toward restoration services for customers who are deaf or hard of hearing. Revisions to this memo will attempt to clarify proper procedures in hearing aid purchasing for customers who are deaf, hard of hearing, or deaf-blind. In addition, technology introduced and refined since the last time this memo was written made this revision necessary to bring OVR more in line with current technological advances. This memo will also attempt to bring more clarity to the use of sign language interpreters, as well as the approval process for surgical procedures designed to help improve the customer's hearing, should hearing aid and/or assistive listening devices prove to be insufficient.

OVR District Offices (DOs) utilize Rehabilitation Counselors for the Deaf and Hard of Hearing (RCDHHS) and/or Bureau of Blind & Visual Services (BBVS) Deaf-Blind Resource Persons as consultants. This memo will assist staff from the time of initial conversation with the applicant through successful closure of the case. The overall procedure for these cases is not different from any other OVR case. However, there may be additional steps or specific questions associated with cases involving customers who are deaf, hard of hearing, or deaf-blind that would not apply to other cases.

This memo is considered OVR policy and is used to ensure that consistent services are being offered to customers who are deaf, hard of hearing, and deaf-blind throughout the Commonwealth. Documentation must be maintained in the case file as outlined in this document. Staff must carefully consider each individual's unique needs and allow for flexibility when appropriate to meet individual need.

When a situation not outlined in this policy arises, staff must speak with their supervisor and/or the District Administrator (DA) or designee, and the DA or designee must consult with the Statewide Coordinator of Deaf, Hard of Hearing & Deaf-Blind Services (OVR Statewide Coordinator).

INFORMED CHOICE & CLIENT ASSISTANCE PROGRAM (CAP)

The Rehabilitation Act of 1973 (Act), as amended, requires that applicants and recipients of services, including students with disabilities, and, as appropriate, their representatives, exercise informed choice throughout the VR process. This includes, but is not limited to, exercising choice in how services are provided, providers, employment outcome, and setting(s) in which services will be provided.

Staff are responsible for providing information to customers or assisting customers in acquiring information to exercise informed choice, such as information on the duration of potential services, qualifications of potential service providers, outcomes achieved by individuals working with a potential service provider, and degree to which services are provided in an integrated setting. Some methods staff can use to provide information include, but are not limited to, providing lists of services and providers, making referrals to groups qualified to discuss services, and giving opportunities for the individual to visit or experience potential service or provider settings.

In addition, section 20 of the Act requires that OVR advise individuals who are applicants for or recipients of the services, or their representatives, of the availability and purposes

of the Client Assistance Program (CAP) under section 112, including information on the means of seeking assistance under such program.

POLICY

The Office of Vocational Rehabilitation (OVR) will:

1. Provide audiological and related services to assist OVR customers with hearing loss to prepare for, secure, retain, advance in, or regain employment consistent with the customers' unique strengths, abilities, and interests.
2. Ensure that customers have the information and resources needed to make an informed choice.
3. Provide funding for hearing instruments, surgical procedures, assistive listening devices (ALD), and related services using the OVR fee schedule, Financial Needs Test (FNT) and procedures established within this numbered memorandum.
4. Utilize licensed audiologists and registered hearing aid fitters who provide a full range of services and who are approved providers of OVR.
5. Receive clearance for the use of hearing aids from a board-certified and licensed otologist, otolaryngologist, or otorhinolaryngologist, or a licensed general physician or certified registered nurse practitioner or physician assistant under the supervision of a licensed general physician before hearing instruments are purchased.

PROCEDURE

EVALUATION

Audiological Examinations

The purpose of an audiological examination is to test the customer's current level of hearing loss in quiet and in noise through audiometry and speech recognition testing, as well as establish the customer's diagnosis related to their hearing loss. This is documented on the OVR-9, **Audiological Examination and Hearing Aid Recommendation** form. In addition to the OVR-9, any of the acceptable forms of documentation listed below in the otological evaluation section must also be secured to establish disability and functional limitations. Customers requesting replacement of an aid should bring the aid he/she is presently using to the audiological evaluation. The results of these examinations are valid for a period of six (6) months from the date of examination. Staff shall review the results of the examinations upon receipt and make a determination for services based upon the results of the examinations on a timely basis. These examinations are required for the anticipated provision of hearing aid, cochlear implants, and similar physical restoration services.

If the customer has been deaf since birth, attended a school for the deaf, or has been deaf for many years and the anticipated service is not a hearing aid, cochlear implant, or similar device, it is ****not**** necessary to obtain an audiological or otological examination. A current evaluation of general health and verification of attendance in special programming, or documented counselor observations with their interaction with the customer, will suffice.

If the customer has a hearing loss that is obvious to the counselor conducting the initial interview, such as when the customer repeatedly and consistently has difficulty hearing the counselor, relies on assistive technology to enhance understanding of verbal communication, utilizes a sign language interpreter for communication, or utilizes hearing aids and/or cochlear implants, it is permissible to use counselor observations while making an eligibility determination.

Otological Examination

The purpose of the otological examination is to obtain medical clearance for the use of hearing aids and/or cochlear implants from qualified medical professionals. Such qualified medical staff include a general physician, certified registered nurse practitioner, physician assistant, or doctor who specializes in the diagnosis and treatment of diseases and illnesses related to the ears, such as an otologist, otolaryngologist, or otorhinolaryngologist. Medical clearance for hearing aid use must be on the OVR-5A, **Hearing Aid Clearance Form**.

Verbal clearance from a doctor or from the customer is ****not**** acceptable. The OVR-5A form must include a doctor's signature or a signature from a qualified medical professional listed above, as well as the doctor's or qualified medical professional's name, address, and phone number should VR staff have further questions regarding the hearing aid clearance.

NOTE: All OVR customers must obtain medical clearance for hearing aids, even if a customer signs a waiver from obtaining a medical examination under section 403 of the Hearing Aid Sales Registration Law.

