

Amplifon Hearing Health Care

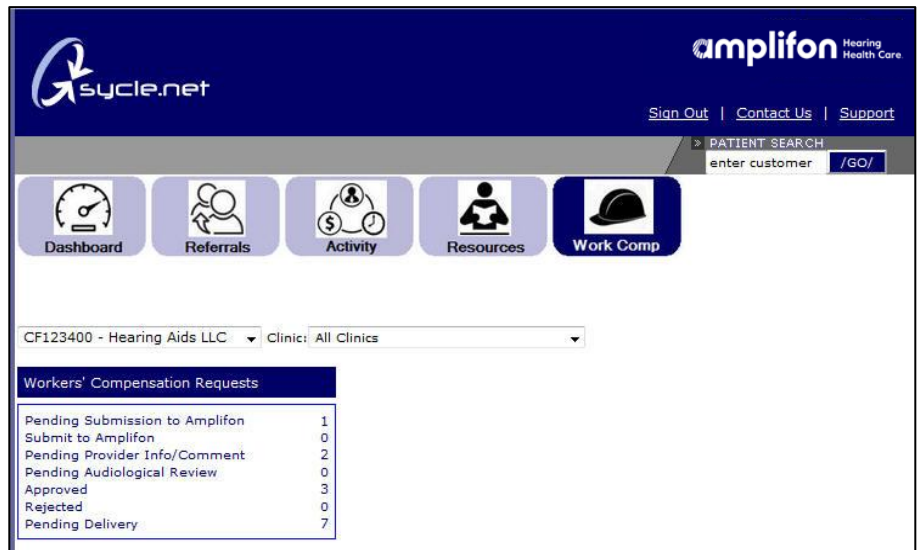
Workers' Compensation Quick Guide

Welcome to the Amplifon Workers' Compensation Dashboard

On the next pages we will walk through a simple “How To” on submitting hearing aid and accessory / service requests.

Below is a view of the dashboard and a brief description of each category in the Workers' Compensation Requests section.

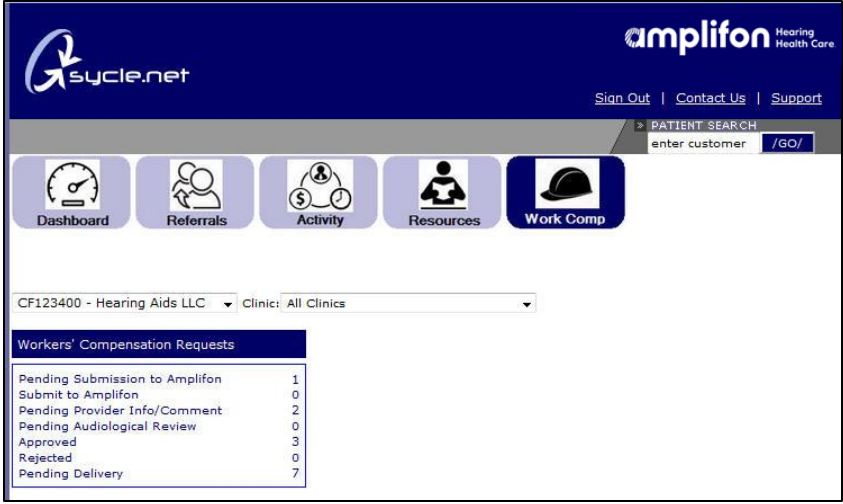
- Pending Submission to Amplifon:** Requests that have been saved and not yet submitted to Amplifon.
- Submit to Amplifon:** Requests waiting for Amplifon to review and requests submitted to the adjuster.
- Pending Provider Info/Comment:** Requests needing information from the location.
- Pending Audiological Review:** Hearing aid requests waiting to be reviewed by the Amplifon Audiologist.
- Approved:** Requests that have been approved by the adjuster and not yet reviewed by Amplifon.
- Rejected:** Requests that have been denied by the adjuster.
- Pending Delivery:** Requests that have been approved by the adjuster and Amplifon and are waiting to be delivered by the location.



To Begin Any Request for an Existing Patient

1. **Search** for the patient in the patient search box. Enter the patient's name and click **GO**.

