



# Program of Care for Noise Induced Hearing Loss

## Fees

**Effective June 7, 2004**

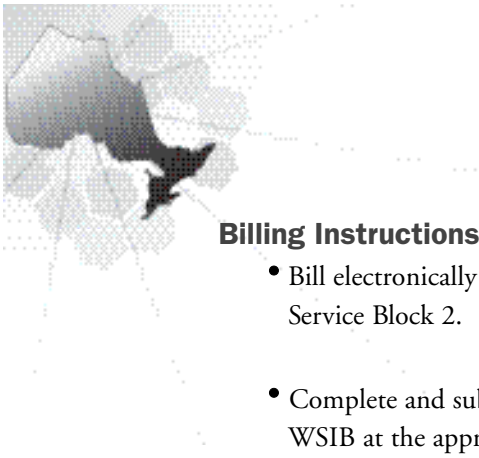
Service/Form	Description	Service Code	Fee
<b>Service Block 1 Per Hearing Aid</b>	<ul style="list-style-type: none"> <li>Complete and submit the NIHL Assessment Summary &amp; Treatment Plan Form to WSIB (included in fee).</li> </ul>	NIHLB1L or NIHLB1R*	\$288.00
<b>NIHL Trial Period Follow-up Form</b>	<ul style="list-style-type: none"> <li>Complete at end of 30-day trial period</li> <li>Requires the signatures of BOTH provider and worker</li> <li>2-page form includes COSI™ results.</li> </ul>	NIHLTPF	\$25.00
<b>Note</b>	<i>Payment for Service Block 1 will be paid AFTER the NIHL Trial Period Follow-up Form has been received by the WSIB.</i>		
<b>Service Block 2 Per Hearing Aid</b>	<ul style="list-style-type: none"> <li>Billed by the provider following a 6-month follow-up.</li> </ul>	NIHLB2L or NIHLB2R*	\$192.00
<b>NIHL Rehabilitation Follow-up Form</b>	<ul style="list-style-type: none"> <li>Completed at 6-month follow-up</li> <li>2-page form includes COSI™ results.</li> </ul>	NIHLCOS	\$25.00
<b>Note</b>	<i>Payment for Service Block 2 will be paid AFTER the NIHL Rehabilitation Follow-up Form has been received by the WSIB.</i>		
<b>TOTAL NIHL POC</b>			<b>\$530.00</b>

For example, to bill the	NIHB1L	\$288.00
WSIB for a worker requiring	NIHLB1R	\$288.00
2 hearing aids:	NIHL Trial Period Follow-up Form	\$25.00
	NIHLB2L	\$192.00
	NIHLB2R	\$192.00
	NIHL Rehabilitation Follow-up Form	\$25.00
	<b>Total</b>	<b>\$1010.00</b>

Notes:

- NIHL POC fees cover the first year of services when a new hearing aid is provided.
- Service fees are per hearing aid, report fees are per worker.
- Batteries, earmolds, hearing aid devices and programming are not included.

\* L and R indicate left ear/right ear.



### **Billing Instructions**

- Bill electronically through WSIB's payment processor, BCE Emergis for Service Block 1 and Service Block 2.
- Complete and submit the **Trial Period Follow-up Report** and **Rehabilitation Follow-up Report** to WSIB at the appropriate time. Each form includes a billing information section to be completed fully for prompt payment. Please do not bill electronically for payment of forms.
- For further information on electronic billing, please contact the BCE Emergis Support Centre at 1-866-240-7492 or via e-mail at [provider.registry@emergis.com](mailto:provider.registry@emergis.com).

### **Instructions for recording COSI results on WSIB forms**

To enter the results of COSI on the Trial Period Follow-up Form and the Rehabilitation Follow-up Form, please enter the column totals in the appropriate box on each form.

For example, if you have identified 5 categories for improvement, you will enter the number of categories where the worker results with the hearing aid were Worse, No Difference, Slightly Better, Better, Much Better.

Use a similar approach to enter the Final Ability results.