Medical professionals who are qualified to provide hearing aid clearances must already be enrolled in CWDS. If the medical professional wishes to be paid for providing a medical opinion regarding hearing aid clearances, and is not already enrolled in CWDS, then he/she must be enrolled in accordance with the procedures outlined in the OVR Numbered Memo, **OVR Fiscal Procedures & Documentation**. Once approved, customers lacking health insurance or other means to pay for a medical office visit may be referred to an approved qualified medical professional for hearing aid clearance.

Use service fee code **92700** for the otological evaluation.

Documentation Requirements for Eligibility

For any customer who may require additional diagnostic evaluations to establish eligibility for OVR services, any audiological evaluations, otological evaluations, medical reports, or other medical documentation pertaining to the customer's hearing loss can be used to determine eligibility. However:

- if the anticipated cost service is hearing aids or any audiological-related service, then audiological and hearing aid clearance as described above must be ordered, ****or****
- if the customer independently obtained audiological and hearing aid clearance without OVR assistance, the evaluations obtained by the customer must be no older than six (6) months.

Individualized Plan for Employment (IPE)

At the counselor's discretion, audiological and otological evaluations may be a planned service under an Individualized Plan for Employment (IPE) but hearing aids and/or cochlear implants cannot be added to an amendment to the IPE until the customer has completed all the diagnostic evaluations needed to support the purchase of hearing aids and/or cochlear implants.

RESPONSIBILITIES

OVR Responsibilities

In any VR or Independent Living/Specialized Services (IL/SS) case involving audiological services, OVR is responsible for:

1. Providing services and payment for services on a timely basis.
2. Applying any financial contribution based on the customer's FNT to the cost of physical restoration and rehabilitation technology services.
3. Providing counseling and guidance services to ensure that all aspects of the customer's needs are being met, either with OVR assistance in cost services or referral to other organizations or agencies capable of providing at least a portion of the services the customer may need.
4. Following up with the customer after the customer has received audiological services to ensure their satisfaction and to determine further and future rehabilitation needs.

Audiological Services Provider Responsibilities

1. Making recommendations that are both cost effective and sufficient to fulfill the customer's audiological needs.
2. Thoroughly explaining to the customer options for remediating his/her hearing loss, including the types and styles of hearing aids and any potential surgical options if appropriate.
3. Communicating with OVR staff any recommendations they may have for their customers.
4. Following up with OVR staff regarding any issues with the fitting of the hearing aid, including recommending another hearing aid or hearing aids if appropriate.
5. Submitting all requested paperwork to ensure proper and efficient payment of services rendered.
6. Providing the individual reasonable accommodations as requested and ensuring effective communication with the customer. The individual must be consulted to determine what is effective for him or her. Auxiliary aids and services will be provided if necessary to enable effective communication.

Customer Responsibilities

In addition to the rights and responsibilities as outlined in the OVR-11, Statement of Customer Rights and Responsibilities, customers are responsible for:

1. Following through with all appointments with the audiologist or hearing aid fitter and letting the audiologist or hearing aid fitter know if they need to cancel or reschedule their appointment(s).
2. Keeping OVR staff informed of any changes with their hearing.
3. Keeping OVR staff informed of any further rehabilitation needs if the customer feels the initial services OVR provided prove have been inadequate.
4. Making arrangements with the audiologist or hearing aid fitter for payment of their financial contribution for cost services.
5. Maintaining his/her hearing instruments to ensure that they remain in good working order.
6. Purchasing hearing aid batteries as needed, unless the customer has limited financial resources and is able to show they would be unable to purchase them on their own. Such purchases by OVR must be limited to those that would enable the customer to follow through on the services listed on their IPE.
7. Requesting reasonable accommodations from the provider to facilitate communication between the customer and provider for all appropriate evaluations and cost service provisions. If the provider fails to ensure a customer is provided with a reasonable accommodation to ensure effective communication, then OVR must assist the customer to ensure effective communication takes place between the customer and service provider.

COST SERVICES, CUSTOMER CONTRIBUTION, AND COST LIMITATIONS

OVR will provide cost services to eligible customers as per their mutually agreed upon IPE. All customers of OVR who are not eligible for Social Security benefits based upon their own disabilities are required to complete an FNT. Based upon the FNT, eligible customers may be required to participate financially towards the cost of their services on a yearly basis (12-month period from the initial cost service that is not an evaluation). FNT amounts may be lessened or waived per the FNT policy for rehabilitation services paid for out of pocket by the customer if the service can be considered directly related to their rehabilitation or is identified as a planned service on their IPE.

Traditional Hearing Aids

OVR may provide hearing aids to eligible customers using the appropriate fund. Because hearing aids are considered rehabilitation technology, consideration of any comparable benefits such as health insurance or supplemental benefits available through the customer's employment is not required (although can still be explored to ensure appropriate use of State and Federal funds). However, the customer is still subject to a financial contribution toward hearing aids or other cost services per the FNT.

NOTE: Many high school students have an ACCESS card from the Department of Human Services which can be used for exams and hearing aids.

Cost and Pricing of Hearing Aids

OVR shall pay for the hearing instrument at manufacturer's cost, plus a hearing aid dispensing fee, described later in this section. The cost of the hearing aid must be listed in the OVR-9, and that information must be used when generating the service authorization. Audiologists and hearing aid fitters must provide a cost breakdown for each item of the hearing aid quote and/or hearing assistive technology quote to facilitate

the creation of accurate service authorizations. Any discounts received by the audiologist or registered hearing aid fitter must be passed along to OVR. OVR discounts must be utilized, where feasible, to obtain better pricing for the hearing aids.

NOTE: The OVR Executive Director is able to cap costs for hearing aids or implants as necessary based on the availability of funds through a memo to staff with a 30-day implementation period.

Customer Contribution

The customer's financial contribution must be considered first in creating service authorizations for the purchase of hearing aids. The customer must make arrangements with the audiologist or hearing aid fitter to pay this contribution if:

- after any FNT amounts have been lessened per the FNT policy, the FNT shows that there is a customer contribution, and
- hearing aids and/or hearing assistive technology are the primary cost service being provided under the IPE.