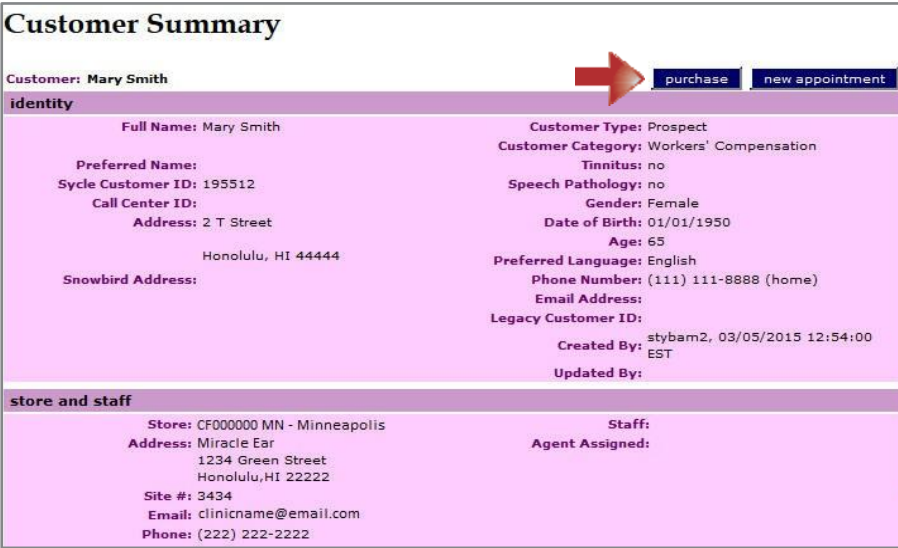
(If you do not see the patient, please return to the resource tab, print and complete the WC Referral Request Form, and fax to Amplifon.)



2. A list of patients will open. Click on the **Customer Name** hyperlink, in this example, Mary Smith.



3. The Customer Summary will open. To begin a request, click on **purchase**.



To Begin a Hearing Aid Request

- Click on the **Request Type** radio button next to applicable request: **New Hearing Aid Request** (patient has never received hearing aids through Amplifon) or **Replacement Hearing Aid Request** (patient has received hearing aids through Amplifon) and click **continue**.

This Request Is:

Insurance Plan: Workers' Compensation Request

Plan Type:

Workers' Compensation
 Discounted Customer
 Funded Plan

Request Type

New Hearing Aid Request Accessory / Service Request Battery Request
 Replacement Hearing Aid Request

[continue](#)

Workers' Compensation Plan Description

A plan type in which your office must receive prior authorization from Amplifon Hearing Health Care for services, testing, hearing aids, and related products. No payments should be collected by your office from the patient. **Amplifon Hearing Health Care is responsible for billing and collecting payment from the payer.**

- The Hearing Aid Request screen will open. Complete the Background Information section. Make sure the radio buttons are selected on each question.

New Hearing Aid Request Print Cancel Close Save

WC Request Id: 195512 **CF000000 MN - Minneapolis** **Request Date:** 03/09/2015

Patient ID: 195512 **Patient:** Mary Smith
 1234 Green St
 Minneapolis, MN 55555
 (222) 333-4444

Patient DOB: 01/01/1950 **Status:** Pending Submission

Claim #: 33333 **Provider Name:** All Providers

Employer: **Date of Injury:** m d

Background Information

Yes No **Is the claimant still employed with the employer that the claim is through?**

What are the job duties or special circumstances that need to be considered?

Yes No **Physical limitations that need to be considered? (i.e. no pinna, dexterity, etc.)**

Please describe:

Yes No **Has the claimant expressed size preference to you?**

Yes No **Do you feel this is appropriate audiologicaly?**

- Use the **drop down menu** to select an item to add to the request and click **Add Item**.

Hearing Aid Recommendation

(All Hearing Aid recommendations must have thresholds within the best fit criteria of the manufacturers fitting guide. This is verified by Amplifon before the request is submitted to the worker's compensation carrier.)

Hearing Aid Recommendation - Providers can make up 2 recommendations. Please review the Workers' Compensation Guide for instructions regarding documentation of hearing aid technology necessity.

