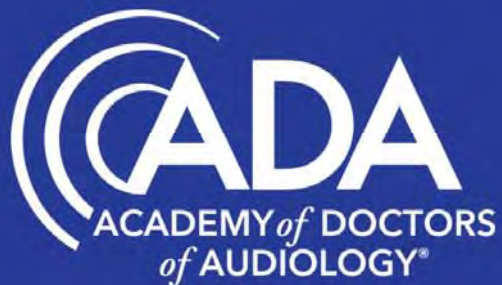


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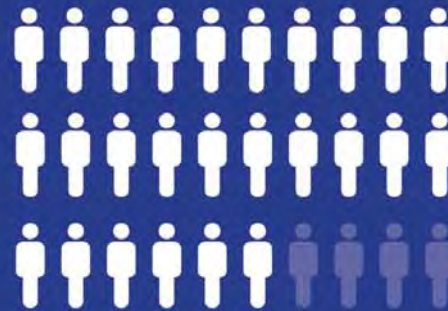


Price Unbundling: A Vade Mecum for Practitioners

Amy M. Amlani, Ph.D.

Kim Cavitt, Au.D.

Stephanie Sjoblad, Au.D.



Disclosures

- Aryn Amlani – Funding obtained from manufacturers (Unitron, CareCredit, Audioscan)
- Kim Cavitt – none
- Stephanie Sjoblad – none



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Pricing Strategies of a Product

Skimming: Make money by charging prices
 Penetration: Price lower and gain market share
 Neutral: Be competitive with competition

Hearing Aid Market

	SKIM	PENETRATION	NEUTRAL
COSTS	Low CMs Low Volumes Changes in Unit Price Drive Profit Large BE Sales Changes At or near capacity	High CMs High volumes Changes in volume drive profitability Small BE Sales Changes Excess capacity	Costs similar to competitors Sufficient CM to finance adv, etc. Little excess capacity Incremental capacity is expensive
CUSTOMERS	Low Price Sensitivity -Reference Price Effect -Price Quality Effect -Difficult Comparison Effect	High price sensitivity -Total Expend Effect -Large Part of End-Benefit Little differentiation	Customers are more sensitive to other elements of the marketing mix
COMPETITION	Limited threat of opportunism Limited opportunity for scale economies Sustainable differentiation Low threat brands	Sustainable cost & resource advantage Competitors not willing to retaliate Financial strength Aggressive small share brands	Avoid threat of retaliation Large share brands with a lot to lose Sustainable mktg mix advantages Oligopolies



Service – The Differentiator



What is Price Unbundling for a Product?

Feature	Pure Price Bundling	Partial Price Bundling	Price Unbundling
Hearing Aid	\$2200.00	\$2000.00	\$500.00
3 Memories	Included	Included	\$200.00
12 Channels, 8 Bands	Included	Included	\$200.00
Independent WDRC	Included	Included	\$200.00
Adaptive Directionality	Included	Included	\$250.00
Adaptive Noise Reduction	Included	Included	\$250.00
Adaptive Feedback Control	Included	Included	\$250.00
Professional Fee	Included	\$200.00	\$200.00
2-Year Mft Warranty	Included	Included	\$150.00
Total	\$2200.00	\$2200.00	\$2200.00

Amlani et al (2013)



What is Price Unbundling for a Service?

Sample of Services	Time Billed (Minutes)
Hearing Test	30
Hearing Aid Fitting & Use	30
In-Ear Verification of Hearing Aid	15
Counseling	15
Hearing Aid Check/Follow-up	30
Hearing Aid Performance Evaluation in Test Box	15
Office Visit	15



Unbundling: A “Nickel and Dime” Approach?



Nickel and Dime” Approach – Consumer Psychology

- **Psychological reference price**
 - *Transparency* – “**What am I receiving for the price paid?**”
 - *Value* - “**How will this product, service, or both, increase my quality of life?**”
 - Product – Features improve functional communication
 - Service – Provider competent to improve quality of life (product, (re)habilitation)
 - *Risk (stigma)*
 - Financial – “**Is the transaction too expensive?**”
 - Social – “**Will my family and friends accept my decision?**”
 - Psychological – “**Will this transaction affect my anxieties/self-esteem, self-perception?**”



Presentation Objectives

- Unbundling Models in a hypothetical practice
 - Self-Pay
 - Reimbursement
- Unbundling in a operational clinical practice



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What is Bundling?

Billing all items and services associated with the evaluation, fitting, and management of a hearing aid, as well as its related goods, under one code on the date of fitting.



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Why do the Majority of Practices Bundle Their Hearing Aid Pricing?

Honestly, because that is how hearing aid pricing has always been;
long before audiologists began dispensing hearing aids in 1978



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Why Bundle???

Despite changes in medical and retail sales, the influx of audiologists into the delivery paradigm, and changes in technology, hearing aids are delivered in essentially the same manner as they were 50 years ago



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Do you buy “commodities”
the same way today
as you did in 1970?



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The Answer....

Has to be “No” for Most of Us...but we are forcing our patients into the same delivery and pricing model we have always had.



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What is this Bundled Pricing Strategy Actually Based On?

- Typically, nothing tangible.
- Rather it is typically a rudimentary calculation of invoice times X



Why we Need to Move Past 1970: The New Norm

- The “status quo” may no longer suffice.
- We have to differentiate ourselves and our services from these disruptive forces that now exist in the marketplace.
 - How do we price the product and value the service?
 - How do we provide care and services not offered or available through these disruptive entities?
 - How do we embrace these patients who have procured their devices by “disruptive” means?
 - Do we turn them away?
 - Do we engage the “price shoppers”?
 - How do we expand our focus from just selling a “widget” or a “commodity”?



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Pricing

- Bundling
 - You “bundle” all of your hearing aid product and service costs, as well as our professional fees, under one, singular price (and code).
 - You do not charge separately for the hearing aid evaluation/consultation and, as a result, receive no payment if a patient does not proceed with amplification.



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Why Keep Bundling???

Pros:

- Easy.
- What everyone else does.

Cons:

- Price often based upon nothing meaningful.
- Not how insurance pays for items and services.
- No patient choice.
- Prices are not transparent.
- Increases patient costs for many.
- Does not reflect your professional time.
- May be collecting less than you need to receive to cover the “average” patient.



Bundled package may include:

- Hearing aid evaluation
- Earmold impression, if required
- Electroacoustic evaluation, if done
- Hearing aid itself
- Fitting and orientation
- Dispensing fee
- Verification, if performed
- Dome or custom earmold, if required
- Batteries
- Accessories, if provided
- Manufacturer warranty
- Loss and damage coverage
- Counseling and/or aural rehabilitation
- One year to lifetime of follow-up hearing aid office visits, checks, in-house repairs, and cleanings



What is Unbundling?

- Charging separately for each item or service as it occurs.
- Breaking the “bundled” cost into each individual piece or aspect of service .



Why Unbundle?

Pros:

- Collecting the amount you need to cover your costs and make a profit (price based on something tangible).
 - Price better reflects actual financial needs.
- Potential for increased revenues long-term and improved cash flow.
- Allows for increased reimbursement with most managed care situations.
- Makes you price competitive.
- Allows for patient choice on how their hearing aids are delivered.
- Forces a higher standard of care.
- Allows for some potential marketing advantages.
- Allows for pricing for online or e-bay purchases.
 - They pay everything but the cost of the hearing aid itself.
 - You care less about where the aid comes from.



Why Not?

Cons:

- Does not work as well with managed care plans where you have to take a large, provider discount or plans with defined warranty/coverage terms (e.g. TruHearing, EPIC or HearPO).
- Will need to change office policies and procedures.
- Have to collect money from patient and be comfortable with that.
- Will need to change marketing program.



Hardest Parts of Taking the Leap to Itemization

- Analyzing financial needs
 - What are the risks versus the rewards?
- Overcoming fear of change
- Valuing yourselves, your skills, and your time
- Overcoming fear of the unknown
 - The “unknown” should be reduced if you have a strong knowledge of your financial needs



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Hardest Parts of Unbundling

- Charging for testing and hearing aid evaluations in a world of “free”
 - Is it really “free” and what are they really getting?
- Letting patients make decisions
 - And letting patients live with the consequences of those decisions
- Raising the bar on the standard of care you provide
 - Patients are not willing to pay for the privilege of you selling them something

It's time we all practice “doctor” mentality and “prescribe” solutions rather than “sell” a product.



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The Importance of Data

- The purpose of coding is not just reimbursement; it is data collection
 - Every patient needs to generate an encounter
- You need to collect, via your OMS or EMR



Data You Need (at a minimum)

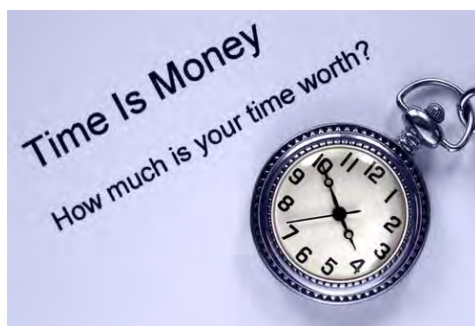
- Number of patients seen
- Dollars billed
- Dollars collected
- Number of hearing aid evaluations completed
- Number of aids fit
- Number of no charge visits
- Number of hearing aid repairs
 - In-house
 - Manufacturer



Pricing Strategies

Most pricing strategies I see in this industry are based on NOTHING.

You CANNOT be afraid to charge for your time and services.



Pricing Strategies

All prices should reflect:

- An understanding of your personal breakeven analysis.
- An understanding of your third-party payer fee schedules.
- An understanding of the prevailing rates in the area.



Third-Party Fee Schedules

- Be aware of the third-party fee schedule amounts.
- You do not want to charge less than you could have collected.
- Must have a standard fee schedule for all patients .
 - If you charge one, you must charge all.



Prevailing Rates

- Least important aspect, as you **MUST** charge what you need to cover your overhead and you do not want to charge less than you could have collected.
- Just because your competitors are idiots does not mean you have to be one too!



Pricing Hearing Aid Services

- What is your breakeven plus profit amount?
- How much time do you schedule for each hearing aid procedure?
- What is the prevailing third-party reimbursement rate?