QUALIFICATIONS, CREDENTIALS, AND RESPONSIBILITIES OF AUDIOLOGICAL STAFF

A licensed audiologist may dispense hearing aids for the customer if the audiologist either possesses a valid and current Hearing Aid Dealer registration through the Department of Health or is employed by an owner who possesses such a registration.

A hearing aid fitter, or hearing instrument specialist as they are sometimes called, may dispense hearing aids for the customer if the hearing aid fitter possesses a valid and current Hearing Aid Fitter registration through the Department of Health. A hearing aid fitter may substitute his/her own hearing aid recommendation if he/she does not carry the brand, make, or style hearing aids that the audiologist recommended; however, this recommendation ****must**** be verified by the audiologist through the hearing aid verification process. Unlike audiologists, hearing aid fitters and hearing instrument specialists are unable to diagnose hearing loss.

The State Department of Health administers the Hearing Aid Registration Program under its Bureau of Community Program Licensure & Certification. All audiologists must be licensed under the Department of State and must also either work for a business possessing a valid Hearing Aid Dealer Registration from the Department of Health, or they themselves must possess the Hearing Aid Dealer Registration. A Hearing Aid Fitter's registration ****is not required**** for Licensed Audiologists, but a Hearing Aid Fitter's registration ****is required**** for people who are not Licensed Audiologists (usually called "Hearing Instrument Specialists", "Hearing Aid Fitters", or "Hearing Aid Dispensers").

Special Requirements for Providers of Cochlear Implant Services or Auditory Osseointegrated Implant Services

Fitting of the external cochlear implant speech processor and the provision of aural rehabilitation (AR) sessions must be performed by an audiologist who is trained in the fitting of cochlear implant devices or are verified by the cochlear implant clinic that they have the skills and experience to serve patients with cochlear implants. When in doubt as to whether an audiologist has the skills and experience necessary to work with patients with cochlear implants, please refer to Appendix 2 for a list of websites for

cochlear implant manufacturers, locate a cochlear implant clinic, and contact the clinic to verify an audiologist's skills and experience.

Fitting of the external auditory osseointegrated implant sound processor and provision of AR sessions must be performed by an audiologist who is already specially trained by an auditory osseointegrated device implant manufacturer. When in doubt as to whether an audiologist has the skills and experience necessary to work with patients with auditory osseointegrated implants, please refer to Appendix 2 for a list of websites for auditory osseointegrated implants, locate an auditory osseointegrated implant device clinic, and contact the clinic to verify an audiologist's skills and experience.

Throughout this process, the customer must be given a choice of available providers of audiological services. Staff should refer to **20-100.01 OVR Fiscal Procedures & Documentation** for instruction on adding audiological service providers in CWDS.

To verify whether the desired audiologist is actively licensed, please use the following steps:

1. Go to [BPOA - Pennsylvania Licensing System](#).
2. Ensure the radio button next to **Person** above the text entry boxes is enabled.
3. In the **Board/Commission** drop-down box, select **State Board of Examiners in Speech-Language Pathology and Audiology**.
4. In the **License Type** drop-down box, select **Audiologist**.
5. Fill in at least one of the text fields and click on the **Search** button.
6. Click on the name of the audiologist to verify the audiologist's license.

PREREQUISITES FOR PURCHASING HEARING AIDS

Prior to purchasing hearing aids, OVR staff must ensure that:

1. The customer is eligible to receive OVR services.
2. The audiological evaluation is in the case file and the evaluation has been completed within the past six (6) months.
3. The customer receives clearance to use hearing aids from either a family physician, a certified registered nurse practitioner, or a physician assistant under the supervision of a family physician, or an Ear, Nose & Throat (ENT) doctor as outlined in the otological evaluation section above.
4. The FNT has been administered and financial contribution, if any, is discussed with the customer.
5. Customer choice for providers who fit hearing aids has been discussed before or during development of the initial or amended IPE.

Once OVR staff and customer develop either an initial IPE or an amended IPE with hearing aid(s) as a service, hearing aid(s) are purchased from a licensed and qualified audiologist or from a hearing aid fitter. Staff should refer to the **Audiological Services Guidance Document** for the step-by-step procedure. Once the customer obtains their hearing aid(s), OVR staff must follow up with customer to ensure the hearing aid(s) are working as expected.

DOCUMENTATION REQUIREMENTS FOR PAYMENT

Regardless of who is dispensing the hearing aid(s), a copy of the manufacturer's invoice or other detailed invoice must be received by OVR staff, along with the OVR-122A, **Hearing Aid Verification Report** form from an audiologist, and a properly completed OVR's provider invoice from an audiologist or hearing aid fitter. This includes hearing aids purchased from audiology practices that routinely obtain hearing aids through third-party bulk hearing aid purchasers, who typically do not have hearing aid manufacturer invoices available for inspection by OVR staff.

The hearing aid invoice received from the audiology practice ****must**** be fully itemized and include the following items:

- Detailed make and model of the hearing aid(s)
- Serial number(s) of the hearing aid(s)
- Unit price
- Any discounts
- Net price

The make and model of the hearing aid(s) and serial number(s) listed on the OVR-122A must match the hearing aid invoice that OVR received. If there is a mismatch, a detailed Case Progress Note (CPN) must be entered to explain the discrepancy and any attempts by OVR staff to ensure the customer has received the hearing aid(s) listed on the hearing aid invoice.

NOTE: If any of the above documentation is missing or inaccurate, the OVR staff and the LOFA ****cannot**** proceed with payment of the hearing aid(s).

Hearing Aid Remote Controls

Remote controls for controlling the volume and/or changing the programs for the hearing aid(s) can ****only**** be purchased if:

1. The hearing aid(s) themselves lack the controls, or
2. The customer lacks the manual dexterity required to manipulate the controls on the hearing aid(s) themselves, or
3. The customer's vocational goal or occupation requires that a hearing aid remote control be used to reduce unnecessary wear and tear of the controls on the hearing aid(s), or
4. There are no smartphone apps available for the hearing aid(s) that can be used to remotely control the hearing aid(s)' volume and/or programs.

