## Workers' Compensation Quick Guide

Mapifon Hearing Health Care.

## 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.)

- 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:



#### 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 H	eari	ing	g Ai	d Ree	que	st	Print	Cancel	Close	Save
WC Request Id: Patient ID: Patient: Patient DOB:	1953 <u>Man</u> 2 T 3 Hone (111	512 <u>/ Smith</u> Street olulu, HI 44 () 111-8888 )1/1950	444			CF00000 1234 Gr Minnea (222) 33	een S apoli 33-44	I - <b>Minneapolis</b> St S, MN 55555 14	Request	Date: 03/09	9/2015	
					Statu	15:		Pending Submission				
Claim #:	33333				Prov	ider Na	me:	All Providers	w.			
Employer: Date of Injury		r	m ,	•	d	-						
Backgroun	d Infor	mation										
	Wha	at are the jo	b dut	tie	s or s	pecial c	ircur	nstances that need to be o	onsidered?	8		
ତି Yes 🔘 M	lo Phy: Plea	sical limitat Ise describe	ions I	tha	at nee	d to be	con	sidered? (i.e. no pinna, dex	cterity, etc.)	)	343]	
🖲 Yes 🔘 M	lo Has	the claiman	nt exp	pre	essed	size pr	efere	nce to you?			.41	
O Yes O M	lo Do y	ou feel this	is ap	ppr	opria	te audi	ologi	cally?				

6. 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 c

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	Hearing Aid	-	Add Item
Option 2	Hearing Aid Accessories		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.	Batteries Earmolds Repairs Remotes Services	P	plies). 60-day der/office that

\*\* 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.

- 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.** 

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

Manufacturer:	M	IRAC	LE	EAR	8				
Type	B	TES	tan	dar	d		-		
Type.	-	12.5	can		u .				
Model:	IV	16410	JO E	SIE			•		
Tech Level:	D	igita	L.						
Battery Type:	1	3							
Serial Number:									
Provider U&C Amount:	\$								
Purchase Date:	з	1	-	9	•	20	15	•	
CPT/HCPC:	V:	5257				1			
Sales Tax (MN only):	E	ye	25						
Mfr Warrant	y:	3	у	ear	s				•
L&D Warrant	y:	3	У	ear	s				•
	5:								
Product Option	=-								
Product Option	-							-	
Product Option	e:	not	rec	quir	ed			Ī	

Hearing Aid Purchase

Manufacturer:	MIR	RÁCLI	EEA	3				
Type:	BT	E Sta	anda	rd				
Model:	ME	4100	BTE	1220				
Tech Level:	Dig	ital				+		
Battery Type:	13					-		
Serial Number:	_				1			
Provider U&C Amount:	\$							
Purchase Date:	3	<b>.</b>	9	•	2015		-	
CPT/HCPC:	V52	257			1			
Sales Tax (MN only):	0	yes						
Mfr Warranty:	з	ye	ars				•	
L&D Warranty:	3	ye	ears				•	
Product Options:								

Notes			
ubject			
Message			

- 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.
- 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.

## 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.



- 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.

	Acces	sory	/Se	rvice F	Requ	est	Print Cancel Close Save
WC Request Id: Patient ID: Patient: Patient DOB:	195512 <u>Mary Smith</u> 2 T Street Honolulu, HI (111) 111-8 01/01/1950	4444 888	4 (2	0000001 234 Gree inneapo 22) 333-4	MN - M en St olis, M 4444	inneapolis N 55555 Pendino Submission	Request Date: 03/10/2015
Claim #:	33333		P	rovider N	lame:	All Providers	-
Employer:							•
Contract Name:	WORKERS	OMP					
Drior Authorizati	on Number	Unit					
ritor Automitut	on Humber	-				_	
Third Party Adm	inistrator						
Date of Injury		m	- 0	-			4
O Yes O N	Hearing test Note: Only ap If Yes, reaso	n for r	ted ( d and eques	check if r paid whe	request en perf	ing audiogram / 92557) ormed by an Audiologist.	
© Yes ⊙ N	o Request for A	Additio	onal T	esting			19.
© ∨es ⊙ N Repair Que	Request for A	Additio	onal To	esting ids malfi	unction	ing?	at at

 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.

If the curren	t product is different from those below, please add the device.		Add Device
Left Ear	MIRACLE EAR ME2100 BTE Standard Digital		
	Serial #:		
	Delivered:		
Right Ear	Control #1		
	Delivered:		
Service	Request		
*To add a d	ifferent type of item, select category from drop-down and click 'Add Item	button	
*To add a d	ifferent type of item, select category from drop-down and click 'Add Item	button Please Select	Add Item
*To add a d	ifferent type of item, select category from drop-down and click 'Add Item	button Please Select Please Select	Add Item
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*To add a d Description Notes	ifferent type of item, select category from drop-down and click 'Add Item	button Please Select Please Select Accessories Batteries Earmolds Repairs Services	Add Item

- 7. 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 P	urcl	nas	e		EXA	MPI	LE
Accessory:	ABS	OLU	TE P	ow	ER RECE	VER	
Vendor:	N/A						
Description:							
Quantity:	1						
Purchase Date:	з	•	10	-	2015	•	
CPT/HCPC:	V5	267					
Sales Tax (MN only):		yes					Cantinua