Hypothetical Practice – ABC Audiology, LLC

- Established in 2001
- Presently, bundles pricing for hearing aid services and technology



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CONCEPT I:

5 Steps in Setting the Price

Selecting the pricing objective

Price objective



Determining demand

Demand



Estimating costs

Costs



Selecting the final price

Final price



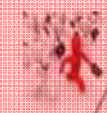
Selecting pricing method

Pricing method



Analyze competitors' costs, prices, and offers

Competitors



WWW.DONNASIA.BLOGSPOT.COM



Step 1 – Determine Pricing Objective

Skimming: Make money by charging prices
 Penetration: Price lower and gain market share
 Neutral: Be competitive with competition

ABC's Pricing Objective

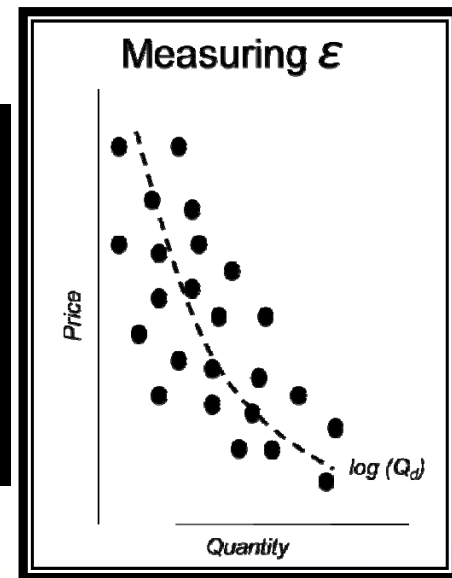
	SKIM	PENETRATION	NEUTRAL
COSTS	Low CMs Low Volumes Changes in Unit Price Drive Profit Large BE Sales Changes At or near capacity	High CMs High volumes Changes in volume drive profitability Small BE Sales Changes Excess capacity	Costs similar to competitors Sufficient CM to finance adv. etc. Little excess capacity Incremental capacity is expensive
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Step 2 – Determine Demand Function

- Price elasticity of demand (i.e., sensitivity) – quantity demanded at various price points

- Elastic demand means that consumers are price sensitive (i.e., $\epsilon > |1|$)
 - Appreciable decline in quantity sold when price is increased
 - Appreciable increase in quantity sold when price is decreased
- Inelastic market means that consumers are not price sensitive (i.e., $\epsilon < |1|$)
 - No appreciable decline in quantity sold when price is increased
 - No appreciable increase in quantity sold when price is decreased



Step 2 – Determine Demand Function

- Estimate demand curves
 - Surveys – explore number of units consumers would purchase at different price points
 - Pricing experiment – vary prices of different products in a single store or vary prices of the same product in different store, and measure the change in quantity demanded
- ➔ • POS data – review the quantity demanded at each price point based on previous transactions



Disclaimer

- Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Hypothetical Data – ABC Audiology, LLC Data from Fiscal Year 2014-2015

Q	$\% \Delta Q$	P	$\% \Delta P$	ε	R
20		\$ 1,000.00			\$ 20,000.00
17	-0.16	\$ 1,700.00	0.52	-0.31	\$ 28,900.00
14	-0.19	\$ 2,500.00	0.38	-0.51	\$ 35,000.00
11	-0.24	\$ 3,300.00	0.28	-0.87	\$ 36,300.00
8	-0.32	\$ 4,000.00	0.19	-1.65	\$ 32,000.00
5	-0.46	\$ 4,800.00	0.18	-2.54	\$ 24,000.00
<u>75</u>					<u>\$ 176,200.00</u>



Relationship – ϵ and Total Revenue

$$\text{Total Revenue} = \sum (\text{Price}_i \times \text{Quantity}_i)$$

Demand	Raise Prices	Reduce Prices
Elastic	Total Revenue Decreases	Total Revenue Increases
Inelastic	Total Revenue Increases	Total Revenue Decreases

Amlani (2008)

Caveat: Over-charging is not being advocated. Over-charging for a product or service can result in no gain or a loss in revenue.



Forecast Scenario #1 – ABC Audiology, LLC Reducing Price (-\$200) Across the Board

Q	$\% \Delta Q$	P	$\% \Delta P$	ϵ	R
21 (+1)		\$ 800.00			\$ 16,800.00
18 (+1)	-0.15	\$ 1,500.00	0.61	-0.25	\$ 27,000.00
15 (+1)	-0.18	\$ 2,300.00	0.42	-0.43	\$ 34,500.00
12 (+1)	-0.22	\$ 3,100.00	0.30	-0.75	\$ 37,200.00
9 (+1)	-0.29	\$ 3,800.00	0.20	-1.41	\$ 34,200.00
6 (+1)	-0.40	\$ 4,600.00	0.19	-2.10	\$ 27,600.00
<u>81</u>					<u>\$ 177,300.00</u>

+\$1100.00



Forecast Scenario #2 – ABC Audiology, LLC Increasing Price (+\$200) Across the Board

Q	$\% \Delta Q$	P	$\% \Delta P$	ε	R
19 (-1)		\$ 1,200.00			\$ 22,800.00
16 (-1)	-0.17	\$ 1,900.00	0.45	-0.38	\$ 30,400.00
13 (-1)	-0.21	\$ 2,700.00	0.35	-0.59	\$ 35,100.00
11 (-1)	-0.26	\$ 3,500.00	0.26	-1.01	\$ 35,000.00
7 (-1)	-0.35	\$ 4,200.00	0.18	-1.94	\$ 29,400.00
4 (-1)	-0.55	\$ 5,000.00	0.17	-3.14	\$ 20,000.00
<u>69</u>					<u>\$ 172,700.00</u>

-\$3500.00



Forecast Scenario #3 – ABC Audiology, LLC Following Revenue Table

<i>Q</i>	$\% \Delta Q$	<i>P</i>	$\% \Delta P$	ϵ	<i>R</i>
19 (-1)		\$ 1,200.00●			\$ 22,800.00
16 (-1)	-0.17	\$ 1,900.00●	0.45	-0.38	\$ 30,400.00
13 (-1)	-0.21	\$ 2,700.00●	0.35	-0.59	\$ 35,100.00
10 (-1)	-0.25	\$ 3,500.00●	0.26	-0.97	\$ 35,000.00
9 (+1)	-0.11	\$ 3,800.00◆	0.08	-1.28	\$ 34,200.00
6 (+1)	-0.40	\$ 4,600.00◆	0.19	-2.10	\$ 27,600.00
<u>73</u>					<u>\$ 185,100.00</u>

+\$8900.00



Step 3 – Estimating Costs and Hourly Rate



Bundled Hourly Rate - Fiscal Year 2014-2015

$$B_{HR} = \frac{\textit{Total Annual Expenses}}{\textit{Annual Contact Hours}}$$

$$B_{HR} = \frac{\$600,000}{3360}$$

$$B_{HR} = \$178.57$$

Personnel/Clinic Expenses increased by \$20000; COGS increased by \$10000

Total Annual Expenses = Personnel Expenses (e.g., salaries, benefits) + Clinic Expenses (e.g., Rent, Utilities, Office Supplies) + Cost of Goods Sold (e.g., Hearing Aids, ALDS)

*Annual Contact Hours = Patient Contact Hours Weekly (e.g., 35) * Operating Weeks Annually (e.g., 48) * Number of Full-Time Providers (e.g., 2)*

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Bundled Hourly Rate - Fiscal Year 2015-2016

$$B_{HR} = \frac{\textit{Total Annual Expenses}}{\textit{Annual Contact Hours}}$$

$$B_{HR} = \frac{\$630,000}{3360}$$

$$B_{HR} = \$187.50$$

Total Annual Expenses = Personnel Expenses (e.g., salaries, benefits) + Clinic Expenses (e.g., Rent, Utilities, Office Supplies) + Cost of Goods Sold (e.g., Hearing Aids, ALDS)

Annual Contact Hours = Patient Contact Hours Weekly (e.g., 35) * Operating Weeks Annually (e.g., 48) * Number of Full-Time Providers (e.g., 2)

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Unbundled Hourly Rate – Fiscal Year 2014-2015

$$U_{HR} = \frac{\text{Total Annual Expenses (Excluding COGS)} *}{\text{Annual Contact Hours}}$$

$$U_{HR} = \frac{\$300,000}{3360}$$

$$U_{HR} = \$89.29$$

*Total Annual Expenses = Personnel Expenses (e.g., salaries, benefits) + Clinic Expenses (e.g., Rent, Utilities, Office Supplies) **(COGS omitted)**

Annual Contact Hours = Patient Contact Hours Weekly (e.g., 35) * Operating Weeks Annually (e.g., 48) * Number of Full-Time Providers (e.g., 2)

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Unbundled Hourly Rate – Fiscal Year 2015-2016

$$U_{HR} = \frac{\text{Total Annual Expenses (Excluding COGS)} *}{\text{Annual Contact Hours}}$$

$$U_{HR} = \frac{\$320,000}{3360}$$

$$U_{HR} = \$95.24$$

Personnel/Clinic Expenses increased by \$20000

*Total Annual Expenses = Personnel Expenses (e.g., salaries, benefits) + Clinic Expenses (e.g., Rent, Utilities, Office Supplies) **(COGS omitted)**

Annual Contact Hours = Patient Contact Hours Weekly (e.g., 35) * Operating Weeks Annually (e.g., 48) * Number of Full-Time Providers (e.g., 2)

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Step 4 – Hearing Aids and Services – Standard of Care

- Hearing tests generate a patient fee
- Initial hearing aid fittings
 - 45-day trial period consisting of 3 fitting appointments (every 15 days)
 - Each appointment
 - Probe-microphone measurement
 - Hearing aid performance measures in test box
 - Speech-in-noise testing
 - Counseling/AR
- Post-fitting appointments at 6- and 12-months
 - Each appointment
 - Probe-microphone measurement
 - Electroacoustic verification
 - Speech-in-noise testing
 - Counseling/AR



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Step 5 – Selecting a Pricing Method



Bundled Hearing Aids and Services

	Retail Cost	Quantity	Total
Hearing Aid*	\$1900	2	\$3800
Professional Services for Life of Device	\$200	1	\$200

Total = \$4000

* Wholesale cost is increased by 80% ($\$1055 * .8$)
Hearing tests are provided at no charge

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Unbundled Hearing Aids and Services

