



# Arch Coal UMR & Arch Coal BCBS Contracted Provider Guide

Effective June 2023

[www.starthearing.com](http://www.starthearing.com)



**Table of Contents**

Start Hearing Contact Information . . . . .3  
General Information . . . . .4  
Process Overview . . . . .6  
Available Products for Arch Coal Members. . . . .8  
Coal Claim Worksheet. . . . .9



**Start Hearing Contact Information**

Start Hearing Provider Support . . . . . 1-888-819-9345

Claims Email. . . . . [claims@starhearing.com](mailto:claims@starhearing.com)

Start Hearing Credentialing Department . . . . . 1-800-510-4194

Credentialing Email . . . . . [credentialing@starhearing.com](mailto:credentialing@starhearing.com)

Start Hearing Website . . . . . [www.starhearing.com](http://www.starhearing.com)

Information Requests . . . . . [request@starhearing.com](mailto:request@starhearing.com)

Provider Forms/Documents . . . . . [www.starhearing.com/downloads](http://www.starhearing.com/downloads)

**Starkey – ATTN: Start Hearing**  
**6700 Washington Ave S**  
**Eden Prairie, MN 55344-3405**

**WHEN SENDING CUSTOM ORDERS, PLEASE DO NOT EMAIL PAPERWORK UNLESS SCANS ON FILE ARE BEING USED. PLEASE SEND REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.**

## General Information

### Eligibility

- Arch Coal UMR – eligible every 2 years.
- Arch Coal BCBS – eligible every 3 years.

### Loss & Damage

- **NEW PROCESS:** May be used once per hearing aid during the warranty.
- The L&D order is processed on the Start Hearing Bill To account E6048.
- Patient is responsible to pay Start Hearing \$250 per hearing aid.
- Patient is also responsible to pay Start Hearing for Absolute Power receivers and earmolds.
  - \$150 per Absolute Power
  - \$75 per earmold
- Office is reimbursed only for the refitting of the hearing aid(s).

### Batteries

- Batteries are not covered for Arch Coal.

### Earmolds & Receivers

- Earmolds and receivers ordered with a new hearing aid are processed on the Start Hearing account E6048.
- No charge to provider or member.

### Replacement earmolds & receivers

- Replacement earmolds & receivers are ordered on the Start Hearing account E6048.
- No charge or reimbursement to provider.
- Claim worksheet should be sent to Start Hearing.
- If replacement products are ordered on the commercial account, a credit / rebill will be processed.

### Exchanges

- Must be processed within the 60-day trial period.

## Returns

- Must be processed within the 60-day trial period.
- Provider fees are not returned if the patient was fit and has worn the hearing aids.

## Billable Services

### Repair – In or out of warranty

- **NEW PROCESS:** Billed on the Start Hearing account of E6048.
- Office is reimbursed only for the refitting of the hearing aid(s).
- Must include purchase order and Coal Claim Worksheet (page 9) containing refitting date.
- Office-created invoices are NOT allowed.
- In-office repair is treated as a clean and check and will follow that procedure.
- Billable once every 12 months.

### Hearing Aid Check (V5011)

- Cannot be billed within 2 years of the fitting date.
- After 2 years from fitting, service is billable once every 6 months.
- Early billing will be denied and cannot be charged to the member.

### Programming (V5013)

- Cannot be billed within 2 years of the fitting date.
- After 2 years from fitting, service is billable once every 6 months.
- Early billing will be denied and cannot be charged to the member.

## Process Overview



1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
  - **Coal Contract Claim Worksheet – See page 9.**
    - *Must include policy holder's name, date of birth and relationship to the patient.*
  - **Audiogram:**
    - Must be physically signed by the audiologist and dated within 6 months of submission.
    - Audiograms from outside the fitting office are not allowed.
  - **Medical Clearance:**
    - Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner.
    - Electronic signatures are not accepted.
    - Must be dated within 6 months of submission.
  - **Member ID Card:**
    - Must include a clear copy, front and back, of the current member ID card for Arch Coal.
3. Start Hearing will obtain authorization from Arch Coal.
4. Product Orders:
  - A PO number is required when placing the order. The PO number provided by Start Hearing is located on the Confirmation of Delivery form for each patient.
  - Product orders are placed with Starkey by calling 1-800-328-8602 or by placing the order through e-store: <https://order.starkeypro.com/login?/estore>
  - Custom orders: include all paperwork with the impressions.
5. Provider will fit patient and send signed Confirmation of Delivery form to [claims@starhearing.com](mailto:claims@starhearing.com)

# START HEARING

<b>Program</b>	<b>Low (12)</b>	<b>Select (16)</b>	<b>Advanced (20)</b>	<b>Premium (24)</b>
<b>Arch Coal Out-of-Pocket Fees</b>	\$0	\$0	\$0	\$0
<b>Warranty</b>	2 Year	2 Year	2 Year	3 Year

\*Final out-of-pocket amount will not be known until after the claim has processed. Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.