Telecoils & T-Switches

OVR staff are highly encouraged to request that telecoils be installed when purchasing hearing aids. The only exception regarding telecoils is when the hearing aid(s) being purchased are too small to enable the use of telecoils, or if it is otherwise not technologically feasible to install one.

Bluetooth Technology

Audiological staff may include Bluetooth technology within the hearing aids being dispensed to the customer. Hearing aids with Bluetooth can provide significant

improvement with the understanding of speech on Bluetooth-equipped mobile and office telephones and must be pursued when appropriate.

Rechargeable Hearing Aids

Hearing aids with a rechargeable battery may be prescribed instead of hearing aids with standard batteries. Rechargeable hearing aids must be compatible with the customer's vocational goal and be able to provide power during the customer's entire workday, and its price may not exceed a reasonable amount compared to hearing aids powered by standard batteries.

Over-the-Counter (OTC) Hearing Aids

OVR may not pay for OTC hearing aids that are available in drugstores, retailers, or similar businesses. OVR staff may counsel customers on the pros and cons of utilizing OTC hearing aids, which are generally cheaper than traditional hearing aids that are dispensed by audiologists. However, OTC hearing aids lack the level and amount of customization to the customer's hearing loss that traditional hearing aids have, limiting their usefulness to those with very mild to somewhat moderate hearing losses.

Frequency of Hearing Aid Purchases

Customers may sometimes need new hearing aids before the expected end of the hearing aids' typical life expectancy, currently five to seven years. Some of the acceptable reasons for replacing the customer's hearing aids prematurely may include:

1. Rapidly progressive hearing loss that requires a change to more powerful hearing aids or a higher level of hearing aid technology that isn't available within their current hearing aid(s).
2. Through no fault on the customer's part, the hearing aids are no longer repairable.
3. A change in the customer's vocational goal that necessitates a change in hearing aid technology.

OVR staff must also consider purchasing electronic devices and/or other low-technology devices that are designed to extend the life of the hearing aid(s), e.g., sweat covers, hearing aid dryers, and cases. OVR staff must determine whether OVR should purchase hearing aid, accessories, and other equipment on an individual basis based upon the aforementioned factors and consistent with the needs of each individual customer and the Act.

Hearing Aids Available by Subscription

OVR has a longstanding policy of not providing financial assistance for cost services which require a regular and periodic subscription to maintain ownership of an item or service; therefore, OVR does ****not**** fund the purchase of hearing aids that are paid for through a periodic subscription.

Hearing Aid Warranty

OVR staff may add extended hearing aid warranties beyond what was offered by the hearing aid dealer or audiologist without needing approval from the District Administrator (DA). The purchase of any extended warranty for hearing aids must be justified in a CPN. If OVR purchases an extended warranty, the customer is responsible for paying the deductible for a covered claim for hearing aid repairs or replacement.

Other Hearing Aid Technology Considerations

Hearing aid technology not referenced above may be considered for approval on a case-by-case basis by the supervisor or DA/designee, with consultation from the OVR Statewide Coordinator as needed.

Hearing Aid Repairs

Before making the decision to replace the customer's broken or malfunctioning hearing aid, a dispenser familiar with the particular aid must evaluate the customer's hearing aid. If the hearing aid is determined by the audiologist or hearing aid fitter to require repair, OVR must first determine if it is still under warranty and use the warranty to pay for any repairs. If OVR intends to pay for the hearing aid repair, utilize the Fee Schedule for the fee code and its maximum cost. The repair cost must be documented with either a letter or the OVR-9 form filled out by the audiologist or hearing aid fitter. If the aid cannot be repaired, a complete diagnostic evaluation must be provided as part of the process to replace the hearing aids.

Note that OVR may pay for either the repairs or the refurbishment of the hearing aid(s) that were replaced by recently obtained hearing aid(s) that were dispensed to the customer. The repaired or refurbished hearing aid(s) may serve as a spare or a backup pair in case the new hearing aid(s) need repairs. That way, the customer would still be able to communicate with others in the workplace while the new hearing aids are being repaired, minimizing the functional limitations the customer may experience had they not had the spare hearing aid(s).

If the audiologist or hearing aid fitter determined there are no repairs needed to the hearing aids, and the hearing aids are still in good working order and still an appropriate fit for the customer's current hearing loss, then the counselor may order a refurbishment of the hearing aids to extend the life of the hearing aid(s).

Ear Molds

Refer to the OVR fee schedule for the maximum fee for each ear mold. The exceptions are receiver-in-the-ear or receiver-in-canal (RITE/RIC) hearing aids. Those types of hearing aids do not use standard ear molds; instead, they use receivers, which are inserted into the ear canal and are attached by a wire to the behind-the-ear hearing aid(s). Receivers can either be coupled to non-custom domes or a custom micro mold may be used, depending on the severity of the customer's hearing loss. When purchasing receivers for the customer, use the fee code V5170A for hearing aid receivers.

OVR Hearing Aid Dispensing Fee

The OVR Hearing Aid Dispensing Fee applies to either one hearing aid (monaural) or two (binaural). It is important to use the correct hearing aid fee code because each fee code has a different dispensing fee as outlined below.

NOTE: See the most up to date OVR Fee Schedule for the fee code for a monaural hearing aid or binaural hearing aid.

- **V5241** - The OVR Hearing Aid Dispensing fee for a Monaural Hearing Aid is listed in the CWDS fee schedule. This includes purchase, fitting, and unlimited follow-up appointments for 30 days after the hearing aid fitting.

- **V5110** - The OVR Hearing Aid Dispensing fee for Binaural Hearing Aids is listed in the fee schedule. This includes purchase, fitting, and unlimited follow-up visits for 30 days after the hearing aid fitting.

The OVR Statewide Coordinator shall review the hearing aid dispensing fee as needed and communicate any changes to the hearing aid dispensing fee to all OVR staff. These changes to the hearing aid dispensing fee shall be reflected in the service description of the fee code for monaural and binaural hearing aids. DO staff are responsible for communicating the changes to local providers.

