

One Call Care Management Contracted Provider Guide

Effective January 2025

www.starthearing.com



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Start Hearing Contact Information

Start Hearing Workers Comp Dept	1-800-733-2588
Claims Email	claims@starthearing.com
Workers Compensation Email	wc@starthearing.com
Start Hearing Credentialing Dept	1-800-510-4194
Credentialing Email	credentialing@starthearing.com
Start Hearing Website	starthearing.com
Information Requests	request@starthearing.com
Provider Forms/Documents	starthearing.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	Workers Compensation patients are eligible when the contract indicates it is appropriate.
Patient Responsibility	 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	All products require approval from the workers compensation carrier.
Replacement Earmolds & Receivers	 Requires approval from the workers compensation carrier. Billable once every 12 months for receivers. Billable once every 6 months for earmolds.
Services	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	Requires approval from workers compensation carrier.
Loss & Damage	 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
Returns	 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
Exchanges	 Must be approved by the workers compensation carrier. Include the new Start Hearing PO# and order will be sent to Starkey – ATTN: Start Hearing.
Batteries	 One carton per aid will ship with the initial order. Patient will contact OCCM for additional batteries at 800-848- 1989.
Accessories	 Available if approved by the workers compensation carrier. Repairs on accessories are not covered. Please request approval for any new accessories.



Process Overview

- Patient referrals will originate from One Call Care Management (OCCM) and / or provider. Start Hearing will submit all Hearing Aid and Service requests to OCCM to obtain approvals.
- 2. The provider will perform a hearing test.
- 3. Provider will send Hearing Aid and Service Request Form (see page 6) and audiogram to Start Hearing at: wc@starthearing.com
- 4. Start Hearing will verify all codes and products and forward to OCCM.
- 5. OCCM 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 <a href="https://example.com/here.com
- 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 <u>here.</u> 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.
- 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@starthearing.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

For a list of billable services, please view page 7 of this manual.

- Programming visits are not billable within the first year from the fitting date of new hearing aids.
- Clean/check visits are not billable within the first year from the fitting date of new hearing aids.



 All services require approval from OCCM. All approvals are managed by Start Hearing.



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 Reque		OCCM Request			
Patient inform					1
First	Name:		Claim Number:		
			(if known)		
Last	Name:		Date of Injury:		
A	ddress:		Phone Number:		
City, Sto	ate, Zip:				
Date o	of Birth:		Diagnosis Code:		
Employer	Name:				
Office informa	ation:				
Office	Name:			Provider Name:	
A	ddress:		Phone:		
City, Sto	ate, Zip:				
Hearing Aid Request:					
	Heari	ng Aid Make / Model / Style		HCPC Code	Cost (Start Hearing Use Only)
Right Ear:					\$
Left Ear:					\$

Other Services or Accessories:

Justification:

Description	Quantity	HCPC Code	Cost (Start Hearing Use Only)
			\$
			\$
			\$
			\$

Please attach any additional documentation and email to: wc@starthearing.com



Common Services By HCPCS/CPT Code

Code	Service	
92550	Tympanometry and Reflex Test	
92562	Loudness Balance Test	
92567	Tympanometry	
92568	Acoustic Reflex Test	
92587	Otoacoustic Emissions Limited Evaluation	
92588	Evaluation of Otoacoustic Emissions	
92591	Hearing Aid Evaluation – Binaural	
92592	Hearing Aid Check / Cleaning - Monaural	
92593	Hearing Aid Check / Cleaning - Binaural	
92625	Tinnitus Assessment	
99211	Office Visit	
A9901	Earmold Shipping	
A9901	Hearing Aid Shipping	
\$1001	RIC Receiver - Standard	
S1002	RIC Receiver - Absolute Power Custom	
V5008	Audiogram	
V5011	Clean and Check – per ear	
V5013	Programming	
V5014	Repair/Modification of a Hearing Aid	
V5160	Dispensing Fee, Binaural Hearing Aids	
V5200	Dispensing Fee, CROS Transmitter	
V5240	Dispensing Fee, CROS System (Hearing aid & Transmitter)	
V5241	Dispensing Fee, Monaural Hearing Aid	
V5264	Earmold - Custom	
V5266	Battery Size 10 (40pk)	
V5266	Battery Size 13 (40pk)	
V5266	Battery Size 312 (40pk)	
V5266	Battery Size 675 (40pk)	
V5267	Wax Guards	
V5299	Dispenser Repair Markup	
V5299	L&D Service Fee (for fitting L&D aid)	

