

United Mine Workers of America (UMWA) Contracted Provider Guide

Effective 10/2021



www.starthearing.com

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Start Hearing Contact Information

START HEARING CUSTOMER SERVICE 1-800-769-0913

CLAIMS EMAIL ADDRESS CLAIMS@STARTHEARING.COM

START HEARING CREDENTIALING DEPARTMENT 1-800-510-4194

CREDENTIALING EMAIL ADDRESS CREDENTIALING@STARKEY.COM

START HEARING WEBSITE..... WWW.STARTHEARING.COM

INFORMATION REQUESTS INFO@STARTHEARING.COM

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 ALL REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.

General Information

UMWA requires a Start Hearing credentialed audiologist from the fitting office to conduct hearing test. Fittings and follow up services may be performed by any Start Hearing credentialed provider from the testing office.

- **Eligibility**
 - UMWA will replace hearing aids when needed due to a change in the member's condition, medical justification or if the hearing aids no longer function for the hearing loss.
- **Justification Form**
 - All new hearing aid requests must include the **Justification Form** – see page 7 of this manual.
 - All information of the current / previous hearing aids the member is currently wearing.
 - Any repair history or reprogramming attempts on the current set of hearing aids.
 - All changes in hearing – Must have at least a 15 dB change from the last hearing test
 - Reason for technology level or style – when required
 - All IIC and CIC technology levels require justification
 - All other styles 1600 level or higher require justification
- **Member Portion**
 - Some UMWA members may have an out-of-pocket amount.
 - If the front of the member's ID card states 'Non-Hospital Deductible' or the member ID starts with 'UM6', they may have an out-of-pocket amount applied.
 - Member portion will be determined after the claim has been processed and UMWA applies that portion to the patient out of pocket amount.
 - Members are not billed until after the claim is processed and the provider is paid.
 - Member portion will be withheld from the provider fee.
- **Loss & Damage**
 - May be used once per hearing aid during the warranty.
 - The L&D order is processed on the provider's commercial account.
 - Provider may charge the member their usual and customary fees.
- **Batteries**
 - Batteries are not covered under the UMWA program.
- **Earmolds & Receivers**
 - Earmolds and receivers ordered with a new hearing aid are processed on the Start Hearing account.
 - No charge to provider or member
- **Replacement earmolds & receivers**
 - Replacement earmolds & receivers are ordered on the Start Hearing account.
 - No charge or reimbursement to provider.
 - Order form and 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 approved by UMWA if changing technology level or style.
 - Justification is required.
- **Returns**
 - Must be processed within the 60-day trial period.
- **HIS Approval**
 - An HIS may be approved to test / fit a UMWA member on the following conditions:
 - Start Hearing does not have a credentialed audiologist within 50 miles from the member's zip code
 - HIS approval is obtained before the testing has been completed.
- **Out of Warranty Repair claims**
 - Processed on the facility commercial account.
 - Members are not charged any amount unless deductible applies after claim is processed.
 - After repair, facility sends claim worksheet and copy of manufacturer's invoice to Start Hearing.

Process Overview

1. Patient may be referred to a Start Hearing network provider by the Start Hearing contact center.
2. Credentialed audiologist from the dispensing office will perform a hearing test.
3. Office will send all required paperwork to Start Hearing:
 - **Coal Contract Claim Worksheet** – See page 6.
 - **Audiogram:**
 - Must be performed by a Start Hearing Credentialed audiologist.
 - Must be physically signed by the audiologist 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.
 - Electronic signatures are not accepted.
 - Must be dated within 6 months of submission.
 - **Justification Form (page 7):**
 - Required for all new hearing aid orders.
 - Must be completed to the best of your knowledge.
 - **Completed Order Form:**
 - Standard products: All paperwork can be emailed to claims@starthearing.com
 - Custom orders: include all paperwork with the impressions.
 - **Do not email custom paperwork separately unless scans on file are being used.**
4. Start Hearing will obtain authorization from UMWA and process order upon approval.
 - If a change in technology level is approved, Start Hearing will process the order and inform provider of change.
5. Provider will send Confirmation of Delivery form to Start Hearing via email: claims@starthearing.com

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
UMWA Out of Pocket Fees*	Up to \$325	Up to \$325	Up to \$325	Up to \$325
Warranty	2 Year	2 Year	2 Year	3 Year



*Final out of pocket amount will be determined after the claim is paid by insurance. Members are not to be charged until claim has processed.

Billable Services

- **Repair – In or out of warranty**
 - Must include Manufacturer Invoice and Coal Claim Worksheet.
 - Office created invoices are NOT allowed.
 - Billable once every 12 months.
 - In office repair is treated as a clean and check and will follow that procedure.
 - Members are not charged any amount unless deductible applies after claim is processed.
- **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.
- **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.

The covered benefit for hearing aid check and programming is once every six months. If the beneficiary is seeing the provider more often, then that is a Funds non-covered benefit, and the provider would be able to bill the beneficiary a reasonable charge for office visit. The provider needs to explain to the beneficiary that because they are being seen more often, it is not considered a covered benefit and they can be billed.

Available Products

				
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 / Bi-Cros**

Note: Half Shell is not available for Audibel

Accessories are not covered under this contract.

Coal Contract Claim Worksheet

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

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 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee

- V5181 – Cros – BTE / RIC
- V5221 – Bi-Cros – 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 |
|--|----|----------|
| <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 |
| ○ 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.

- | | | |
|--|----|----|
| <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:** _____

Justification Form (UMWA members only)

Patient Name: _____ Date of Birth: _____

'UM' Member ID: _____

Current hearing aids (Make/model): _____

Provider name: _____ Date of visit: _____
(Printed)

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Patient has not worn hearing aids previously
<input type="checkbox"/> 15 dB drop in hearing from last exam- <u>please specify</u> :
<ul style="list-style-type: none"> • Pure Tone Average • >15 dB decline at multiple frequencies <input type="checkbox"/> Change in shape or size of ear canal
<input type="checkbox"/> Pinna deformity or external canal deformity
<input type="checkbox"/> Difficult audiometric configuration
<input type="checkbox"/> Unilateral deafness
<input type="checkbox"/> Acoustic feedback potential with fitting
<input type="checkbox"/> Other (CIC or IIC justification and / or technology level):

_____ | <input type="checkbox"/> Very poor speech perception:
<ul style="list-style-type: none"> • For replacement HA – Word discrimination decline of >20% <input type="checkbox"/> Recruitment / Misophonia
<input type="checkbox"/> Hyperacusis
<input type="checkbox"/> Reduced manual dexterity
<input type="checkbox"/> Limited hand dexterity
<input type="checkbox"/> Reduced Vision or Blindness |
|--|--|

- Current hearing aids no longer function*:
 - Provide all repair history
 - Provide all reprogramming attempts

*Repair Date:	Serial number:	Reason for Repair:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Reprogramming Date: _____ Outcome: _____

*Reprogramming Date: _____ Outcome: _____

Recommended Hearing Aid(s): _____

Provider signature: _____ Date: _____

- If a peer-to-peer review is required, I authorize a Kepro Representative to contact me.

Phone: _____ In office Days / Times: _____