



NASSCO Work Comp Contracted Provider Guide

Effective January 2025

www.starthearing.com

Table of Contents

Start Hearing Contact Information 3

General Information..... 4

Process Overview..... 5

Billable Services 5

NASSCO Work Comp – Claim Worksheet 7

Workers Comp Hearing Aid and Service Request Form 8



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 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.

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

Process Overview

1. NASSCO will receive a work comp case and contact Start Hearing to obtain a referral for the patient.
2. Start Hearing will find a credentialed provider for the patient.
3. The provider will perform hearing test and provide a recommended product.
4. Provider will complete the hearing aid and service request form (page 8) and send to Start Hearing at: wc@starhearing.com
5. Start Hearing will email NASSCO to review requested products.
6. NASSCO will verify benefits and approve product recommendation.
7. NASSCO will email Start Hearing with the approval.
8. Start Hearing will send Confirmation of Delivery form to provider as approval.
9. 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.
10. 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 below.
11. Starkey will process the order and ship approved products to the provider.
12. Provider will fit the patient and send signed Confirmation of Delivery form to: claims@starhearing.com

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

Billable Services

Repair – In or out of warranty

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

Hearing Aid Check (V5011)

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



- Start Hearing will obtain approval from NASSCO when applicable.

Programming (V5013)

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

NASSCO Work Comp – Claim Worksheet

Patient Name:	
Date of Birth:	Gender of Patient: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
City, State, Zip:	
Phone:	PO Number:

Service Facility Information

Provider Name:	Provider NPI:
Service Facility Name:	Facility NPI:
Service Facility Address:	Facility NPI:
City, State, Zip:	Facility Phone:
Contact Name & Email:	

New Hearing Aid Claim Codes

- ☐ V5200 – CROS Dispensing Fee
- ☐ V5240 – BiCROS Dispensing Fee
- ☐ V5241 – Monaural Dispensing Fee
- ☐ V5160 – Binaural Dispensing Fee

Accessories (please check):

- ☐ V5267 – Accessory Code

Accessory item name(s):

Hearing aid codes will be determined by the order form.

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

- ☐ V5011 – Clean / Check LT RT
- ☐ V5013 – Programming LT RT
- ☐ V5014 – Hearing Aid Repair LT RT
- ☐ V5299 – Repair Refit Fee LT RT

- o V5014 and V5299 are billed together on all repair claims

Date for Service Claim: _____

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 LT RT
AP Receiver
- ☐ S1001 – Replacement Receiver LT RT

For replacement standard receivers, fill in the information below:

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

Workers Comp Hearing Aid and Service Request Form

Please complete this form for new hearing aid requests and/or replacements. Do not proceed with fitting new hearing aids, or trial, until you have received written approval from Start Hearing.

Date of Request:

Patient Information:

First Name		Claim Number (if known)	
Last Name		Date of Injury	
Address		Phone Number	
City, State, Zip			
Date of Birth		Diagnosis Code(s)	

Office Information:

Office Name		Provider Name	
Address		Phone Number	
City, State, Zip			
Contact Email			

Hearing Aid Request:

Right Ear	
Left Ear	
Justification	

Description of Current Hearing Aid(s), if applicable:

Side	Manufacturer	Model/Style	Serial Number	Fitting Date	Age of Current Hearing Aid
Right					
Left					
Repair History					

Reason for Replacement, if applicable:

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