

## **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 typically for infants under six months corrected age.
- The initial assessment is targeted to be completed by eight weeks corrected age. Some infants may also qualify for a follow-up ABR assessment based on the presence of specific risk factors.
- Typically these infants will have referred on their hearing screen but may also have bypassed the hearing screen due to a Group 3 risk factor OR as a follow-up assessment for these children.
- OR as a follow-up assessment for these children.
- Those that screen positive on the risk factor screen may require an earlier appointment. If CMV is detected, testing should be arranged before four weeks of age wherever possible.

#### *Diagnostic or Surveillance VRA/PLAY – 1 hour (maximum\*\* of two visits per assessment)*

- This test is targeted for infants over 6 months corrected age.
- Assessments are considered surveillance if previous results have suggested normal hearing (i.e. “Pass” on screen or normal hearing on previous diagnostic or surveillance assessment) and diagnostic if previous results have suggested hearing loss may be present (i.e. “Refer” on screen, hearing loss on surveillance visit)

#### *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 and Outcome Measures

*\*Aided Follow-up – 1 ½ hours*

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

\* 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 on their 6<sup>th</sup> birthday).

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 ear-specific threshold information. If there are no concerns, please provide milestone information to the family and discharge OR if under Intensive Surveillance, move the child on to the next surveillance visit.
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 your 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 1<sup>st</sup> – January 31<sup>st</sup>) and must be accompanied by Audiology Services Monthly Invoice Summary

The invoice will be generated by the Hospital, based upon the cost arising from the combined number of Cost Tracking Forms 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  
14 Floor, Metro Hall  
Toronto, ON M5V 3C6  
[apinvoice@toronto.ca](mailto: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](mailto: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
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

**Documentation to be completed for Each IHP Audiology Appointment Type:**

<b>Appointment Type</b>	<b>Retain in Chart</b>	<b>Fax to TPH</b>
<b>Surv ABR</b>	<ul style="list-style-type: none"> <li>• High Risk Surveillance Summary</li> <li>• Audiogram and/or Report</li> <li>• ABR Tracings</li> <li>• DPOAEs/Tymps/Reflexes, if completed</li> </ul>	<ul style="list-style-type: none"> <li>• High Risk Surveillance Summary</li> <li>• Audiogram and/or Report</li> </ul>
<b>Surv VRA</b>	<ul style="list-style-type: none"> <li>• High Risk Surveillance Summary</li> <li>• Audiogram and/or Report</li> <li>• IHP VRA/PLAY Worksheet</li> <li>• DPOAEs/Tymps/Reflexes, if completed</li> </ul>	<ul style="list-style-type: none"> <li>• High Risk Surveillance Summary</li> <li>• Audiogram and/or Report</li> </ul>
<b>Diag ABR</b>	<ul style="list-style-type: none"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> <li>• ABR Tracings/DPOAEs/Tymps/Reflexes</li> </ul> <p>If PHL is identified:</p> <ul style="list-style-type: none"> <li>• Consent for Sharing and Collection of Personal Health Information</li> <li>• Language Development Services Guidelines - Decision Aid</li> <li>• Initial Communication Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> </ul> <p>If PHL is identified:</p> <ul style="list-style-type: none"> <li>• Consent for Sharing and Collection of Personal Health Information</li> <li>• Language Development Services Guidelines - Decision Aid</li> <li>• Initial Communication Development Plan</li> <li>• PDSB Transition Documents</li> </ul>
<b>Diag VRA/PLAY</b>	<ul style="list-style-type: none"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> <li>• IHP VRA/PLAY Worksheet</li> <li>• DPOAEs/Tymps/Reflexes</li> </ul> <p>If PHL is identified:</p> <ul style="list-style-type: none"> <li>• Consent for Sharing and Collection of Personal Health Information</li> <li>• Initial Communication Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> </ul> <p>If PHL is identified:</p> <ul style="list-style-type: none"> <li>• Consent for Sharing and Collection of Personal Health Information</li> <li>• Initial Communication Development Plan</li> </ul>

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

Appointment Type	Retain in Chart	Fax to TPH
<b>Aided Follow-up</b>	<ul style="list-style-type: none"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> <li>• IHP VRA/PLAY Worksheet</li> <li>• DPOAEs/Tymps/Reflexes</li> <li>• Updated consent where appropriate</li> <li>• Communication Development Plan</li> </ul> <p>For Outcome Measures:</p> <ul style="list-style-type: none"> <li>• Amplification Outcome Measures – Amplification Benefit Questionnaire</li> <li>• LittleEARS Questionnaire Response Tracker with LittleEARS Auditory Questionnaire Score Sheet</li> </ul> <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"> <li>• Audiology Assessment/Hearing Aid Evaluation or Recheck</li> <li>• Audiogram and/or Report</li> <li>• Updated consent form where appropriate</li> </ul> <p>For Outcome Measures:</p> <ul style="list-style-type: none"> <li>• Amplification Outcome Measures – Amplification Benefit Questionnaire</li> <li>• LittleEARS Tool Number &amp; Score (recorded on <i>Audiology Assessment/Hearing Aid Evaluation or Recheck</i> form)</li> </ul> <p style="text-align: center;"><i>or</i></p> <p>IHP Communication Assessment – PEACH Questionnaire</p>