



NASSCO Work Comp Contracted Provider Guide

Effective March 2024

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

Workers Compensation Email wc@starhearing.com

Start Hearing Credentialing Dept 1-800-510-4194

Credentialing Email credentialing@starhearing.com

Start Hearing Website www.starhearing.com

Information Requests request@starhearing.com

Forms & Manuals 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

- One carton per aid will ship with the initial order.

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 NASSCO Work Comp. All requests are managed and processed through Start Hearing directly.**

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 complete the hearing aid and service request form (page 9) and send to Start Hearing at: wc@starhearing.com
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 reach out to provider to inform of approval and provider can place the order.
9. 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.
10. 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.
11. Starkey will process any standard order and ship approved products to provider.
 - Custom orders: include all paperwork with the impressions.
12. Provider will fit the patient and send signed Confirmation of Delivery form to: claims@starhearing.com

Program	Low (12)	Select (16)	Advanced (20)	Premium (24)
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 approval. Start Hearing will obtain approval from NASSCO when applicable.

Hearing Aid Check (V5011)

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

Programming (V5013)

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

Available Products

				
Premium – 24	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
Advanced – 20	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*
Select – 16	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*
Low – 12	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*

NASSCO Work Comp – Claim Worksheet

Patient Name:	
Date of Birth:	Gender of Patient: _____ Male _____ Female
Address:	
City, State, Zip:	
Phone:	PO Number:

Service Facility Information

Provider Name:	Provider NPI:
Service Facility Name:	Facility NPI:
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 – BiCROS Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee

Accessories (*please check*):

- V5267 – Accessory Code

Accessory item name(s):

Hearing aid codes will be determined by the order form.

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 Re-fit Fee | LT | RT |
| <input type="radio"/> 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="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:** _____



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.

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 Number	
City, State, Zip			
Contact Email			

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:

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