

NASSCO Work Comp Contracted Provider Guide



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Start Hearing Contact Information

START HEARING CUSTOMER SERVICE.....	1-800-769-0913
CLAIMS EMAIL ADDRESS	CLAIMS@STARTHEARING.COM
WORKERS COMPENSATION CLAIMS EMAIL ADDRESS	WC@STARTHEARING.COM
START HEARING CREDENTIALING DEPARTMENT	1-800-510-4194
CREDENTIALING EMAIL ADDRESS.....	CREDENTIALING@STARTHEARING.COM
START HEARING WEBSITE.....	WWW.STARTHEARING.COM
MANUALS & FORMS.....	WWW.STARTHEARING.COM/DOWNLOADS
INFORMATION REQUESTS	INFO@STARTHEARING.COM

Starkey – ATTN: Start Hearing
6700 Washington Ave S
Eden Prairie, MN 55344-3405

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.
 - 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**
 - One carton per aid will ship with the initial order.
- **Earmolds & Receivers**
 - All products require a PO from the workers compensation carrier.
- **Replacement earmolds & receivers**
 - Requires a PO 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.
 - New 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 a PO from workers compensation carrier.
 - Repair form should include the 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 a PO from the carrier.
- **Accessories**
 - Available if approved by the workers compensation contract.

***All services and products require a PO from NASSCO Work Comp.**

Process Overview



1. NASSCO will receive a work comp case and contact Start Hearing to obtain a referral for the patient.
2. Start Hearing will find a credentialed provider for the patient.
3. Provider will assess the patient and recommend product.
4. Provider will send hearing **aid order form** and **claim worksheet** to Start Hearing.
 - All requests must include the exact hearing aid(s), earmolds, receivers (standard or AP receiver), any and all accessory items being requested.
5. Start Hearing will email NASSCO to review requested products.
6. NASSCO will verify benefits and approve product recommendation
7. NASSCO will email Start Hearing with the approval.
8. Start Hearing will process any standard order and ship approved products to provider.
 - If custom order, Start Hearing will inform provider to send impressions to Starkey, ATTN: Start Hearing
9. Provider will fit the patient and send Confirmation of Delivery form to: claims@starhearing.com

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Out of Pocket Fees	\$0	\$0	\$0	\$0
Warranty	3 Year	3 Year	3 Year	3 Year

Billable Services

- **Repair – In or out of warranty**
 - Billable with a PO from NASSCO Work Comp.
- **Hearing Aid Check (V5011)**
 - Cannot be billed within the first year of the fitting date.
 - PO from NASSCO is required.
- **Programming (V5013)**
 - Cannot be billed within the first year of the fitting date.
 - PO from NASSCO is required.

