

AudioNet Provider Manual

Effective 11/15/21

START  **HEARING**

www.starhearing.com

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Start Hearing Contact Information

START HEARING CUSTOMER SERVICE.....1-800-769-0913

CLAIMS EMAIL ADDRESSCLAIMS@STARTHEARING.COM

START HEARING CREDENTIALING DEPARTMENT1-800-510-4194

CREDENTIALING EMAIL ADDRESS.....CREDENTIALING@STARTHEARING.COM

START HEARING WEBSITE..... WWW.STARTHEARING.COM

INFORMATION REQUESTS INFO@STARTHEARING.COM

PROVIDER FORMS / DOCUMENTS WWW.STARTHEARING.COM/DOWNLOADS

AUDIONET AMERICA..... WWW.AUDIONETAMERICA.COM

**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.

AudioNet Phone Numbers

Provider must call the appropriate number below for authorizations and payments, when required, before services are rendered.

AUTO WORKERS – CHRYSLER ACTIVE.....	586-782-6435
AUTO WORKERS – GM ACTIVE	586-239-0242
BLUE CROSS BLUE SHIELD OF MICHIGAN EMPLOYEES	800-400-2619
CARDINAL CARRYOR EMPLOYEES & DEPENDENTS	586-265-5465
CARPENTERS HEALTH & WELFARE FUND OF PHILADELPHIA.....	586-519-0082
• CARPENTERS HEALTH & WELFARE FUND OF PHILADELPHIA PAYMENTS	586-276-7630
CHARTER TOWNSHIP OF CLINTON EMPLOYEES & RETIREES.....	586-519-0082
CHICAGO TILE INSTITUTE.....	586-519-0082
CIRCLE K	586-265-5465
CITY OF SPOKANE, WA (AUTHORIZATIONS AND PAYMENTS)	586-265-5465
COUNTY OF KINGS, CA (AUTHORIZATIONS AND PAYMENTS).....	586-265-5465
DAWN FOODS EMPLOYEES & DEPENDENTS (AUTHORIZATIONS AND PAYMENTS)	586-265-5465
GEISINGER GOLD – D-SNP – MEDICAID	570-290-8550
GEISINGER GOLD – MEDICARE ADVANTAGE.....	570-290-8550
GREAT LAKES FISHERY COMMISSION	586-519-0082
MACOMB COUNTY RETIREES.....	586-519-0082
MASSACHUSETTS REHABILITATION COMMISSION	586-250-2731
MCKINLEY PROPERTIES.....	586-519-0082
MERIDIAN COMPLETE – MEDICAID.....	586-404-4810
MICHIGAN COMPLETE HEALTH	586-404-4810
NATIONAL ELEVATOR INDUSTRY (NEI)	855-800-7147
NORTHEAST REGIONAL COUNCIL OF CARPENTERS (AUTHORIZATIONS AND PAYMENTS).....	586-519-0082
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT RETIREES	586-840-1360
SOUTH DAKOTA VOCATIONAL REHAB.....	586-250-2731
TEAMSTERS – OHIO CONTRACTORS ASSOCIATION H&W FUND	586-840-1360