## Available Products – Arch Coal

		 <b>AUDIBEL</b>
<b>Premium – 24</b>	Genesis AI 24 mRIC Rechargeable Genesis AI 24 RIC RT Rechargeable* Evolv AI 2400 mRIC 312 Genesis AI 24 IIC NW 10 Genesis AI 24 CIC NW 10 Genesis AI 24 ITE Rechargeable Genesis AI 24 HS Rechargeable Genesis AI 24 ITC Rechargeable Evolv AI 2400 CIC W 312	Intrigue AI 24 mRIC Rechargeable Intrigue AI 24 RIC RT Rechargeable* Arc AI 2400 mRIC 312 Intrigue AI 24 IIC NW 10 Intrigue AI 24 CIC NW 10 Intrigue AI 24 ITE Rechargeable Intrigue AI 24 HS Rechargeable Intrigue AI 24 ITC Rechargeable Arc AI 2400 CIC W 312
<b>Advanced – 20</b>	Genesis AI 20 mRIC Rechargeable Genesis AI 20 RIC RT Rechargeable* Evolv AI 2000 mRIC 312 Genesis AI 20 IIC NW 10 Genesis AI 20 CIC NW 10 Genesis AI 20 ITE Rechargeable Genesis AI 20 HS Rechargeable Genesis AI 20 ITC Rechargeable Evolv AI 2000 CIC W 312	Intrigue AI 20 mRIC Rechargeable Intrigue AI 20 RIC RT Rechargeable* Arc AI 2000 mRIC 312 Intrigue AI 20 IIC NW 10 Intrigue AI 20 CIC NW 10 Intrigue AI 20 ITE Rechargeable Intrigue AI 20 HS Rechargeable Intrigue AI 20 ITC Rechargeable Arc AI 2000 CIC W 312
<b>Select – 16</b>	Genesis AI 16 mRIC Rechargeable Genesis AI 16 RIC RT Rechargeable* Evolv AI 1600 mRIC 312 Genesis AI 16 IIC NW 10 Genesis AI 16 CIC NW 10 Genesis AI 16 ITE Rechargeable Genesis AI 16 HS Rechargeable Genesis AI 16 ITC Rechargeable Evolv AI 1600 CIC W 312	Intrigue AI 16 mRIC Rechargeable Intrigue AI 16 RIC RT Rechargeable* Arc AI 1600 mRIC 312 Intrigue AI 16 IIC NW 10 Intrigue AI 16 CIC NW 10 Intrigue AI 16 ITE Rechargeable Intrigue AI 16 HS Rechargeable Intrigue AI 16 ITC Rechargeable Arc AI 1600 CIC W 312
<b>Low – 12</b>	Genesis AI 12 RIC RT Rechargeable* Genesis AI 12 mRIC Rechargeable Evolv AI 1200 RIC 312 Genesis AI 12 CIC NW 10 Genesis AI 12 ITE Rechargeable Genesis AI 12 HS Rechargeable Genesis AI 12 ITC Rechargeable Evolv AI 1200 CIC 312	Intrigue AI 12 RIC RT Rechargeable* Intrigue AI 12 mRIC Rechargeable Arc AI 1200 RIC 312 Intrigue AI 12 CIC NW 10 Intrigue AI 12 ITE Rechargeable Intrigue AI 12 HS Rechargeable Intrigue AI 12 ITC Rechargeable Arc AI 1200 CIC W 312

**\*Available in CROS/BiCROS**

**Accessories are NOT covered through this contract.**



### Coal Contract Claim Worksheet

<b>Patient:</b>	<b>Member ID Number:</b>
<b>Address:</b>	<b>ICD-10 Diagnosis Code:</b>
<b>City, State, Zip:</b>	<b>Insurance Plan (circle):</b> UMWCA                      Consol                      Arch Coal UMR Peabody UMR                      Healthscope                      Arch Coal BCBS VEBA Healthsmart                      Peabody BCBS
<b>Date of Birth:</b>	
<b>Gender of Patient:</b> _____ <b>Male</b> _____ <b>Female</b>	

**Policy Holder's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Relationship to patient (please check):** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **Other** \_\_\_\_\_ **Self** \_\_\_\_\_ **Child**

### Service Facility Information

<b>Provider Name:</b>	<b>Provider NPI:</b>
<b>Facility Name:</b>	<b>Office NPI:</b>
<b>Facility Address:</b>	<b>Tax ID:</b>
<b>City, State, Zip:</b>	<b>Phone:</b>
<b>Contact Name &amp; Email:</b>	

### New Hearing Aid Claim Codes

*If code is not checked, it will not be billed.*

- V5200 – CROS Dispensing Fee
- V5240 – BiCROS Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- V5181 – CROS – BTE / RIC
- V5221 – BiCROS – BTE / RIC
- V5254 – Monaural CIC / IIC
- V5255 – Monaural ITC / HS
- V5256 – Monaural ITE
- V5257 – Monaural RIC / BTE
- V5258 – Binaural CIC / IIC
- V5259 – Binaural ITC / HS
- V5260 – Binaural ITE
- V5261 – Binaural RIC / BTE

**If impressions are being sent, DO NOT email paperwork separately. Please put all required paperwork in the box with the impressions and send to Starkey – ATTN: Start Hearing.**

Standard orders with required paperwork can be emailed to [claims@starthearing.com](mailto:claims@starthearing.com)

### Service Claim Codes

### Modifier

- V5011 – Clean / Check                      LT                      RT
- V5013 – Programming                      LT                      RT
- V5014 – Hearing Aid Repair                      LT                      RT
- V5299 – Repair Refit Fee                      LT                      RT
  - V5014 and V5299 are billed together on all repair claims

Date for Service Claim: \_\_\_\_\_

**Replacement Products will be ordered under the Start Hearing account. No charge to provider.**

To place orders for replacement earmolds and AP receivers, send claim worksheet with order form to Start Hearing.

- V5264 – Replacement Earmold                      LT                      RT
- S1002 – Replacement                      LT                      RT  
AP Receiver
- S1001 – Replacement Receiver                      LT                      RT

**For replacement standard receivers, fill in the information below:**

**Left:** \_\_\_\_\_ **Right:** \_\_\_\_\_  
**Length:** \_\_\_\_\_ **Length:** \_\_\_\_\_  
**Gain:** \_\_\_\_\_ **Gain:** \_\_\_\_\_



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