	Retail Cost	Quantity	Total
Hearing Aid*	\$1477	2	\$2954
Prof. Services – Year 1	\$720	1	\$720
Prof. Services – Year 2-5	\$1008	1	\$1008

Total = \$4682

* Wholesale cost is increased by 40% ($\$1055 * .4$)

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Calculate Payment for Services - Unbundled

Services – Initial Fitting	Time Billed (Minutes)	Quantity	Unbundled (\$96.00/hour)
Hearing Aid Evaluation	30	1	\$96
Hearing Aid Fitting & Orientation	30	1	\$96
Probe-Microphone Verification	15	2	\$96
Counseling/AR	30	2	\$192
Hearing Aid Check/Follow-up	30	4	\$192
Hearing Aid Performance Evaluation in Test Box	15	1	\$24
Speech-in-Noise Testing	15	1	24

Total = \$720

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Calculate Payment for Services - Unbundled

Services – Next 4 Years	Time Billed (Minutes)	Quantity	Unbundled (\$96.00/hour)
Probe-Microphone Verification	15	8	\$192
Counseling/AR	15	4	\$96
Hearing Aid Check/Follow-up	30	4	\$192
Hearing Aid Performance Evaluation in Test Box	15	8	\$192
Speech-in-Noise Testing	15	4	\$96
Repairs: In-house	30	4	\$192
Repairs: Manufacturer	30	1	\$48

Total = \$1008

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Bundled vs Unbundled – Hearing Aids and Services

	Bundled Total	Unbundled Total
Hearing Aid	\$3800	\$2954
Professional Services for Life of Device	\$200	\$1728
Total over 5 years	\$4000	\$4682
Average annual Revenue over 5 years	\$800	\$936

Note that all prices shown in this presentation are hypothetical, and are used simply to highlight various procedures.



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Hearing Aid Returns – State Laws

State	Trial Period	Refund	Complaints
AR	None required.	None required.	Health Care Bureau of Consumer Protection Division. http://www.ag.state.ar.us/consumers_consumer_complaints.html Office of the Attorney General 323 Center Street, Suite 200, Little Rock, AR 72201 501.682.2007 or 800.482.8982
MN	45 days.	Refund of full purchase price less a fee of up to \$250.	Office of Attorney General, Consumer Services Division. www.ag.state.mn.us/Consumer/Complaint.asp Office of Minnesota Attorney General Lori Swanson 1400 Bremer Tower, 445 Minnesota Street, St. Paul, MN 55101-2131 651.296.3353 800.657.3787



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Hearing Aid Returns – State Laws

State	Trial Period	Refund	Complaints
CA	30 days.	Total amount paid.	Hearing Aid Dispensers Bureau. www.dca.ca.gov/hearingaid/consumers/complaint.shtml 1625 North Market Blvd., Suite S-202, Sacramento, CA 95834 916.574.7990 Fax 916.574.8645 E-mail: hearingaid@dca.ca.gov
TX	30 days.	Refund of full purchase price less amount specified in sales contract.	State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments. www.dshs.state.tx.us/fitters/fdhi_complaint.shtm Complaints Management and Investigative Section PO Box 141369, Austin, TX 78714-1369 800.942.5540 / 512.834.6633 Fax: 512.834.6718

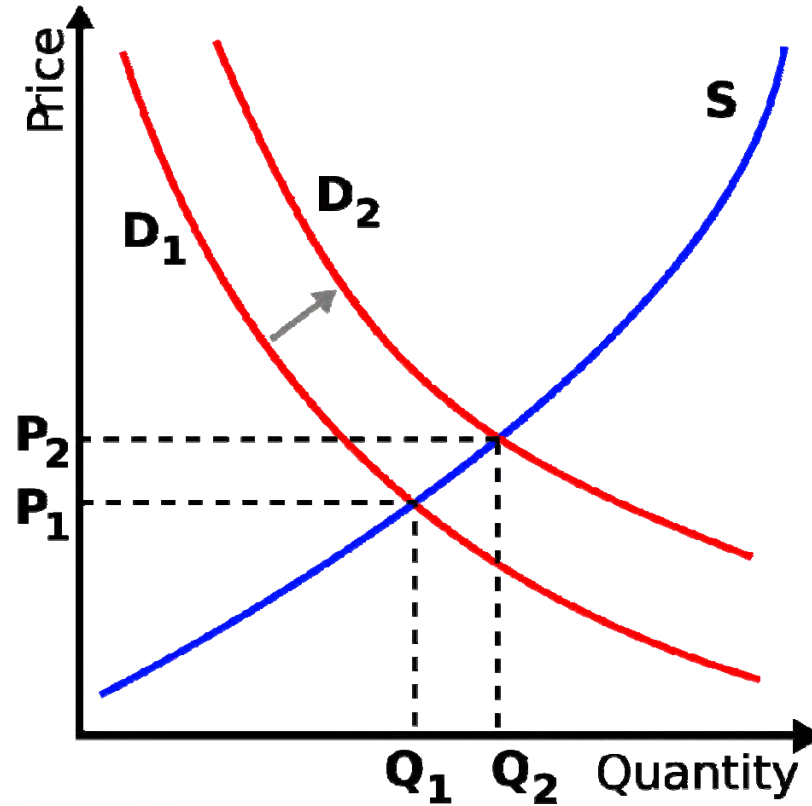


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Price Changes?



UNC Hearing & Communication Center

Self-supported community-based clinic for training doctoral students

- Staffed by faculty audiologists
- June 2004 - Grand Opening
- July 2005 - Unbundled
- July 2010 - Transparency in HA pricing
- July 2013 - Service plan option available
- Always - Committed to utilizing EPB as outlined by the American Academy of Audiology



Preparing the next generation of Audiologists at UNC-CH





What we are teaching our students

- Every patient is an opportunity
- Learn how to program multiple manufacturers
- Improve what they have
 - » What services can you provide or not provide – is the device locked?
- Expand your offerings
- Educate and counsel the patient
- Make a positive impression for when the patient seeks future services

BLESSED
are the
FLEXIBLE
FOR THEY SHALL
NOT BE
BENT OUT OF
SHAPE

AND...to look to the evidence and not get locked into doing things one way because that it's how you have always done it

Hearing Evaluation

Functional Communication Assessment/Hearing Aid Selection

Hearing Aid Fitting

- Two week Follow-up
- May include:
 - 4week follow-up
 - 6 week follow-up



Six Month HA Check

Better Hearing Workshops and Counseling

Annual Hearing Evaluation and Hearing Aid Check

Consults, Walk-ins

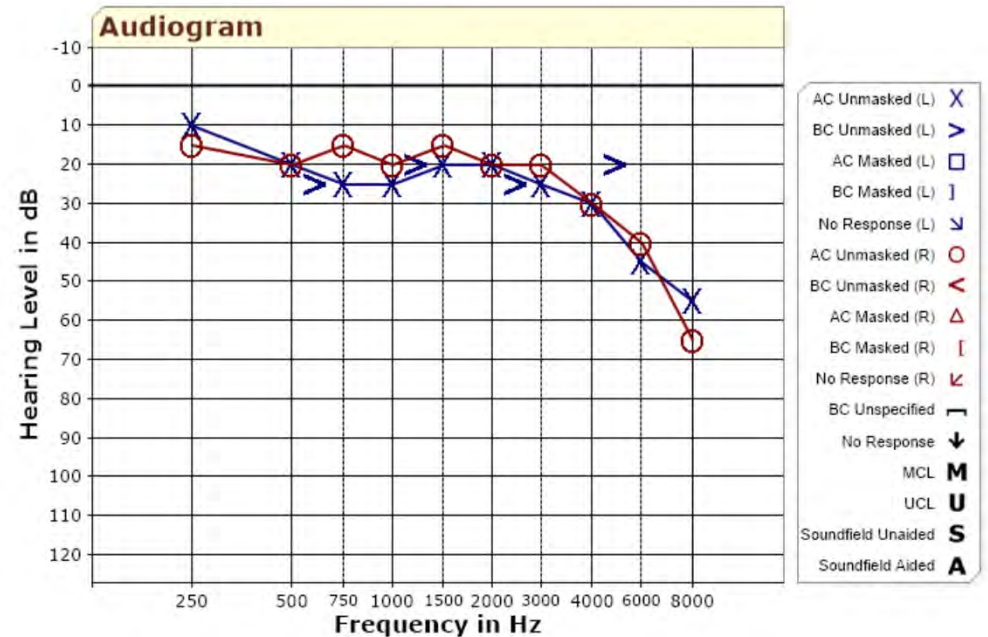
We are Out-of-Network Providers for Hearing Aids

All patients pay when they check out.

- One Exception – BCBS Federal (allows us to balance bill)
 - » Use a waiver where allowed so patients can upgrade technology and pay out of pocket – no surprises, it's clear what they owe up front.
- We verify Insurance Coverage prior to the Hearing Aid Evaluation Appointment for every patient
 - » Important to know what the policy covers
- Not all policies are in our best interest or in the best interest of our profession
 - » Take a stand and only accept coverage that is good for your practice.

