



# Medical Service Quotes 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

Workers Compensation Email.....wc@starhearing.com

Start Hearing Credentialing Dept.....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 BEING USED. PLEASE SEND 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, Wax Guards, and Domes</b>	<ul style="list-style-type: none"> <li>One carton of batteries per aid will ship with the initial order.</li> <li>To request additional batteries, wax guards, or domes, please complete the service request form on page 8 and email it to: <a href="mailto:WC@starthearing.com">WC@starthearing.com</a>.</li> <li>Please indicate what size batteries and domes are needed. Start Hearing will ship items directly to the member's home or the providers office, whichever is requested.</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>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>

<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>
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**All services and products require approval from MSQ. All requests are managed and processed through Start Hearing directly.**

## Process Overview

1. Patient referrals will originate from Medical Service Quotes (MSQ) or provider.
2. Provider will perform hearing test.
3. Provider will send Hearing Aid and Service Request Form (page 8) and audiogram to Start Hearing at: [WC@starhearing.com](mailto:WC@starhearing.com)
4. Start Hearing will verify all codes and products and forward to MSQ.
5. MSQ will verify benefits and approve product recommendation.
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.
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>	2 Year	2 Year	2 Year	3 Year

## Billable Services

### Repair – In or out of warranty

- Billable with approval. Start Hearing will obtain approval from MSQ when applicable.

### Hearing Aid Check (V5011)

- Cannot be billed within the first year of the fitting date.
- Billable with approval. Start Hearing will obtain approval from MSQ when applicable.

### Programming (V5014)

- Cannot be billed within the first year of the fitting date.

- Billable with approval. Start Hearing will obtain approval from MSQ when applicable.

## Hearing Aid and Service Request Form

### Patient Information (\*Required):

*First Name	Claim
*Last Name	
*Address	
*City, State	*Primary Phone Number
*Zip Code	Alternate Phone Number
*Date of Injury	*Diagnosis
Date of Birth	

### Prescribing Physician:

Office	Address
City	State
Zip Code	*Phone Number
Fax Number	

### Insurance Information:

Adjuster	MSQ	Phone Number
TPA		
Date Services Needed		

### \*Hearing Aid Request

Manufacturer: Starkey	HSPCS
Model	Date of Service
Fit Type	Date existing hearing aids received
Quantity	Date audiogram completed (Include copy with request)
Supplies/Services	
Comments	





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