General Information

- **Authorizations:**
 - Authorizations are specific to provider and location.
 - If one provider tests and another will be fitting the patient, the new provider must be added to the current authorization with AudioNet or a new authorization must be obtained.
- **Eligibility and co-pay fees:**
 - Each specific contract has their own out of pocket fees. Pages 7-10
 - The following programs MUST pay their co-pay amounts to AudioNet BEFORE the order can be placed:
 - Cardinal Carryor Employees & Dependents
 - Carpenters H&W Fund of Philadelphia
 - City of Spokane, WA
 - County of Kings, CA
 - Dawn Foods Employees & Dependents
 - Northeast Regional Council of Carpenters
- **Earmolds and receivers:**
 - No charge to the patient with the initial order or if ordered within the trial period.
 - Replacement earmolds are processed on the provider's commercial account. Patient is charged \$40 per mold.
 - Children up to age 3 are covered for 4 replacement earmolds per year at no charge to the patient.
 - Children ages 4-7 are covered for 2 replacement earmolds per year at no charge to the patient.
- **Absolute Power Receivers:**
 - Covered at no charge to the patient or provider when ordered with new hearing aids or within the trial period.
 - Replacement AP's are ordered under the provider's commercial account.
 - Patient is responsible for the invoice total.
- **Hearing aid services:**
 - Programming, cleaning, adjustments performed within the first 6 months after fitting are no charge to the patient.
 - After 6 months, the patient may be charged \$20 per visit.
- **Repairs:**
 - Repairs are processed on the provider's commercial account.
 - Provider may charge usual and customary rates for out of warranty repairs.
- **L&D replacement:**
 - These are processed on the Start Hearing account.
 - Providers may charge the patient \$150 for one hearing aid or \$250 for two aids.
 - An additional \$50 may be charged to the patient if the service takes place after 6 months from the fitting date and a new audiogram is required.
 - L&D forms should be emailed to claims@starthearing.com
- **Returns and exchanges:**
 - Must be done within the 45-day trial period.
 - If hearing aids are returned, the provider may only keep the testing fees (S0618, V5010, V5020).
 - Other billed fees must be remitted to Start Hearing and out of pocket fees returned to the patient.
- **Batteries for NEI members:**
 - Members receive a 3-year supply of batteries from Start Hearing.
 - First year supply will be sent directly to the patient after Confirmation of Delivery Document is received.
 - Patient will receive instructions on how to order 2nd and 3rd year supply one year after fitting date.
- **Batteries for all other contracts:**
 - Each hearing aid will ship with 48 complimentary batteries. Additional batteries will be patient responsibility.

PROCESS OVERVIEW

The following information pertains to ALL groups under AudioNet. Each contract will have specific information on the following pages.

Evaluations, fittings and follow up services are required to be performed by a Start Hearing credentialed audiologist or ENT. Authorizations are specific to audiologist and location. The authorized audiologist must perform the testing AND fitting. If another provider performs the fitting, provider must contact AudioNet to update the authorization.

Five contracts only will allow credentialed HIS providers to service and fit patients: Circle K, City of Spokane, WA, County of Kings, CA, Dawn Foods, and Northeast Regional Council of Carpenters.

Process Overview

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. Provider must call AudioNet at the designated number listed on page 4 for the ID and authorization numbers.
3. Provider will send the order and supporting documentation to Start Hearing:
 - **AudioNet Claim Worksheet** or Rehabilitation Authorization forms
 - **Audiogram:** Must be signed and dated by the authorized provider
 - **Order form:**
 - Standard products (no impressions):
 - Paperwork can be emailed: claims@starhearing.com
 - **Medical Clearance:** For GM Active – first time hearing aid wearers only
 - **Impressions** when necessary
 - Custom products:
 - All paperwork must be sent with the impressions to Starkey, ATTN: Start Hearing
 - Please DO NOT email paperwork that will accompany impressions.
4. Start Hearing will process and ship the order
5. Provider will fit the patient and collect any out-of-pocket fees.
 - Contracts that require the member to pay their out-of-pocket fees directly to AudioNet must do so **BEFORE** the order is placed. Please see specific information under the contract.
6. Provider will return the fitting confirmation form to Start Hearing by emailing the form to: claims@starhearing.com

Testing only claim

1. Patient will be referred to a Start Hearing network provider by AudioNet.
2. Provider must call AudioNet at the designated number listed on page 5 for the ID and authorization numbers.
3. Provider will send the supporting documentation to Start Hearing:
 - **AudioNet Claim Worksheet** or Rehabilitation Authorization forms
 - **Audiogram:** Must be signed and dated by the authorized audiologist
4. Start Hearing will set up and bill the claim for testing only.

AudioNet – Contract Specific Information

United Auto Workers (UAW) – GM Active & Fiat Chrysler Active Employees

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Active UAW Employee Out of Pocket Fees	\$0	\$0	\$0 Monaural \$490 Binaural	\$0 Monaural \$790 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 – Cros \$0 – BiCROS	\$0 – BiCROS	\$0 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Cardinal Carryor Employees & Dependents

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay – Provider will collect from the patient	\$50	\$50	\$50	\$50
Evaluation Co-Pay – Provider will collect from the patient	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
Cardinal Carryor HA Co-Pay	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$950 – Cros \$1200 – BiCROS	\$1450 – BiCROS	\$1600 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Carpenters Health & Welfare Fund of Philadelphia

Out of pocket fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Carpenters H&W Fund Out of Pocket Fees	\$450 Monaural \$850 Binaural	\$700 Monaural \$1350 Binaural	\$950 Monaural \$1850 Binaural	\$1100 Monaural \$2150 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$450 – Cros \$450 – BiCROS	\$700 – BiCROS	\$950 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Charter Township of Clinton Employees & Retirees

