Insurance and Upgrades Oticon Medical

Shana Tidrick, Au.D., F-AAA

Clinical Territory Manager, Rocky Mountains

Agenda

1. The Upgrade Process
2. Intake and Insurance
3. Common Questions
4. Contact Information

The Upgrade Process

Upgrade process generally conducted through insurance

Clinician responsible for completing upgrade packet, including Letter of Medical Necessity signed by physician

Patient pays out of pocket for service

In cases of no insurance coverage, private pay purchase options available – speak with your local Oticon Medical representative

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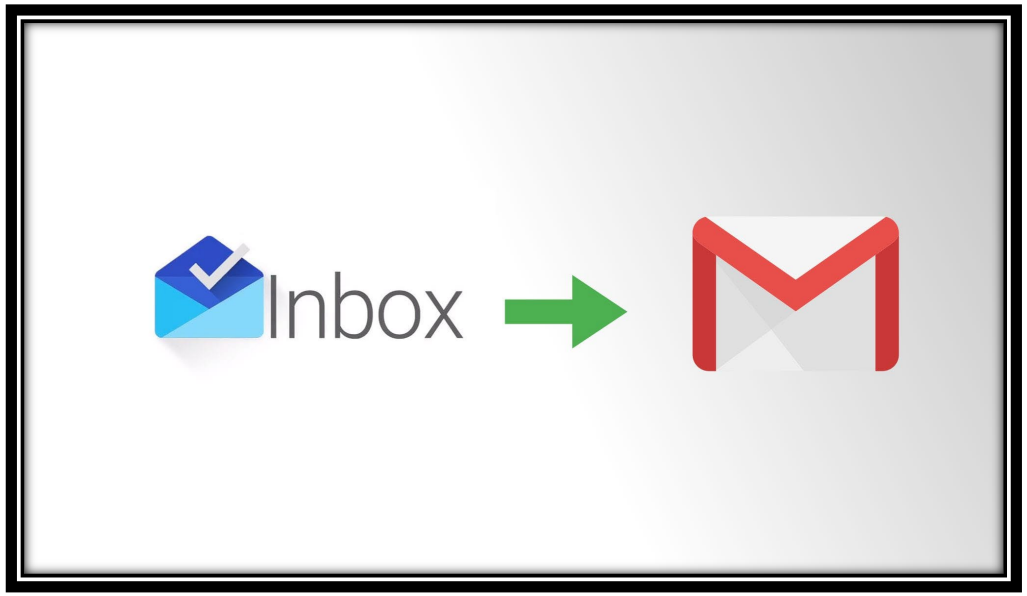
The Intake Process

- Order Request is received
  - Via fax, email or online submission
  - ENT/AuD Intake Form
  - Patient Intake Form
  - Fax #888-683-8736
  - Email: insuranceservices@oticonmedical.com



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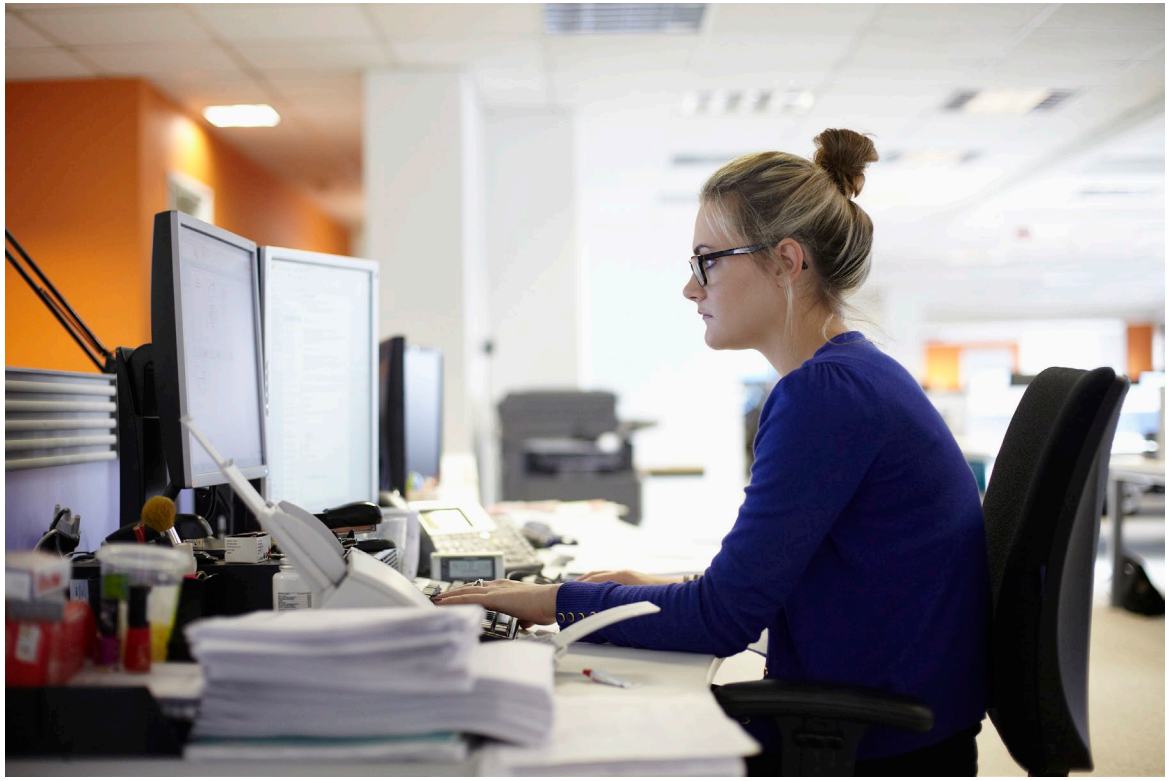
What happens after the request is sent in?

- Insurance Services team reviews the intake forms to ensure all fields are completed

- Logged into work system and an email will be sent out notifying we received the forms
  - An additional email will be sent to the provider if we are missing documents
  - We cannot submit the request to insurance until ALL necessary documents have been received



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Intake Packets: What's Included?

Patient	ENT/AuD
Intake form Demographics and insurance page 3 consent forms for signature	Clinic and ENT info sheet Clinic billing info (NPI, TIN, address) Order form Patient contact info
Proof of delivery (after shipment)	Surgery form (new surgical cases only)
	LMN Template (MD signature only)
	Proof of delivery form (after shipment)

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REQUIRED DOCUMENTATION

PATIENT

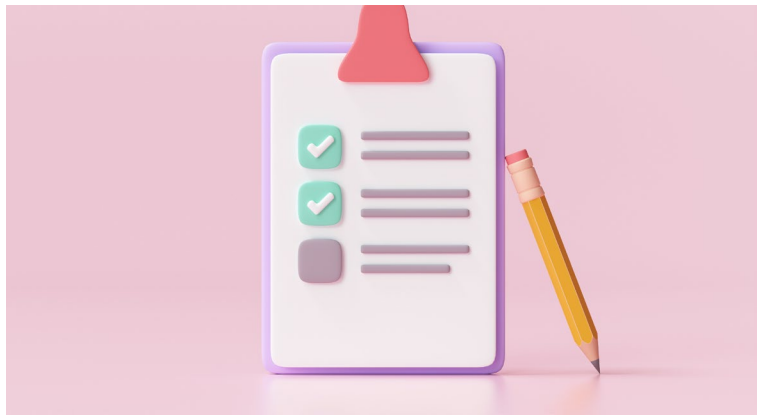
- Intake form (either online, pdf, or paper)
- Copies of insurance card

AUDIOLOGIST

- Audiogram (<6 Months)
- Intake form (either online, pdf or paper)
- Most recent, relevant notes (can be ENT or AuD visit)

ENT/PHYSICIAN

- Signed physician order (can be an Rx, medical clearance, LMN, etc)
- Most recent, relevant notes (can be ENT or AuD visit)



REQUIRED DOCUMENTATION, Continued

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- Copies of insurance card
- **Proof of delivery (after shipment)**

AUDIOLOGIST

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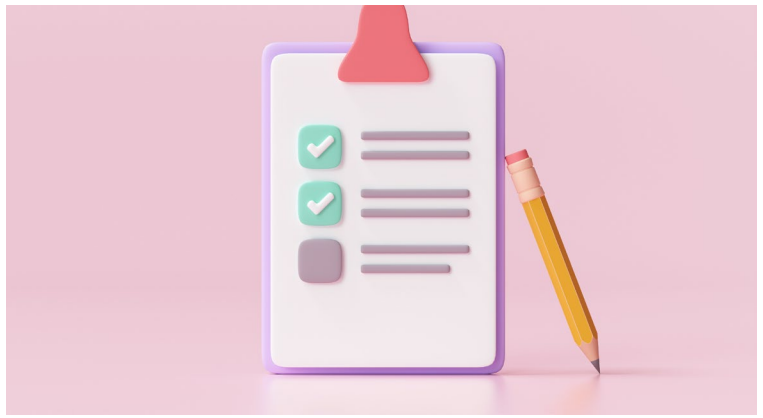

Supporting Clinical Documentation

- Signed MD order
  - Why do we need it?
    - Insurance and legal requirement!
    - Must have signature AND credentials listed (NPI, address, etc.)
- Audiogram
  - How old can it be?
    - Pediatric Patients- within the last 6 months (insurance requirement)
    - Adult patients- Varies, but no more than 2 years
- Notes
  - What are we asking for and why?
    - Notes from the most recent visit with either the audiologist or ENT. Should be the notes from the visit discussing either the upgrade, new softband/surgical order, or repair (insurance company is looking for *relevant* notes)
    - Especially important for upgrade and repair requests

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Insurances Oticon Medical Accepts:

Popular Insurances OM works with:

- Medicare (federal)
- Medicaid (see website for more information)
- Commercial Plans
- We work with most insurance plans and are often able to obtain out of network exceptions. These exception requests usually require the request to be initiated by the in-network provider. At these times, we may reach out to the audiologist or ENT to initiate the request.

https://www.oticonmedical.com/us/support/insurance-support

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Communication Plan

- Confirmation email upon receipt
- Email from agents upon approval
- Emails from agents as needed (additional info, clinical requests, co-pays, etc)
- All additional communication should be sent to either insuranceservices@oticonmedical.com or called in to 855-400-9761

Basic Overview

Communication

- Ensure that all communication via email is going through **insuranceservices@oticonmedical.com**
- Be sure to enter your email address (or the desired contact person) on the ENT Intake form on the line that says "Email." The automated emails will go to this email address

Documentation

- ALL Letters of Medical Necessity need to be signed by the MD; this is an insurance requirement. Completing this step on the front end expedites the insurance process.
- Patients MUST complete the Patient Intake form and authorize Oticon Medical to contact their insurance company. This can be completed using the web or PDF form.
- Some Medicaid plans (vary by state) require an additional Authorization form to be signed by the MD. This can be sent via AdobeSign. We cannot proceed with the authorization without this form in these cases.

Authorization & Approval

- For private payors, deductibles must be collected prior to device shipment. If the audiologist receives a letter notifying them of the approval and they do not have the Ponto device, it is likely that the patient has not yet paid their deductible. The insurance team reaches out to the patient directly for deductible payment.
- CMS approved devices will automatically shipped upon approval
  - Medicare requires the devices to be shipped directly to the patient unless the consent form is signed (included in patient packet)
  - Medicaid devices are shipped to the clinic unless otherwise indicated on the intake form

Out of Network Plans

- OON requests must typically be initiated by the requesting provider (aka; ENT/Audiologist). This step is a necessity for these plans.
- Oticon Medical will provide our identifying information via email or can schedule a call to help initiate the process

US Insurance Support Team

Phone: 1-855-400-9761

Email: insuranceservices@oticonmedical.com

Fax: 1-855-400-9761

Auditory Technical Services

Hours of Operation:

- Monday — Friday: 8:30 am - 5:30 pm EST
- Phone: 888.277.8014 Option #4
- Fax: 732.868.6949.
- Email: audiologysupport@oticonmedical.com

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Thank you!