



Peabody Coal Contracted Provider Guide

Effective June 2023

www.starthearing.com



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Start Hearing Contact Information

Start Hearing Provider Support 1-888-901-8141

Claims Email claims@starhearing.com

Start Hearing Credentialing Department 1-800-510-4194

Credentialing Email credentialing@starhearing.com

Start Hearing Website www.starhearing.com

Information Requests request@starhearing.com

Forms & Provider Guides 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 – eligible every 2 years.
- Peabody Coal BCBS – eligible every 3 years.

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)
- Must include purchase order and Coal Claim Worksheet containing 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

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 – Peabody Coal

		
Premium – 24	Genesis AI 24 mRIC Rechargeable Genesis AI 24 RIC RT Rechargeable* Evolv AI 2400 mRIC 312 Genesis AI 24 IIC NW 10 Genesis AI 24 CIC NW 10 Genesis AI 24 ITE Rechargeable Genesis AI 24 HS Rechargeable Genesis AI 24 ITC Rechargeable Evolv AI 2400 CIC W 312	Intrigue AI 24 mRIC Rechargeable Intrigue AI 24 RIC RT Rechargeable* Arc AI 2400 mRIC 312 Intrigue AI 24 IIC NW 10 Intrigue AI 24 CIC NW 10 Intrigue AI 24 ITE Rechargeable Intrigue AI 24 HS Rechargeable Intrigue AI 24 ITC Rechargeable Arc AI 2400 CIC W 312
Advanced – 20	Genesis AI 20 mRIC Rechargeable Genesis AI 20 RIC RT Rechargeable* Evolv AI 2000 mRIC 312 Genesis AI 20 IIC NW 10 Genesis AI 20 CIC NW 10 Genesis AI 20 ITE Rechargeable Genesis AI 20 HS Rechargeable Genesis AI 20 ITC Rechargeable Evolv AI 2000 CIC W 312	Intrigue AI 20 mRIC Rechargeable Intrigue AI 20 RIC RT Rechargeable* Arc AI 2000 mRIC 312 Intrigue AI 20 IIC NW 10 Intrigue AI 20 CIC NW 10 Intrigue AI 20 ITE Rechargeable Intrigue AI 20 HS Rechargeable Intrigue AI 20 ITC Rechargeable Arc AI 2000 CIC W 312
Select – 16	Genesis AI 16 mRIC Rechargeable Genesis AI 16 RIC RT Rechargeable* Evolv AI 1600 mRIC 312 Genesis AI 16 IIC NW 10 Genesis AI 16 CIC NW 10 Genesis AI 16 ITE Rechargeable Genesis AI 16 HS Rechargeable Genesis AI 16 ITC Rechargeable Evolv AI 1600 CIC W 312	Intrigue AI 16 mRIC Rechargeable Intrigue AI 16 RIC RT Rechargeable* Arc AI 1600 mRIC 312 Intrigue AI 16 IIC NW 10 Intrigue AI 16 CIC NW 10 Intrigue AI 16 ITE Rechargeable Intrigue AI 16 HS Rechargeable Intrigue AI 16 ITC Rechargeable Arc AI 1600 CIC W 312
Low – 12	Genesis AI 12 RIC RT Rechargeable* Genesis AI 12 mRIC Rechargeable Evolv AI 1200 RIC 312 Genesis AI 12 CIC NW 10 Genesis AI 12 ITE Rechargeable Genesis AI 12 HS Rechargeable Genesis AI 12 ITC Rechargeable Evolv AI 1200 CIC 312	Intrigue AI 12 RIC RT Rechargeable* Intrigue AI 12 mRIC Rechargeable Arc AI 1200 RIC 312 Intrigue AI 12 CIC NW 10 Intrigue AI 12 ITE Rechargeable Intrigue AI 12 HS Rechargeable Intrigue AI 12 ITC Rechargeable Arc AI 1200 CIC W 312

***Available in CROS/BiCROS**
Accessories are NOT covered under these contracts.

Coal Contract Claim Worksheet

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

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

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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