***To add a different type of item, select category from drop-down and click 'Add Item' button**

Option 1 Option 2

Hearing Aid
Hearing Aid
Accessories
Batteries
Earmolds
Repairs
Remotes
Services
Add Item
Add Item

The Amplifon Price includes a 3-year repair warranty, 3-year loss and damage warranty trial period. No restocking fee if returned within the trial period. 1-year of professional s fit the authorized hearing aid(s). Earmold included with BTE hearing aid approval.

**** Some exclusions apply. Limited to one-time claim for loss and damage per hearing device and a per aid deductible will apply. Please review the Workers' Compensation Guide for instructions regarding documentation of hearing aid technology necessity.**

7. Using the drop down menus, select the **Manufacturer**, **Type**, and **Model** of the hearing aid being recommended for the patient.

- If a binaural fit, click on the **binaural fit** button.
- If a cros or a different hearing aid is being selected, enter each side individually.

Once completed, click **Continue**.

8. Use the Notes section to add any notes to Amplifon and any justification for the recommendations you would like to add.

9. **Upload** the audiogram in the Audiological Findings section by clicking on **browse**.

10. **Upload** any additional documentation in the Attachments Section by clicking on **browse**.

11. Click **Save** to save the request.

12. At the top of the request screen you will now see the status of the request is **Pending Submission**.

Note: The current status of the request will appear here throughout the process.

- Once you are ready to submit the request, click **Submit to Amplifon**.

Note: Your request has been submitted to Amplifon for review. Please check back daily for the status of your request. Once the request is approved and delivered, move to the **Product Approval / Delivery Section** on page 7.

Audiological Findings

Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid.

Choose a file to upload as an attachment: No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

User	Date	File	Action
Attachments			

Choose a file to upload as an attachment: No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

To Begin an Accessory or Service Request

Complete Steps 1-3 on page 2.

- Click on the **Request Type** radio button next to **Accessory/ Service Request** and click **continue**.

This Request Is:

Insurance Plan: Workers' Compensation Request

Plan Type:

- Workers' Compensation
- Discounted Customer
- Funded Plan

Request Type

- New Hearing Aid Request
- Accessory / Service Request
- Battery Request
- Replacement Hearing Aid Request

Workers' Compensation Plan Description

A plan type in which your office must receive prior authorization from Amplifon Hearing Health Care for services, testing, hearing aids, and related products. No payments should be collected by your office from the patient. **Amplifon Hearing Health Care is responsible for billing and collecting payment from the payer.**

- The Accessory / Service Request screen will open. Make sure the radio **buttons** are selected for each question.
 - If requesting an audiogram or additional testing, **complete the boxes** with the reason for the request.
 - For Repairs, complete the necessary boxes.

Accessory/Service Request Print Cancel Close Save

WC Request Id: 195512 CF000000 MN - Minneapolis
 Patient ID: 1234 Green St
 Patient: Mary Smith Minneapolis, MN 55555
 2 T Street (222) 333-4444
 (111) 111-8888
 Patient DOB: 01/01/1950
 Claim #: 33333 Status: Pending Submission
 Employer: Provider Name: All Providers
 Contract Name: WORKERS COMP
 Prior Authorization Number
 Third Party Administrator
 Date of Injury: m d

Audiogram Request ←

Yes No Hearing test requested (check if requesting audiogram / 92557)
 Note: Only approved and paid when performed by an Audiologist.
 If Yes, reason for request:

Yes No Request for Additional Testing

Repair Questions ←

Yes No Are the current hearing aids malfunctioning?
 If Yes, reason for request:

- Use the drop down menu to select an item to add to the request and click **Add Item**.

Note: Each Accessory, Repair or Service will need to be added separately.

Current Hearing Aids

If the current product is different from those below, please add the device. Add Device

Left Ear: MIRACLE EAR ME2100 BTE Standard Digital
 Serial #:
 Delivered:
 Right Ear: MIRACLE EAR ME2100 BTE Standard Digital
 Serial #:
 Delivered:

Service Request ↓

*To add a different type of item, select category from drop-down and click 'Add Item' button

Description: Add Item

Notes: Standard Note

Subject:

Select a S Please Select
 Please Select
 Accessories
 Batteries
 Earmolds
 Remotes
 Repairs
 Services

- Once **Add Item** is selected, a new pop up screen will appear to add the item.
 - Accessories:** Select the accessory from the drop down menu and click **Continue**.

