



# Electric Boat Commercial Insurance Contracted Provider Guide

Effective: March 2024

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



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**Start Hearing Contact Information**

Start Hearing Provider Support . . . . . 1-888-901-8141

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)

Forms & Provider Guides . . . . . [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**

**Testing and fitting can be performed by any Start Hearing Credentialed provider.**

### **Eligibility**

- Electric Boat members are eligible every 3 years.

### **Member Portion**

- All claims are subject to the patient's deductible and coverage limitations.
- Start Hearing will perform a verification of benefits to obtain an estimate of the out-of-pocket amounts.
- Start Hearing will inform provider of estimate to obtain approval from the member before the order is placed.
- Member is responsible for any amount not covered by insurance.

### **Loss & Damage**

- May be used once per hearing aid during the warranty.
- The L&D order is processed on the provider's commercial account.
- Provider may charge the member their usual and customary fees.

### **Batteries**

- The first-year supply sent once fitting confirmation is received.
- Second and third year are sent on the anniversary of the fitting date.

### **Earmolds & Receivers**

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

### **Replacement earmolds & receivers**

- Replacement earmolds & receivers are ordered on the Start Hearing account.
- No charge or reimbursement to provider.
- Order form and 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.

## **Warranty Extension**

- A warranty may be extended before the current warranty expires.
- Processed on the provider's commercial account.
- Member is responsible for any fees.

## 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:
  - **Electric Boat Commercial Claim Worksheet – See page 9.**
  - **Audiogram:**
    - Must be physically signed by the provider and dated within 6 months of submission.
    - Audiograms from outside the fitting office are not allowed.
  - **Product Orders:**
    - Product orders are placed through Starkey’s eStore:  
<https://order.starkeypro.com/login?/estore>  
Please add the patient UHC ID number in the PO box field when submitting your order through the eStore
    - Custom orders: include all paperwork with the impressions.
3. Start Hearing will obtain authorization and estimated out of pocket amount from United Healthcare.
4. Upon approval, Start Hearing will contact provider with the estimated amount.
  - If the estimate is \$0, Provider will place the order through Starkey, using the process outlined before step 3.
5. Provider will obtain approval from the patient for the estimated out of pocket amount.
6. After patient approval of the out-of-pocket amount, provider will inform Starkey to proceed with order using the process outlined before step 3.
7. Claim will be set up with all billable codes.
8. Provider will fit patient and send the signed send Confirmation of Delivery form to:  
[claims@starhearing.com](mailto:claims@starhearing.com)

Program	Low (12)	Select (16)	Advanced (20)	Premium (24)
<b>Electric Boat Commercial Out of Pocket Fees*</b>	Dependent on deductible	Dependent on deductible	Dependent on deductible	Dependent on deductible
<b>Warranty</b>	3 Year	3 Year	3 Year	3 Year

\*If there will be an out of pocket determined by insurance, the provider will be notified before the order is placed.

## Billable Services

### Repair – In or out of warranty

- Must include Manufacturer Invoice and Electric Boat Commercial Worksheet.
- Office created invoices are NOT allowed.
- Billable once every 12 months.
- In office repair is treated as a clean and check and will follow that procedure.



### 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.
- Electric Boat Commercial Worksheet must be sent to Start Hearing.

### 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.
- Electric Boat Commercial Worksheet must be sent to Start Hearing.

## Available Products

				
<b>Premium – 24</b>	Genesis AI 24 IIC NW 10 Genesis AI 24 CIC NW 10 Genesis AI 24 RIC 312* Genesis AI 24 CIC W 312 Evolv AI 2400 CIC W 312 Evolv AI 2400 mRIC 312	Genesis AI 24 ITE R Genesis AI 24 HS R Genesis AI 24 ITC R Genesis AI 24 mRIC R Genesis AI 24 RIC RT R* Signature Series 24 CIC NW R	Intrigue AI 24 IIC NW 10 Intrigue AI 24 CIC NW 10 Intrigue AI 24 RIC 312* Intrigue AI 24 CIC W 312 Arc AI 2400 CIC W 312 Arc AI 2400 mRIC 312	Intrigue AI 24 ITE R Intrigue AI 24 HS R Intrigue AI 24 ITC R Intrigue AI 24 mRIC R Intrigue AI 24 RIC RT R* Signature Series 24 CIC NW R
<b>Advanced – 20</b>	Genesis AI 20 IIC NW 10 Genesis AI 20 CIC NW 10 Genesis AI 20 RIC 312* Genesis AI 20 CIC W 312 Evolv AI 2000 CIC W 312 Evolv AI 2000 mRIC 312	Genesis AI 20 ITE R Genesis AI 20 HS R Genesis AI 20 ITC R Genesis AI 20 mRIC R Genesis AI 20 RIC RT R*	Intrigue AI 20 IIC NW 10 Intrigue AI 20 CIC NW 10 Intrigue AI 20 RIC 312* Intrigue AI 20 CIC W 312 Arc AI 2000 CIC W 312 Arc AI 2000 mRIC 312	Intrigue AI 20 ITE R Intrigue AI 20 HS R Intrigue AI 20 ITC R Intrigue AI 20 mRIC R Intrigue AI 20 RIC RT R*
<b>Select – 16</b>	Genesis AI 16 IIC NW 10 Genesis AI 16 CIC NW 10 Genesis AI 16 RIC 312* Genesis AI 16 CIC W 312 Evolv AI 1600 CIC W 312 Evolv AI 1600 mRIC 312	Genesis AI 16 ITE R Genesis AI 16 HS R Genesis AI 16 ITC R Genesis AI 16 mRIC R Genesis AI 16 RIC RT R*	Intrigue AI 16 IIC NW 10 Intrigue AI 16 CIC NW 10 Intrigue AI 16 RIC 312* Intrigue AI 16 CIC W 312 Arc AI 1600 CIC W 312 Arc AI 1600 mRIC 312	Intrigue AI 16 ITE R Intrigue AI 16 HS R Intrigue AI 16 ITC R Intrigue AI 16 mRIC R Intrigue AI 16 RIC RT R*
<b>Low – 12</b>	Genesis AI 12 CIC NW 10 Genesis AI 12 RIC 312* Genesis AI 12 CIC W 312 Evolv AI 1200 RIC 312 Evolv AI 1200 CIC 312	Genesis AI 12 ITE R Genesis AI 12 HS R Genesis AI 12 ITC R Genesis AI 12 RIC RT R* Genesis AI 12 mRIC R	Intrigue AI 12 CIC NW 10 Intrigue AI 12 RIC 312* Intrigue AI 12 CIC W 312 Arc AI 1200 CIC W 312 Arc AI 1200 RIC 312	Intrigue AI 12 ITE R Intrigue AI 12 HS R Intrigue AI 12 ITC R Intrigue AI 12 RIC RT R* Intrigue AI 12 mRIC R
<b>Economy – 1000</b>	Evolv AI 1000 BTE 13 Evolv AI 1000 MRIC 312 Evolv AI 1000 RIC 312	Evolv AI 1000 RIC R Evolv AI 1000 BTE R Evolv AI 1000 ITE R Evolv AI 1000 HS R Evolv AI 1000 ITC R	Arc AI 1000 BTE 13 Arc AI 1000 MRIC 312 Arc AI 1000 RIC 312	Arc AI 1000 RIC R Arc AI 1000 BTE R Arc AI 1000 ITE R Arc AI 1000 HS R Arc AI 1000 ITC R

*\*Available in CROS/BICROS*



### Electric Boat Commercial Insurance 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>Date of Birth:</b>
<b>Phone:</b>	<b>Gender of Patient:</b> _____ <b>Male</b> _____ <b>Female</b>

### 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 (*please check*):

- V5200 – CROS Dispensing Fee
- V5240 – BiCROS Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- V5011 – Hearing Aid Check
- V5013 – Programming

### Accessories (*please check*):

- S1001 – Standard Receiver                      LT    RT
- S1002 – Absolute Power Receiver                LT    RT
- V5264 – Earmold                                      LT    RT
- V5267 – Accessory                                    LT    RT
- \_\_\_\_\_ LT    RT
- \_\_\_\_\_ LT    RT

**Provider to complete form & email to Start Hearing at: [claims@starhearing.com](mailto:claims@starhearing.com). After received & entered by Start Hearing, a delivery confirmation will be sent to the office to place the order on the E Store or through Starkey Customer Service.**

### Hearing Aid Benefit VOB

- Individual Deductible                      Amt: \_\_\_\_\_
- Family Deductible                         Amt: \_\_\_\_\_
- Coinsurance                                 Amt: \_\_\_\_\_
- Max Out of Pocket                         Amt: \_\_\_\_\_
- Patient Responsibility                     Amt: \_\_\_\_\_

### Hearing Aid Model/Technology Level/Style

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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