



Consol HealthScope Contracted Provider Guide

Effective March 2024

www.starthearing.com



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Start Hearing Contact Information

Start Hearing Provider Support 1-888-901-8141

Claims Email claims@starhearing.com

Start Hearing Credentialing Department 1-800-510-4194

Credentialing Email credentialing@starhearing.com

Start Hearing Website www.starhearing.com

Information Requests request@starhearing.com

Forms & Provider Guides www.starhearing.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 BEING USED. PLEASE SEND REQUIRED PAPERWORK WITH THE IMPRESSIONS TO AVOID POSSIBLE ORDER ERROR AND DELAY.

General Information

Eligibility

- Consol Healthscope - eligible every 36 months.
- Early replacement is not considered.

Member Portion

- **NEW PROCESS:** Start Hearing will provide the Consol Upgrade form to have the patient sign on the day of fitting. Upgrade amounts will be paid to Start Hearing the day of fitting.
- **PAYMENT OPTIONS:** Payment can be made by check (payable to Start Hearing), credit card, eCheck, or financing. You may call 1-800-733-2588 to pay the upgrade amount over the phone or request a secure payment link.

Loss & Damage

- **NEW PROCESS:** 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.
 - \$150 per Absolute Power
 - \$50 per earmold
- Office is reimbursed only for the refitting of the hearing aid(s)

Batteries

- Patients are responsible for their own replacement batteries.

Earmolds & Receivers

- 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 & Receivers

- Replacement earmolds & receivers are ordered on the Start Hearing account E6048.
- 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.

Provider Information

- Consol Healthscope requires a credentialed audiologist at the fitting office to test the members.
- Any credentialed provider from the fitting office may fit the patient.

Billable Services

Repair – In or out of warranty

- NEW PROCESS: 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)

- Service is billable twice in the lifetime of the hearing aid.
- Early billing will be denied and cannot be charged to the member.

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.

Process Overview

1. Patient may be referred to a Start Hearing network provider by a Start Hearing HCA.
2. Credentialed audiologist from the dispensing office will perform a hearing test.
3. Start Hearing will obtain authorization from Consol Healthscope.
4. Office will send all required paperwork to Start Hearing:

Coal Contract Claim Worksheet – See page 9

- Must include policy holders name, date of birth and relationship to the patient.

Audiogram:

- Must be physically signed by the audiologist and dated within 6 months of submission.
- Audiograms from outside the fitting office are not allowed.

Medical Clearance:

- Must be physically signed by a family physician, ENT, physician's assistant, or nurse practitioner. Medical Clearance form can be found on page 11.
- Electronic signatures are not accepted.
- Anytime new or replacement hearing aids are being 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 Consol Healthscope.
- Coverage has changed to UMR and will have an 8-digit ID number.

5. Product Orders:

- A PO number is required when placing the order. The PO number provided by Start Hearing is located on the Confirmation of Delivery form for each patient.
- Product orders are placed with Starkey by calling 1-800-328-8602 or by placing the order through Starkey's eStore:
<https://order.starkeypro.com/login?/estore>
- Custom orders: include all paperwork with the impressions.
- Order forms are available here: www.starhearing.com/downloads

START HEARING

6. Start Hearing create the claim using the codes for hearing aids, dispensing fee, office visit and assessment.
7. Provider will fit patient and send the signed Confirmation of Delivery form to: claims@starthearing.com

START HEARING

Patient Out of Pocket Fees Hearing Aids Only	Low (12)	Select (16)	Advanced (20)	Premium (24)
NON-Rechargeable Aids	\$0 – Monaural \$0 – Binaural	\$250 – Monaural \$500 – Binaural	\$500 – Monaural \$1000 – Binaural	\$650 – Monaural \$1300 – Binaural
Rechargeable Aids	\$150 – Monaural \$300 – Binaural	\$400 – Monaural \$800 – Binaural	\$650 – Monaural \$1300 – Binaural	\$800 – Monaural \$1600 – Binaural
NON-Rechargeable CROS / BiCROS <i>Genesis AI / Intrigue AI Products Only</i>	\$0	\$250	\$500	\$650
Rechargeable CROS / BiCROS <i>Genesis AI / Intrigue AI Products Only</i>	\$150	\$400	\$650	\$800
Warranty	2 Year	2 Year	2 Year	3 Year

****Out of pocket amounts will be collected by Start Hearing on the date of fitting. Based of the product being purchased, Start Hearing will provide the Consol Upgrade form, in which the Patient must sign on the day of fitting.**

Provider fees are paid 60 days from the date the Confirmation of Delivery form is received.