Sample Patient: Forrest Gump

- 70 years young
- Reports he is going deaf
- He cannot hear his son; he cannot understand on the telephone
- Struggling in group social settings
- Lives in a retirement community



WRS	Presentation: Recorded	WordList: QMass CID W-22, List 2A
RIGHT	96% @ 65 dBHL	35 dB HL Masking
LEFT	100% @ 65 dBHL	35 dB HL Masking

Comprehensive Evaluation

- » 92557 medical necessity
- » **S0618** for hearing aid evaluation

If medically necessary:

- tympanometry (92567)
- tympanometry and acoustic reflexes (92550)

Possible modifiers:

- Reduced services (52)
- Item or service statutorily excluded (GY)

Hearing Evaluation – with M.D. referral

AUDIOLOGY DIAGNOSTIC PROCEDURES														
✓	CPT	mod.	DESCRIPTION	FEE	✓	CPT	mod.	DESCRIPTION	FEE	✓	CPT	mod.	DESCRIPTION	FEE
	92557		Comprehensive Audiogram (air, bone, speech complete)			92588		OAE (comprehensive)			92630		Audiological Rehabilitation [pre-lingual]	
	92567		Tympanometry			92587		OAE (single intensity level)			92633		Audiological Rehabilitation [post-lingual]	
	92550		Tympanometry AND reflexes			92579		Visual Reinforcement Audiometry			69210		Cerumen Removal [IMPACTED]	
	92570		Tympanometry, Reflexes AND Decay			92582		Conditioning Play Audiometry			92700		Cerumen Removal [not impacted]	
	92568		Acoustic Reflex Thresholds			92583		Select Picture Audiometry			99080		Special Reports	
	92552		Pure-Tone Air			92625		Assessment of Tinnitus			99368		Team Meeting	
	92553		Pure-Tone Air and Bone			92596		Ear Protection Attenuation Measurement			92700		Unlisted Service or Procedure	
	92551		Hearing Screening, Air Only [not seeking HTLs]			92562		Loudness Balance Test			S0618		Audiometry for Hearing Aid Evaluation	
	92565		Stenger, pure tone			92626		Evaluation of Auditory Rehab. (1st hr)			92571		Filtered Speech Test/Hearing in Noise Test	
	92577		Stenger, speech			92627		Add'l 15 min. of auditory rehab.						
	92555		Speech Threshold [SRT/SAT]			92620		Central Auditory Processing Eval (1st hr)						
	92556		SRT & WRS [add -22 modifier if PI/PB]			92621		CAP (ea add'l 15 min)						
DIAGNOSIS CODES ICD-10 RIGHT is X1; LEFT is X2; BILATERAL is X3														
✓	CODE	DESCRIPTION	✓	CODE	DESCRIPTION	✓	CODE	DESCRIPTION						
	H93.299	Abnormal Auditory Perception		H93.	Threshold Shift, Temporary 241 242 243		Z01.110	Hearing exam following failed hearing screening						
	Q16.1	Aural Atresia		H90.0	Hearing Loss, Conductive, Bilateral		H93.	Hyperacusis 231 232 233						
	T70.0XXA	Barotrauma, initial encounter		H90.	Hearing Loss, Conductive, 11 12		Z76.5	Malingering						
	T70.0XXS	Barotrauma, long term follow up		H90.6	Hearing Loss, Mixed, Bilateral		H81.	Meniere's Disease 01 02 03						
	GS1.0	Bell's Palsy		H90.	Hearing Loss, Mixed, 71 unrestricted R; 72 unrestr'd L		H92.	Otalgia, 01 02 03						
	H61.	Cerumen Impaction 21 22 23		H83.	Hearing Loss, Noise effects inner ear 3X1, 3X2, 3X3		H92.	Otorrhea 11 12 13						
	H93.25	Central Auditory Processing Disorder		H91.8X1	Hearing Loss, other specified loss, right ear		H93.	Recruitment, Auditory 211 212 213						
	R42	Dizziness		H91.8X2	Hearing Loss, other specified loss, left ear		H61.	Stenosis, Acquired 301 302 303						
	H61.	Exostosis of External Ear Canal 811 812 813		H90.3	Hearing Loss, Sensorineural, Bilateral		H93.	Tinnitus, 11 12 13						
	Z82.2	Family Hx of Hearing Loss		H90.	Hearing Loss, Sensorineural, 41 unres't'd L; 42 unres't'd R		H72.	TM Perforation; 91 92 93						
	Z71.1	Feared Complaint with no diagnosis		H91	Hearing Loss, Sudden Idiopathic 21 22 23		Z97.4	Presence of external hearing aid						
	Z01.12	Hearing Conservation and Treatment					Z46.1	Fitting and Adjustment of Hearing Aid						
PQRS														
✓	CODE	DESCRIPTION	✓	CODE	DESCRIPTION	✓	CODE	DESCRIPTION						
		Screening for Clinical Depression/Follow up plan			Acute or Chronic Dizziness			Documentation of Current Medications						
	G8431	Positive screen for clinical depression/follow up plan documented		G8856	Patient referred for otologic eval		G8427	Current medications documented						
	G8510	Negative screen for clinical depression/no follow up required		G8857	Patient not eligible for referral		G8430	Pt not eligible for medication assessment						
	G8433	Screening for clinical depression not documented/pt not eligible		G8858	Pt not referred for unknown reason		G8428	Current medications not documented						
	G8432	No documentation of clinical depression												
	G8511	Positive screen for clinical depression; follow up not documented;												



Next Step Option 1: Hearing Aid Evaluation/DEMO

- Choose your preferred hearing aid manufacturer
 - » Maybe you have some models in the backroom already
- Show examples of your preferred model
 - » 60% of practices DEMO how great it can sound
- Show your patient style options...and help them pick one
- How is this different than what the BIG Box or online provider does? It's all about the DEVICE.





Functional Communication Assessment

Demonstrates your knowledge/skills

- Gather OBJECTIVE and SUBJECTIVE data
- Characteristics of Amplification Tool (COAT)
 - Other assessments - APHAB, ECHO, etc.
- Quick SIN
- Loudness Discomfort Measures (LDL)
- Acceptable Noise Level (ANL) as needed
- Cochlear dead region testing (TEN-HL) as needed
- Lifestyle Assessment
- Client Oriented Scale of Improvement – Establish GOALS
- HA/Technology selection → TREATMENT PLAN
- Earmold Impression(s) → collect payment prior to order
 - Impression(s) V5275
 - Earmold(s) V5264



<http://arcadiansolutions.com>

- Opportunity to really know the patient AND counsel them.
- Gain understanding of all their communication difficulties
- Enables one to look beyond just the widget in the recommendation

UNC Hearing & Communication Center
6015 Farrington Road, #103, Chapel Hill 27517

LIFESTYLE ASSESSMENT

Patient Name: _____ Date: _____

Home Communication Lives in own home: with family _____ alone _____ Plans to move (retirement community): Yes No Lives in retirement community: with family alone CM GR CW Cedars	Telephone Use Landline: Yes No Cell Phone: Yes No Bluetooth: Yes No Speaker Phone: Yes No Amplified Phone: Yes No																																													
Employment Communication Occupation: _____ Phone use: Yes No Conference calls: Yes No Travel: Yes No	Dexterity Visual Acuity Good Good Fair Fair Poor Poor																																													
Hobbies _____ _____ _____	Special Interest Waterproof: Yes No Rechargeable: Yes No Cosmetic concern: Yes No																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Regular Activities</th> <th style="width: 25%;">Occurance</th> <th style="width: 25%;">Importance</th> </tr> </thead> <tbody> <tr><td>Group Meetings:</td><td></td><td></td></tr> <tr><td>Outdoor Activities:</td><td></td><td></td></tr> <tr><td>Volunteering:</td><td></td><td></td></tr> <tr><td>Social events:</td><td></td><td></td></tr> <tr><td>TV:</td><td></td><td></td></tr> <tr><td>Movies:</td><td></td><td></td></tr> <tr><td>Theater:</td><td></td><td></td></tr> <tr><td>Lectures:</td><td></td><td></td></tr> <tr><td>Religious Services:</td><td></td><td></td></tr> <tr><td>Restaurant dining:</td><td></td><td></td></tr> <tr><td>Concerts:</td><td></td><td></td></tr> <tr><td>Computer use:</td><td></td><td></td></tr> <tr><td>Exercise (alone/group):</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> </tbody> </table>	Regular Activities	Occurance	Importance	Group Meetings:			Outdoor Activities:			Volunteering:			Social events:			TV:			Movies:			Theater:			Lectures:			Religious Services:			Restaurant dining:			Concerts:			Computer use:			Exercise (alone/group):			Other:			Hearing Aids Recommended Manufacturer: _____ Model: _____ Color: _____ Receiver Size/Power: _____ Accessories: _____
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SAMPLE

Let's re-visit our patient

Completed the COAT prior to appointment

- Motivated to hear better

Objective testing:

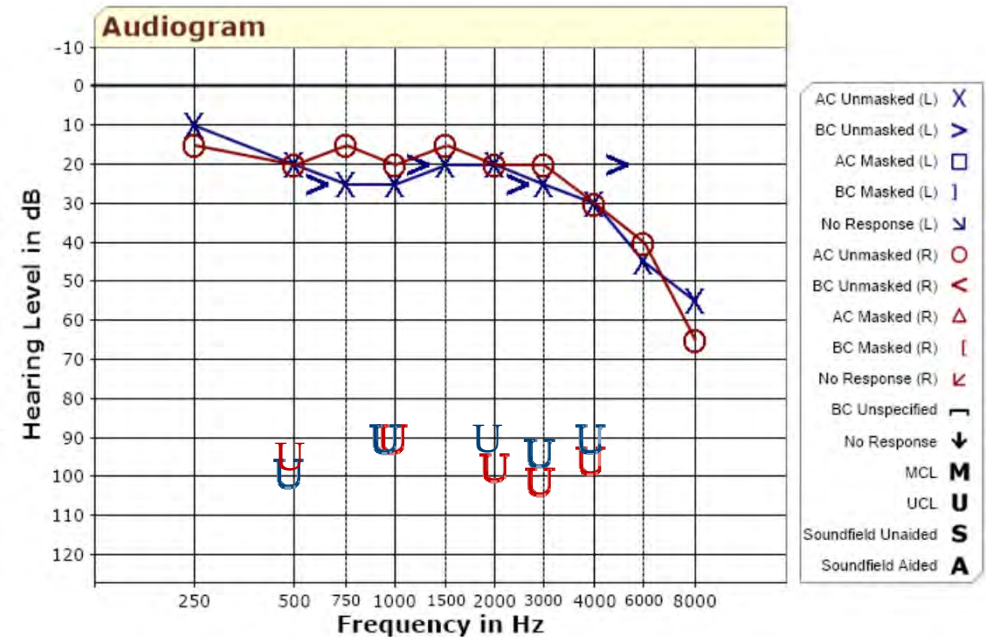
- QUICKSIN: 3 dB SNR Loss
- LDL Measured

Lifestyle Assessment

- Active lifestyle

COSI

- Ranked himself very poorly at all communication situations



Communication Goals	Present Ability	Desired Ability	Realistic Ability	Final Ability
Hearing better on the telephone	5	10	9	
Hearing his son from across the room	4	10	8 or 9	
Hearing in social gatherings	4	10	8	



