



# Peabody Coal Contracted Provider Guide

Effective March 2024

[www.starthearing.com](http://www.starthearing.com)



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**Start Hearing Contact Information**

Start Hearing Provider Support . . . . . 1-888-901-8141

Claims Email . . . . . [claims@starhearing.com](mailto:claims@starhearing.com)

Start Hearing Credentialing Department . . . . . 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 & Provider Guides . . . . . [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

- Peabody Coal UMR – Benefits will be provided for replacement hearing aids only if a new aid is needed because of a change in the Beneficiary hearing loss or if the hearing aid(s) no longer function properly.
- Peabody Coal BCBS – Benefits will be provided for replacement hearing aids only if a new aid is needed because of a change in the Beneficiary hearing loss or if the hearing aid(s) no longer function properly.

### Loss & Damage

- **NEW PROCESS:** May be used once per hearing aid during the warranty.
- The L&D order is processed on the Start Hearing Bill To account number: 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.
  - \$150 per Absolute Power
  - \$75 per earmold
- Office is reimbursed only for the refitting of the hearing aid(s).

### Batteries

- Batteries are not covered for Peabody Coal.

### Earmolds & Receivers

- Earmolds and receivers ordered with a new hearing aid are processed on Start Hearing account E6048.
- No charge to provider or member.

### Replacement Earmolds & Receivers

- Replacement earmolds & receivers are ordered on 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.

## Exchanges

- Must be processed within the 60-day trial period.

## Returns

- Must be processed within the 60-day trial period.
- Provider fees are not returned if the patient was fit and has worn the hearing aids.

## Provider Information

- Peabody Coal allows any credentialed provider from the fitting office to test and fit the patient.

## Patient out of pocket

- **NEW:** Start Hearing will collect all patient portions.
  - Out-of-pocket amount will be collected after the claim has processed.

## Billable Services

### Repair – In or out of warranty

- NEW PROCESS: Billed on the Start Hearing Bill To 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](mailto: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)

- 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)

- 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.

## Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. Credentialed provider from the dispensing office will perform a hearing test.
3. Start Hearing will obtain authorization from Peabody and inform provider of approval. Provider can then place product order.
4. Office will send all required paperwork to Start Hearing:

### **Coal Contract Claim Worksheet – See page 8**

- Must include policy holder's name, date of birth and relationship to the patient.

### **Audiogram:**

- Must be physically signed by the provider and dated within 6 months of submission.
- Audiograms from outside the fitting office are not allowed.

### **Medical Clearance:**

- Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner. Medical clearance form can be found on page 9.
- Anytime new or replacement hearing aids are being 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.

### **Member ID Card:**

- Must include a copy of the current ID card for Peabody Coal.

5. Product Orders:
  - A PO number is required when placing the order. The PO number provided by Start Hearing is located on the Confirmation of Delivery form for each patient.
  - Product orders are placed with Starkey by calling 1-800-328-8602 or by placing the order through Starkey's eStore: <https://order.starkeypro.com/login?/estore>
  - Custom orders: include all paperwork with the impressions.
6. Start Hearing create the claim using the codes for hearing aids, dispensing fee, office visit and assessment.
7. Provider will fit patient and send the signed Confirmation of Delivery form to [claims@starhearing.com](mailto:claims@starhearing.com)

# START HEARING

Program	Low (12)	Select (16)	Advanced (20)	Premium (24)
Peabody Coal Out-of-Pocket Fees*	Usually \$0	Usually \$0	Usually \$0	Usually \$0
Warranty	2 Year	2 Year	2 Year	3 Year

\*If an out-of-pocket amount is determined by insurance, the provider will be notified before the order is received.

\*\*Out of pocket amounts will be collected by Start Hearing after the claim has processed.

**Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.**

## 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*



## Coal Contract Claim Worksheet

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

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### Service Facility Information

<b>Provider Name:</b>	<b>Provider NPI:</b>
<b>Facility Name:</b>	<b>Office NPI:</b>
<b>Facility Address:</b>	<b>Tax ID:</b>
<b>City, State, Zip:</b>	<b>Phone:</b>
<b>Contact Name &amp; Email:</b>	

### New Hearing Aid Claim Codes

(please check):

- 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](mailto:claims@starhearing.com)

### Service Claim Codes

### Modifier

- V5011 – Clean / Check              LT      RT
- V5013 – Programming              LT      RT
- V5014 – Hearing Aid Repair              LT      RT
- V5299 – Repair Refit Fee              LT      RT
  - 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.

- V5264 – Replacement Earmold              LT      RT
- S1002 – Replacement              LT      RT
  - AP Receiver
- S1001 – Replacement Receiver              LT      RT

**For replacement standard receivers, fill in the information below:**

**Left:** \_\_\_\_\_ **Right:** \_\_\_\_\_

**Length:** \_\_\_\_\_ **Length:** \_\_\_\_\_

**Gain:** \_\_\_\_\_ **Gain:** \_\_\_\_\_

## 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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