



# One Call Care Management Contracted Provider Guide

Effective June 2023

[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@StartHearing.com](mailto:claims@StartHearing.com)

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

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

Credentialing Email . . . . . [credentialing@starthearing.com](mailto:credentialing@starthearing.com)

Start Hearing Website . . . . . [www.starthearing.com](http://www.starthearing.com)

Information Requests . . . . . [request@starthearing.com](mailto:request@starthearing.com)

Forms & Provider Guides . . . . . [starthearing.com/downloads](http://starthearing.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.
- Patient will contact OCCM for additional batteries at 800-848-1989.

### **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 One Call Care Management (OCCM).**

**\*All requests are managed and processed through Start Hearing directly.**

## Process Overview

1. Patient referrals will originate from One Call Care Management (OCCM) and / or provider. Start Hearing will submit all Hearing Aid and Service requests to OCCM for obtain approvals.
2. Provider will perform hearing test.
3. Provider will send Hearing Aid and Service Request Form (see page 6) 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 OCCM.
5. OCCM 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 send hearing aid order to Starkey – ATTN: Start Hearing
9. 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.
  - Custom orders: include all paperwork with the impressions.
10. Starkey will process the order and ship approved products to provider.
11. 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

For a list of billable services, please view page 7 of this manual.

- Programming visits are not billable within the first year from the fitting date of new hearing aids.
- Clean/check visits are not billable within the first year from the fitting date of new hearing aids.
- All services require approval from OCCM. All approvals are managed by Start Hearing.

## Available Products

				
<b>Premium - 24</b>	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*
<b>Advanced - 20</b>	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*
<b>Select - 16</b>	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*
<b>Low - 12</b>	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**



**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>		<b>OCCM 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:	
Employer Name:			

**Office information:**

Office Name:		Provider Name:	
Address:		Phone:	
City, State, Zip:			

**Hearing Aid Request:**

	Hearing Aid Make / Model / Style	HCPC Code	Cost (Start Hearing Use Only)
Right Ear:			\$
Left Ear:			\$
Justification:			

**Other Services or Accessories:**

Description	Quantity	HCPC Code	Cost (Start Hearing Use Only)
			\$
			\$
			\$
			\$

Please attach any additional documentation and email to: [wc@starhearing.com](mailto:wc@starhearing.com)



### Common Services & Codes

Code	Service
92550	Tympanometry and Reflex Test
92562	Loudness Balance Test
92567	Tympanometry
92568	Acoustic Reflex Test
92587	Otoacoustic Emissions Limited Evaluation
92588	Evaluation of Otoacoustic Emissions
92591	Hearing Aid Evaluation – Binaural
92592	Hearing Aid Check / Cleaning – Monaural
92593	Hearing Aid Check / Cleaning – Binaural
92625	Tinnitus Assessment
99211	Office Visit
A9901	Earmold Shipping
A9901	Hearing Aid Shipping
S1001	RIC Receiver – Standard
S1002	RIC Receiver – Absolute Power Custom
V5008	Audiogram
V5011	Clean and Check – per ear
V5013	Programming
V5014	Repair/Modification of a Hearing Aid
V5160	Dispensing Fee, Binaural Hearing Aids
V5200	Dispensing Fee, CROS Transmitter
V5240	Dispensing Fee, CROS System (Hearing aid & Transmitter)
V5241	Dispensing Fee, Monaural Hearing Aid
V5264	Earmold – Custom
V5266	Battery Size 10 (40pk)
V5266	Battery Size 13 (40pk)
V5266	Battery Size 312 (40pk)
V5266	Battery Size 675 (40pk)
V5267	Wax Guards
V5299	Dispenser Repair Markup
V5299	L&D Service Fee (for fitting L&D aid)



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