

Electric Boat Commercial Insurance Provider Manual

START  **HEARING**

www.starthearing.com

Table of Contents

GENERAL INFORMATION3
PROCESS OVERVIEW4
AVAILABLE PRODUCTS.....5
ELECTRIC BOAT WORKSHEET7

Start Hearing Contact Information

START HEARING CUSTOMER SERVICE1-800-769-0913
CLAIMS EMAIL ADDRESSCLAIMS@STARHEARING.COM
START HEARING CREDENTIALING DEPARTMENT.....1-800-510-4194
CREDENTIALING EMAIL ADDRESSCREDENTIALING@STARKEY.COM
START HEARING WEBSITEWWW.STARHEARING.COM
INFORMATION REQUESTSINFO@STARHEARING.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 ALL REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.

General Information

Testing and fitting can be performed by any Start Hearing Credentialed provider.

- **Eligibility**
 - Electric Boat members are eligible every 3 years.
- **Member Portion**
 - All claims are subject to the patient's deductible and coverage limitations.
 - Start Hearing will perform a verification of benefits to obtain an estimate of the out-of-pocket amounts.
 - Start Hearing will inform provider of estimate to obtain approval from the member before the order is placed.
 - Member is responsible for any amount not covered by insurance.
- **Loss & Damage**
 - May be used once per hearing aid during the warranty.
 - The L&D order is processed on the provider's commercial account.
 - Provider may charge the member their usual and customary fees.
- **Batteries**
 - The first-year supply sent once fitting confirmation is received.
 - Second and third year are sent on the anniversary of the fitting date.
- **Earmolds & Receivers**
 - Earmolds and receivers ordered with a new hearing aid are processed on the Start Hearing account.
 - No charge to provider or member
- **Replacement earmolds & receivers**
 - Replacement earmolds & receivers are ordered on the Start Hearing account.
 - No charge or reimbursement to provider.
 - Order form and claim worksheet should be sent to Start Hearing.
 - If replacement products are ordered on the commercial account, a credit / rebill will be processed.
- **Exchanges**
 - Must be processed within the 60-day trial period.
- **Returns**
 - Must be processed within the 60-day trial period.
 - Provider fees are not returned if the patient was fit and has worn the hearing aids.
- **Warranty Extension**
 - A warranty may be extended before the current warranty expires.
 - Processed on the provider's commercial account.
 - Member is responsible for any fees.

Process Overview

1. Patient may be referred to a Start Hearing network provider by the Start Hearing contact center.
2. Credentialed provider performs hearing test and sends required paperwork to Start Hearing:
 - **Electric Boat Commercial Claim Worksheet** – See page 6.
 - **Audiogram:**
 - Must be physically signed by the provider and dated within 6 months of submission.
 - Audiograms from outside the fitting office are not allowed.
 - **Completed Order Form:**
 - Standard products: All paperwork can be emailed to claims@starhearing.com
 - Custom orders: include all paperwork with the impressions.
 - Do not email custom paperwork separately.
3. Start Hearing will obtain authorization and estimated out of pocket amount from United Healthcare.
4. Upon approval, Start Hearing will contact provider with the estimated amount.
 - If the estimate is \$0, Start Hearing will place the order.
5. Provider will obtain approval from the patient for the estimated out of pocket amount.
6. After patient approval of the out-of-pocket amount, provider will inform Start Hearing to proceed with order.
7. Claim will be set up with all billable codes.
8. Provider will send Confirmation of Delivery form to Start Hearing via email: claims@starhearing.com



Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Electric Boat Commercial Out of Pocket Fees*	Dependent on deductible	Dependent on deductible	Dependent on deductible	Dependent on deductible
Warranty	3 Year	3 Year	3 Year	3 Year

**If there will be an out of pocket determined by insurance, the provider will be notified before the order is placed.*

Billable Services

- **Repair – In or out of warranty**
 - Must include Manufacturer Invoice and Electric Boat Commercial Worksheet.
 - Office created invoices are NOT allowed.
 - Billable once every 12 months.
 - In office repair is treated as a clean and check and will follow that procedure.
- **Hearing Aid Check (V5011)**
 - 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.
 - Electric Boat Commercial Worksheet must be sent to Start Hearing.
- **Programming (V5013)**
 - 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.
 - Electric Boat Commercial Worksheet must be sent to Start Hearing.

Available Products – Electric Boat Commercial Insurance

		
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 2.00 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*

Economy 1000	Livio 1000 ITE Rechargeable Livio 1000 Half Shell Rechargeable Livio 1000 ITC Rechargeable Livio 1000 BTE Rechargeable Livio 1000 RIC Rechargeable Livio 1000 BTE 13 Livio 1000 RIC 312 Livio 1000 mRIC 312	Via 1000 ITE Rechargeable Via 1000 ITC Rechargeable Via 1000 BTE Rechargeable Via 1000 RIC Rechargeable Via 1000 BTE 13 Via 1000 RIC 312 Via 1000 mRIC 312
-------------------------	--	--

SurfLink mini Mobile is available with Electric Boat Commercial Insurance – Deductible will apply.

Note: Half Shell is not available with Audibel

Electric Boat Commercial Insurance – Claim Worksheet

Patient:	Member ID Number:
Address:	ICD-10 Diagnosis Code
City, State, Zip:	Date of Birth:
Phone:	Gender of Patient: Male Female

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 (please check):

- V5200 – Cros Dispensing Fee
- V5240 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee

Accessories (please check):

- S1001 – Standard Receiver
- S1002 – Absolute Power Receiver
- V5264 – Earmold
- V5267 – Rechargeable Accessory
- V5290 – SurfLink mini Mobile

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@starhearing.com

Service Claim Codes

Modifier

- | | | |
|---|----|----|
| <input type="checkbox"/> V5011 – Clean / Check | LT | RT |
| <input type="checkbox"/> V5013 – Programming | LT | RT |
| <input type="checkbox"/> V5014 – Hearing Aid Repair | LT | RT |
| <input type="checkbox"/> V5299 – Repair Re-fit Fee | LT | RT |
| <input type="checkbox"/> 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.

- | | | |
|--|----|----|
| <input type="checkbox"/> V5264 – Replacement Earmold | LT | RT |
| <input type="checkbox"/> S1002 – Replacement AP Receiver | LT | RT |
| <input type="checkbox"/> S1001 – Replacement Receiver | LT | RT |

For replacement standard receivers, fill in the information below:

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