

VEBA Healthsmart Contracted Provider Guide

Effective 8/2022



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@STARTHEARING.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

- **Eligibility**
 - VEBA Healthsmart – eligible every 2 years.
- **Member Portion**
 - Please see specific information on the contract page.
- **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**
 - VEBA Healthsmart does receive 3 years of batteries with an order.
- **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 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.
- **Warranty Extension**
 - A warranty may be extended before the current warranty expires.
 - Processed on the provider's commercial account.
 - Member is responsible for any fees.
- **Provider Information**
 - Any credentialed provider from the fitting office may test and fit the patient.
- **Repair – In or out of warranty**
 - **NEW:** Billed on the Start Hearing account of E6048
 - Provider account is not charged.
 - Office is reimbursed only for the refitting of the hearing aid(s)
 - Must include Manufacturer Invoice 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.

VEBA Healthsmart

Process Overview

1. Patient may be referred to a Start Hearing network provider by the Start Hearing contact center.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
 - **Coal Contract Claim Worksheet** – See page 7.
 - *Must include the name and date of birth for the policy holder.*
 - **Audiogram:**
 - Must be physically signed by the provider and dated within 6 months of submission.
 - Audiograms from outside the fitting office are not allowed.
 - **Member ID Card:**
 - Must include a copy of the current member ID card for VEBA Healthsmart.
 - **Completed Order Form:**
 - Standard products: All paperwork can be emailed to claims@starhearing.com
 - Custom orders: include all paperwork with the impressions.
 - Do not email custom paperwork separately.
3. Start Hearing will obtain authorization and estimated out of pocket amount from VEBA Healthsmart.
4. Upon approval, Start Hearing will contact provider with the estimated amount.
 - If the estimate is \$0, Start Hearing will place the order.
5. Provider will obtain approval from the patient for the estimated out of pocket amount.
6. After patient approval of the out-of-pocket amount, provider will inform Start Hearing to proceed with order.
7. Claim will be set up with all billable codes.
 - Additional provider fee for Advanced and Premium technology will be added to the claim
8. Provider will send Confirmation of Delivery form to Start Hearing via email: claims@starhearing.com


Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
VEBA Healthsmart Out of Pocket Fees*	Up to \$650	Up to \$650	Up to \$650	Up to \$650
Warranty	2 Year	2 Year	2 Year	3 Year

*Final out of pocket amounts will not be known until after the claim has processed.

Billable Services

- **Repair: See page 4**
- **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.

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	

Policy Holders 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 circle):

- 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

- | 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 |
| <input type="checkbox"/> 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:** _____