



# United Mine Workers of America (UMWA) Contracted Provider Guide

Effective 1/1/2023

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



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**Start Hearing Contact Information**

Start Hearing Provider Support . . . . . 1-888-819-9345

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 . . . . .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 1600 level and above and all level CIC's.
- Justification is required for all requests under 5 years from last fitting.

## 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 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
  - \$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.
- 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

- 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)
- 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.

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 the Start Hearing care 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 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.
    - Must be dated within 6 months of submission.
  - **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.
  - **Completed Order Form:**
    - Standard products: All paperwork can be emailed to [ordering-glencoe@starhearing.com](mailto:ordering-glencoe@starhearing.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](mailto:claims@starthearing.com)



<b>Out of Pocket Fees Collected by:</b>	<b>Low (1200)</b>	<b>Select (1600)</b>	<b>Advanced (2000)</b>	<b>Premium (2400)</b>
<b>UMWA Out of Pocket</b>	Up to \$325	Up to \$325	Up to \$325	Up to \$325
<b>Warranty</b>	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.

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



## Available Products

				
<b>Premium – 2400</b>	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*
<b>Advanced – 2000</b>	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 2000 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*
<b>Select – 1600</b>	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*
<b>Low – 1200</b>	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/BiCROS NOTE: Half Shell is not available for Audibel. Accessories are NOT covered through this contract.**

## 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 (circle):</b> UMW                      Consol                      Arch Coal UMR Peabody UMR                      Healthscope                      Arch Coal BCBS VEBA Healthsmart                      Peabody BCBS
<b>Date of Birth:</b>	
<b>Gender of Patient:</b> _____ <b>Male</b> _____ <b>Female</b>	

**Policy Holders Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

### 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

*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 – 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: [ordering-glencoe@starhearing.com](mailto:ordering-glencoe@starhearing.com)

### Service Claim Codes

### Modifier

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

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

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- 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: \_\_\_\_\_



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