



VEBA Contracted Provider Guide

Effective 1/1/2023

www.starthearing.com



Table of Contents

Start Hearing Contact Information3
General Information4
Billable Services.5
Process Overview6
Available Products for Coal Members8
Coal Claim Worksheet.9



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

- VEBA HealthSmart – eligible every 2 years.

Member Portion

- An estimate of patient portion will be obtained by Start Hearing upon verification of benefits.
- If there is an out of pocket quoted, provider will be notified to obtain approval from patient to proceed.
- NEW PROCESS: Start Hearing will collect all patient portions.
 - Out of pocket amount will be collected 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.
- 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

- 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.

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- 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.

Provider Information

- VEBA HealthSmart allows any credentialed provider from the fitting office to test and fit the patient.

Billable Services

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.

Process Overview

1. Patient may be referred to a Start Hearing network provider by the Start Hearing care center.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
 - **Coal Contract Claim Worksheet – See page 9.**
 - Must include policy holders 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.
 - **Member ID Card:**
 - Must include a copy of the current ID card for VEBA HealthSmart.
 - **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.
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@starthearing.com

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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.

**Collected by Start Hearing after the claim has processed.

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

Available Products – All Coal Contracts

				
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 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* Picasso i2400 ITC Picasso i2400 ITE	Arc AI 2400 ITE Rechargeable Arc AI 2400 ITC Rechargeable Arc AI 2400 RIC Rechargeable* Arc AI 2400 BTE Rechargeable 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* Davinci i2400 ITC Davinci i2400 ITE
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 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* Picasso i2000 ITC Picasso i2000 ITE	Arc AI 2000 ITE Rechargeable Arc AI 2000 ITC Rechargeable Arc AI 2000 RIC Rechargeable* Arc AI 2000 BTE Rechargeable 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* Davinci i2000 ITC Davinci i2000 ITE
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 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* Picasso i1600 ITC Picasso i1600 ITE	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable 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* Davinci i1600 ITC Davinci i1600 ITE
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 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* Picasso i1200 ITC Picasso i1200 ITE	Arc AI 1200 ITE Rechargeable Arc AI 1200 ITC Rechargeable Arc AI 1200 RIC Rechargeable* Arc AI 1200 BTE Rechargeable 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* Davinci i1200 ITC Davinci i1200 ITE

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

Note: Half Shell is not available for Audibel

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 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 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@starthearing.com

Service Claim Codes

Modifier

- | | | |
|--|----|----|
| <input type="radio"/> V5011 – Clean / Check | LT | RT |
| <input type="radio"/> V5013 – Programming | LT | RT |
| <input type="radio"/> V5014 – Hearing Aid Repair | LT | RT |
| <input type="radio"/> V5299 – Repair Re-fit Fee | LT | RT |
| o 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="radio"/> V5264 – Replacement Earmold | LT | RT |
| <input type="radio"/> S1002 – Replacement AP Receiver | LT | RT |
| <input type="radio"/> S1001 – Replacement Receiver | LT | RT |

For replacement standard receivers, fill in the information below:

Left: _____ **Right:** _____
Length: _____ **Length:** _____
Gain: _____ **Gain:** _____



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