

Apple Employee Provider Manual

START  **HEARING**

www.starthearing.com

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Introduction

Start Hearing is providing an inclusive program for Apple Employees and their friends and family. Detailed in this manual is the specific program overview for Apple Employees that are utilizing their hearing aid benefits through their health plan carrier. Start Hearing will be working with plan carrier to conduct insurance verification and claims billing.

Friends and family of Apple Employees will qualify for special pricing through the Start Hearing standard discount program.

Program and pricing information are outlined below.

Program Information

All credentialed Start Hearing providers are eligible to participate in this plan.

- **Warranty (at a minimum):**
 - Three (3) year warranty on all hearing aids.
 - Extended warranties for hearing aids may be available at Start Hearing network providers usual and customary charges, which vary based off technology level.
- **Loss and Damage:**
 - Hearing aid warranties include one-time, loss and damage (L&D) coverage for each hearing aid at \$250. Providers should order using their bill-to-account number and collect the L&D fee from the patient.
- **Hearing Care Anywhere or In-Office Visits:**
 - Free for the first year with a limit of six (6) visits.
 - Repairs during the warranty period are covered in full.
- **Trial Period:**
 - Patients can exchange the devices within their 60-day trial period with no restocking fee. The 60-day trial period will start over when the new hearing aids are fit for all exchanges.
 - Patients can return the devices within the 60-day trial period for a full refund.
- **Earmolds:**
 - Included in the price of the hearing aid(s).
- **AP Receivers:**
 - The AP receivers are not a covered benefit and patient responsibility is \$149. Use Start Hearing's bill-to-account number when ordering AP receivers if medically necessary.
- **Batteries:**
 - Patients will receive a free supply of batteries with initial hearing aid(s) purchase (forty (40) cells per ear) for non-rechargeable aids.
 - Additional batteries are available at a discounted price of \$48.00 (forty (40) cells).
- **Accessories:**
 - If patient chooses to purchase an accessory, provider should use the Start Hearing bill-to-account number when ordering.
 - Accessories and pricing are outlined on page 4 of this manual.
 - All accessories have a one (1) year warranty.
- **Financing Options:**
 - Wells Fargo Health Advantage offering up to 18-months, 0% interest
 - Care Credit offering up to 12-months, 0% interest
- **Provider payment:**
 - Provider fees are paid after the 60-day trial period.

Process Overview

Patient Experience

1. Apple employees will call the dedicated toll-free number and Start Hearing identifies them as an Apple employee.
2. Start Hearing will discuss details about the program with the employee and find the nearest provider in their area.
3. Start Hearing will collect employee's information and call the providers office directly while the employee is on the phone to book the appointment.
4. Start Hearing will send email confirmations on appointment date/time/provider selected to employee and Start Hearing network provider.
5. Start Hearing will call plan carrier to verify employee benefits.
6. Provider will test patient and send the following to Start Hearing via secured fax at: 952-995-8884
 - a. Apple Justification and Claim Form (*you can find this form at the end of this manual*)
 - b. Audiogram
7. Start Hearing will provide the patient and provider with a disclosure form outlining the patient's potential out-of-pocket expense, based on the hearing aid(s) being recommended and the benefit verification information provided by the Health Plan carrier.
8. Start Hearing will contact patient to discuss disclosure form to determine desired product selected and collect out-of-pocket costs if applicable.
9. After patient agrees to product selection, Start Hearing will obtain order details from providers office.
10. Start Hearing will order product and ships to providers office.
11. Provider will fit the patient and return the signed disclosure form and the bill of sale to Start Hearing via secured fax only: 952-995-8884
12. Start Hearing will file claim to Health Plan carrier.

Disclosure Form

All products being ordered must be based on what is medically necessary. The Apple Employee can choose to upgrade beyond what is medical necessary. Start Hearing will supply the Apple Employee with a Disclosure Form outlining the agreed amount of out-of-pocket expenses beyond the covered benefit. This form will be supplied prior to fitting of the hearing aid(s) and must be returned to Start Hearing via secured fax: 952-995-8884.

