

Procedure: Obtaining Medical Authorization for Fitting of Amplification

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Scope: This procedure applies to infants and young children who are referred by the BCEHP who have confirmed permanent congenital hearing loss (sensorineural hearing loss, auditory neuropathy, permanent conductive hearing loss) and where expedited medical investigation and/or authorization for amplification are required to meet the BCEHP program benchmarks¹. Referral may initiate from the newborn hearing screening or from surveillance for late onset hearing loss.

Background Information: There is a critical window of opportunity within the first six months of life to intervene with children with congenital permanent hearing loss. Children who have confirmed hearing loss and are under consideration for amplification require an expedited Medical Assessment process and authorization for fitting of amplification by an Otolaryngologist. This procedure is intended to augment and expedite current processes that audiologists use to obtain medical approval for fitting of amplification.

The BCEHP Medical Advisory Group has recommended that there be Otolaryngologists from each Health Authority who will provide the medical authorization for amplification and facilitate the referral for the otolaryngology consult, and may provide the medical evaluation of infants identified with sensorineural hearing loss, auditory neuropathy and permanent conductive hearing loss. The designated otolaryngologists are responsible for ensuring that the required medical referrals are in place for the purposes of providing medical care. These procedures have been presented to and supported by the BC Otolaryngology Society (BCOS).

The BCEHP Medical Advisory Group and the BCOS are in agreement that medical authorization is *not* required for public health audiologists to take ear mould impressions.

For further information on the BCEHP Medical Assessment Process, refer to the website www.phsa.ca/earlyhearing or the Community of Practice site <https://bcehp.phsa.ca>.

Medical Approval Forms are located on the Communities of Practice (CoP) Site. These forms are not provided through the Provincial Office and can be printed from the CoP site.

¹
BCEHP Relevant Benchmarks
Benchmark 1 (Hearing Devices): # and % of infants and/or children who are fit with hearing devices within 2 months of confirmation of hearing loss.
Benchmark 3 (Diagnostics): # and % of infants and/or children with confirmed hearing loss who have received a medical assessment for hearing loss within 3 months of diagnosis date.

Procedure for referral to designated Otolaryngologists for BCEHP clients:

1. Audiologist completing the diagnostic assessment confirms diagnosis of hearing loss including type, degree and ear and determines if amplification is to be provided.
2. Audiologist reviews the list of participating Otolaryngologists for their Health Authority (see Appendix 1).
3. Audiologist completes the BCEHP Medical Approval Form found on the Communities of Practice (CoP website), the family physician information letter (see Appendix 2), attaches a copy of the Diagnostic Assessment report/results, and has the three items faxed to a participating Otolaryngologist for their Health Authority.
4. A copy of the family physician letter and a copy of the Diagnostic Audiology Assessment report/results are sent to the family physician and pediatricians, if applicable. The purpose is to inform the family physician and pediatrician about the process for medical approval and if applicable, to generate the medical referral to the designated Otolaryngologists.
5. The original BCEHP Medical Approval Form, the original “Family Physician Information Letter” and Audiologist results/report are attached to the client file with a bring forward date of 2 business days. Note that the Medical Approval Form is only sent to the Otolaryngologist.
 - a. If *after 2 business days*, a signed Medical Approval Form has not been received at the Clinic, the Hearing Clinic initiates a phone call to the Otolaryngologist office to check on status of Medical Approval Form.
 - b. A bring forward is set for a further 3 business days.
 - c. If *after 5 business days*, a signed medical approval form has not been received at the Clinic, a second call is made to the otolaryngologist’s office by the audiologist.
 - d. If after 7 business days, a signed medical approval form has not been received, the audiologist emails the BCEHP Provincial Office and faxes a copy of the medical Authorization request. The BCEHP Provincial Office will follow-up through the Medical Advisory Group and respond to the audiologist within 5 business days.
6. Once a signed Medical Approval Form has been received, it is attached to the file and fitting of amplification can proceed.

Appendix 1

Table of Otolaryngologists

Health Authority	Otolaryngologist	Contact Information	Location
FHA	Dr. Johann Steinberg	1-604-792-6921	Chilliwack
FHA	Dr. Sanjay Morzaria	1-604-957-2239	Surrey
IHA	Dr. David Kramer	1-250-374-1488	Kamloops
IHA	Dr. Bruce Povah	1-250-861-5578	Kelowna
IHA	Dr. Tim Kramer	1-250-861-5578	Kelowna
NHA	Dr. Sergei Filatov	1-250-562-3733	Prince George
NHA	Dr. De Jager	1-250-562-3733	Prince George
VCHA	Dr. Fred Kozak	1-604-875-2113	Vancouver
VIHA	Dr. Gerry Martin	1-250-753-2142	Nanaimo and North Vancouver Island
VIHA	Dr. Kevin Clarke	1-250-595-7564	South Vancouver Island

Appendix 2

Family Physician Information Letter

Instructions: The “Family Physician Information Letter” is initiated at the referring audiology clinic. The minimal content requirements are as follows. Additional information can be added at the discretion of the referring Audiologist.

Date

Clinic Address

Re: Patient Name
DOB:
Address
Phone Number
Parent/Guardian Name
Parent/Guardian Name (if different from above)

Dear Dr. _____,

This patient requires urgent and more detailed medical assessment by an Otolaryngologist for hearing loss. Designated otolaryngologists, familiar with the “BC Early Hearing Program Medical Assessment Guidelines for Young Children with Sensorineural Hearing Loss” will accept referral and expedite the assessment of this patient to prevent a delay in the fitting of amplification or other hearing devices. To assist in expediting the process, please complete a referral to Dr. _____. If you would like more information about the medical assessment process, please visit the BCEHP website.

(insert table of Health Authority Name, physician Name, contact information)

Thank you for your assistance. If you require further information about this patient’s hearing services, please contact:

Name of Audiologist:
Clinic Location:
Contact Information: