



# Electric Boat Workers Comp Contracted Provider Guide

Effective March 2024

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



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**Start Hearing Contact Information**

Start Hearing Workers Comp Dept . . . . . 1-800-733-2588

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

Workers Compensation Email . . . . . [wc@starhearing.com](mailto:wc@starhearing.com)

Start Hearing Credentialing Dept . . . . . 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 & Manuals . . . . . [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**

- Workers Compensation members are eligible when Electric Boat indicates it is appropriate.

### **Member Portion**

- Members are not responsible for any fees on services or products approved by Workers Compensation carrier.
- Patients are responsible for all fees on non-approved products.

### **Loss & Damage**

- All hearing aids have a 3-year warranty.
- Can be used once per aid.

### **Batteries & Wax Guards**

- One carton per aid will ship with the initial order. After the first year, claimants can call Start Hearing at 844-483-0889 to order additional batteries or wax guards. Start Hearing will bill Electric Boat directly for all Workers Comp batteries and wax guards.

### **Earmolds & Receivers**

- All products require approval from the workers compensation carrier.

### **Replacement earmolds & receivers**

- Requires approval from the workers compensation carrier.
- Billable once every 12 months for receivers.
- Billable once every 6 months for earmolds.

### **Exchanges**

- Must be approved by the workers compensation carrier.
- Include the new Start Hearing PO# and order will be sent to Starkey – ATTN: Start Hearing.

### **Remakes**

- Covered under warranty for the first year.

### **Returns**

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

## Repairs

- Requires approval from workers compensation carrier.
- Repair form should include the Start Hearing PO# and sent to Starkey – ATTN: Start Hearing.

## Services

- During the first year of warranty, hearing aid checks, programming, cleaning, and adjustments are not billable to the workers compensation carrier or the patient.
- All services after the one-year warranty require approval from the carrier.

## Accessories

- Available if approved by the workers compensation contract.

**\*All services and products require approval from Electric Boat Work Comp.  
All requests are managed and processed through Start Hearing directly.**

## Process Overview

1. Patient will either call Start Hearing to find a credentialed provider or self-refer to a Start Hearing provider
2. Provider will assess the patient and recommend product.
3. Provider will send hearing aid and service request form to Start Hearing for approval (page 8).
4. Electric Boat will verify benefits and approve product recommendation.
5. Electric Boat will email Start Hearing the approval.
6. Provider will be notified of approval or denial to determine if order can be placed through Starkey.
7. A PO number is required when placing the order. Be sure to use the PO number provided by Start Hearing. The PO number is located at the top of the Confirmation of Delivery form.
8. Provider will send hearing aid order to Starkey – ATTN: Start Hearing
  - Product orders can be placed through Starkey’s eStore: <https://order.starkeypro.com/login?/estore> or by calling Starkey customer service at 1-800-328-8602.
9. Starkey will process the order and ship approved products to provider.
10. Provider will fit the patient and send Confirmation of Delivery form to: [claims@starhearing.com](mailto:claims@starhearing.com)

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

## Billable Services

### Repair – In or out of warranty

- Billable with a PO from Electric Boat Work Comp.

### Hearing Aid Check (V5011)

- Cannot be billed within the first year of the fitting date.
- PO from Electric Boat is required.

### Programming (V5013)

- Cannot be billed within the first year of the fitting date.
- PO from Electric Boat is required.

## 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

*\*Available in CROS/BICROS*



## Electric Boat Workers Compensation Hearing Aid and Service Request Form

Please complete this form for new hearing aid requests and/or replacements. Do not proceed with fitting new hearing aids, or trial, until you have received written approval from Start Hearing.

<b>Date of Request:</b>
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### Patient Information:

First Name	Claim Number (if known)
Last Name	Date of Injury
Address	Phone Number
City, State, Zip	
Date of Birth	Diagnosis Code(s)

### Office Information:

Office Name	Provider Name
Address	Phone Number
City, State, Zip	
Contact Email	

### Request Type:

Check Appropriate Box	
New Hearing Aid(s) - Make/Mode/Quantity	
Fitting/Orientation/Checking of Hearing Aid	DOS:
RIC Receiver/AP Receiver/Earmold - Specify Quantity: 1      2      Specify Side: RT      LT	
Clean/Check Visit - Please Specify: RT      LT	DOS:
Programming Visit - Please Specify: RT      LT	DOS:
Repair/Repair Refit - Please Specify: RT      LT	DOS:
Loss & Damage - Please Specify: RT      LT	
Wax Guards	DOS:
Batteries - Specify Size:	DOS:
Accessory: Please Specify:	

### Justification for New Hearing Aids:

### For Electric Boat Work Comp Office Use Only

Approved \_\_\_\_\_ Phone: \_\_\_\_\_  
Adjuster Name (Printed)

Denied \_\_\_\_\_ Date: \_\_\_\_\_  
Adjuster Name (Signature)

If denied, list reason: \_\_\_\_\_





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