

START HEARING

Peabody Coal 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 Emailclaims@starhearing.com

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

Credentialing Email.....credentialing@starhearing.com

Start Hearing Websitestarhearing.com

Information Requestsrequest@starhearing.com

Provider Forms/Documentsstarhearing.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"> Peabody Coal allows any credentialed provider from the office to test and fit the patient.
Eligibility	<ul style="list-style-type: none"> Peabody Coal UMR – Benefits will be provided for replacement hearing aids only if a new aid is needed because of a change in the Beneficiary hearing loss or if the hearing aid(s) no longer function properly. Peabody Coal BCBS – Benefits will be provided for replacement hearing aids only if a new aid is needed because of a change in the Beneficiary hearing loss or if the hearing aid(s) no longer function properly.
Member Responsibility	<ul style="list-style-type: none"> Start Hearing will collect all patient out-of-pocket costs. 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 & AP 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 & AP 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. • If replacement products are ordered on the commercial account, a credit / rebill will be processed. • Billable once every 12 months.
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 10) 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"> • Batteries are not covered for Peabody Coal.
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. A credentialed provider from the dispensing office will perform a hearing test.
3. Start Hearing will obtain authorization from Peabody and inform provider of approval.
4. Office will send all required paperwork to Start Hearing:

Coal Contract Claim Worksheet (page 8)

- Must include policy holder's 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.

Medical Clearance (page 9):

- Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner. Medical clearance form can be found on page 9.
- Anytime new or replacement hearing aids are requested, a medical clearance is required and must be dated within 6 months of the fitting. The medical clearance, audiology testing and the authorization have a six-month expiration date.

Member ID Card:

- Must include a copy of the current ID card for Peabody Coal.
5. 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.
 6. 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.
 7. Provider will fit patient and send the signed Confirmation of Delivery form to claims@starthearing.com

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

***If an out-of-pocket amount is determined by insurance, the provider will be notified before the order is received.**

****Out of pocket amounts will be 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.

Coal Contract Claim Worksheet

Patient:	Member ID Number:															
Address:	ICD-10 Diagnosis Code:															
City, State, Zip:	Insurance Plan (circle):															
	<table border="0"> <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> <tr> <td>VEBA Healthsmart</td> <td></td> <td></td> </tr> </table>	UMWA	Consol	Arch Coal		Healthscope	UMR	Peabody UMR	Peabody BCBS	Arch Coal			BCBS	VEBA Healthsmart		
UMWA	Consol	Arch Coal														
	Healthscope	UMR														
Peabody UMR	Peabody BCBS	Arch Coal														
		BCBS														
VEBA Healthsmart																
Date of Birth:																
Gender of Patient:																

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

- ☐ 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: _____

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.

- ☐ V5264 – Replacement Earmold LT RT
- ☐ S1002 – Replacement AP Receiver LT RT
- ☐ S1001 – Replacement Receiver LT RT

For replacement standard receivers, fill in the information below:

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



Medical Clearance Form

Patient Name: _____ Date of Birth: _____

Date of Examination: _____

After thorough examination, I have determined that the above-named patient is medically cleared for hearing aids.

If you need anything further from me, please contact me at the address or phone number listed below.

Examining Physician / Clinic Information:

Physician Signature: _____

Physician Printed Name: _____

Physician NPI Number: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



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