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Charter Township Out of Pocket Fees	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 – Cros \$250 – BiCROS	\$500 – BiCROS	\$650 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Chicago Tile Institute

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Chicago Tile Institute Out of Pocket Fees	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 – Cros \$0 – BiCROS	\$0 – BiCROS	\$0 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Circle K

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay – Provider will collect from the patient	\$50	\$50	\$50	\$50
Circle K HA Co-Pay	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$1000 – Cros \$1250 – BiCROS	\$1500 – BiCROS	\$1650 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

City of Spokane, WA

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay – Provider will collect from the patient	\$50	\$50	\$50	\$50
City of Spokane, WA HA Co-Pay	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$1000 – Cros \$1250 – BiCROS	\$1500 – BiCROS	\$1650 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

County of Kings, CA

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay - Provider will collect from the patient	\$50	\$50	\$50	\$50
County of Kings, CA HA Co-Pay	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$1000 - Cros \$1250 - BiCROS	\$1500 - BiCROS	\$1650 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Dawn Foods Employees & Dependents

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay - Provider will collect from the patient	\$50	\$50	\$50	\$50
Evaluation Co-Pay - Provider will collect from the patient	\$50 per ear	\$50 per ear	\$50 per ear	\$50 per ear
Cardinal Carryor HA Co-Pay	\$950 Monaural \$1900 Binaural	\$1200 Monaural \$2400 Binaural	\$1450 Monaural \$2900 Binaural	\$1600 Monaural \$3200 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$950 - Cros \$1200 - BiCROS	\$1450 - BiCROS	\$1600 - BiCROS

Geisinger Gold - D-SNP - Medicaid

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Geisinger Gold D-SNP Out of Pocket Fees	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 - Cros \$0 - BiCROS	\$0 - BiCROS	\$0 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Geisinger Gold - Medicare Advantage

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Geisinger Gold Medicare Out of Pocket Fees	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural	\$500 Monaural \$1000 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$500 - Cros \$500 - BiCROS	\$500 - BiCROS	\$500 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Great Lakes Fishery Commission

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Great Lakes Fishery Comm. Out of Pocket Fees	\$0 Monaural \$50 Binaural	\$0 Monaural \$550 Binaural	\$0 Monaural \$1050 Binaural	\$0 Monaural \$1350 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 – Cros \$0 – BiCROS	\$0 – BiCROS	\$0 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Italmatch Chemical

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Italmatch Chemical Out of Pocket Fees	\$0 Monaural \$0 Binaural	\$250 Monaural \$500 Binaural	\$500 Monaural \$1000 Binaural	\$650 Monaural \$1300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 – Cros \$250 – BiCROS	\$500 – BiCROS	\$650 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Macomb County Retirees

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Macomb County Retiree** Out of Pocket Fees	\$100 Monaural \$150 Binaural	\$350 Monaural \$650 Binaural	\$600 Monaural \$1150 Binaural	\$750 Monaural \$1450 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$100 – Cros \$350 – BiCROS	\$600 – BiCROS	\$750 – BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

****Out of pocket amounts are not standard and are specific to Macomb County Retirees. AudioNet will advise the total dollar amount to collect from the patient at the time the authorization number is issued.**

Massachusetts Rehabilitation Commission

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Massachusetts Rehab Commission Out of Pocket Fees	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	TBD – Cros TBD – BiCROS	TBD – BiCROS	TBD – BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

****Out of pocket amounts are not standard and are specific to Massachusetts Rehabilitation Commission. AudioNet will advise the total dollar amount to collect from the patient at the time the authorization number is issued.**

McKinley Properties

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
McKinley Properties	\$50 Monaural	\$300 Monaural	\$550 Monaural	\$700 Monaural
Out of Pocket Fees	\$50 Binaural	\$550 Binaural	\$1050 Binaural	\$1350 Binaural
Cros / Bi-Cros	N/A	\$50 – Cros	\$550 – BiCROS	\$700 – BiCROS
Out of Pocket Fees		\$300 – BiCROS		
Warranty	3 Year	3 Year	3 Year	3 Year

Meridian Complete - Medicaid

Patients are eligible for replacement hearing aids every 60 months (5 years).