Accessory Purchase EXAMPLE

Accessory: ABSOLUTE POWER RECEIVER ←
 Vendor: N/A
 Description:
 Quantity: 1
 Purchase Date: 3 10 2015
 CPT/HCPC: V5267
 Sales Tax (MN only): yes Continue →

- **Repairs:** Select the hearing aid to be repaired and the type of repair from the drop down menu and click **Continue**.

Repair Purchase EXAMPLE

Hearing Aid: (left) MIRACLE EAR ME2100 BTE Standard Di

Mfr Warranty: none

Repair Type: REPAIR < 5 YRS 12 MO WAR

Vendor: Other Vendors

Description:

Purchase Date: 3 10 2015

CPT/HCPC: V5014

Sales Tax (MN only): yes

Continue

- **Services:** Select the service being requested from the drop down menu and click **Continue**.

Service Purchase EXAMPLE

Service: COMPREHENSIVE HEARING TST

Description:

Quantity: 1

Purchase Date: 3 10 2015

CPT/HCPC: 92557

Sales Tax (MN only): yes

Continue

8. Upload any documentation in the Attachments section by clicking **browse**.

Audiological Findings

Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid.

Choose a file to upload as an attachment: **Browse...** No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

Attachments

Choose a file to upload as an attachment: **Browse...** No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

Save **Submit to Amplifon**

9. Click **Save** to save the request.

10. At the top of the request screen you will now see the status of the request is **Pending Submission**.

Accessory/Service Request **Print** **Cancel** **Close** **Save**

WC Request Id: 21709 CF000000 MN - Minneapolis Request Date: 03/10/2015

Patient ID: 195512 1234 Green St

Patient: Mary Smith Minneapolis, MN 55555

2 T Street (222) 333-4444

Honolulu, HI 44444

(111) 111-8888

Patient DOB: 01/01/1950 Status: **Pending Submission**

Claim #: 33333 Provider Name: All Providers

Employer:

Date of Injury: m d

Note: The current status of the request will appear here throughout the process.

11. Once you are ready to submit the request, click **Submit to Amplifon**.

Audiological Findings

Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid.

Choose a file to upload as an attachment: **Browse...** No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

Attachments

Choose a file to upload as an attachment: **Browse...** No file selected.

Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed

Save **Submit to Amplifon**

Your request has been submitted to Amplifon for review. Please check back daily for the status of your request. Once the request is approved and delivered, move to the **Product Approval/Delivery Section**, below.

Product Approval / Delivery

Once the request is approved you will see the request in the Pending Delivery category of your Dashboard.

1. Click on **Pending Delivery**.

The screenshot shows the cycle.net dashboard with navigation icons for Dashboard, Referrals, Activity, Resources, and Work Comp. Below the icons is a dropdown menu for 'CF123400 - Hearing Aids LLC' and 'Clinic: All Clinics'. A table titled 'Workers' Compensation Requests' is displayed with the following data:

Workers' Compensation Requests	
Pending Submission to Amplifon	1
Submit to Amplifon	0
Pending Provider Info/Comment	2
Pending Audiological Review	0
Approved	3
Rejected	0
Pending Delivery	7

A red arrow points to the 'Pending Delivery' row.

2. A list of all patients pending delivery at the clinic will open. Click on the **Invoice #** hyperlink to open the Purchase Summary.

The screenshot shows the 'Pending Delivery' filter page with search fields for patient name, patient ID, provider name, invoice no., and claim no. Below the filters is a table with the following data:

Patient Name	Patient ID	Date Received	Invoice #	Status	Claim #	Date Submitted to Adjuster	Request Type
Mary Smith	195512	3/5/2015	00008	Complete	33333		New Hearing Aid Request

A red arrow points to the 'Invoice #' column.

3. To print the Final Authorization / Receipt of Delivery, click on **Receipt of Delivery**.

Note: The PO (Purchase Order) number is also located on this page.

