Otologic Management Services (OMS)

Frequently asked questions for professionals

OMS Pre-Surgical Insurance Support

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.

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.

Support Services Provided by OMS:

- Predetermination/Preauthorization assistance *(related to surgery)*
- Assistance with preauthorization appeals process, if coverage is denied
- Coding resources for cochlear implants and AOI procedures
- Help with predetermination, authorizations, and appeals involving clinical studies
- Administers Cochlear's meningitis vaccination program *(a program designed to support out of pocket costs associated with bacterial meningitis vaccinations for Nucleus Cochlear Implant candidates and recipients)*

Q: How do I contact OMS Insurance Support?

A: Phone: 866 433 4876
Fax: 303 799 4353
Email: OMS@cochlear.com

Q: What will OMS need to get started with the predetermination or appeals process?

A: OMS will provide you with the necessary forms to complete which include:

1. OMS Program Overview for Professionals *(only required for new centers)*
2. Surgical Procedure Authorization Request Form
3. Authorization for Release of Patient Health Information Form
4. Patient Authorization to Provide Insurance Support Services Form

Additionally, for each patient, OMS will require 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 denial letter, the patient's insurance benefit book, specifically the exclusion and appeals sections. Upon receipt of required information, OMS will initiate the predetermination/appeals process with the health plan.

Q: What types of health plans does OMS assist with?

A: OMS can provide assistance and support to patients who are insured through commercial insurance plans, Medicare Advantage plans or Medicaid HMOs.

Q: How long does the process take?

A: Each health plan operates differently, so timing is very much a case-by-case basis. Generally the process averages 4–6 weeks.

Q: What is the difference between predetermination and preauthorization?

A: Preauthorization is the process to determine if a health plan finds a service to be medically necessary. It is mandatory for most health plans, but does not guarantee payment or a payment amount. Predetermination is the review process to determine a patient's specific benefit coverage and to verify the patient meets the health plan's medical necessity criteria. Typically, predetermination is a voluntary review process. Predetermination is a helpful review option that helps to avoid any misunderstandings about a patient's financial liability; just because a health plan finds a service medically necessary does not mean a patient has the benefit coverage to pay for the service.

Q: Will OMS submit a predetermination request to Medicare?

A: Medicare will not review a predetermination request and does not require preauthorization for cochlear implants or AOI surgeries. Medicare provides coverage for cochlear implants or AOI Systems if the patient meets the Medicare medical criteria.

Q: Is a letter of medical necessity beneficial? What information should the letter contain?

A: Yes, this is your chance to summarize your patient's medical necessity for the proposed treatment. Include such information as:

- What caused the patient's hearing loss?
- How long has the patient had the hearing loss?
- Describe the severity of the hearing loss
- Specific treatments tried and failed (including prior hearing aid use)

Helpful hints

- Do not refer to the implant as a hearing aid—always refer to the implant as a prosthetic device
- Include applicable CPT and HCPCS codes

Q: Whose tax ID number should we include on the OMS Patient Information form? Why is it important?

A: As authorization is based upon the provider's specific identifiers, it is necessary for OMS to obtain the rendering surgeon and facility's information.

Q: Will OMS help with getting coverage for replacement processors, or other parts and accessories?

A: No. OMS Insurance Support provides pre-surgical support for cochlear implant and AOI surgeries. For further information regarding upgrade options, please contact Cochlear's Upgrade Team at 800 587 6927 or via email: customer@cochlear.com.

Q: What is Cochlear America's Vaccination Program?

A: A program offered by Cochlear to support Nucleus Cochlear Implant candidates and recipients who have out of pocket expenses associated with the required meningitis vaccinations. Contact OMS for additional program details.


866 433 4876 FAX 303 799 4353
OMS@cochlear.com
www.cochlear.us/reimbursementhub

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