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Meridian Health	\$0 Monaural	Not Available	Not Available	Not Available
Out of Pocket Fees	\$0 Binaural			
Cros / Bi-Cros	\$0 – Cros	Not Available	Not Available	Not Available
Out of Pocket Fees				
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

Michigan Complete Health

Patients are eligible for replacement hearing aids every 60 months (5 years).

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Michigan Complete Health	\$0 Monaural	Not Available	Not Available	Not Available
Out of Pocket Fees	\$0 Binaural			
Cros / Bi-Cros	\$0 – Cros	Not Available	Not Available	Not Available
Out of Pocket Fees				
Warranty	5 Year	N/A	N/A	N/A

*BiCROS is not available on this limited contract.

National Elevator Industry (NEI)

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
National Elevator Industry	\$0 Monaural	\$0 Monaural	\$0 Monaural	\$0 Monaural
Out of Pocket Fees	\$0 Binaural	\$0 Binaural	\$0 Binaural	\$0 Binaural
Cros / Bi-Cros	N/A	\$0 – Cros	\$0 – BiCROS	\$0 – BiCROS
Out of Pocket Fees		\$0 – BiCROS		
Warranty	2 Year	2 Year	2 Year	3 Year

Northeast Regional Council of Carpenters

***This program will allow audiologists and HIS providers for services and fittings.**

Hearing aid Co-Pay fees must be paid directly to AudioNet before the order is placed.

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Exam Co-Pay - Provider will collect from the patient	\$50	\$50	\$50	\$50
NE Regional Council of Carpenters HA Co-Pay	\$1000 Monaural \$2000 Binaural	\$1250 Monaural \$2500 Binaural	\$1500 Monaural \$3000 Binaural	\$1650 Monaural \$3300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$1000 - Cros \$1250 - BiCROS	\$1500 - BiCROS	\$1650 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Rancho Santiago Community College District Retirees

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Rancho Santiago Out of Pocket Fees	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 - Cros \$0 - BiCROS	\$0 - BiCROS	\$0 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

South Dakota Vocational Rehab

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
South Dakota Vocational Rehab Out of Pocket Fees **	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural	TBD Monaural TBD Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	TBD - Cros TBD - BiCROS	TBD - BiCROS	TBD - BiCROS
Warranty	3 Year	3 Year	3 Year	3 Year

****Out of pocket amounts are not standard and are specific to each South Dakota Vocational Rehab patient. AudioNet will advise the total dollar amount to collect from the patient at the time the second authorization number is issued.**



Teamsters – Ohio Contractors Association Health & Welfare Fund

***This program will allow audiologists and HIS providers for services and fittings.**

Patients are eligible for replacement hearing aids every 36 months.

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Teamsters-Ohio Contractors HA Co-Pay	\$0 Monaural \$0 Binaural	\$0 Monaural \$0 Binaural	\$50 Monaural \$50 Binaural	\$200 Monaural \$300 Binaural
Cros / Bi-Cros Out of Pocket Fees	N/A	\$0 - Cros \$0 - BiCROS	\$50 - BiCROS	\$200 - BiCROS
Warranty	2 Year	2 Year	2 Year	3 Year

Available Products

				
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 Picasso i2400 ITC Picasso i2400 ITE	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 Davinci i2400 ITC Davinci i2400 ITE	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 Picasso i2000 ITC Picasso i2000 ITE	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 Davinci i2000 ITC Davinci i2000 ITE	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 Picasso i1600 ITC Picasso i1600 ITE	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 Davinci i1600 ITC Davinci i1600 ITE	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 Picasso i1200 ITC Picasso i1200 ITE	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 Davinci i1200 ITC Davinci i1200 ITE	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*



***Available in CROS/BICROS**
Accessories are NOT available.

NOTE: Half Shell is not available for Audibel

Products for the following contracts are limited to the Low technology hearing aids:

- Meridian Complete - Medicaid
- Michigan Complete Health

Available Products – Limited Contracts

		
<p>Low – 1200</p>	<p>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* Picasso i1200 ITC Picasso i1200 ITE</p>	<p>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* Davinci i1200 ITC Davinci i1200 ITE</p>

***Available in CROS only. BICROS is not available for these contracts**

Accessories are NOT available.