The screenshot shows the 'Customer Purchase Summary' page for customer Mary Smith. It includes a table of items with the following data:

Qty	Item	Description	Unit Price	Amount Delivered	Reference	Date of Service	Action	Purchase Order
1	Left Hearing Aid	MIRACLEAR ME 2100 BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: V5257			IN000008	3 10 2015	cancel	HP025918
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: V5266			IN000008	3 10 2015	cancel	
1	Right Hearing Aid	MIRACLEAR ME 2100 BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: V5257			IN000008	3 10 2015	cancel	HP025918
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: V5266			IN000008	3 10 2015	cancel	

Below the table is an invoice summary table:

Invoice Total	\$0
Sales Tax	\$0.00
Grand Total	\$0.00
Insurance Payments	\$0.00
Customer Payments	\$0.00
Amount Due from Insurance	\$0.00
Amount Due from Customer	\$0.00

A red arrow points to the 'receipt of delivery' button at the bottom left.

4. Complete the Receipt of Delivery and fax to Amplifon.
- Fill in the serial number.
 - Fill in the date of service.
 - Add diagnosis code.
 - Sign and date form (the patient signature is required for all deliveries).
 - Fax to the number on the bottom of the form.
 - Include packing slip for hearing aids, accessories, and repairs.

CF000000 MN - Minneapolis
1234 Green St
Minneapolis, MN 55555
(222) 333-4444

**Workers' Compensation
Final Authorization &
Receipt of Delivery**

amplifon Hearing Health Care

Patient's Name: Mary Smith
Address: 2 T Street Honolulu, HI 44444
Phone: (111) 111-8888

Insurance Plan Name: Workers' Compensation Request
Patient ID: 195512
WC Request ID: 21704

Qty	Item Information	Date of Service
1	Left Hearing Aid: MIRACLE EAR ME 2100 BTE Standard Digital Serial #: 456456456456 Battery Size: 13	
1	Right Hearing Aid: MIRACLE EAR ME 2100 BTE Standard Digital Serial #: 456456556456 Battery Size: 13	
40	Battery: BATTERY - SIZE 13 13 0-pack	
40	Battery: BATTERY - SIZE 13 13 0-pack	

Type of Hearing Loss

Sensorineural

Conductive

Mixed

Other

Average Level of Hearing Loss

Mild (26-40db)

Moderate (41-55db)

Moderate to Severe (56-69db)

Severe to Profound (70-95db)

Diagnosis Code

Warranty: Warranty available for each item that is listed above. You acknowledge that no other or inaccurate representations have been made by any Amplifon Hearing Health Care employee with respect to the warranty for the hearing aid(s) and option(s) purchased.

Loss & Damage: You acknowledge that your hearing aid(s) have a one-time loss and damage claim per aid within the warranty period. A deductible will apply at time of claim. Prior authorization is required from your designated Workers' Compensation Adjuster. You may be responsible for non-work related losses or damage to the hearing aid(s) and option(s). A loss and damage claim submitted within the trial period below, renders the aid(s) ineligible for return or exchange.

1 Year of Service: You acknowledge that you will receive normal hearing aid servicing at no charge for one year at the location from which you were fit with hearing aid(s) and option(s). After that one year period, future servicing requires prior authorization from the designated Workers' Compensation Adjuster.

60 Day Trial Period: You, the claimant, have a 60-day trial period which begins on the date the hearing aid(s) are delivered/dispensed. During this period, claimant can return or exchange the hearing aid(s). You may exchange these hearing aid(s) anytime within the 60-day timeframe and a new 60-day trial period will begin. In the event of a return, you must return the hearing aid(s) and option(s) to the provider. The provider will inform Amplifon Hearing Health Care of the return, and Amplifon Hearing Health Care will coordinate the return through the designated Workers' Compensation Adjuster. The privileges described to you in this paragraph only apply to the original hearing aid(s) and option(s) delivered to you on the date listed below.

Receipt of this form authorizes the provider to order the hearing aid(s), service(s), and/or product option(s) from the manufacturer using the Amplifon Hearing Health Care Bill to Account Number and the provider's Ship to Account Number.

By signing this form I am confirming that all of the above services were delivered on the Date of Service indicated above.

X _____ Date _____

Patient's Signature at Delivery

X _____ Date _____

Provider's Signature at Delivery

Please fax this completed form and Manufacturer's Packing Slip to # 888.844.5713

Please call the Amplifon Workers' Compensation team if you need assistance at **1-888-319-9206**