ADVANCE BENEFICIARY NOTICE (ABN)
DURABLE MEDICAL EQUIPMENT

Effective April 22, 2015

Chattering Children requires payment in advance for Durable Medical Equipment (DME). These include hearing aids, FM/DM systems, cochlear implant equipment, and any accessories/parts.

Chattering Children will obtain authorization from your health insurance to reimburse you for items covered by your plan. However, there is no guarantee that your insurance plan will cover the cost of the items received. The patient or the patient's legal guardian remains liable for payment of any DME received. Therefore you are accepting personal financial responsibility.

Payment is due in full at the time the DME is dispensed with either a personal check, money order, cash, or Visa/Master Card. Chattering Children will then submit a courtesy bill to your health plan. If a partial payment is received by your health insurance, Chattering Children will reimburse you the amount that was collected. It typically takes a minimum of 30 to 45 days to receive reimbursement.

Please contact your health plan directly for details regarding coverage of DME. Use the telephone number listed on your insurance card and give the insurance representative your policy number and the date of service indicated on your invoice. The representative should be able to provide you with the coverage amount for DME and status of the claim.

CODE	DESCRIPTION
V5257	Hearing Aid, digital, monaural, BTE
V5261	Hearing Aid, digital, binaural, BTE
V5264	Custom Earmold/ear piece (Not disposable)
V5265	Disposable ear mold, dome insert, complied mold
V5266	Battery for use in hearing device (HA, FM/DM)
V5267	Hearing Aid or ALD supplies/accessories
V5014	Repair/Modification of hearing aid
V5281	ALD, Personal FM/DM system, monaural
V5282	ALD, Personal FM/DM system, binaural
V5283	ALD, Personal FM/DM system, neckloop

CODE	DESCRIPTION
L8619	CI External Processor replacement
L8621	Zinc air battery for CI
L8691	Auditory Osseointegrated device processor,replacement
L8692	Auditory Osseointegrated device processor, new
L9900	CI/Bone anchored, supplies and accessories
V5273	ALD for use with CI
V5286	ALD, Bluetooth FM/DM receiver
V5290	ALD, Personal FM/DM system, microphone

You will be responsible for any unpaid balance of DME regardless of what the insurance covers.

I have received and read Chattering Children's *Policy on Durable Medical Equipment* and agree adhere to its terms.

_____ _____

Signature Date

_____

Name (print)

Obtaining Health Insurance Coverage for DME

Depending on your health care provider coverage, DME may be covered either as new equipment or as a "replacement."

Contact your health care provider by calling the member services phone number on the back of your insurance card and find out what is the specific coverage for DME under your plan

Below are examples of different codes you may need to provide depending on the equipment being purchased.

Hearing Aids	**HCPCS or CPT Code**
hearing aid monaural	V5261
hearing aids bilateral	V5257
Sound Processors	
cochlear implant processor	L8619
bone anchored hearing aid for use with softband	L8691
FM/DM Systems	
personal FM/DM system, monaural receiver	V5281
personal FM/DM system, binaural receivers	V5282

Typically, replacement of processors and/or hearing aids are covered under the DME benefits section of your health plan*. If you do not have DME benefits, ask your insurance provider if they will consider covering the billing code under your major medical benefits.*

Ask your health insurance representative:

1. If a prior authorization is needed. If NOT, ask if they will allow you to submit a "Predetermination of Benefits". Prior authorization and predetermination are not guarantees of payment.

2. If they will process your claim at the in-network benefit level for processors since Advanced Bionics and Cochlear Corporation are the sole providers of cochlear implant products.

3. What are your out-of-pocket expenses, for example, co-insurance, deductibles, reimbursement rate of the hearing aid or processor, and if your policy has a DME maximum limit. If your plan does have a DME maximum limit, you will be responsible for any amount over that limit.

4. If a Letter of Medical Necessity is needed. If yes, request one from your healthcare provider.

As a courtesy we will submit the claim for reimbursement. However, if you want to submit charges you will need to ask your health insurance representative how to submit a claim for reimbursement.

(keep for your records)