

START  **HEARING**
United Mine Workers of
America (UMWA)
Contracted Provider Guide

Effective January 2025

www.starhearing.com

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Start Hearing Contact Information

Start Hearing Provider Support.....1-800-819-9345

Claims Email claims@starhearing.com

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

Credentialing Email.....credentialing@starhearing.com

Start Hearing Website starhearing.com

Information Requests request@starhearing.com

Provider Forms/Documents..... 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 USED. PLEASE SEND THE REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.

Benefit and Eligibility Information	
Provider Requirements	<ul style="list-style-type: none"> • UMWA requires a Start Hearing credentialed Audiologist from the fitting office to conduct the hearing test. • Fittings and follow-up services may be performed by any Start Hearing credentialed provider from the testing office.
Eligibility	<ul style="list-style-type: none"> • United Mine Workers of America – eligible when medically necessary. • Justification is required for all products at the Select (16) level and above and all level CIC’s. • Justification is required for all new hearing aid requests.
Member Responsibility	<ul style="list-style-type: none"> • Start Hearing will collect all patient portions after UMWA payment is received. • Out of pocket amounts are not known until after the claim has processed**.
Warranty	<ul style="list-style-type: none"> • Premium level comes with a 3-year warranty. • Advanced, Select, and Low levels have a standard 2-year warranty. • The warranty covers in-warranty repair and 1-time loss and damage.
Loss and Damage	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • \$159 per Absolute Power • \$50 per earmold • Office is reimbursed only for the refitting of the hearing aid(s).
Return/Exchanges	<ul style="list-style-type: none"> • Must be processed within the 60-day trial period. Return/Exchange form can be found here. • Provider fees are not returned if the patient was fit and has worn the hearing aids.
Earmolds & AP Receivers	<ul style="list-style-type: none"> • Earmolds and receivers ordered with a new hearing aid are processed on the Start Hearing account E6048.

	<ul style="list-style-type: none"> No charge to provider or member.
Replacement Earmolds & AP Receivers	<ul style="list-style-type: none"> 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. Billable once every 12 months.
Repair - In or Out of Warranty	<ul style="list-style-type: none"> Billed on the Start Hearing account of E6048. Office is reimbursed only for the refitting of the hearing aid(s) Send the packing slip or non-Starkey manufacturer's invoice and Coal Claim Worksheet (page 9) to claims@starhearing.com containing the 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)	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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. The covered benefit for hearing aid check and programming is once every six months after the 2-year period from the fitting date. If the beneficiary is seeing the provider more often, then that is a Funds non-covered benefit, and the provider would be able to bill the beneficiary a reasonable charge for office visit. The provider needs to explain to the beneficiary that because they are being seen more often, it is not considered a covered benefit, and they can be billed.

Batteries	<ul style="list-style-type: none"> Batteries are not covered under the UMWA program.
Accessories	<ul style="list-style-type: none"> Any desired accessories are ordered under the Start Hearing bill-to-account, E6048 and a payment link will be provided to collect the payment. Please reference the price list for accessory pricing.

UMWA’s Replacement Hearing Aid Policy

The UMWA Health & Retirement Funds will replace hearing aids when the beneficiary’s existing aids will no longer meet the beneficiary’s hearing needs regardless of the age of the existing aids. A request to replace hearing aids must be accompanied by objective documentation of the beneficiary’s hearing needs, in the form of reports from audiological testing and professional examination and evaluation that demonstrates the beneficiary’s hearing needs can no longer be met by the existing aids.

The Funds will also replace hearing aid(s) when an aid needs repair and the cost of the repair is such, given the age and condition of the aid, that it may be more cost effective to replace the aid(s) with a new one.

The quality and capabilities of modern hearing aids give them a fairly long life and the Funds will look closely at a request to replace any aid that is less than 5–7 years of age.

Replacement hearing aids are covered only if the replacement is required as a result of a change in the patient’s hearing or because the current aid does not function properly and is not repairable.

United Mine Workers of America Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. A credentialed audiologist from the dispensing office will perform a hearing test.
3. Office will send all required paperwork to Start Hearing:
 - **Coal Contract Claim Worksheet (page 9).**
 - Must include the policy holder's name, date of birth and relationship to the patient.
 - **Audiogram:**
 - Must be performed by a Start Hearing Credentialed audiologist.
 - 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 (page 11):**
 - Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner. Medical Clearance form can be found on page 12.
 - Anytime new or replacement hearing aids are requested, a medical clearance is required and must be dated within 6 months of the fitting. The medical clearance, audiology testing and the authorization have a six-month expiration date.
 - **Justification Form (page 10):**
 - Required for all new hearing aid orders.
 - Must be completed to the best of your knowledge.
 - **Member ID Card:**
 - Must include a copy of the current member ID card for UMWA.
4. Start Hearing will obtain authorization from UMWA.
 - If a change in technology level is approved, Start Hearing will inform the provider of the change.
5. Start Hearing will send Confirmation of Delivery form to Provider as approval.
6. Please visit our new provider portal linked [here](#). You can process referrals, appointment outcomes, place orders, process payments and signatures all in the portal. You can access the provider portal resources [here](#) to learn more! If you're not a portal user, please continue with the steps below.
7. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6048](#).
 - a. **Order forms** can be found [here](#). Go to the bottom of the page, under Printable Forms and choose the Start Hearing tab to view the correct

order forms. All active product families are available based on the technology levels in the chart below.

8. Provider will fit patient and send the signed Confirmation of Delivery form to: claims@starhearing.com
9. Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
Out of Pocket Fees	Up to \$325	Up to \$325	Up to \$325	Up to \$325
Warranty	2 Year	2 Year	2 Year	3 Year

*Final out of pocket amount will be determined after the claim is paid by insurance. Members are not to be charged until the claim has been processed. ** Collected by Start Hearing after the claim is processed.

Coal Contract Claim Worksheet

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

Policy Holder's Name: _____ Date of Birth: _____

Relationship to patient (please check): _____ Spouse _____ Other _____ Self _____ Child

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

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@starhearing.com

Service Claim Codes

Modifier

- | | | |
|--|----|----|
| <input type="radio"/> V5011 – Clean / Check | LT | RT |
| <input type="radio"/> V5013 – Programming | LT | RT |
| <input type="radio"/> V5014 – Hearing Aid Repair | LT | RT |
| <input type="radio"/> V5299 – Repair Refit Fee | LT | RT |
| o 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.

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

For replacement standard receivers, fill in the information below:

Left: _____ **Right:** _____

Length: _____ **Length:** _____

Gain: _____ **Gain:** _____

Justification Form (UMWA members only - New Hearing Aid Request)

Patient Name: _____ Date of Birth: _____

'UM' Member ID: _____

Current hearing aids (Make/Model): _____

Provider Name: _____ Date of visit: _____

(Printed)

Please check all that apply:

- Patient has not worn hearing aids previously
 - 15 dB drop in hearing from last exam-please specify:
 - Pure Tone Average
 - >15 dB decline at multiple frequencies
 - Change in shape or size of ear canal
 - Pinna deformity or external canal deformity
 - Difficult audiometric configuration
 - Unilateral deafness
 - Acoustic feedback potential with fitting
 - Other (CIC or IIC justification and / or technology level):
- Very poor speech perception:
 - For replacement HA – Word discrimination decline of >20%
 - Recruitment / Misophonia
 - Hyperacusis
 - Reduced manual dexterity
 - Limited hand dexterity
 - Reduced Vision or Blindness

- Current hearing aids no longer function*:
 - Provide all repair history
 - Provide all reprogramming attempts

*Repair Date:	Serial Number:	Reason for Repair:
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Reprogramming Date:** _____ **Outcome:** _____

***Reprogramming Date:** _____ **Outcome:** _____

Recommended Hearing Aid(s): _____

Provider Signature: _____ **Date:** _____

- If a peer-to-peer review is required, I authorize a Kepro Representative to contact me.

Phone: _____ In office Days / Times: _____



Medical Clearance Form

Patient Name: _____ Date of Birth: _____

Date of Examination: _____

After thorough examination, I have determined that the above-named patient is medically cleared for hearing aids.

If you need anything further from me, please contact me at the address or phone number listed below.

Examining Physician / Clinic Information:

Physician Signature: _____

Physician Printed Name: _____

Physician NPI Number: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



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