NOTE: The hearing aid dispensing fee may not be used in conjunction with audiological purchases that do not include hearing aids. This includes but is not limited to assistive technology equipment and assistive listening devices.

Special Note For Contralateral Routing of Signal (CROS) and Bilateral Contralateral Routing of Signal (BiCROS) Hearing Aids

The dispensing fee for Binaural Hearing Aids must be used when OVR staff is purchasing a CROS or BiCROS Hearing Aid(s).

Aural Rehabilitation (AR)

According to the American Speech-Language-Hearing Association (ASHA), the purpose of AR is to mitigate and reduce the deficits of function, activity, and participation. To accomplish this, the audiologist or hearing aid fitter utilizes a person-centered approach to tailor the customer's ability to utilize as much of their residual hearing as possible using at least one of the below components of AR:

- **Sensory management:** directly targets and aims to improve the auditory signal/sensory input. This typically involves the use of amplification devices, including, but not limited to, hearing aids, cochlear implants, bone anchored hearing aids, personal sound amplification products, FM systems, or assistive listening devices. This category includes not only the devices but also the fitting, programming, and fine-tuning adjustments.
- **Informational counseling (instruction):** focuses on providing education regarding hearing loss, amplification, available tools/resources, prevention, and conservation, associated symptoms, communication strategies training, and the range of possible treatments. This also includes providing demonstration and instruction in the use, care, and management of sensory devices. An informed patient is better prepared to actively participate in the establishment of a care plan and self-manage a chronic condition such as hearing loss.
- **Perceptual training:** directly targets the ability to process incoming auditory or visual signals. The goal of this training is to enhance auditory or auditory-visual abilities. Different types of perceptual training include auditory training, lipreading/speechreading training, and speech tracking. Speech perception is a common complaint among adults with hearing loss, and perceptual training can serve as listening practice and support.
- **Personal adjustment counseling:** focuses on the psychological, social, and emotional acceptance of the hearing loss and/or related disorders. It may also address an individual's readiness to engage in the rehabilitation process. This includes prefitting engagement activities, motivational interviewing, prefitting and postfitting counseling, peer support systems, and other interventions that aim to

develop and support psychosocial management skills. Personal adjustment counseling can facilitate acceptance to allow for appropriate management of the stressors commonly associated with hearing loss.

Requests for AR sessions must originate from either an audiologist or a hearing aid fitter. Such requests must include the number of 15-minute units of AR sessions being requested and a time period to complete the initial AR sessions. AR sessions should not stretch over a prolonged period of time. Up to a total of eight 15-minute units of AR sessions may be utilized. Recommended practice is to do a separate authorization for AR sessions to include the first hour sessions and the number of recommended 15-minute sessions.

NOTE: If more AR sessions are needed, this request must be made in writing to the originating OVR staff. OVR staff have discretion to extend AR services based upon customer need.

Cochlear Implant (CI)

OVR may sponsor or cover the costs of the surgery itself, the external speech processor and/or extensive AR such as cochlear implant (CI) programming if the customer has no or partial private insurance coverage. To meet state and federal regulations and professional standards for the provision of CIs, there must be:

- a medical statement that, based upon an examination, there is no medical contraindication to implantation or training,
- a prescription by an otologist or otolaryngologist; and
- a statement from an audiologist indicating that the customer cannot achieve functional hearing from a hearing aid or other means of amplification and supporting the use of the implant.

Potential candidates for CI surgery must meet all current and existing FDA protocols for candidacy for the surgery, which may include a hearing aid trial, MRIs and CAT scans, and audiometry testing in a sound booth.

Process - Prior to Approval of Surgery

OVR may pay for the costs of cochlear implant device surgery after a review of the customer's medical insurance plan and determining whether their insurance may pay for a portion of the surgery. OVR customers who are being considered for financial assistance for surgery must already be eligible for OVR services, and the FNT must be completed. Customer considering CI surgery must be evaluated by an audiologist with specific training on the dispensing and programming of cochlear implants and by an ENT specifically trained on performing cochlear implant surgeries. Staff should refer to the **Audiological Services Guidance Document** for the step-by-step procedure.

Cochlear Implant Speech Processor Replacement or Repair and/or Additional Aural Rehabilitation (AR) Sessions

If a customer has already had CI surgery and is requesting OVR financial assistance for replacement of the external CI speech processor and/or additional AR sessions, no prior approval from the OVR Statewide Coordinator is needed. CI clinics may not charge OVR the hearing aid dispensing fee typically used for monaural or binaural hearing aids.

NOTE: OVR must contact the manufacturer of the patient's CI system for purchase of replacement parts, as the audiology clinic does not direct bill for replacement CI equipment.

For AR sessions, a treatment plan from the audiologist for the AR sessions must be forwarded to the OVR staff. If they request more AR sessions beyond what is on the treatment plan, then the OVR staff must discuss this with their supervisor or DA or designee.

Special Considerations for Customers with Prelingual Deafness

Customers with prelingual deafness typically have very little or no memory of what speech sounds like. Extensive AR may be necessary for these customers to fully benefit from the use of a CI. This may take place over the course of a few years, as opposed to several months to a year for those with post-lingual hearing loss. Long-term follow-up services may be necessary. OVR staff are encouraged to counsel customers on the potential long-term nature of AR and encourage customers to utilize their health insurance benefits to pay for those services prior to case closure.

Auditory Osseointegrated Implant

OVR may sponsor or cover the costs of the surgery itself, the external sound processor, and/or AR sessions if the customer has no or partial private insurance coverage. To meet state and federal regulations and professional standards for the provision of auditory osseointegrated device implants, there must be:

- a medical statement that, based on an examination, there is no medical contraindication to implantation or training,
- a prescription by an otologist or otolaryngologist; and
- a statement from an audiologist indicating the customer cannot achieve functional hearing from a traditional hearing aid or other means of amplification and supporting the use of the auditory osseointegrated device implant.

Potential candidates for auditory osseointegrated device implant surgery must meet all current and existing FDA protocols for candidacy for the surgery. Please refer to the **Audiological Services Guidance Document** for the step-by-step procedure.