AudioNet Claim Worksheet

Patient:	Patient Date of Birth:																								
Address:	AudioNet Given ID Number:																								
City, State, Zip:	Authorization Number:																								
Phone:	ICD-10 Diagnosis Code:																								
Gender of Patient: Male Female																									
AudioNet Contract (check)																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Fiat Chrysler Active Employees</td> <td style="width: 33%;"><input type="checkbox"/> County of Kings, CA**</td> <td style="width: 33%;"><input type="checkbox"/> McKinley Properties</td> </tr> <tr> <td><input type="checkbox"/> GM Active Employees</td> <td><input type="checkbox"/> Dawn Foods Employees**</td> <td><input type="checkbox"/> Meridian Complete - Medicaid</td> </tr> <tr> <td><input type="checkbox"/> Cardinal Carryor Employees**</td> <td><input type="checkbox"/> Great Lakes Fishery Commission</td> <td><input type="checkbox"/> Michigan Complete Health</td> </tr> <tr> <td><input type="checkbox"/> Carpenters H&W Fund**</td> <td><input type="checkbox"/> Geisinger Gold – DSNP</td> <td><input type="checkbox"/> National Elevator Industries (NEI)</td> </tr> <tr> <td><input type="checkbox"/> Charter Township of Clinton</td> <td><input type="checkbox"/> Geisinger Gold – Medicare Advantage</td> <td><input type="checkbox"/> Northeast Regional Council of Carpenters**</td> </tr> <tr> <td><input type="checkbox"/> Chicago Tile Institute</td> <td><input type="checkbox"/> Italmatch Chemical</td> <td><input type="checkbox"/> Rancho Santiago Community College Dist.</td> </tr> <tr> <td><input type="checkbox"/> Circle K</td> <td><input type="checkbox"/> Macomb County Retirees</td> <td><input type="checkbox"/> South Dakota Vocational Rehab</td> </tr> <tr> <td><input type="checkbox"/> City of Spokane, WA**</td> <td><input type="checkbox"/> Massachusetts Rehab Commission</td> <td><input type="checkbox"/> Teamsters-Ohio Contractors Assoc H&W Fund</td> </tr> </table>		<input type="checkbox"/> Fiat Chrysler Active Employees	<input type="checkbox"/> County of Kings, CA**	<input type="checkbox"/> McKinley Properties	<input type="checkbox"/> GM Active Employees	<input type="checkbox"/> Dawn Foods Employees**	<input type="checkbox"/> Meridian Complete - Medicaid	<input type="checkbox"/> Cardinal Carryor Employees**	<input type="checkbox"/> Great Lakes Fishery Commission	<input type="checkbox"/> Michigan Complete Health	<input type="checkbox"/> Carpenters H&W Fund**	<input type="checkbox"/> Geisinger Gold – DSNP	<input type="checkbox"/> National Elevator Industries (NEI)	<input type="checkbox"/> Charter Township of Clinton	<input type="checkbox"/> Geisinger Gold – Medicare Advantage	<input type="checkbox"/> Northeast Regional Council of Carpenters**	<input type="checkbox"/> Chicago Tile Institute	<input type="checkbox"/> Italmatch Chemical	<input type="checkbox"/> Rancho Santiago Community College Dist.	<input type="checkbox"/> Circle K	<input type="checkbox"/> Macomb County Retirees	<input type="checkbox"/> South Dakota Vocational Rehab	<input type="checkbox"/> City of Spokane, WA**	<input type="checkbox"/> Massachusetts Rehab Commission	<input type="checkbox"/> Teamsters-Ohio Contractors Assoc H&W Fund
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Service Facility Information (Must list authorized servicing location)

Audiologists Name:	Audiologists 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 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
- S0618 – Audiometry for Hearing Aid Evaluation
 - o Service Date: _____
 - o Copy of the signed / dated audiogram must be included when billing this code.
- V5010 – Assessment for Hearing aid
 - o Service date: _____
- V5020 – Conformity Evaluation

Email required paperwork to: claims@starhearing.com

If impressions are being sent, DO NOT email paperwork separately. Please put all paperwork in the box with the impressions and send to Starkey – ATTN: Start Hearing

****Cardinal Carryors, Carpenters H&W Fund, City of Spokane, WA, County of Kings, CA, Dawn Foods Employees and Northeast Regional Council of Carpenters MUST pay their hearing aid co-pay BEFORE the order is placed. Provider must call the appropriate phone number to have patient pay directly to AudioNet.**

- **Has the patient paid their fee to AudioNet?**
 _____ YES _____ NO

Providers must call the appropriate AudioNet phone number to obtain the correct ID number and authorization number before any services are rendered.