Available Products and Pricing

Hearing Aid Brands Starkey, Audibel, NuEar	Technology Tier	Retail Price (per ear)	Apple Friends & Family Price (per ear)	Apple Employee Max Price (per ear)
AI 2400	Premium	\$3,498	\$2,199	\$1,825
AI 2000	Advanced	\$2,838	\$1,899	\$1,500
AI 1600	Select	\$2,438	\$1,499	\$1,300
AI 1200	Low	\$1,398	\$1,199	\$1,050
AI CROS Transmitter	NA	\$1748	\$1099	\$1050

Available Accessories

Wireless Accessories	Average Retail Price	Apple Price
Table Microphone	\$798	\$599
TV	\$499	\$399
Remote Microphone	\$489	\$349
Remote	\$349	\$229
Standard Charger	\$229	\$99
Custom Charger	\$229	\$99
Mini Turbo Charger	\$229	\$99

Apple Employee Justification and Claim Form

Patient Name: _____ Date of Birth: _____

Member ID: _____

Provider name: _____ Date of Test: _____
(Printed)

Medical Necessity Required

The health plan has a prior authorization process that determines what is medically necessary. The patient will be responsible for any out-of-pocket amount for advanced products that were not proven to be medically necessary. The plan will cover 1200 and 1600 level products. If a patient is not experiencing any reason to justify an upgrade to higher end technology, then the patient will be responsible for the upgrade amount should they choose to upgrade.

If the patient is experiencing any of the below symptoms or conditions, please check all that apply below to justify an upgrade beyond medical necessity:

- | | |
|---|--|
| <input type="checkbox"/> Patient has not worn hearing aids previously
<input type="checkbox"/> 15 dB drop in hearing
<input type="checkbox"/> Change in shape or size of ear canal
<input type="checkbox"/> Pinna deformity or external canal deformity
<input type="checkbox"/> Difficult audiometric configuration
<input type="checkbox"/> Unilateral deafness
<input type="checkbox"/> Acoustic feedback potential with fitting | <input type="checkbox"/> Very poor speech perception
<input type="checkbox"/> Recruitment / Misophonia
<input type="checkbox"/> Hyperacusis
<input type="checkbox"/> Reduced manual dexterity
<input type="checkbox"/> Limited hand dexterity
<input type="checkbox"/> Reduced Vision or Blindness
<input type="checkbox"/> Clarity and Speech in Noisy Environments |
|---|--|

Product Selection – Medical Necessity Determination of Coverage		
	Products covered by plan without justification for upgrade. (Choose one – if no upgrade or justification)	Product Upgrade (Patient responsibility if no justification listed)
Selected Product and Number of Hearing Aid(s)	<input type="checkbox"/> AI 1200 <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <input type="checkbox"/> AI 1600 <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural	<input type="checkbox"/> AI 2000 <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural <input type="checkbox"/> AI 2400 <input type="checkbox"/> Monaural <input type="checkbox"/> Binaural

If a service code is not checked, it will not be billed:



CPT /HCPC Code	Service Description
<input type="checkbox"/> 92550	Tympanometry & reflex measurements
<input type="checkbox"/> 92557	Audiometry for Hearing Aid Evaluation
<input type="checkbox"/> V5020 - <input type="checkbox"/> RT <input type="checkbox"/> LT	Conformity Evaluation
<input type="checkbox"/> ICD-10 Diagnosis Code	Provide Diagnosis Code: _____

A copy of the Audiogram is required and must be faxed securely to Start Hearing with this justification form to 952-995-8884. Once Start Hearing receives all documentation, Start Hearing will supply the patient and provider with a disclosure form outlining the patient’s potential out-of-pocket expenses beyond the covered benefit.