Auditory Osseointegrated Speech Processor Replacement or Repair, and/or Additional Aural Rehabilitation Sessions

If a customer has already had surgery and is requesting OVR financial assistance for a replacement external sound processor and/or additional AR sessions, no prior approval from the OVR Statewide Coordinator is needed. Audiology clinics may charge OVR the hearing aid dispensing fee typically used for monaural hearing aids.

Hearing Assistive Technology Services (HATS)

OVR services may include the provision of personal Frequency Modulation (FM) systems or remote microphone (RM) systems, audio loops, auxiliary devices, infrared systems, systems with Bluetooth technology, or any other electronic device to assist customers who are deaf, hard of hearing, late deafened, or deaf-blind. All BVRS and BBVS Vocational Rehabilitation Counselors (VRCs)/Social Workers (SWs) may purchase all services. However, please consult with the RCDHH or transfer the case to the RCDHH if questioning what will best meet the customer's needs.

NOTE: For cases within both BVRS and BBVS, AT services must be listed on the IPE and must address the customer's disabilities as they relate to training and employment. If the customer is unsure as to which AT service would be appropriate for their needs, an AT evaluation can be authorized, or Pennsylvania's Assistive Technology Lending Library (ATLL) can be used. These tools assist the OVR staff and customer with determining the best device(s) for the customer to use, and this information may be helpful when developing the customer's IPE. More information about the ATLL can be found at [TechOWL – Technology for Our Whole Lives](#).

For customers who are Deaf-Blind, specialized equipment may be found through Temple University's **I Can Connect PA** program, a statewide initiative of the National Deaf-Blind Equipment Distribution Program. More information about this program can be found at [DeafBlind Services – TechOWL](#).

Audiology clinics and retailers carrying the needed AT may not charge OVR the hearing aid dispensing fee typically used for monaural or binaural hearing aids.

Telecommunication Services

OVR services may include the provision of Telecommunication Devices for the Deaf (TTY), captioned phones, amplified phones, TeleBraille and any other electronic devices designed to improve the customer's ability to access telecommunication services as they relate to training and employment per the IPE or other Plan.

Videophones

Most videophones are free and provided by the FCC through video relay service providers. See Appendix 2 for a list of resource links. Costs associated with the necessary internet connection are the customer's responsibility.

HEARING SERVICES FOR PERSONS 14-21 YEARS OF AGE WITH HEARING LOSS

NOTE: All services listed in an Individualized Education Program (IEP) ****must**** be provided and/or paid for by the Local Education Agency (LEA).

Consistent with applicable State and Federal law and delineated in a statewide Memorandum of Understanding (MOU), youth and young adults with disabilities are **entitled** to the following:

- Special education and related services which are necessary for the youth or young adult to receive a free appropriate public education; and
- Medically necessary services covered by Title XIX of the Social Security Act, i.e., [Medicaid](#) if a youth or young adult is enrolled in the Commonwealth's Medical Assistance Program. An LEA may or may not fund such services through the PA School-Based ACCESS Program.

NOTE: LEA participation in the PA School-Based ACCESS Program is elective. Not all LEAs participate in the PA School-Based ACCESS Program; therefore, this may not always be a source of reimbursement for medically necessary services. Notwithstanding whether an LEA participates in PA School-Based ACCESS, Medicaid-enrolled students are **entitled** to medically necessary services covered by Pennsylvania's Medicaid State Plan.

For eligible youth and young adults with disabilities ages 14-21, OVR is only obligated to pay for services when necessary to determine eligibility for OVR services ****or**** when the services are on the individual's IPE. OVR may agree to cover costs if a local interagency agreement exists in which it is indicated that OVR shall do so, or if it is in

the best interest of the student. In the latter instance, OVR staff should consider pursuing reimbursement from the LEA utilizing the interagency dispute resolution mechanism outlined in the state MOU. See the OVR Numbered Memo, **School to Work Transition** for additional information.

INTERPRETING SERVICES FOR OVR CUSTOMERS

For OVR customers who need interpreters, either to assist with diagnostic evaluations, to facilitate communication during IPE development, or as part of their IPE's, you may use any state-registered interpreter. State-registered interpreters are those who are qualified to provide interpreting services within the Commonwealth of Pennsylvania under Act 57, also called the "Sign Language Interpreter & Transliterator State Registration Act," 63 P.S. § 1725.1 *et. seq.* State-registered interpreters have passed an examination approved by the Office of Deaf & Hard of Hearing (ODHH) which tests their knowledge and proficiency in interpreting and transliterating. This examination is currently offered only through the Registry of Interpreters for the Deaf (RID). Effective July 1, 2012, to obtain national certification of their interpreting skills through the RID, they must have a bachelor's degree in any major from an accredited college or university prior to taking the RID performance test. Interpreters desiring to waive the bachelor's degree requirement may apply for educational equivalency through previous coursework, paid, and voluntary work experience. Interpreters who already hold the RID certification by passing both the written and performance tests prior to July 1, 2012 are exempt from this educational requirement. To verify the interpreter's registration status, please contact ODHH or use the online interpreter database at [ODHH Interpreter Database](#).

NOTE: Some interpreters are "provisionally" state-registered (i.e., they graduated from an interpreting training program with an associate degree or higher within the last five years but have not yet passed the performance portion of the certification examination). However, OVR will use only state-registered interpreters when working with OVR customers.

Exception #1: An OVR customer may use a non-state-registered interpreter upon his/her request, as long as the customer has been informed that the interpreter selected is not state-registered, and only after a discussion with the customer on informed choice has occurred, in accordance with the Act. The ODHH-3, **Request To Use A Non-Registered Interpreter/Transliterator**, must be signed prior to the start of services by all parties. The request is valid for two years. If the customer wishes to cease using the non-state-registered interpreter, the ODHH-6, **Revocation Of The Request To Use A Non-Registered Interpreter**, must be signed.

