



# Medical Service Quotes 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 the contract indicates it is appropriate.

### Member Portion

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

### Loss & Damage

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

### Batteries, Wax Guards, and Domes

- One carton per aid will ship with the initial order.
- To request additional batteries, wax guards, or domes, please complete the service request form on page 8 and email it to: [WC@starthearing.com](mailto:WC@starthearing.com). Please indicate what size batteries and domes are needed. Start Hearing will ship items directly to the member's home or the providers office, whichever is requested.

### 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.

## Accessories

- Available if approved by the workers compensation contract.

**\*All services and products require approval from MSQ. All requests are managed and processed through Start Hearing directly.**

## Process Overview

1. Patient referrals will originate from Medical Service Quotes (MSQ) or provider.
2. Provider will perform hearing test.
3. Provider will send Hearing Aid and Service Request Form (page 8) and audiogram to Start Hearing at: [wc@starhearing.com](mailto:wc@starhearing.com)
4. Start Hearing will verify all codes and products and forward to MSQ.
5. MSQ will verify benefits and approve product recommendation.
6. Start Hearing will send Confirmation of Delivery form to Provider as approval.
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 place order through Starkey. 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 signed 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 approval. Start Hearing will obtain approval from MSQ when applicable.

### Hearing Aid Check (V5011)

- Cannot be billed within the first year of the fitting date.
- Billable with approval. Start Hearing will obtain approval from MSQ when applicable.

### Programming (V5014)

- Cannot be billed within the first year of the fitting date.
- Billable with approval. Start Hearing will obtain approval from MSQ when applicable.

## 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*



## Hearing Aid and Service Request Form

### Patient Information (\*Required):

*First Name	Claim
*Last Name	
*Address	
*City, State	*Primary Phone Number
*Zip Code	Alternate Phone Number
*Date of Injury	*Diagnosis
Date of Birth	

### Prescribing Physician:

Office	Address
City	State
Zip Code	*Phone Number
Fax Number	

### Insurance Information:

Adjuster	MSQ	Phone Number
TPA		
Date Services Needed		

### \*Hearing Aid Request:

Manufacturer: Starkey	HCPCS
Model	Date of Service
Fit Type	Date existing hearing aids received
Quantity	Date audiogram completed (Include copy with request)
Supplies/Services	
Comments	





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