Proceeded with treatment

HEARING AID PROCEDURES, EARMOLDS, AND ACCESSORIES (and related professional services)														
✓	CPT / HCPCS	mod.	DESCRIPTION	FEE	✓	HCPCS	mod.	DESCRIPTION	FEE	✓	HCPCS	mod.	DESCRIPTION	FEE
	V5299		Office Visit			V5257		Digital BTE, monaural			98960		Education & Training, individual	
	92592		HA Check, monaural (visual & listening inspections)			V5256		Digital ITE, monaural			98961		Education & Training, 2-4 persons	
	92593		HA Check, binaural (visual & listening inspections)			V5255		Digital ITC, monaural			98962		Education & Training, 5-8 persons	
	92594		Electroacoustic Analysis, monaural			V5254		Digital CIC, monaural			V7212		Encounter for hearing conservation & Tx	
	92595		Electroacoustic Analysis, binaural			V5262		Disposable Aid, monaural			99002		Shipping and Handling	
	V5014		HA Repair by Mfctr., 6 mo. Warranty			V5261		Digital BTE, binaural			V5299		Loss and Damage Deductible, per device	
	V5014		HA Repair by Mfctr., 12 mo. Warranty			V5260		Digital ITE, binaural			V5299		HA Extended Warranty	
	V5014		HA Repair, in-house per ear small parts replaced			V5259		Digital ITC, binaural			69210		Cerumen Removal [IMPACTED]	
	V5014		HA Repair no charge			V5259		Digital CIC, binaural			92700		Cerumen Removal [not impacted]	
	V5267		HA Supplies/Accessories (see reverse)			V5263		Disposable Aid, binaural			98966		Telephone Assessment	
	92590		HA Evaluation, monaural (Func. Comm. Assess.)			V5241		Dispensing Fee, monaural			98969		Online Assessment	
	92591		HA Evaluation, binaural (Func. Comm. Assess.)			V5160		Dispensing Fee, binaural			V5266		Battery (6 batteries/pk)	
	V5275	x2	Earmold Impression (each)			V5110		Dispensing Fee, bilateral			V5266		Battery Club Membership (8pk of 6)	
	V5264	x2	Earmold Custom (each)			V5090		Dispensing Fee, unspecified aid (FM)			V5268		ALD, Telephone	
	V5265		Earmold, Disposable (each)			V5200		Dispensing Fee, CROS			V5269		ALD, Alerting	
	V5011		Fitting and Orientation of Hearing Aid(s)			V5240		Dispensing Fee, BICROS			V5270		ALD, TV Amplifier	
	V5011		Fitting and Orientation of FM			V5298		Hearing Aid, miscellaneous			V5274		ALD, miscellaneous (e.g., FM, wireless)	
	V5020		Conformity Evaluation (Real-Ear Measures)			V5298		Lyric Subscription			V5299		Hearing Service Miscellaneous (Home visit)	
	V5014		Hearing Aid Reprogramming Basic Simple Advance			92630		Audiological Rehabilitation [pre-lingual]			V5299		Consult: Basic Simple Intermediate Advance	
	V5267		Musician's Earplugs Filters (each)			92633		Audiological Rehabilitation [post-lingual]					per 15 minutes	

Before fittings, after repairs and as needed:

- Electroacoustic Analysis (EAA)
- Directional Microphone (DM) test
- Distortion Test
- Hearing aid check
 - Visual inspection and listening check



Image from: <http://www.audioscan.com>

A valuable service!

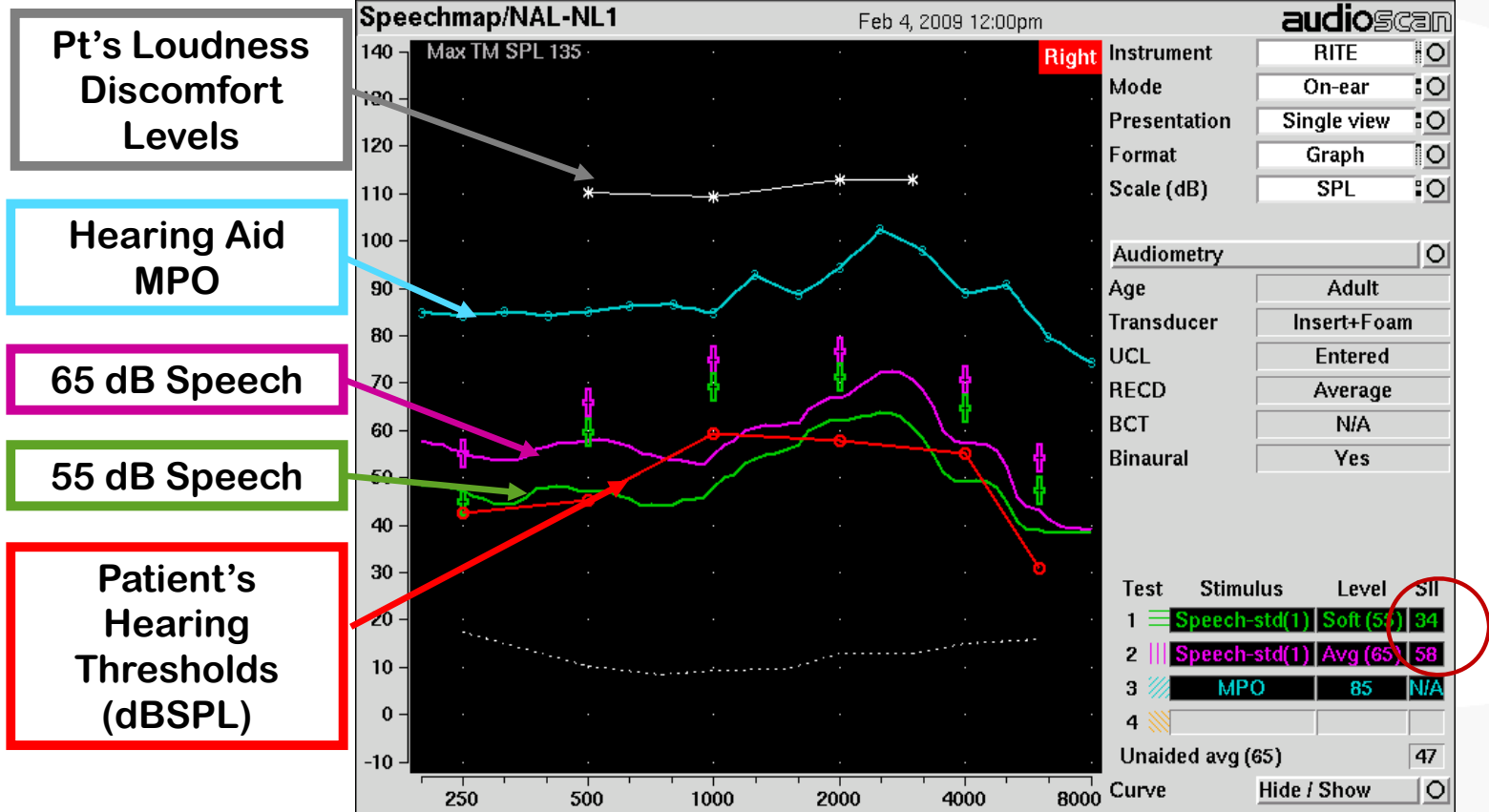
Day of fitting (prior to appointment)

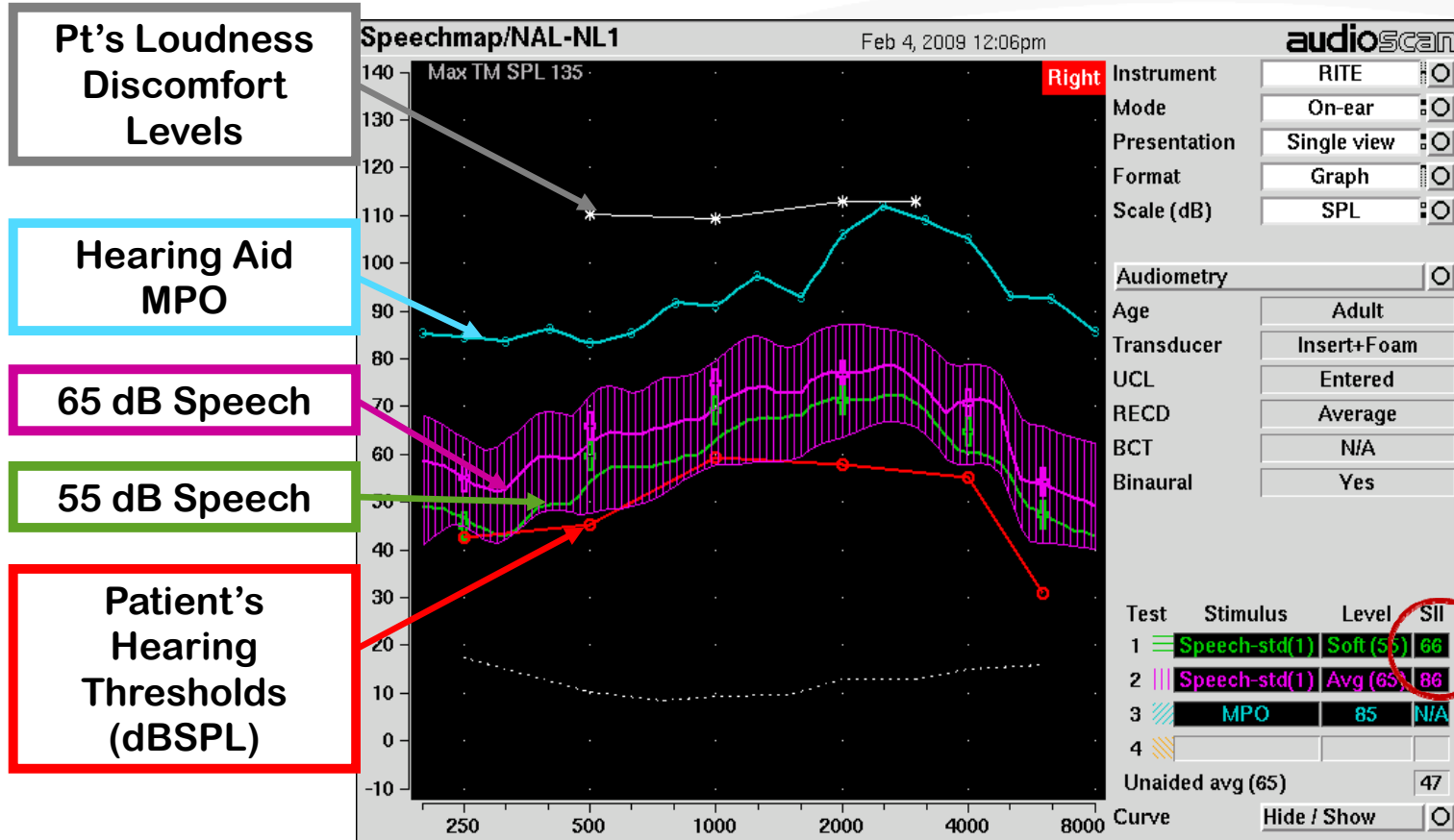
- Pull up patient in Noah
- Enter audio and LDLs into verification system

Day of fitting (with patient)

- Seat patient in front of verification equipment
- Otoscopic inspection
- Check physical fit of HA(s) and/or earmolds
- **Run REM**
 - 55dB, 65 dB, and MPO
 - Program hearing aids
- Orientation
- Collect payment for HAs *and* professional services







Receive HA from Manufacturer

- Visual inspection and listening check (92592/3)
- Quality Assurance (V5011)
 - EAA, DM, HAC

Day of Fitting

- Office Visit (V5299)
- Conformity Evaluation (V5020)
 - **Probe Microphone Measures**
 - **Functional Gain**
 - **Validation**
- Hearing Aid Programming (V5014)
- Orientation (V5011)
 - Care, maintenance, use
- Dispensing Fee binaural (V5160)
- Hearing Aid - digital BTE binaural (V5261)

Hearing aid fitting follow-up

- Appointments included for 45 days
 - Recommend: 2 week and 4 week (six week as needed)





HEARING AID PROCEDURES, EARMOLDS, AND ACCESSORIES (and related professional services)														
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Non-refundable!



Purchase Agreement and Invoice

PURCHASE AGREEMENT
UNC HEARING AND COMMUNICATION CENTER
6015 FARRINGTON ROAD, SUITE 103
CHAPEL HILL, NC 27517-8822

Patient: FORREST GUMP Phone: (123) 555-9876
Address: 221 B Baker Street
City: Anytown State: LA Zip: 12345

Date of Receipt: 3-29-2012 Purchaser (if different from above):
NON-REFUNDABLE PROFESSIONAL SERVICES (available for 45 days from date of initial fit): \$XXXX^{##}
MANUFACTURER / MODEL: Premium BTE SERIAL # R: 12-123456A \$XXXX^{##}
MANUFACTURER / MODEL: Premium BTE SERIAL # L: 12-123456B \$XXXX^{##}
REMOTE / CONNECTIVITY: SERIAL #: \$
ACCESSORIES: \$
BATTERY CLUB: four packs (24 batteries) or 1 rechargeable battery per hearing aid purchased \$ 0
BETTER HEARING WORKSHOPS: series of 4 sessions - request to be notified when the next series occurs. \$ 0
BATTERY SIZE: 13R 13L TOTAL: \$XXXX^{##}

Terms of Purchase: Purchaser may use the Hearing Instrument(s) for an evaluation and adjustment period of not more than 30 days from the date of receipt. Within this time, the Purchaser may choose to keep the Hearing Instrument(s) or may cancel by returning the Hearing Instrument(s) to the dispenser in as good a condition as when received by 4-29-2012. If the sale is cancelled within this time, the dispenser will return to the Purchaser full purchase price of the Hearing Instrument(s) less the Professional Fees of \$ and any other non-refundable fees for earmolds or hearing evaluations to be retained by the dispenser. If the Hearing Instrument(s) is/are damaged in any way from a new condition, or if the Purchaser does not return the Hearing Instrument(s) within the evaluation and adjustment period, the Purchaser agrees that he/she shall be deemed to have purchased the Hearing Instrument(s).

Warranty Coverage: The above Hearing Instrument(s) is/are warranted by the manufacturer for a period of 2 years through 3-29-2014. There is a one-year, one-time per device warranty for loss and damage through 3-29-2013. **Financial Responsibility - Repairs:** This clinic operates in a fee-for-service capacity in order to keep technology prices transparent and as low as possible. Appointments for regular maintenance or troubleshooting that occur outside of the 45-day professional services period will incur routine clinical charges. When a device malfunctions and cannot be repaired in-house, it will be sent to the manufacturer for an in- or out-of-warranty repair. Routine clinical charges related to quality assurance, reprogramming and processing are incurred by the patient for every repair, regardless of warranty status. Out-of-warranty repairs incur an additional charge from the manufacturer for services rendered. Consent for repair will be obtained. **Loss & Damage:** When filing a loss and damage claim through the manufacturer, the purchaser will be responsible for a \$300.00 deductible per device. Loss and damage coverage following the warranty period may be obtained through insurance companies and/or homeowner's insurance. Accessories such as custom earmolds are not covered by the hearing instrument warranty and their replacement/repair will involve charges for office visit, procedures and products used.

Forrest Gump
Purchaser's Signature

Medical Clearance: (in chart) or Medical Waiver (signature required below) Accepted: UNC Division of Speech and Hearing
By: She Best Audiologist ever License #: #1234
I have been advised by UNC Hearing and Communication Center that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I do not wish a medical evaluation before purchasing hearing instrument(s).
Forrest Gump
Purchaser's Signature

For internal use only:
Inv # _____ Ckt _____ Visa / MC # _____
8/2009

UNC Hearing and Communications Center
Division of Speech and Hearing
UNC-Chapel Hill
6015 Farrington Road, Suite 103
Chapel Hill, NC 27517-8822

Invoice

Date	Invoice #
3/6/2012	1302

Bill To
FORREST GUMP
221 B BAKER ST
ANYTOWN, LA 12345

Clinician

Service Date	Description	Quantity	Amount
3/29/2012	v5261 - Digital BTE, Bimodal		0.00
3/29/2012	Professional Services		
3/29/2012	v5299 - Office Visit		0.00
3/29/2012	92593 - HA Check, Bimodal (Visual & Listening Inspections)		0.00
3/29/2012	92595 - Electroacoustic Analysis, Bimodal		0.00
3/29/2012	v5020 - Conformity Evaluation (Real-Ear Measures)		0.00
3/29/2012	v5014 - Hearing Aid Reprogramming Advanced		0.00
3/29/2012	v5011 - Fitting and Orientation of Hearing Aid(s)		0.00
3/29/2012	v5160 - Dispensing Fee, Bimodal		0.00
3/29/2012	389.18 - Hearing Loss, Sensorineural, Bilateral		0.00
Total			\$0.00

Enjoy your Hearing Aids!

Phone #	Fax #	Web Site
(919) 493-7980	(919) 493-7985	www.med.unc.edu/ahs/sphs



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SERVICE PLAN OPTIONS

Fee for Service

Service	Fee
6 month check	\$
Annual check with EAA	\$
Repair of each hearing aid	\$

Average total for one year of services following a fee for service model: \$ -

Option A: 2-year service plan

Services Included
6 month checks
Annual checks with EAA
Repairs of each hearing aid
Batteries
Small parts (domes, wax traps, tubing)
Reprogramming when there are changes to acoustic coupling or a decline in hearing thresholds
Programming adjustments (adding/deleting programs, changing on ear controls, etc.)

2-year package: \$

Option B: 3-year service plan

Services Included
6 month checks
Annual checks with EAA
Repairs of each hearing aid
Batteries
Small parts (domes, wax traps, tubing)
Reprogramming when there are changes to acoustic coupling or a decline in hearing thresholds
Programming adjustments (adding/deleting programs, changing on ear controls, etc.)

3 year package: \$

Service Plans may be initiated after the 30 day trial and evaluation period. Service plans can be purchased at a later date; however, the service plan will not extend beyond manufacturer's warranty. Patients will not be reimbursed for payments made for services rendered. Service plans are non-refundable. Pro-rated plans are not available. EXCLUSIONS include, but are not limited to: ear molds, dry bricks, Miracel, lubricants, wax removal and dehumidifiers. An appointment is required for service.

Final Follow Up

Are the hearing aids comfortable? Yes No Maybe

If no; please explain: _____

Do you feel confident with insertion and removal of the hearing aids? Yes No Maybe

If no; please explain: _____

Do you feel confident with battery changes and cleaning of the hearing aids? Yes No Maybe

If no, what do you struggle with? _____

Have you achieved improvement and/or the goals set forth at the beginning of this process? Yes No Maybe

If no, please explain: _____

Do you feel you understand the terms of the warranty? Yes No Maybe

If no; please explain: _____

Would you refer a friend/family member to our clinic? Yes No Maybe

If no, what can we improve upon? _____

What have you liked best about your experience? _____

What did you like least about your experience? _____

REMINDERS:

Small Parts that need cleaning/replacement: _____

Battery Type/ Size/Color: _____ Warranty expiration date: _____

You should expect a reminder call around _____ for a 6 month checkup.

I have been informed of the Service Plans offered by the UNC Hearing and Communication center and I:

- will purchase a Service Plan.
- will NOT purchase a Service Plan.

Patient Signature

Date

Service plans can be purchased at a later date; however, the service plan will not extend beyond manufacturer's warranty. Patients will not be reimbursed for payments made for services rendered. Service plans are non-refundable. Pro-rated plans are not available.





Out of Warranty repair

Patient pays the
manufacturer's
repair invoice,
plus a fee for
our services.



In Warranty Repair

Patient still
pays a fee for
our services.



