



OMS

Pre-surgical support of hearing implant authorizations

Who is OMS?

Otologic Management Services, Inc. (OMS), a division of Cochlear Americas, is a dedicated team of reimbursement specialists who are available to help medically qualified patients obtain the necessary insurance approval and assistance in appealing denied coverage for Cochlear's Nucleus®, Osia® or Baha® Systems. OMS is available at no cost to eligible patients without regard to their provider's business relationship with Cochlear.

How does OMS support patient access?

OMS team members have extensive knowledge of health insurance plans and understand that not all insurance policies are the same. OMS offers patients assistance and support to navigate the health insurance maze. OMS knows how to research insurance plan language, interpret medical policy criteria, and facilitate successful patient access. Through support and assistance in the insurance preauthorization/predetermination and appeals process, OMS works to establish coverage for and facilitate patient access to Cochlear's implantable hearing solutions.

Contact OMS at phone 800 633 4667 option 4 or via email at OMS@cochlear.com. OMS will provide the necessary forms to complete which include:

- ✓ Patient Insurance Support Overview Form (only required for first time submission)
 - ✓ Surgical Procedure Authorization Request Form
 - ✓ Authorization for Release of Patient Health Information Form
 - ✓ Patient Authorization to Provide Insurance Support Services Form
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How do I engage OMS for a specific patient?



For each patient, OMS will require the OMS forms listed above, a copy of the patient's insurance card and current, applicable medical records, including audiograms.



In cases of appeal, OMS will need a copy of the health plan's denial letter. If the insurance has issued a denial due to a benefit exclusion, it is helpful to have a copy of the patient's insurance handbook, specifically the exclusion and appeals sections.



Once you have gathered the necessary information, please forward the information to OMS via email at OMS@cochlear.com or via fax at 303 799 4353.

What will OMS do?

- OMS will submit the preauthorization/ predetermination or appeal request to the health plan
- OMS will regularly follow up with the health plan until a determination is made (the process averages 4–6 weeks)
- OMS will provide periodic updates and notification once the health plan has rendered its determination
- If the health plan issues a denial, OMS will research available appeal options and provide guidance on next steps



800 633 4667

OMS@cochlear.com

www.cochlear.us/ReimbursementHub

