



United Mine Workers of America (UMWA) Contracted Provider Guide

Effective March 2024

www.starthearing.com



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Start Hearing Contact Information

Start Hearing Provider Support 1-888-819-9345

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 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

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

- United Mine Workers of America – eligible when medically necessary.
- Justification is required for all products at the 16 level and above and all level CIC's.
- Justification is required for all new hearing aid requests.

Member Portion

- **NEW PROCESS:** Start Hearing will collect all patient portions after UMWA payment is received.
- Out of pocket amounts are not known until after the claim has processed.

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 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
 - \$50 per earmold
- Office is reimbursed only for the refitting of the hearing aid(s).

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 E6048.
- No charge to provider or member.

Replacement earmolds & receivers

- Replacement earmolds & receivers are ordered on the 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.
- Billable once every 12 months.

Exchanges

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

Returns

- Provider fees are not returned if the patient was fit and has worn the hearing aids.

Provider Information

- UMWA require a credentialed audiologist at the fitting office to test the members.
- Any credentialed provider from the fitting office may fit the patient.

Repair – In or Out of Warranty

- **NEW PROCESS:** Billed on the Start Hearing 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 10) to 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.

The covered benefit for hearing aid check and programming is once every six months after the 2-year period from the fitting date. 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.

United Mine Workers of America Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
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 10.**
 - *Must include the policy holder's name, date of birth and relationship to the patient.*
 - **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. Medical Clearance form can be found on page 12.
 - 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.
 - **Justification Form (page 11):**
 - Required for all new hearing aid orders.
 - Must be completed to the best of your knowledge.
 - **Member ID Card:**
 - Must include a copy of the current member ID card for UMWA.
4. Start Hearing will obtain authorization from UMWA.
 - If a change in technology level is approved, Start Hearing will inform provider of change.

5. Start Hearing will send Confirmation of Delivery form to Provider as approval and the Provider can proceed with placing the order through Starkey.
 - 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.
 - Order forms are available here: www.starhearing.com/downloads
6. Provider will fit patient and send the signed Confirmation of Delivery form to: claims@starhearing.com
7. Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.

Out of Pocket Fees Collected by:	Low (12)	Select (16)	Advanced (20)	Premium (24)
UMWA Out of Pocket	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. ** Collected by Start Hearing after the claim is processed.

Available Products

				
Premium – 24	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
Advanced – 20	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*
Select – 16	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*
Low – 12	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

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

Policy Holder's Name: _____ **Date of Birth:** _____

Relationship to patient (please check): _____ **Spouse** _____ **Other** _____ **Self** _____ **Child**

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

If code is not checked, it will not be billed.

- 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@starthearing.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:** _____

Justification Form (UMWA members only – New Hearing Aid Request)

Patient Name: _____ Date of Birth: _____

'UM' Member ID: _____

Current hearing aids (Make/Model): _____

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

Please check all that apply:

- Patient has not worn hearing aids previously
 - 15 dB drop in hearing from last exam-please specify:
 - Pure Tone Average
 - >15 dB decline at multiple frequencies
 - Change in shape or size of ear canal
 - Pinna deformity or external canal deformity
 - Difficult audiometric configuration
 - Unilateral deafness
 - Acoustic feedback potential with fitting
 - Other (CIC or IIC justification and / or technology level):
-
- Very poor speech perception:
 - For replacement HA – Word discrimination decline of >20%
 - Recruitment / Misophonia
 - Hyperacusis
 - Reduced manual dexterity
 - Limited hand dexterity
 - 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: _____

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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