SERVICES may include:

- Hearing Aid Check -92592, 92593
- Attempt to repair the hearing aid in house - V5014
- EAA - 92594/5
- Directional Mic Test - 92594/5
- Hearing Aid Programming - V5014
 - Feedback Test, as needed - V5014
 - Synchronization, as needed - V5014
- Shipping and Handling- 99002

Six Months:

- Office visit (V5299)
- HAC (92592/3)
 - Visual and listening inspection
- Hearing aid repair, in house (V5014)
 - per ear – small parts replacement

Annual:

- Office visit (V5299)
- HAC (92592/3)
 - Visual and listening inspection
- Hearing aid repair, in house (V5014)
 - per ear – small parts replacement
- EAA (92594/5)





Hearing Aid Check:

HEARING AID PROCEDURES, EARMOLDS, AND ACCESSORIES (and related professional services)														
✓	CPT / HCPCS	mod.	DESCRIPTION	FEE	✓	HCPCS	mod.	DESCRIPTION	FEE	✓	HCPCS	mod.	DESCRIPTION	FEE
	V5299		Office Visit			V5257		Digital BTE, monaural			98960		Education & Training, individual	
	92592		HA Check, monaural (visual & listening inspections)			V5256		Digital ITE, monaural			98961		Education & Training, 2-4 persons	
	92593		HA Check, binaural (visual & listening inspections)			V5255		Digital ITC, monaural			98962		Education & Training, 5-8 persons	
	92594		Electroacoustic Analysis, monaural			V5254		Digital CIC, monaural			V7212		Encounter for hearing conservation & Tx	
	92595		Electroacoustic Analysis, binaural			V5262		Disposable Aid, monaural			99002		Shipping and Handling	
	V5014		HA Repair by Mfctr., 6 mo. Warranty			V5261		Digital BTE, binaural			V5299		Loss and Damage Deductible, per device	
	V5014		HA Repair by Mfctr., 12 mo. Warranty			V5260		Digital ITE, binaural			V5299		HA Extended Warranty	
	V5014	x2	HA Repair, in-house per ear small parts replaced			V5259		Digital ITC, binaural			69210		Cerumen Removal [IMPACTED]	
	V5014		HA Repair no charge			V5259		Digital CIC, binaural			92700		Cerumen Removal [not impacted]	
	V5267		HA Supplies/Accessories (see reverse)			V5263		Disposable Aid, binaural			98966		Telephone Assessment	
	92590		HA Evaluation, monaural (Func. Comm. Assess.)			V5241		Dispensing Fee, monaural			98969		Online Assessment	
	92591		HA Evaluation, binaural (Func. Comm. Assess.)			V5160		Dispensing Fee, binaural			V5266		Battery (6 batteries/pk)	
	V5275		Earmold Impression (each)			V5110		Dispensing Fee, bilateral			V5266		Battery Club Membership (8pk of 6)	
	V5264		Earmold Custom (each)			V5090		Dispensing Fee, unspecified aid (FM)			V5268		ALD, Telephone	
	V5265		Earmold, Disposable (each)			V5200		Dispensing Fee, CROS			V5269		ALD, Alerting	
	V5011		Fitting and Orientation of Hearing Aid(s)			V5240		Dispensing Fee, BICROS			V5270		ALD, TV Amplifier	
	V5011		Fitting and Orientation of FM			V5298		Hearing Aid, miscellaneous			V5274		ALD, miscellaneous (e.g., FM, wireless)	
	V5020		Conformity Evaluation (Real-Ear Measures)			V5298		Lyric Subscription			V5299		Hearing Service Miscellaneous (Home visit)	
	V5014		Hearing Aid Reprogramming Basic Simple Advance			92630		Audiological Rehabilitation [pre-lingual]			V5299		Consult: Basic Simple Intermediate Advance	
	V5267		Musician's Earplugs Filters (each)			92633		Audiological Rehabilitation [post-lingual]					per 15 minutes	

EAA at one year and
as needed

**Best Practice =
Proactive Patient Care**



45 Days		30 Days		Insurance: Medicare BCBS Aetna Cigna UHC Other:											
AUDIOLOGY DIAGNOSTIC PROCEDURES															
✓ CPT	mod.	DESCRIPTION	FEE	✓ CPT	mod.	DESCRIPTION	FEE	✓ CPT	mod.	DESCRIPTION	FEE				
92557		Comprehensive Audiogram (air, bone, speech complete)		92588		OAE (comprehensive)		92630		Audiological Rehabilitation [pre-lingual]					
92567		Tympanometry		92587		OAE (single intensity level)		92633		Audiological Rehabilitation [post-lingual]					
92550		Tympanometry AND reflexes		92579		Visual Reinforcement Audiometry		69210		Cerumen Removal [IMPACTED]					
92570		Tympanometry, Reflexes AND Decay		92582		Conditioning Play Audiometry		92700		Cerumen Removal [not impacted]					
92568		Acoustic Reflex Thresholds		92583		Select Picture Audiometry		99080		Special Reports					
92552		Pure-Tone Air		92625		Assessment of Tinnitus		99368		Team Meeting					
92553		Pure-Tone Air and Bone		92596		Ear Protection Attenuation Measurement		92700		Unlisted Service or Procedure					
92551		Hearing Screening, Air Only [not seeking HTLs]		92562		Loudness Balance Test		S0618		Audiometry for Hearing Aid Evaluation					
92565		Stenger, pure tone		92626		Evaluation of Auditory Rehab. (1st hr)		92571		Filtered Speech Test/Hearing in Noise Test					
92577		Stenger, speech		92627		Add'l 15 min. of auditory rehab.									
92555		Speech Threshold [SRT]/S		92620		Central Auditory Processing Eval (1st hr)									
92556		SRT & WRS [add -22 min. of HTLs]		92621		CAP (ea add'l 15 min)									
DIAGNOSIS CODES ICD-10															
✓ CODE	DESCRIPTION	✓ CODE	DESCRIPTION	✓ CODE	DESCRIPTION										
H93.299	Abnormal Auditory Perception	H93.2	Threshold Shift, Temporary 241 242 243	Z01.110	Hearing exam following failed hearing screening										
Q16.1	Aural Atresia	H90.0	Hearing Loss, Conductive, Bilateral	H93.	Hyperacusis 231 232 233										
T70.OXXA	Barotrauma, initial encounter	H90.1	Hearing Loss, Sensorineural, Bilateral	Z76.5	Malingering										
T70.OXXS	Barotrauma, long term follow up	H90.2	Hearing Loss, Sensorineural, Unilateral	H81.	Meniere's Disease 01 02 03										
GS1.0	Bell's Palsy	H90.3	Hearing Loss, Sensorineural, Bilateral	H92.	Otalgia, 01 02 03										
H61.	Cerumen Impaction 21 22 23	H90.4	Hearing Loss, Sensorineural, Unilateral	H92.	Otorrhea 11 12 13										
H93.25	Central Auditory Processing Disorder	H90.5	Hearing Loss, Sensorineural, Unilateral	H93.	Recruitment, Auditory 211 212 213										
R47.8	Dizziness	H90.6	Hearing Loss, Sensorineural, Unilateral	H61.	Tinnitus Acquired 301 302 303										
H60.3	Exostoses, External Ear Canal 811 812 813	H90.7	Hearing Loss, Sensorineural, Unilateral	H92.	Tinnitus Subjective 12 13										
Z82.2	Family Hx of Hearing Loss	H90.8	Hearing Loss, Sensorineural, Unilateral	H72.	TM Perforation: 91 92 93										
Z71.1	Compliance with no diagnosis	H91	Hearing Loss, Sudden Idiopathic 21 22	Z17.0	Use of external hearing aid										
Z17.2	Hearing Conservation and Treatment			Z17.1	Use of Hearing Aid Adjustment										
PQRS															
✓ CODE	DESCRIPTION	✓ CODE	DESCRIPTION	✓ CODE	DESCRIPTION										
G8431	Positive screen for clinical depression: follow up not documented	G8856	Acute or Chronic Dizziness	G8427	Current medications documented										
G8510	Negative screen for clinical depression: follow up required	G8857	Pat. not eligible for referral	G8430	Pt not eligible for medication assessment										
G8433	Screening for clinical depression not documented/pt not eligible	G8858	Pt referred for follow up	G8428	Current medications not documented										
G8432	No documentation of clinical depression														
G8511	Positive screen for clinical depression: follow up not documented														
HEARING AID PROCEDURES, EARMOLDS, AND ACCESSORIES (and related services)															
✓ CPT / HCPCS	mod.	DESCRIPTION	FEE	✓ CPT / HCPCS	mod.	DESCRIPTION	FEE	✓ CPT / HCPCS	mod.	DESCRIPTION	FEE				
V5299		Office Visit		V5257		Digital Hearing Aid, monaural		9260		Education & Training, individual					
92592		HA Check, monaural (visual & listening inspections)		V5256		Digital Hearing Aid, monaural		961		Education & Training, 2-4 persons					
92593		HA Check, binaural (visual & listening inspections)		V5255		Digital ITC, monaural		962		Education & Training, 5-8 persons					
92594		Electroacoustic Analysis, monaural		V5254		Digital CIC, monaural		7212		Fitting center for hearing conservation & Tx					
92595		Electroacoustic Analysis, binaural		V5262		Disposable Aid, monaural		99002		Shipping and Handling					
V5014		HA Repair by Mfctr., 6 mo. Warranty		V5261		Digital BTE, binaural		95299		Warranty and Damage Deductible, per device					
V5014		HA Repair by Mfctr., 12 mo. Warranty		V5260		Digital ITE, binaural				Extended Warranty					
V5014		HA Repair, in-house per ear small parts replaced		V5259		Digital ITC, binaural		69210		Cerumen Removal [IMPACTED]					
V5014		HA Repair no charge		V5258		Digital CIC, binaural		92700		Cerumen Removal [not impacted]					
V5267		HA Supplies/Accessories (see reverse)		V5263		Disposable Aid, binaural		98966		Telephone Assessment					
92590		HA Evaluation, monaural (Func. Comm. Assess.)		V5241		Dispensing Fee, monaural		98969		Online Assessment					
92591		HA Evaluation, binaural (Func. Comm. Assess.)		V5160		Dispensing Fee, binaural		V5266		Battery (6 batteries/pk)					
V5275		Earmold Impression (each)		V5110		Dispensing Fee, bilateral		V5268		Battery Club Membership (8pk of 6)					
V5264		Earmold Custom (each)		V5090		Dispensing Fee, unspecified		V5266		ALD, Telephone					
V5265		Earmold, Disposable (each) Dome Grip Tip		V5200		Dispensing Fee, CROS		V5269		ALD, Alerting					
V5011		Fitting and Orientation of Hearing Aid(s)		V5240		Dispensing Fee, BICROS		V5270		ALD, TV Amplifier					
V5011		Fitting and Orientation of FM		V5298		Hearing Aid, miscellaneous		V5274		ALD, miscellaneous					
V5020		Conformity Evaluation (Real-Ear Measures)		V5298		Lyric Subscription		V5299		Hearing Service Miscellaneous (Home visit)					
V5014		Hearing Aid Reprogramming - Basic Simple Advance		92630		Audiological Rehabilitation [pre-lingual]		V5299		Consult: Basic Simple Intermediate Advance					
V5267		Musician's Earplugs Filters (each)		92633		Audiological Rehabilitation [post-lingual]				15m 30m 45m 60m					
OFFICE USE ONLY															
Co-Pay:		Amt Paid:		Scheduling:											
Ck#:		Cash:		HE	HE/HAC	HAC	HAC + EAA	FCA	CR	HAF	HFF	EMF	EMI	EOW	REM
Initials:				1 wk	2 wk	1 mos	3 mos	6 mos	12 mos	other:					