NOTE: The default for all interpreting service requests is to obtain a state-registered interpreter, unless the customer specifically requests a non-state-registered interpreter for a specific situation or service. Once the situation or service in which the non-state-registered interpreter was hired to facilitate communication concludes, the default reverts back to hiring state-registered interpreters. It is not the intent of state law to allow non-state-registered interpreters to automatically accept subsequent assignments from the customer making the initial request.

Exception #2: Interpreters from a neighboring state may be used if available and if their use would result in greater cost efficiency through reduced travel costs and/or reduced hourly rates than using a state-registered interpreter. Out-of-state interpreters

must already possess certification from the RID or the National Association of the Deaf (NAD). Out-of-state interpreters may provide their services for up to 14 times per calendar year without needing to register with ODHH. After providing services within the Commonwealth of PA 14 times during any given calendar year, they must register with ODHH in accordance with Act 57 to continue providing interpreting services within the Commonwealth of PA.

Out-of-state interpreters must use the ODHH-5, **Exemption Form for Out-Of-State Certified Interpreters Working In Pennsylvania**, each time they provide the service to OVR customers. This exception does not apply if out-of-state interpreters are used to deliver services for OVR customers outside the Commonwealth of PA. However, they must adhere to any licensure requirements for the state in which services are being delivered to OVR customers.

Video Remote Interpreting

Video Remote Interpreting (VRI) is a widely used service delivery option for customers and state agencies alike. VRI allows interpreters to provide interpreting services from their homes or from a call center without needing to travel to the site where interpreting services are needed. This is made possible through the use of high-speed internet and a computer with a webcam and appropriate videoconferencing software. If an OVR customer is requesting VRI, then the following applies:

- Interpreters doing VRI from the Commonwealth of PA must adhere to Act 57.
- Interpreters doing VRI from other states must be nationally certified through NAD or RID and may deliver services to OVR customers up to 14 times per calendar year. If the interpreter wishes to continue delivering services to the OVR customer through VRI after their 14th time, they must be registered with ODHH in accordance with the provisions within Act 57.

Video Relay Services (VRS)

Video Relay Services (VRS) are offered to OVR customers at no cost. Unlike VRI, which can be used for most traditional settings in which an interpreter may be needed, VRS is only used to interpret phone conversations. Due to FCC regulations, VRS cannot be used to interpret in-person meetings in which OVR staff and an OVR customer are physically located in the same room or same building.

ATTACHMENTS

OVR-5A, Hearing Aid Clearance Form

OVR-9, Audiologic Examination & Hearing Aid Recommendation

OVR-122A, Hearing Aid Verification Report

OVR-505, Questionnaire for Audiology/Speech Pathology Personnel

OVR-507, Hearing Aid Dealer Survey Form

APPENDIX 1

RSA-911 IMPAIRMENT CODES FOR DIFFERENT TYPES OF HEARING LOSS

Deaf: (Codes for Impairments: 03 & 04)

03 - Deafness, Primary Communication Visual:

A person who has a severe to profound or total hearing loss resulting in the exclusive reliance on manual communication, gesturing visual communication and other visual cues, even when amplification is available. For the ordinary purposes of life, the individual is totally or almost totally unable to discriminate spoken language or sounds through auditory means. Hearing aids and cochlear implants may be used, but they are almost always used for detecting environmental cues. Manual communication is most likely the individual's primary method of expressive communication. An example of an individual who may fall into this definition would be someone who uses sign language or gestures to communicate both receptively and expressively. Customers who identify themselves as being culturally deaf almost always fall under this category. Usually, but not always, customers are either born deaf or become deaf before acquiring spoken language.

04 - Deafness, Primary Communication Auditory

A person who has a moderate to profound hearing loss resulting in the primary reliance on amplification, with some need for manual communication, gesturing visual communication, speech reading, and other visual cues to support one's auditory input. For the ordinary purposes of life, the individual is unable to utilize residual hearing alone in the understanding and discrimination of sounds and spoken language. Hearing aids are primarily used for environmental cues, but are also used to augment the individual's residual hearing, with limited success. Cochlear implants may also be used to assist the customer in detecting environmental cues and understand speech with more success than with hearing aids, but their hearing would still be augmented by other forms of visual cues to support their auditory input. Spoken language is usually the individual's primary method of expressive communication. An example of an individual who may fall into this definition would be someone who uses a system of sign-supported speech or "cued speech." Their speech may sometimes sound heavily nasal, also known as "deaf speech." Customers under this category usually identify themselves as "oral deaf."

Hard of Hearing: (Codes for Impairments: 05 & 06)

05 - Hearing Loss, Primary Communication Visual

A person who has a mild to severe hearing loss resulting in the primary reliance on speech reading and sometimes rudimentary manual communication and other methods of visual input. For the ordinary purposes of life, the individual has varying degrees of difficulty discriminating spoken language or sounds with visual cues. While used to detect environmental cues, hearing aids are primarily used to assist with understanding spoken language and support speech reading, manual communication, and other visual cues. Spoken language is usually the individual's primary method of expressive communication. An example of the type of customer who may fall into this definition is the one who relies on typed communication and written notes, or who relies on being in a quiet environment with ample lighting to facilitate speech reading. Customers under this category usually identify themselves as being "late-deafened".

06 - Hearing Loss, Primary Communication Auditory

A person who has a mild to severe hearing loss and who relies primarily on auditory input, whether using hearing aids or not. For the ordinary purposes of life, the individual has varying degrees of difficulty discriminating spoken language using his/her own residual hearing, with or without hearing aids. Hearing aids, if worn, are used almost exclusively to help the individual understand spoken language. Spoken language is almost always used as the individual's primary method of expressive communication. An example of the type of customer who may fall into this definition is someone who is able to understand speech in a quiet environment, such as an office, but not in a noisy environment, such as a factory or a restaurant. Customers who fall under this category usually spent most of their lives with normal hearing, losing their hearing later in life either due to exposure to loud noise or due to age, but also for less common reasons such as exposure to ototoxic drugs, ear infections, physical trauma to the ear(s), otosclerosis, acoustic neuromas, or an acquired disease.