**Current Hearing Aids** 

• Repairs: Select the hearing aid to Repair Purchase **EXAMPLE** be repaired and the type of repair Hearing Aid: (left) MIRACLE EAR ME2100 BTE Standard Di from the drop down menu and Mfr Warranty: none Repair Type: REPAIR < 5 YRS 12 MO WAR click Continue. Vendor: Other Vendors -Description: Purchase Date: 3 → 10 → 2015 CPT/HCPC: V5014 Sales Tax (MN only): yes Services: Select the service Service Purchase **EXAMPLE** being requested from the drop Service: COMPREHENSIVE HEARING TST down menu and click Description: Continue. Quantity: 1 Purchase Date: 3 - 10 - 2015 -CPT/HCPC: 92557 Sales Tax 🔲 yes 8. Upload any documentation in Audiological Findings Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid. the Attachments section by Choose a file to upload as an attachment: Browse... No file selected. clicking **browse**. Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed Attachments 9. Click Save to save the e a file to upload as an attachment: Browse... No file selected. Cho request. Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed Ple Save Submit to Amplifon 10. At the top of the request Print Cancel Close Save Accessory/Service Request screen you will now see the WC Request Id: Patient ID: CF000000 MN - Minneapolis 21709 Request Date: 03/10/2015 195512 1234 Green St status of the request is Patient: Mary Smith Minneapolis, MN 55555 2 T Street Honolulu, HI 44444 Pending Submission. (222) 333-4444 (111) 111-8888 Patient DOB: 01/01/1950 Status: Pending Submission **Note:** The current status of the **Provider Name:** Claim #: 33333 request will appear here throughout Employer: Date of Injury m 🖌 d 🖌 the process. 11. Once you are ready to submit Audiological Findings Please note, speech-in-noise testing and LDL's must be conducted to consider ANY level 2 hearing aid. the request, click Submit to Choose a file to upload as an attachment: Browse... No file selected. Amplifon. Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed Attachments Your request has been submitted Choose a file to upload as an attachment: Browse... No file selected. to Amplifon for review. Please Please Note: Only .jpg, .jpeg and .pdf files under 5 MB are allowed 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**.



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

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All Franchises		<ul> <li>patier</li> </ul>	tname		Pri	or Auth Date	
All Clinics		·					
Pending Delive	ry	- patier	ntid		то	1	
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		invoic	e no				
		claim	no				
filter		claim	no				
filter		claim	no				
filter		claim	no				
filter Amplifon Dash	board	claim	no				
filter Amplifon Dash Patient Name	board Patient ID	claim Date Received	no	Status	Claim #	Date Submitted to Adjuster	Request Type

 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.

			new appointmen	it print close
Cu Su	ustom	er Purchase ry	CF000000 MN - Minneapolis 1234 Green St Minneapolis, MN 55555 (222) 333-4444	
Cust 2 T S Hond (111 Bill 1 Prior	omer: <u>Mary Sn</u> Street Julu, HI 44444 ) 111-8888 To: r Authorization	<u>aith</u>	Staff: John Smith Store: CF000000 MN-Minnes Date: 03 ~ 10 ~ 2015 Tracking #: Estimated Date of Fit: 03/25/2015 Invoice #: 00008 Status: Approved	÷
Qty	Item	Description	Unit Price Amount Delivered Reference Date of Service A	Action Purchase Order
1	Left Hearing Aid	MIRACLE EAR ME 2100 BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: V5257	IN000008 3 • 10 • 2015	ancel HP025919
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: V5266	✓ IN000008 3 ↓ 10 ↓ 2015	ancel
1	Right Hearing Aid	MIRACLE EAR ME 2100 BTE Standard Digital Mfr Warranty Expires: 03/09/2018 Procedure code: V5257	IN000008 3 v 10 v 2015	ancel HP025919
40	Battery	Battery: BATTERY - SIZE 13 13 0-pack Date of Service 03/10/2015 Procedure code: V5266	✓ IN000008 3 • 10 • 2015	ancel
Invo Sale Gran Inst Cus Amo Amo	bice Total Iss Tax and Total Irrance Paymen tomer Paymen bunt Due fro yment	nts Insurance Dustomer		\$0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
rec	eipt of deliver	y for Amplifon Hearing Heal 🗸		save

- 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 <u>all</u> deliveries).
  - Fax to the number on the bottom of the form.
  - Include packing slip for hearing aids, accessories, and repairs.

tinneag 2221 333	polis, MN 55: 3-4444	apolis 555	Workers' Compensa Final Authorization	tion &	Camplifon Hearing Health Care
Autient's Address: Phone:	Name: Mary 2 T Street (111) 111-8	Smith Honolulu, 888	Hi 44444		<b>國家</b> 要
nsurance Patient IC WC Requ	e Plan Name: \ b: 195512 est ID: 2170-	Workers' C 4	compensation Request		
Qty	1		Item Information		Date of Service
1	Left Hearing	Aid: MIRAC	LE EAR ME 2100 BTE Standard Dig	ital	
	Serial # 456	456456456	Battery Site:	13	
1	Right Hearin	g Aid: MIRA	CLE EAR ME 2100 BTE Standard Di	gital	
	Sec. 450	458558458	Battan Car	13	
40	Battery BAT	TERY - SIZ	E 13 13 0-pack		
	-				
-	Type of pri	ing Loss	Average Level of Hearing	055	Diagnosis Code
	Sensorian The		Mild (26-40db)	0	
1			and the second second second second second		
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Earnanty: 3	Conductive Mixed Other	D D D D	Moderate (43-55db) Moderate to Servere (56-69db) Servere to Profound (75-95db) tar is facted allows. You, acknowledge that no oth		
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Please call the Amplifon Workers' Compensation team if you need assistance at **1-888-319-9206**