45 Days 30 Days

GX, AEN on file, Voluntary
 GY, Item or service not reasonable or necessary
 GZ, Item or service not reasonable or necessary
 22, Increased procedural services
 RT, Right ear
 LT, Left ear

SAMPLES
 SUPERBIBLE

Scheduling: HE HE/HAC HAC HAC + EAA FCA CR HAF HFF EMF EMI EOW REM
 1 wk 2 wk 1 mos 3 mos 6 mos 12 mos other:

Open House

- By appointment
- Good for those who are on the fence about getting started or upgrading
- Abbreviated fitting procedure
 - » but still utilizing real-ear measures
 - » (65 dB SLP curve)
- Great way to get familiar with new technology

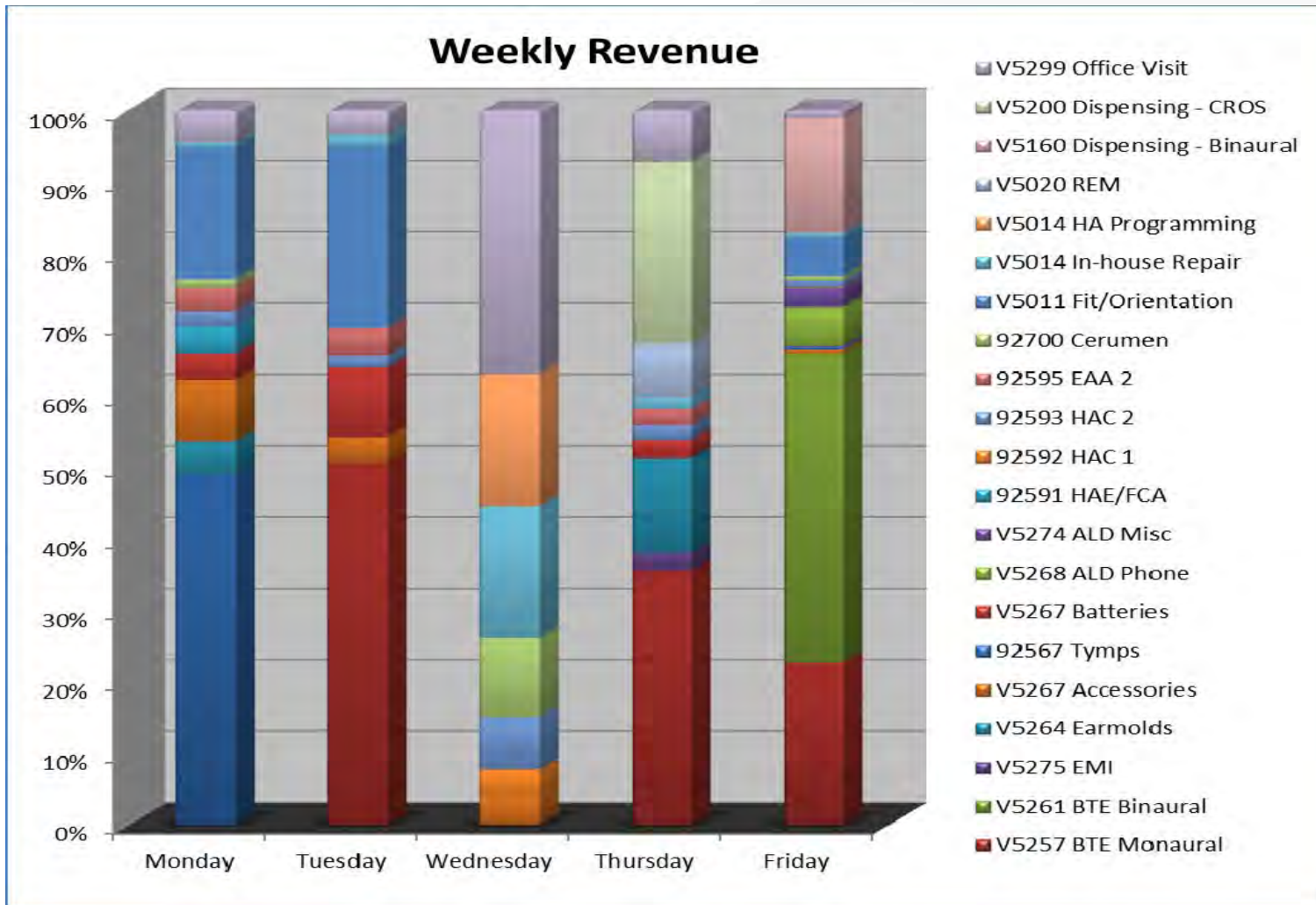


Demonstrations

- Patient takes hearing aids home for a short period of time
 - » (1-2 weeks)
- Your time and services should not be free
 - » Bill for the services rendered
 - programming
 - real-ear measures

Audiologic Rehabilitation

- Group or Individual
- Better Hearing Workshops
 - » 1. Anatomy/Physiology of Hearing Loss
 - » 2. How Hearing Aids Work
 - » 3. Assistive Listening Devices
 - » 4. Communication Strategies
- Include as a part of fitting fee or charge a registration fee

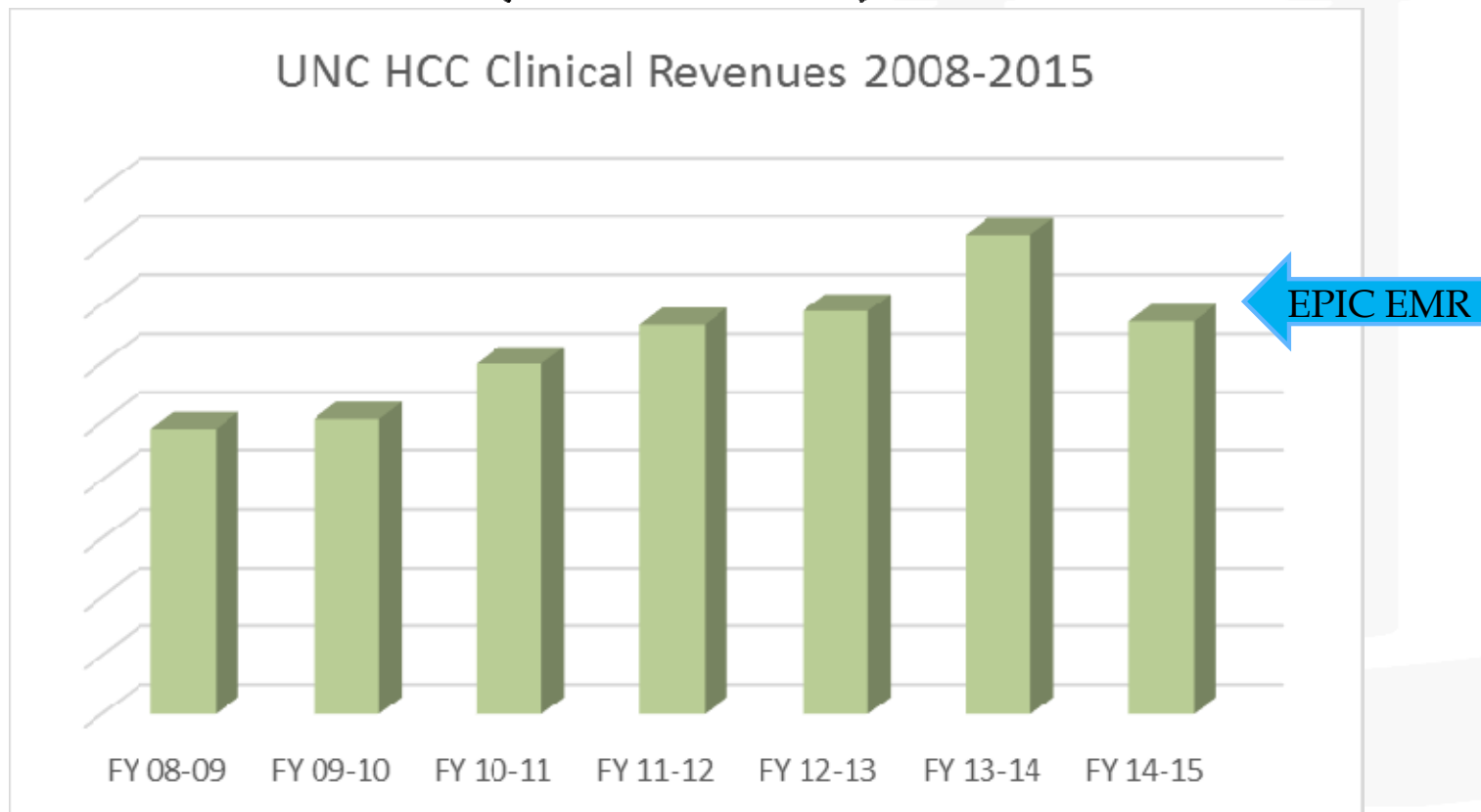




Myth: Unbundled clinics will lose money.

UNC HCC Data:

Increase in Revenue (10 Year Trend)



Monday Morning Checklist



Be flexible when a patient comes in the door with hearing aids they have acquired elsewhere.



Keep an open mind regarding itemization and your clinical protocols.



Value your services. Figure out what it actually costs to run your practice and use your calculated hourly rate to determine your fees.

Monday Morning Checklist



Evaluate each service for which you are presently not charging and determine if it truly is a pre-paid service or gratis service.



Send each patient to check out with a Superbill, with appropriate services circled.



Be confident in the good work that you do.

Beyond Monday Morning...



If not implementing AAA Task Force recommendations currently, will strongly consider how this can add value to their practice and justify charging for services.



Continue to educate yourself, your patients and your legislators/Congress!



Be proud of the services you offer and set yourself apart from those just selling hearing aids!

Thank You



2015 ANNUAL
CONVENTION

CAPITAL IDEAS

