

IHP Audiology Appointment Types/Fee Schedule/Invoicing/ Documentation Requirements

Appointment Types and Fee Schedule:

ABR – 2 hours (maximum of three visits per assessment)

- This test is targeted for completion at six to eight weeks corrected age on infants who have referred on their newborn screen.
- It may also be completed as a first step (screening bypass) for some specific high risk infants such as those with atresia, meningitis, cytomegalovirus (CMV) or others as identified by MCCSS or as a follow-up assessment for these Children

Surveillance VRA/PLAY – ½ hour (maximum of two visits per assessment)

- This test is targeted for completion at eight to twelve months corrected age on infant who have passed their newborn screen but have been identified with a risk factor for permanent childhood hearing loss and are, therefore, being monitored for a delayed onset hearing loss.
- Surveillance VRA (or Play) assessments are also required for certain high risk children such as those with meningitis and CMV.
- If a child refers on their Surveillance VRA assessment, the appointment may be extended to a Diagnostic VRA instead which would allow a maximum total billing of one hour for the visit.

Diagnostic VRA/PLAY – 1 hour (maximum of two visits per assessment)

- This test is targeted for completion on infants over six months corrected age.

Habilitation/Counselling – 1 hour

- This appointment allows for time in excess of that usually spent reviewing results with families and is targeted towards those families who are having a hard time understanding or accepting the assessment results and their implications on the child's communication development.
- Note: a) Communication Development Plan and b) Service Coordination meeting attendance time to be included in this appointment type category.

Hearing Aid Evaluation – 1 hour

- This appointment should include a discussion of amplification options, completion of RECDs with foam tip and baseline Outcome Measures and may include the completion of the actual prescription in some cases.

Hearing Aid Prescription – 1 hour

- This is additional time for the audiologist to complete the appropriate prescriptive process including completing the prescription paperwork/ADP application/ACSD letter, as necessary, and determination of preferred initial settings for the hearing aids. The parent/child need not be present during this time.

Initial Hearing Aid Verification – 1 hour

- This appointment involves the fitting of the hearing aid to the child's ear for the first time. This should include the completion of RECDs with custom earmolds, verification of hearing aid settings and baseline Outcome Measures, if not previously completed.

Trial Period Hearing Aid Check – 1 hour

- This appointment should address any amplification concerns and include the completion of RECDs with custom earmolds, verification of hearing aid settings and baseline Outcome Measures, if not previously completed.

**Unaided Follow-up – 1 hour*

- Requires the completion of Diagnostic VRA/PLAY, Outcome Measures and speech & language checklist.

**Aided Follow-up – 1 ½ hours*

- Requires the completion of Diagnostic VRA/PLAY, completion of RECDs with custom earmolds, verification of hearing aid settings, Outcome Measures and speech & language checklist.

* these appointments are funded every three months for the first year following identification/fitting, every six months for the second year and annually thereafter until the child ages out of IHP at grade one entry (age six).

If a child is not cooperative for testing:

1. A surveillance (ABR or VRA) appointment can be rescheduled if results are inconclusive (maximum two visits). Please attempt to obtain enough information to determine whether, in your professional opinion, a permanent hearing loss is likely to be present even if the child has not provided the information required for a "pass" result. If there are no concerns, please move the child on to the next stage of surveillance (VRA or questionnaire).
2. Diagnostic appointments should be rescheduled as necessary to rule out hearing loss. Should an ABR not be substantially completed after three visits, a consultation with the Humber River Hospital and/or CHEO DTC is recommended. The result of this may be a recommendation for a sedated assessment.

****Please contact the Early Abilities Manager, IHP to authorize additional visits above the service maximum. Rate per hour is \$125.**



Invoicing:

The Service Provider will be responsible for sending monthly invoices to IHP for every audiology service, compensated as per above descriptions, within 10 days of the last day of each month.

Each invoice must contain services only for one month. (I.e. January 1st – January 31st) and must be accompanied by Audiology Services Monthly Invoice Summary.

The invoice will be generated by the Service Provider, based upon the cost arising from the combined number of Cost Tracking Form submitted each month. The invoice and summary form for each installment will be sent to:

City of Toronto
Accounting Services Division
Corporate Accounts Payable
55 John Street
14th Floor, Metro Hall
Toronto, ON M5V 3C6
apinvoice@toronto.ca

With a copy to:
Toronto Public Health, Early Abilities
225 Duncan Mill Rd., Suite 201
Toronto, ON
M3B 3K9
Attention: Linda Yapoujian
earlyabilities@toronto.ca

Documentation Requirements:

IHP Audiology Forms

1. High Risk Surveillance Summary
2. Audiology Assessment/Hearing Aid Evaluation or Recheck
3. IHP VRA/PLAY Worksheet
4. Early Abilities Consent for Sharing and Collection of Personal Health Information
5. Family Consent Guide
6. Infant Hearing Program Communication Development Plan - CFSP
7. Infant Hearing Program Hearing Aid Loaner Agreement
8. LittleEARS Questionnaire Response Tracker
9. LittleEARS Auditory Questionnaire Score Sheet
10. IHP Communication Assessment – PEACH Questionnaire
11. PEACH Score Sheet
12. Amplification Outcome Measures – Amplification Benefit Questionnaire
13. Aided Speech Intelligibility Index (SII) Normative Values v1.0
14. University of Western Ontario Pediatric Audiological Monitoring Protocol (UWO PedAMP) Summary
15. Infant Hearing Program Eligibility Form – External
16. PDSB Transition Documents

Documentation to be completed for Each IHP Audiology Appointment Type:

Appointment Type	Retain in Chart	Fax to TPH
Surv ABR	<ul style="list-style-type: none"> High Risk Surveillance Summary Audiogram and/or Report ABR Tracings DPOAEs/Tymps/Reflexes, if completed 	<ul style="list-style-type: none"> High Risk Surveillance Summary Audiogram and/or Report
Surv VRA	<ul style="list-style-type: none"> High Risk Surveillance Summary Audiogram and/or Report IHP VRA/PLAY Worksheet DPOAEs/Tymps/Reflexes, if completed 	<ul style="list-style-type: none"> High Risk Surveillance Summary Audiogram and/or Report
Diag ABR	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck Audiogram and/or Report ABR Tracings/DPOAEs/Tymps/Reflexes <p>If PHL is identified:</p> <ul style="list-style-type: none"> Consent for Sharing and Collection of Personal Health Information Language Development Services Guidelines - Decision Aid Initial Communication Development Plan – CFSP 	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck Audiogram and/or Report <p>If PHL is identified:</p> <ul style="list-style-type: none"> Consent for Sharing and Collection of Personal Health Information Language Development Services Guidelines - Decision Aid Initial Communication Development Plan-CFSP PDSB Transition Documents
Diag VRA/PLAY	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck Audiogram and/or Report IHP VRA/PLAY Worksheet DPOAEs/Tymps/Reflexes <p>If PHL is identified:</p> <ul style="list-style-type: none"> Consent for Sharing and Collection of Personal Health Information Initial Communication Development Plan 	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck Audiogram and/or Report <p>If PHL is identified:</p> <ul style="list-style-type: none"> Consent for Sharing and Collection of Personal Health Information Initial Communication Development Plan
HAE	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck (Hearing Aid details) Updated consent where appropriate <p>For baseline Outcome Measures:</p> <ul style="list-style-type: none"> LittlEARS Questionnaire Response Tracker and LittlEARS Auditory Questionnaire Score Sheet <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire with PEACH Score Sheet</p>	<ul style="list-style-type: none"> Audiology Assessment/Hearing Aid Evaluation or Recheck (Hearing Aid details) Updated consent form where appropriate <p>For baseline Outcome Measures:</p> <ul style="list-style-type: none"> LittlEARS Tool Number & Score should be recorded on the above form <p style="text-align: center;"><i>or</i></p> <p>Initial Communication Assessment – PEACH Questionnaire</p>

Appointment Type	Retain in Chart	Fax to TPH
Trial Period HAC	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck (complete section regarding Hearing Aid details) <p>Baseline Outcome Measures as above if not already done</p>	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck (complete section regarding Hearing Aid details) <p>Baseline Outcome Measures as above if not already done</p>
Unaided Follow-up	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck • Audiogram and/or Report • IHP VRA/PLAY Worksheet • DPOAEs/Tymps/Reflexes • Updated consent where appropriate • Initial Communication Development Plan where appropriate <p>For Outcome Measures:</p> <ul style="list-style-type: none"> • LittIEARS Questionnaire Response Tracker with LittIEARS Auditory Questionnaire Score Sheet <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire with PEACH Score Sheet</p>	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck • Audiogram and/or Report • Updated consent form where appropriate • Initial Communication Development Plan where appropriate <p>For Outcome Measures:</p> <ul style="list-style-type: none"> • LittIEARS Tool Number & Score (recorded on <i>Audiology Assessment/Hearing Aid Evaluation or Recheck</i> form) <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire</p>
Aided Follow-up	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck • Audiogram and/or Report • IHP VRA/PLAY Worksheet • DPOAEs/Tymps/Reflexes • Updated consent where appropriate • Communication Development Plan <p>For Outcome Measures:</p> <ul style="list-style-type: none"> • Amplification Outcome Measures – Amplification Benefit Questionnaire • LittIEARS Questionnaire Response Tracker with LittIEARS Auditory Questionnaire Score Sheet <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire with PEACH Score Sheet</p>	<ul style="list-style-type: none"> • Audiology Assessment/Hearing Aid Evaluation or Recheck • Audiogram and/or Report • Updated consent form where appropriate <p>For Outcome Measures:</p> <ul style="list-style-type: none"> • Amplification Outcome Measures – Amplification Benefit Questionnaire • LittIEARS Tool Number & Score (recorded on <i>Audiology Assessment/Hearing Aid Evaluation or Recheck</i> form) <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire</p>