Provider signature: _____ Date: _____

Phone: _____ In office Days / Times: _____

Available Products – Apple Employee / Friends & Family

		
Premium 2400	Evolv AI 2400 ITE Rechargeable Evolv AI 2400 HS Rechargeable Evolv AI 2400 ITC Rechargeable Evolv AI 2400 RIC Rechargeable* Evolv AI 2400 BTE Rechargeable Evolv AI 2400 CIC Evolv AI 2400 NW CIC 312 Evolv AI 2400 NW CIC 10 Evolv AI 2400 NW IIC 10 Evolv AI 2400 BTE 13* Evolv AI 2400 BTE 13 Power Plus Evolv AI 2400 mRIC 312 Evolv AI 2400 RIC 312*	Arc AI 2400 ITE Rechargeable Arc AI 2400 ITC Rechargeable Arc AI 2400 RIC Rechargeable* Arc AI 2400 BTE Rechargeable Arc AI 2400 CIC Arc AI 2400 NW CIC 312 Arc AI 2400 NW CIC 10 Arc AI 2400 NW IIC 10 Arc AI 2400 BTE 13* Arc AI 2400 BTE 13 Power Plus Arc AI 2400 mRIC 312 Arc AI 2400 RIC 312*
Advanced 2000	Evolv AI 2000 ITE Rechargeable Evolv AI 2000 HS Rechargeable Evolv AI 2000 ITC Rechargeable Evolv AI 2000 RIC Rechargeable* Evolv AI 2000 BTE Rechargeable Evolv AI 2000 CIC Evolv AI 2000 NW CIC 312 Evolv AI 2000 NW CIC 10 Evolv AI 2000 BTE 13* Evolv AI 2000 BTE 13 Power Plus Evolv AI 2000 mRIC 312 Evolv AI 2000 RIC 312*	Arc AI 2000 ITE Rechargeable Arc AI 2000 ITC Rechargeable Arc AI 2000 RIC Rechargeable* Arc AI 2000 BTE Rechargeable Arc AI 2000 CIC Arc AI 2000 NW CIC 312 Arc AI 2000 NW CIC 10 Arc AI 2000 BTE 13* Arc AI 2000 BTE 13 Power Plus Arc AI 2000 mRIC 312 Arc AI 2000 RIC 312*
Select 1600	Evolv AI 1600 ITE Rechargeable Evolv AI 1600 HS Rechargeable Evolv AI 1600 ITC Rechargeable Evolv AI 1600 RIC Rechargeable* Evolv AI 1600 BTE Rechargeable Evolv AI 1600 CIC Evolv AI 1600 NW CIC 312 Evolv AI 1600 NW CIC 10 Evolv AI 1600 BTE 13* Evolv AI 1600 BTE 13 Power Plus Evolv AI 1600 mRIC 312 Evolv AI 1600 RIC 312*	Arc AI 1600 ITE Rechargeable Arc AI 1600 ITC Rechargeable Arc AI 1600 RIC Rechargeable* Arc AI 1600 BTE Rechargeable Arc AI 1600 CIC Arc AI 1600 NW CIC 312 Arc AI 1600 NW CIC 10 Arc AI 1600 BTE 13* Arc AI 1600 BTE 13 Power Plus Arc AI 1600 mRIC 312 Arc AI 1600 RIC 312*
Low 1200	Evolv AI 1200 ITE Rechargeable Evolv AI 1200 HS Rechargeable Evolv AI 1200 ITC Rechargeable Evolv AI 1200 RIC Rechargeable* Evolv AI 1200 BTE Rechargeable Evolv AI 1200 CIC Evolv AI 1200 NW CIC 312 Evolv AI 1200 NW CIC 10 Evolv AI 1200 BTE 13* Evolv AI 1200 BTE 13 Power Plus Evolv AI 1200 mRIC 312 Evolv AI 1200 RIC 312*	Arc AI 1200 ITE Rechargeable Arc AI 1200 ITC Rechargeable Arc AI 1200 RIC Rechargeable* Arc AI 1200 BTE Rechargeable Arc AI 1200 CIC Arc AI 1200 NW CIC 312 Arc AI 1200 NW CIC 10 Arc AI 1200 BTE 13* Arc AI 1200 BTE 13 Power Plus Arc AI 1200 mRIC 312 Arc AI 1200 RIC 312*