



# Hearing Rehabilitation Solutions Contracted Provider Guide

Effective January 2025

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



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### **Start Hearing Contact Information**

Start Hearing Workers Comp Dept..... 1-800-733-2588

Claims Email ..... [claims@starhearing.com](mailto:claims@starhearing.com)

Workers Compensation Email..... [wc@starhearing.com](mailto:wc@starhearing.com)

Start Hearing Credentialing Dept..... 1-800-510-4194

Credentialing Email..... [credentialing@starhearing.com](mailto:credentialing@starhearing.com)

Start Hearing Website..... [starhearing.com](http://starhearing.com)

Information Requests ..... [request@starhearing.com](mailto:request@starhearing.com)

Provider Forms/Documents..... [starhearing.com/downloads](http://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.**

<b>General Information</b>	
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Workers Compensation patients are eligible when the contract indicates it is appropriate.</li> </ul>
<b>Patient Responsibility</b>	<ul style="list-style-type: none"> <li>Patients are not responsible for any fees for services or products approved by Workers Compensation carrier.</li> <li>Patients are responsible for all fees related to non-approved products.</li> </ul>
<b>Earmolds &amp; Receivers</b>	<ul style="list-style-type: none"> <li>All products require approval from the workers compensation carrier.</li> </ul>
<b>Replacement Earmolds &amp; Receivers</b>	<ul style="list-style-type: none"> <li>Requires approval from the workers compensation carrier.</li> <li>Billable once every 12 months for receivers.</li> <li>Billable once every 6 months for earmolds.</li> </ul>
<b>Batteries</b>	<ul style="list-style-type: none"> <li>One carton per aid will ship with the initial order.</li> <li>Patient will receive instructions one year after fitting on how to order additional batteries.</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>During the first year of warranty, all testing services, hearing aid checks, programming, cleaning, office repairs, tubes, dome changes, and adjustments are not billable to the workers compensation carrier or the patient.</li> </ul>
<b>Repairs</b>	<ul style="list-style-type: none"> <li>Repairs outside the warranty period will require approval from workers compensation carrier.</li> </ul>
<b>Loss &amp; Damage</b>	<ul style="list-style-type: none"> <li>All hearing aids have a 3-year warranty.</li> <li>One-time L&amp;D per aid within warranty period.</li> <li>For L&amp;D charges, use Start Hearing's bill to account: <a href="#">E6048</a></li> </ul>
<b>Accessories</b>	<ul style="list-style-type: none"> <li>Available if approved by the workers compensation carrier.</li> <li>Repairs on accessories are not covered. Please request approval for any new accessories.</li> </ul>
<b>Exchanges</b>	<ul style="list-style-type: none"> <li>Must be approved by the workers compensation carrier.</li> <li>Include the new Start Hearing PO# and order will be sent to Starkey – ATTN: Start Hearing.</li> </ul>
<b>Returns</b>	<ul style="list-style-type: none"> <li>Must be processed within the 60-day trial period. Return/Exchange form can be found <a href="#">here</a>.</li> <li>Fitting fees are not returned if the patient was fit and has worn the hearing aids</li> </ul>

## Process Overview

1. Patient referrals will originate from Hearing Rehabilitation Services (HRS)
2. The provider will perform a hearing test.
3. Provider will send hearing aid request to HRS
  - HRS Phone: 888-844-0477
  - Forms will be sent to the provider from HRS.
  - All requests must include the exact hearing aid(s), earmolds, receivers (standard or AP receiver), any and all accessory items requested.
4. HRS will verify benefits and approve product recommendation.
5. A copy of the PO will be sent to the provider and Start Hearing upon approval.
6. Start Hearing will send Confirmation of Delivery form to provider as approval.
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. Starkey will process the order and ship approved products to the provider.
10. Provider will fit the patient and send signed Confirmation of Delivery form to: [claims@starhearing.com](mailto:claims@starhearing.com)

Technology Level	Low (12)	Select (16)	Advanced (20)	Premium (24)
<b>Out of Pocket Fees</b>	\$0	\$0	\$0	\$0
<b>Warranty</b>	3 Year	3 Year	3 Year	3 Year



## **Billable Services**

### **Repair – In or out of warranty**

- Billable with a PO from HRS.

### **Hearing Aid Check (V5011)**

- Cannot be billed within the first year of the fitting date.
- PO from HRS is required.

### **Programming (V5013)**

- Cannot be billed within the first year of the fitting date.
- PO from HRS is required



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