



VEBA Contracted Provider Guide

Effective January 2025

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 starhearing.com

Information Requests request@starhearing.com

Provider Forms/Documents..... 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 USED. PLEASE SEND THE REQUIRED PAPERWORK WITH THE
IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.**

Benefit and Eligibility Information	
Provider Requirements	<ul style="list-style-type: none"> • VEBA HealthSmart allows any credentialed provider from the fitting office to test and fit the patient.
Eligibility	<ul style="list-style-type: none"> • VEBA HealthSmart – eligible every 2 years.
Member Responsibility	<ul style="list-style-type: none"> • An estimate of patient portion will be obtained by Start Hearing upon verification of benefits. • If there is an out-of-pocket quote, the provider will be notified to obtain approval from the patient to proceed. • Start Hearing will collect all patient portions. • Out of pocket amount will be collected after the claim has processed.
Warranty	<ul style="list-style-type: none"> • All hearing aids come with a 3-year warranty. • The warranty covers in-warranty repair and 1-time loss and damage.
Loss and Damage	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • \$159 per Absolute Power • \$50 per earmold • Office is reimbursed only for the refitting of the hearing aid(s).
Return/Exchanges	<ul style="list-style-type: none"> • Must be processed within the 60-day trial period. Return/Exchange form can be found here. • Provider fees are not returned if the patient was fit and has worn the hearing aids.
Earmolds & Receivers	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • If replacement products are ordered on the commercial account, a credit / rebill will be processed.
Repair – In or Out of Warranty	<ul style="list-style-type: none"> • 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 9) 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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.
Batteries	<ul style="list-style-type: none"> • VEBA HealthSmart does receive 3 years of batteries with an order.
Accessories	<ul style="list-style-type: none"> • Any desired accessories are ordered under the Start Hearing bill-to-account, E6048 and a payment link will be provided to collect the payment. Please reference the price list for accessory pricing.

Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
 - **Coal Contract Claim Worksheet (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.
3. Start Hearing will obtain authorization and estimated out of pocket amount from VEBA HealthSmart.
4. Upon approval, Start Hearing will contact the provider with the estimated amount.
5. The 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 proceed with order.
7. Please visit our new provider portal linked [here](#). You can process referrals, appointment outcomes, place orders, process payments and signatures all in the portal. You can access the provider portal resources [here](#) to learn more! If you're not a portal user, please continue with the steps below.
8. The provider will place hearing aid order with Starkey, using the Start Hearing bill-to-account number, [E6048](#).
 - a. **Order forms** can be found [here](#). Go to the bottom of the page, under Printable Forms and choose the Start Hearing tab to view the correct order forms. All active product families are available based on the technology levels in the chart below.
9. Provider will fit patient and send the signed Confirmation of Delivery form to: claims@starhearing.com

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
Out of Pocket Fees	Up to \$650	Up to \$650	Up to \$650	Up to \$650
Warranty	3 Year	3 Year	3 Year	3 Year

***Final out of pocket amounts will not be known until after the claim has been processed. **Collected by Start Hearing after the claim has been processed.**

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

VEBA Contract Claim Worksheet

Patient:	Member ID Number:												
Address:	ICD-10 Diagnosis Code:												
City, State, Zip:	Insurance Plan (circle): <table style="width: 100%; border: none;"> <tr> <td>UMWA</td> <td>Consol</td> <td>Arch Coal</td> </tr> <tr> <td></td> <td>Healthscope</td> <td>UMR</td> </tr> <tr> <td>Peabody UMR</td> <td>Peabody BCBS</td> <td>Arch Coal</td> </tr> <tr> <td></td> <td></td> <td>BCBS</td> </tr> </table>	UMWA	Consol	Arch Coal		Healthscope	UMR	Peabody UMR	Peabody BCBS	Arch Coal			BCBS
UMWA		Consol	Arch Coal										
		Healthscope	UMR										
Peabody UMR	Peabody BCBS	Arch Coal											
		BCBS											
Date of Birth:													
Gender of Patient:	VEBA Healthsmart												

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@starhearing.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 Refit 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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