

# Justification Form

UMWA patients only

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

'UM' Member ID: \_\_\_\_\_

Current hearing aids (Make/model): \_\_\_\_\_

Provider name: \_\_\_\_\_ Date of visit: \_\_\_\_\_  
*(Printed)*

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Patient has not worn hearing aids previously<br><input type="checkbox"/> 15 dB drop in hearing from last exam- <u>please specify</u> :<br><input type="checkbox"/> Pure Tone Average<br><input type="checkbox"/> >15 dB decline at multiple frequencies<br><input type="checkbox"/> Change in shape or size of ear canal<br><input type="checkbox"/> Pinna deformity or external canal deformity<br><input type="checkbox"/> Difficult audiometric configuration<br><input type="checkbox"/> Unilateral deafness<br><input type="checkbox"/> Acoustic feedback potential with fitting<br><input type="checkbox"/> Other (CIC or IIC justification and / or technology level):<br>_____<br>_____<br>_____<br>_____ | <input type="checkbox"/> Very poor speech perception:<br><input type="checkbox"/> For replacement HA – Word discrimination decline of >20%<br><input type="checkbox"/> Recruitment / Misophonia<br><input type="checkbox"/> Hyperacusis<br><input type="checkbox"/> Reduced manual dexterity<br><input type="checkbox"/> Limited hand dexterity<br><input type="checkbox"/> Reduced Vision or Blindness |
|--|---|

- Current hearing aids no longer function\*:
- Provide all repair history
  - Provide all reprogramming attempts

*Repair Date:	Serial number:	Reason for Repair:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Reprogramming Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

\*Reprogramming Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Recommended Hearing Aid(s): \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

- If a peer-to-peer review is required, I authorize a Kepro Representative to contact me.

Phone: \_\_\_\_\_ In office Days / Times: \_\_\_\_\_

**NOTE: Lost hearing aids without a change in hearing is not considered justification for new hearing aids.**