

## Coal Contract Claim Worksheet

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

### Service Facility Information

Provider Name:	Provider NPI:
Facility Name:	Office NPI:
Facility Address:	Tax ID:
City, State, Zip	Phone:
Contact Name & Email:	

### New Hearing Aid Claim Codes (please check):

- V5200 - Cros Dispensing Fee
- V5240 - Bi-Cros Dispensing Fee
- V5241 - Monaural Dispensing Fee
- V5160 - Binaural Dispensing Fee
  
- V5181 - Cros - BTE / RIC
- V5221 - Bi-Cros - 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@starhearing.com](mailto:claims@starhearing.com)

### Service Claim Codes

### Modifier

- |  |    |    |
|--|----|----|
| <input type="checkbox"/> V5011 - Clean / Check   | LT | RT |
| <input type="checkbox"/> V5013 - Programming   | LT | RT |
| <input type="checkbox"/> V5014 - Hearing Aid Repair  | LT | RT |
| <input type="checkbox"/> V5299 - Repair Re-fit Fee   | LT | RT |
| <ul style="list-style-type: none"> <li>o V5014 and V5299 are billed together on all repair claims</li> </ul> |    |    |

**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.

- |  |    |    |
|--|----|----|
| <input type="checkbox"/> V5264 - Replacement Earmold     | LT | RT |
| <input type="checkbox"/> S1002 - Replacement AP Receiver | LT | RT |
| <input type="checkbox"/> S1001 - Replacement Receiver    | LT | RT |

For replacement standard receivers, fill in the information below:

**Left:** \_\_\_\_\_ **Right:** \_\_\_\_\_

**Length:** \_\_\_\_\_ **Length:** \_\_\_\_\_

**Gain:** \_\_\_\_\_ **Gain:** \_\_\_\_\_