



## *Provider Resource Manual*

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# 1.0 Provider Guidelines & Requirements

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## 1.1 Introduction

HearPO provides audiology services and hearing aid products and services to organizations through a network of hearing clinics nationwide. HearPO was designed by audiologists to meet the challenges of the changing healthcare marketplace. This design has grown to include contracted services not only with managed care organizations, but also with employers, third party administrators and government agencies. HearPO continues to be managed by audiologists and has achieved its goal of providing patients with the highest level of quality care and service while remaining price competitive. HearPO provides an organized and professional approach to the implementation of hearing benefit programs that is beneficial for the payer, patients and providers.

### HearPO Mission Statement

HearPO provides the best managed hearing healthcare patients can experience. Providing proven quality outcomes and offering an economical alternative for patients and payers, HearPO serves as the most efficient, comprehensive and effective choice for contracted hearing healthcare services.

### Definition of Terms

The following terms are used throughout all HearPO materials:

**Provider** – An audiologist or hearing aid dispenser, who has applied to the HearPO program, successfully completed the credentialing process, meets all HearPO criteria and guidelines and has been assigned a provider number.

**Site** – A facility in which a HearPO provider furnishes services. The facility must meet all HearPO criteria and guidelines to be assigned a site number.

**Plan** – an insurance group, healthcare organization or worker's compensation program with which HearPO has contracted.

**Payer** – the entity that is responsible for reimbursement for audiological services and hearing aids.

**Patient** – The individual for which services are provided, also known as member, subscriber, customer, client, claimant or enrollee.

**Provider Panel** – A collective group of providers within a specified geographical area.

**Remedial Action** – An action that is taken against a HearPO provider when found non-compliant with a HearPO guideline, also known as corrective action.



## 1.2 Administrative Policies and Procedures

### Provider Panel Description

HearPO is a hearing healthcare provider organization. The provider panel includes audiologists and hearing aid dispensers from private practice, hospitals, clinics, physician offices and hearing aid service centers.

### Provider Sites

A provider may furnish hearing care services from multiple sites. Each site must meet the following minimum criteria:

- The site must be a registered place of business.
- Minimum equipment requirements must be met. *Please see Section 1.6, “Equipment and Fitting Protocol” for additional information.*
- An infection control program must be utilized at each site. *Please see Section 3.0, “Infection Control” for additional information.*
- The site must be accessible to people with disabilities.
- The site must present a schedule that indicates hours of service.
- The site must have phone coverage during normal business hours, usually 9:00 AM to 5:00 PM, Monday through Friday.
- The site must be open at least 2 days a week to be listed in the HearPO provider directory.

### Provider Panel Closings

A given number of providers within a state can be participating providers with any one organization. When the geographical needs of a particular region or state have been met, as determined by HearPO and based upon the population of the region, the panel for that area will be closed. However, new applications will be accepted and placed on a waiting list in the order in which they are received. In the event that HearPO re-opens the panel due to a change in needs, we will refer first to the waiting list.



## 1.3 Provider Requirements

- HearPO grants provider status to a hearing healthcare professional within an approved practice. If a provider leaves the approved practice, they must reapply to become an approved provider at the new practice. Provider status is not transferable.
- HearPO centralizes communication between providers and contracted organizations. Providers are not to contact these groups directly. All questions, comments or concerns should be addressed directly to HearPO. Direct contact with an organization without prior, written consent from HearPO can result in disciplinary actions, including immediate termination for both the Provider and the Site.
- All claims are submitted directly to HearPO for processing and reimbursement. Claims are not to be submitted directly to payers.
- All claims are to be submitted within twenty (20) days from the date of service or they may not be reimbursed.
- In the event of direct claims payment from a payer to a provider, the provider *must* report this payment to HearPO within five (5) working days.
- Proper authorization *must* be received prior to providing services or devices. All claims must be submitted to HearPO by completing the appropriate sections on the Prior Authorization Form, Final Authorization Form, or the Service Request Form. Claims received for services or devices requiring pre-authorization, which have not been properly authorized, may not be reimbursed. *Please see Section 5.0 for additional information.*
- The provider is required to follow the contract specifications as detailed in the insurance matrix supplied with each referral. *Please see Section 4.0 “Plans” for additional information.*
- Incomplete or incorrect paperwork will be returned to the provider with an explanation. HearPO will submit claims to the payer upon receipt of accurately completed and valid paperwork.
- The Health Care Financing Administration Common Procedure Coding System (HCPCS) V-Codes are to be used for hearing aid and hearing aid related services unless otherwise defined by a specific plan.
- Current Procedure Terminology (CPT) codes are to be used for diagnostic testing. *Please see Section 5.0 “Coding” for additional information.*
- Providers are updated on contract specific guidelines and other pertinent information via newsletters, e-mail, broadcast fax, or mailings. It is the provider’s responsibility to review this information
- HearPO providers can submit claims only for patients actually seen for services or products. Providers cannot submit claims on behalf of non-HearPO providers.



## **1.3 Provider Requirements, continued**

- Upon renewal of professional liability insurance, hearing aid dispensing licensure and/or audiology licensure, a current copy must be faxed or mailed to HearPO immediately.
- Changes in provider staff or location must be reported to HearPO immediately.
- Verification of Continuing Education Units (CEU's) is to be kept on file at the provider's clinic, and is subject to review by HearPO at any time.
- Providers must notify HearPO of lawsuits or judgments against the provider or practice.
- In some plans there is a 12% administrative fee withheld by HearPO from the claims paid. When applicable, this administrative fee is noted in the insurance matrix that is specific to the plan.
- Providers must comply with applicable Medicare procedures related to appeals and expedited appeals, including gathering and forwarding information on appeals to Medicare and choice payers.
- Providers shall not discriminate against any patient on the basis of any factor that is related to health status.
- Providers shall not employ or contract with an individual who is excluded from participation in Medicare or with an entity that employs or contracts with such an individual for the provision of health care, utilization review, medical social work, or administrative services.



## 1.4 Credentialing

### Provider Credentialing

HearPO has two levels of provider participation: HearPO Provider (Audiologists) and HearPO Access Provider (Hearing Aid Dispensers). Providers must be credentialed to be eligible to join the HearPO Network.

All providers must complete an Application, Credentialing Interview, Practice Interview, and Provider Agreement, and submit the following documents to HearPO in order to maintain credentialed status. To access credentialing forms, *please see Section 5.0*.

- 1. Master's or Doctoral Degree in Audiology (Audiologist providers only).**
- 2. Current valid state licensure for Audiology and/or Hearing Aid Dispensing with a renewed copy forwarded to HearPO upon expiration.**
- 3. National Board for Certification in Hearing Instrument Sciences (NBC-HIS) Certificate (HearPO Access Providers only).**
- 4. Professional liability insurance documentation with a renewed copy forwarded to HearPO upon expiration.**
- 5. A minimum of 10 hours of continuing education per year must be earned with appropriate documentation forwarded to HearPO upon request.**

### Re-Credentialing

Re-credentialing occurs on a bi-annual basis. Providers must furnish a minimum of the following information to maintain their HearPO provider status.

- Documentation of current licensure**
- Documentation of current professional liability insurance**
- Completed bi-annual Credentialing Interview**



## 1.4 Credentialing, continued

### Site Credentialing

- **Initial Credentialing** - When a site initially applies to HearPO, HearPO prefers all providers employed at the site to be credentialed. HearPO is contractually obligated to ensure that plan members are only seen by credentialed HearPO providers.
- **Additions of Staff to Existing Sites** – When a site adds new providers to their location, HearPO prefers the new provider to become a credentialed provider within 45 days. The new provider may not see any HearPO plan members until they are credentialed and given a HearPO provider number. Any HearPO patient seen by a non-credentialed provider will result in the site's status being changed to PENDING until all providers are credentialed. Only sites with a status of ACTIVE receive referrals from HearPO. Site inspections are randomly performed to ensure complete, effective and technologically appropriate diagnostic testing and hearing aid dispensing.

## 1.5 Equipment and Fitting Protocols

### Required Equipment

HearPO requires providers to utilize the following instrumentation when applicable:

- Sound Booth
- Audiometer
- Sound Field System
- Immittance Meter
- Probe Microphone System
- Auditory Evoked Potential System
- Electronystagmography System
- Otoacoustic Emission System

### Equipment Standards

Providers must meet the following ANSI standards:

- Test Setting

American National Standards Institute. ANSI-S3.13,1977(1986R). *Criteria for Permissible Ambient Noise During Audiometric Testing*. New York: Acoustical Society of America.

- Test Equipment

American National Standards Institute. ANSI-S3.6,1996. *Specifications for Audiometers*. New York: Acoustical Society of America.

- Hearing Aids

American National Standards Institute. ANSI-S3.22,1996. *Specifications for Hearing Aid Characteristics*. New York: Acoustical Society of America

### Hearing Aid Fitting Protocol

Minimum guidelines have been established to assure continuity and quality of services rendered to patients. We require that the following guidelines be applied in all HearPO provider practices, when seeing patients referred by HearPO.



## 1.5 Equipment and Fitting Protocols, continued

### Pre-fitting Protocol

The following are to be completed prior to ordering hearing aid(s):

- Prior authorization from HearPO
- Comprehensive case history
- Otoscopic examination
- Hearing evaluation to include:
  - Air conduction
  - Bone conduction
  - Speech audiometry (SRT and discrimination testing)
  - Immittance testing (when appropriate and/or with prior authorization)
  - Most comfortable listening level
  - Uncomfortable listening level
- Hearing aid evaluation to include:
  - Medical clearance or waiver
  - Assessment of communication needs
  - Technology explanation and expectations
  - Explanation of benefits
  - Amplification recommendations
  - Prescriptive real-ear measurements (when appropriate)
  - Earmold impression(s)
- Purchase agreement to include:
  - Device(s) ordered
  - HearPO code and price
  - Any patient co-pay
  - Service or items included with purchase
  - Warranty information
  - 60 day adjustment period
  - Cancellation policy

## **1.5 Equipment and Fitting Protocols, continued**

### **Fitting Protocol**

The following are required for the hearing aid fitting:

- A fitting verification by either unaided versus aided sound field testing (functional gain) or real-ear measurements (probe microphone measurements).
- An explanation of the hearing aid(s) to include:
  - Insertion and removal
  - Wear and care
  - Battery usage
  - Telephone use
  - Troubleshooting guide
- A seven to 14-day post-fitting appointment

### **Post-Fitting Protocol**

The following are required for the seven to 14-day, post-fitting appointment:

- Identify areas of success
- Identify and resolve problem areas
- Answer questions
- Schedule additional or final post-fitting appointment
- Complete APHAB Form A or COSI

The following is recommended for the final post-fitting appointment:

- Complete APHAB Form B
- Address problem areas
- Encourage patient to return for periodic maintenance and annual evaluations



## 1.6 Advertising Guidelines

All advertising that directly solicits patients from HearPO contracts, or uses the HearPO name or logo, or those of its accounts must be submitted to HearPO for review and approval prior to publication. HearPO will review submitted copy within ten (10) working days.

Advertising materials include, but are not limited to:

- Recall letters
- Promotions
- Direct mail
- Print ads
- Yellow pages ads.

All practice promotions and advertising must be consistent with the ethical standards of the American Academy of Audiology (AAA) and the International Institute of Hearing Instrument Sciences (IIHIS). Please contact the Director of Professional Relations at 1-800-920-4327, if you have any questions regarding HearPO's advertising guidelines.

### **Submit copy to:**

HearPO  
5000 Cheshire Lane North  
Plymouth, MN 55446  
Fax: 763-268-4210