07 - Other Hearing Impairments (for example, tinnitus, Meniere's disease, hyperacusis, etc.)

Diseases and conditions of the ear or auditory systems that do not cause a hearing loss in both ears, but that do cause an impediment to employment.

DeafBlind (Code 08)

08 - DeafBlindness

A person who is deafblind means any individual:

(i) who has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to these conditions;

(A) (ii) who has a chronic hearing impairment so severe that most speech cannot be understood with optimum amplification, or a progressive hearing loss having a prognosis leading to this condition; and

(iii) for whom the combination of impairments described in clauses (i) and (ii) cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining a vocation; and

(B) who despite the inability to be measured accurately for hearing and vision loss due to cognitive or behavioral constraints, or both, can be determined through functional and performance assessment to have severe hearing and visual disabilities that cause extreme difficulty in attaining independence in daily life activities, achieving psychosocial adjustment, or obtaining vocational objectives.

APPENDIX 2

RESOURCES

- Adult Audiologic Rehabilitation – resource text
- [IDA Institute](#) – free resources related to hearing loss.
- Living with Hearing Loss Workbook – resource text
- [VR4Hearing Loss](#) – Free resources on vocational rehabilitation services for the hard of hearing. It includes comprehensive lessons on how to read an audiogram, types of hearing loss, and the psychosocial impacts of hearing loss.
- [Hearing Loss Simulator](#)
- Videophone equipment providers and video relay services providers – The first three providers listed below have dedicated videophone equipment, smartphone apps, and software for Windows PC or Macs. The last two VRS providers only have smartphone apps and/or software for Windows PC or Macs.
 - [Sorenson Communications](#)
 - [Purple Communications](#)
 - [ZVRS](#)
 - [Convo](#)
- [TechOWL](#)
- [Registry of Interpreters for the Deaf](#)
- [Hearing Aid Styles - Cleveland Clinic](#)
- [Types of Hearing Loss - Hearing Loss Association of America](#)
- [American Speech-Language-Hearing Association](#)
- [Office for the Deaf and Hard of Hearing Registered Interpreter Registry](#)
- [Office for the Deaf and Hard of Hearing](#) (Advocacy, Information, and Referral to other resources for Deaf and Hard of Hearing citizens)
- [Pennsylvania Assistive Technology Foundation \(PATF\)](#)
- [Sample Audiogram - American Speech-Language-Hearing Association](#)
- Cochlear Implant manufacturers:
 - [Med-El](#)
 - [Cochlear](#)
 - [Advanced Bionics](#)
- Auditory osseointegrated implant manufacturers:
 - [Cochlear](#)
 - [Oticon Medical](#)
 - [BHM](#)

Additional resources are available through a centralized internal location for access by all OVR staff. At the time this policy memo is written, the centralized internal location for additional resources is the [Deaf Hard of Hearing Deaf-Blind Resources T-drive Folder](#).

APPENDIX 3

HEARING AID STYLES

Behind-the-Ear

Behind-the-ear (BTE) hearing aids are housed in a curved case that fits neatly and comfortably behind or over the ear. A custom ear mold is made to the exact shape of the ear. The custom ear mold is used to direct the sound from the hearing aid into the ear and to secure the hearing aid in place.

People with a wide range of hearing losses, from mild to severe, can be fitted with BTE hearing aids. Because the components are housed outside the ear, they tend to be the most durable. BTE hearing aids need fewer repairs and have a longer life expectancy. They can be worn easily, even by people who wear eyeglasses.

Completely-in-the-Canal (CIC)

Completely-in-the-canal hearing aids are also custom designed. They fit the deepest into the ear canal, so they are the least visible. They may also reduce the problem of wind noise and feedback on the telephone. The battery life for this style is rather short because the battery is so small. The CIC's size can also make it difficult to manipulate, particularly for people who have trouble with finger and hand dexterity, e.g. arthritis, stroke, etc. Additionally, due to ear wax and exposure to moisture, this style of hearing aid tends to require more repairs more often and has a shorter overall life expectancy than the other hearing aid styles.

NOTE: Some people may not be candidates for CIC hearing aids because of the shape of their ear canal or the severity of their hearing loss.

In-the-Ear

In-the-ear (ITE) hearing aids are custom designed and fit directly into the ear, filling most of the visible portion of the ear. All of the components are housed within a single plastic shell. They have no external wires or tubes, and are very light in weight. When properly made, they fit comfortably and securely in the ear. The ITE hearing aid can be used by people who have mild to moderately severe hearing loss.

In-the-Canal

In-the-canal (ITC) hearing aids are custom designed, smaller in size, and fit more deeply into the ear canal than ITE hearing aids. They are typically less visible than in-the-ear hearing aids. All the components are housed within a single plastic shell. Because they are smaller in size, however, they can only be used by people who have mild to moderate hearing loss.

Open Ear Hearing Devices

Open ear hearing aids are housed in a miniature case that fits over or behind the ear. In most cases, there is no custom piece that fits into the ear canal. The open ear hearing aid consists of a miniature behind-the-ear (BTE) hearing device coupled to an ultra-thin tube with a soft tip that fits in the ear.

These instruments are appropriate for people with normal to near normal hearing in the low pitches, and a mild to moderately severe hearing loss in the high pitches. This hearing aid helps in reducing complaints related to loudness of a patient's own voice, i.e. occlusion effect. The miniature BTE case and thin tubing make this hearing aid cosmetically appealing. Because this aid is smaller, sufficient manual dexterity is necessary to ensure proper insertion and placement.

Receiver-in-the-Ear (RITE) and Receiver-in-the-Canal (RIC)

Receiver-in-the-Ear and Receiver-in-the-Canal hearing aids are BTE hearing aids that have three parts: the housing containing the microphone(s) and computer chip that processes sound, a thin wire connecting the housing to the receiver, and the receiver, which is basically a tiny loudspeaker. RIC hearing aids have receivers that are fitted more deeply into the ear canal than RITE hearing aids. RITE and RIC hearing aids are suitable for customers with mild to severe hearing loss.

Source: Cleveland Clinic website