Available Products

				
Premium – 24	Genesis AI 24 IIC NW 10 Genesis AI 24 CIC NW 10 Genesis AI 24 RIC 312* Genesis AI 24 CIC W 312 Evolv AI 2400 CIC W 312 Evolv AI 2400 mRIC 312	Genesis AI 24 ITE R Genesis AI 24 HS R Genesis AI 24 ITC R Genesis AI 24 mRIC R Genesis AI 24 RIC RT R* Signature Series 24 CIC NW R	Intrigue AI 24 IIC NW 10 Intrigue AI 24 CIC NW 10 Intrigue AI 24 RIC 312* Intrigue AI 24 CIC W 312 Arc AI 2400 CIC W 312 Arc AI 2400 mRIC 312	Intrigue AI 24 ITE R Intrigue AI 24 HS R Intrigue AI 24 ITC R Intrigue AI 24 mRIC R Intrigue AI 24 RIC RT R* Signature Series 24 CIC NW R
Advanced – 20	Genesis AI 20 IIC NW 10 Genesis AI 20 CIC NW 10 Genesis AI 20 RIC 312* Genesis AI 20 CIC W 312 Evolv AI 2000 CIC W 312 Evolv AI 2000 mRIC 312	Genesis AI 20 ITE R Genesis AI 20 HS R Genesis AI 20 ITC R Genesis AI 20 mRIC R Genesis AI 20 RIC RT R*	Intrigue AI 20 IIC NW 10 Intrigue AI 20 CIC NW 10 Intrigue AI 20 RIC 312* Intrigue AI 20 CIC W 312 Arc AI 2000 CIC W 312 Arc AI 2000 mRIC 312	Intrigue AI 20 ITE R Intrigue AI 20 HS R Intrigue AI 20 ITC R Intrigue AI 20 mRIC R Intrigue AI 20 RIC RT R*
Select – 16	Genesis AI 16 IIC NW 10 Genesis AI 16 CIC NW 10 Genesis AI 16 RIC 312* Genesis AI 16 CIC W 312 Evolv AI 1600 CIC W 312 Evolv AI 1600 mRIC 312	Genesis AI 16 ITE R Genesis AI 16 HS R Genesis AI 16 ITC R Genesis AI 16 mRIC R Genesis AI 16 RIC RT R*	Intrigue AI 16 IIC NW 10 Intrigue AI 16 CIC NW 10 Intrigue AI 16 RIC 312* Intrigue AI 16 CIC W 312 Arc AI 1600 CIC W 312 Arc AI 1600 mRIC 312	Intrigue AI 16 ITE R Intrigue AI 16 HS R Intrigue AI 16 ITC R Intrigue AI 16 mRIC R Intrigue AI 16 RIC RT R*
Low – 12	Genesis AI 12 CIC NW 10 Genesis AI 12 RIC 312* Genesis AI 12 CIC W 312 Evolv AI 1200 RIC 312 Evolv AI 1200 CIC 312	Genesis AI 12 ITE R Genesis AI 12 HS R Genesis AI 12 ITC R Genesis AI 12 RIC RT R* Genesis AI 12 mRIC R	Intrigue AI 12 CIC NW 10 Intrigue AI 12 RIC 312* Intrigue AI 12 CIC W 312 Arc AI 1200 CIC W 312 Arc AI 1200 RIC 312	Intrigue AI 12 ITE R Intrigue AI 12 HS R Intrigue AI 12 ITC R Intrigue AI 12 RIC RT R* Intrigue AI 12 mRIC R

**Available in CROS/BICROS*

Coal Contract Claim Worksheet

Patient:	Member ID Number:
Address:	ICD-10 Diagnosis Code:
City, State, Zip:	Insurance Plan (please circle):
Phone:	UMWA Consol Healthscope
Date of Birth:	Peabody UMR Peabody BCBS
Gender of Patient: _____ Male _____ Female	VEBA Healthsmart Arch Coal UMR Arch Coal BCBS

Policy Holders Name: _____ Date of Birth: _____

Relationship to patient (please check): _____ Self _____ Spouse _____ Child _____ Other

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 – 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@starthearing.com

Service Claim Codes

Modifier

- V5011 – Clean / Check LT RT
- V5013 – Programming LT RT
- V5014 – Hearing Aid Repair LT RT
- V5299 – Repair Re-fit Fee LT RT
 - 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 LT RT
 - AP Receiver
- S1001 – Replacement Receiver LT RT

For replacement standard receivers, fill in the information below:

Left: _____ **Right:** _____

Length: _____ **Length:** _____

Gain: _____ **Gain:** _____

Summary of Benefits and Estimated Patient Responsibility

This document is intended to provide an estimate of what you owe for your hearing aid(s) and provide a summary of benefits as well as details on product selection and costs.

Patient Name: _____ Health Plan: HealthScope – Consol

Product Selection		
	Product Based on Medical Necessity	Product Desired (upgrade)
Product Selected	<input type="checkbox"/> Genesis AI 12	<input type="checkbox"/> Genesis AI 16 <input type="checkbox"/> Genesis AI 20 <input type="checkbox"/> Genesis AI 24
Number of Hearing Aid(s)		
Total Cost		
Upgrade Amount (if applicable)		
Rechargeable Upgrade Amount (if applicable)	\$150 per aid	\$150 per aid
Accessories / AP Receivers (If applicable)		
Patient Owes		

COVERED INDIVIDUAL: I understand the cost for the items selected above are estimates only. I understand if I choose a more advanced product, beyond medical necessity, I will be responsible for the amount in the "Patient Owes" section above.

I agree to pay for any upgrade amount beyond my covered benefit. If my health plan pays less than what is estimated or if I have exhausted my benefit, I may return the hearing aid(s) within 60 days of the fitting of the hearing aid(s) and/or exchange to select new hearing aid(s) with a lower total purchase price. If I choose to keep the hearing aid(s) instead, I will be responsible for any remaining balance due from Start Hearing.

By signing this form, I have read, understand, and agree with the information shown above.

Patient Signature

Today's Date

***Payment Options: Payment can be made by check (payable to Start Hearing), credit card, eCheck, or financing. You may call 1-800-733-2588 to pay the upgrade amount over the phone or request a secure payment link.

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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