Available Products – NASSCO

				
Premium – 2400	Evolv AI 2400 ITE Rechargeable Evolv AI 2400 HS Rechargeable Evolv AI 2400 ITC Rechargeable Evolv AI 2400 RIC Rechargeable* Evolv AI 2400 BTE Rechargeable Picasso i2400 ITC Picasso i2400 ITE	Evolv AI 2400 CIC Evolv AI 2400 NW CIC 312 Evolv AI 2400 NW CIC 10 Evolv AI 2400 NW IIC 10 Evolv AI 2400 BTE 13* Evolv AI 2400 BTE 13 Power Plus Evolv AI 2400 mRIC 312 Evolv AI 2400 RIC 312*	Arc AI 2400 ITE Rechargeable Arc AI 2400 ITC Rechargeable Arc AI 2400 RIC Rechargeable* Arc AI 2400 BTE Rechargeable Davinci i2400 ITC Davinci i2400 ITE	Arc AI 2400 CIC Arc AI 2400 NW CIC 312 Arc AI 2400 NW CIC 10 Arc AI 2400 NW IIC 10 Arc AI 2400 BTE 13* Arc AI 2400 BTE 13 Power Plus Arc AI 2400 mRIC 312 Arc AI 2400 RIC 312*
Advanced – 2000	Evolv AI 2000 ITE Rechargeable Evolv AI 2000 HS Rechargeable Evolv AI 2000 ITC Rechargeable Evolv AI 2000 RIC Rechargeable* Evolv AI 2000 BTE Rechargeable Picasso i2000 ITC Picasso i2000 ITE	Evolv AI 2000 CIC Evolv AI 2000 NW CIC 312 Evolv AI 2000 NW CIC 10 Evolv AI 2000 BTE 13* Evolv AI 2000 BTE 13 Power Plus Evolv AI 2000 mRIC 312 Evolv AI 2000 RIC 312*	Arc AI 2000 ITE Rechargeable Arc AI 2000 ITC Rechargeable Arc AI 2000 RIC Rechargeable* Arc AI 2.00 BTE Rechargeable Davinci i2000 ITC Davinci i2000 ITE	Arc AI 2000 CIC Arc AI 2000 NW CIC 312 Arc AI 2000 NW CIC 10 Arc AI 2000 BTE 13* Arc AI 2000 BTE 13 Power Plus Arc AI 2000 mRIC 312 Arc AI 2000 RIC 312*
Select – 1600	Evolv AI 1600 ITE Rechargeable Evolv AI 1600 HS Rechargeable Evolv AI 1600 ITC Rechargeable Evolv AI 1600 RIC Rechargeable* Evolv AI 1600 BTE Rechargeable Picasso i1600 ITC Picasso i1600 ITE	Evolv AI 1600 CIC Evolv AI 1600 NW CIC 312 Evolv AI 1600 NW CIC 10 Evolv AI 1600 BTE 13* Evolv AI 1600 BTE 13 Power Plus Evolv AI 1600 mRIC 312 Evolv AI 1600 RIC 312*	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable Davinci i1600 ITC Davinci i1600 ITE	Arc AI 1600 CIC Arc AI 1600 NW CIC 312 Arc AI 1600 NW CIC 10 Arc AI 1600 BTE 13* Arc AI 1600 BTE 13 Power Plus Arc AI 1600 mRIC 312 Arc AI 1600 RIC 312*
Low – 1200	Evolv AI 1200 ITE Rechargeable Evolv AI 1200 HS Rechargeable Evolv AI 1200 ITC Rechargeable Evolv AI 1200 RIC Rechargeable* Evolv AI 1200 BTE Rechargeable Picasso i1200 ITC Picasso i1200 ITE	Evolv AI 1200 CIC Evolv AI 1200 NW CIC 312 Evolv AI 1200 NW CIC 10 Evolv AI 1200 BTE 13* Evolv AI 1200 BTE 13 Power Plus Evolv AI 1200 mRIC 312 Evolv AI 1200 RIC 312*	Arc AI 1200 ITE Rechargeable Arc AI 1200 ITC Rechargeable Arc AI 1200 RIC Rechargeable* Arc AI 1200 BTE Rechargeable Davinci i1200 ITC Davinci i1200 ITE	Arc AI 1200 CIC Arc AI 1200 NW CIC 312 Arc AI 1200 NW CIC 10 Arc AI 1200 BTE 13* Arc AI 1200 BTE 13 Power Plus Arc AI 1200 mRIC 312 Arc AI 1200 RIC 312*

***Available in CROS / BICROS**

Note: Half Shell is not available for Audibel

NASSCO Work Comp – Claim Worksheet

Patient Information:

Name:	
Date of Birth:	Gender: Male Female
Address:	
City, State, Zip:	
Phone:	

Service Facility Information:

Provider Name:	Provider NPI:
Service Facility Name:	Facility Tax ID:
Service Facility Address:	Facility NPI:
City, State, Zip:	Facility 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

Accessory Codes:

- V5267 – Accessory Code

Accessory item name(s):

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="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 |
| <input type="checkbox"/> V5014 and V5299 are billed together on all repair claims | |

Date for Service Claim: _____

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:** _____

Workers Compensation Hearing Aid Request

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.

Date of Request	
------------------------	--

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	
City			
State, ZIP			

Hearing Aid Request:

Right Ear	
Left Ear	
Justification	

Description of Current Hearing Aid(s), if applicable:

Side	Manufacturer	Model / Style	Serial Number	Fitting Date	Age of Current Hearing Aid
Right					
Left					
Repair History					

Reason for Replacement, if applicable: