

One Call Care Management Provider Manual

START  **HEARING**

www.starthearing.com

Table of Contents

GENERAL INFORMATION.....	3
PROCESS OVERVIEW	4
AVAILABLE PRODUCTS.....	5
HEARING AID REQUEST FORM	6

Start Hearing Contact Information

START HEARING CUSTOMER SERVICE.....	1-800-769-0913
CLAIMS EMAIL ADDRESS	CLAIMS@STARTHEARING.COM
WORKERS COMPENSATION CLAIMS EMAIL ADDRESS	WC@STARTHEARING.COM
START HEARING CREDENTIALING DEPARTMENT	1-800-510-4194
CREDENTIALING EMAIL ADDRESS.....	CREDENTIALING@STARTHEARING.COM
START HEARING WEBSITE.....	WWW.STARTHEARING.COM
MANUALS & FORMS.....	WWW.STARTHEARING.COM/DOWNLOADS
INFORMATION REQUESTS	INFO@STARTHEARING.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

- **Eligibility**
 - Workers Compensation members are eligible when the contract indicates it is appropriate.
- **Member Portion**
 - Members are not responsible for any fees on services or products approved by Workers Compensation carrier.
 - Members are responsible for all fees related to non-approved products.
- **Loss & Damage**
 - All hearing aids have a 3-year warranty.
 - Can be used once per aid.
- **Batteries**
 - One carton per aid will ship with the initial order.
 - Patient will contact OCCM for additional batteries at 800-848-1989
- **Earmolds & Receivers**
 - All products require a PO from the workers compensation carrier.
- **Replacement earmolds & receivers**
 - Requires a PO from the workers compensation carrier.
 - Billable once every 12 months for receivers.
 - Billable once every 6 months for earmolds.
- **Exchanges**
 - Must be approved by the workers compensation carrier.
 - New PO and order will be sent to Starkey – ATTN: Start Hearing.
- **Remakes**
 - Covered under warranty for the first year.
- **Returns**
 - Must be processed within the 60-day trial period.
 - Fitting fees are not returned if the patient was fit and has worn the hearing aids.
- **Repairs**
 - Requires a PO from workers compensation carrier.
 - Repair form should include the PO and sent to Starkey – ATTN: Start Hearing.
- **Services**
 - During the first year of warranty, hearing aid checks, programming, cleaning, and adjustments are not billable to the workers compensation carrier or the patient.
- **Accessories**
 - Available if approved by the workers compensation contract.

***All services and products require a PO from One Call Care Management (OCCM)**

***All requests will now be processed through Start Hearing directly.**

Process Overview



1. Patient referrals will originate from One Call Care Management (OCCM) and / or provider.
2. Provider will perform hearing test.
3. Provider will send Hearing Aid Request Form and audiogram to Start Hearing at wc@starhearing.com
 - All requests must include the exact hearing aid(s), earmolds, receivers (standard or AP receiver), all accessory items being requested.
4. Start Hearing will verify all codes and products and forward to OCCM.
5. OCCM will verify benefits and approve product recommendation.
6. Upon approval, OCCM will send an approval PO to Start Hearing.
7. Start Hearing will reach out to provider to inform of approval and obtain full order.
8. Provider will send hearing aid order to Starkey – ATTN: Start Hearing
 - Standard hearing aid orders can be emailed to wc@starhearing.com
9. Start Hearing will process the order and ship approved products to provider.
10. Provider will fit the patient and send Confirmation of Delivery form to: claims@starhearing.com

Program	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
Out of Pocket Fees	\$0	\$0	\$0	\$0
Warranty	3 Year	3 Year	3 Year	3 Year

Billable Services

- **Repair – In or out of warranty**
 - Billable with a PO from OCCM.
- **Hearing Aid Check (V5011)**
 - Cannot be billed within the first year of the fitting date.
 - PO from OCCM is required.
- **Programming (V5013)**
 - Cannot be billed within the first year of the fitting date.
 - PO from OCCM is required.

Available Products – OCCM

		
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*

*Available in CROS/BICROS

NOTE: Half Shell is not available for Audibel

HEARING AID 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 Request:	
-------------------------	--

Patient Information:

First Name		Claim Number (if known)	
Last Name		Date of Injury	
Address		Phone Number	
City, State, Zip:			
Date of Birth:		Diagnosis Code:	

Office Information:

Office Name:		Provider Name:	
Address:		Phone:	
City, State, Zip:			

Hearing Aid Request:

	Hearing Aid Make / Model / Style	HCPC Code	Cost (Start Hearing Use Only)
Right Ear:			\$
Left Ear:			\$
Justification:			

Other Services or Accessories:

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

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