



# Consol HealthScope Contracted Provider Guide

Effective August 2023



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**Start Hearing Contact Information**

Start Hearing Provider Support . . . . . 1-888-901-8141

Claims Email . . . . . [claims@starhearing.com](mailto:claims@starhearing.com)

Start Hearing Credentialing Department . . . . . 1-800-510-4194

Credentialing Email . . . . . [credentialing@starhearing.com](mailto:credentialing@starhearing.com)

Start Hearing Website . . . . . [www.starhearing.com](http://www.starhearing.com)

Information Requests . . . . . [request@starhearing.com](mailto:request@starhearing.com)

Forms & Provider Guides . . . . . [www.starhearing.com/downloads](http://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@starthearing.com](mailto:claims@starthearing.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.starthearing.com/downloads](http://www.starthearing.com/downloads)



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](mailto:claims@starthearing.com)



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

|                      |   |   |
|----------------------|--|---|
| <b>Premium – 24</b>  | Genesis AI 24 mRIC Rechargeable<br>Genesis AI 24 RIC RT Rechargeable*<br>Evolv AI 2400 mRIC 312<br>Genesis AI 24 IIC NW 10<br>Genesis AI 24 CIC NW 10<br>Genesis AI 24 RIC 312*<br>Genesis AI 24 CIC W 312<br>Genesis AI 24 ITE Rechargeable<br>Genesis AI 24 HS Rechargeable<br>Genesis AI 24 ITC Rechargeable<br>Evolv AI 2400 CIC W 312 | Intrigue AI 24 mRIC Rechargeable<br>Intrigue AI 24 RIC RT Rechargeable*<br>Arc AI 2400 mRIC 312<br>Intrigue AI 24 IIC NW 10<br>Intrigue AI 24 CIC NW 10<br>Intrigue AI 24 RIC 312*<br>Intrigue AI 24 CIC W 312<br>Intrigue AI 24 ITE Rechargeable<br>Intrigue AI 24 HS Rechargeable<br>Intrigue AI 24 ITC Rechargeable<br>Arc AI 2400 CIC W 312 |
| <b>Advanced – 20</b> | Genesis AI 20 mRIC Rechargeable<br>Genesis AI 20 RIC RT Rechargeable*<br>Evolv AI 2000 mRIC 312<br>Genesis AI 20 IIC NW 10<br>Genesis AI 20 CIC NW 10<br>Genesis AI 20 RIC 312*<br>Genesis AI 20 CIC W 312<br>Genesis AI 20 ITE Rechargeable<br>Genesis AI 20 HS Rechargeable<br>Genesis AI 20 ITC Rechargeable<br>Evolv AI 2000 CIC W 312 | Intrigue AI 20 mRIC Rechargeable<br>Intrigue AI 20 RIC RT Rechargeable*<br>Arc AI 2000 mRIC 312<br>Intrigue AI 20 IIC NW 10<br>Intrigue AI 20 CIC NW 10<br>Intrigue AI 20 RIC 312*<br>Intrigue AI 20 CIC W 312<br>Intrigue AI 20 ITE Rechargeable<br>Intrigue AI 20 HS Rechargeable<br>Intrigue AI 20 ITC Rechargeable<br>Arc AI 2000 CIC W 312 |
| <b>Select – 16</b>   | Genesis AI 16 mRIC Rechargeable<br>Genesis AI 16 RIC RT Rechargeable*<br>Evolv AI 1600 mRIC 312<br>Genesis AI 16 IIC NW 10<br>Genesis AI 16 CIC NW 10<br>Genesis AI 16 RIC 312*<br>Genesis AI 16 CIC W 312<br>Genesis AI 16 ITE Rechargeable<br>Genesis AI 16 HS Rechargeable<br>Genesis AI 16 ITC Rechargeable<br>Evolv AI 1600 CIC W 312 | Intrigue AI 16 mRIC Rechargeable<br>Intrigue AI 16 RIC RT Rechargeable*<br>Arc AI 1600 mRIC 312<br>Intrigue AI 16 IIC NW 10<br>Intrigue AI 16 CIC NW 10<br>Intrigue AI 16 RIC 312*<br>Intrigue AI 16 CIC W 312<br>Intrigue AI 16 ITE Rechargeable<br>Intrigue AI 16 HS Rechargeable<br>Intrigue AI 16 ITC Rechargeable<br>Arc AI 1600 CIC W 312 |
| <b>Low – 12</b>      | Genesis AI 12 RIC RT Rechargeable*<br>Genesis AI 12 mRIC Rechargeable<br>Evolv AI 1200 RIC 312<br>Genesis AI 12 CIC NW 10<br>Genesis AI 12 RIC 312*<br>Genesis AI 12 CIC W 312<br>Genesis AI 12 ITE Rechargeable<br>Genesis AI 12 HS Rechargeable<br>Genesis AI 12 ITC Rechargeable<br>Evolv AI 1200 CIC 312                               | Intrigue AI 12 RIC RT Rechargeable*<br>Intrigue AI 12 mRIC Rechargeable<br>Arc AI 1200 RIC 312<br>Intrigue AI 12 CIC NW 10<br>Intrigue AI 12 RIC 312*<br>Intrigue AI 12 CIC W 312<br>Intrigue AI 12 ITE Rechargeable<br>Intrigue AI 12 HS Rechargeable<br>Intrigue AI 12 ITC Rechargeable<br>Arc AI 1200 CIC W 312                              |

**\*Available in CROS/BICROS**

**Accessories are NOT covered under these contracts.**

## Coal Contract Claim Worksheet

|   |   |
|---|---|
| <b>Patient:</b>   | <b>Member ID Number:</b>  |
| <b>Address:</b>   | <b>ICD-10 Diagnosis Code:</b>                                   |
| <b>City, State, Zip:</b>  | <b>Insurance Plan (please circle):</b>                          |
| <b>Phone:</b>   | UMWA                      Consol Healthscope                    |
| <b>Date of Birth:</b>   | Peabody UMR              Peabody BCBS                           |
| <b>Gender of Patient:</b> _____ <b>Male</b> _____ <b>Female</b> | 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

|                                  |                      |
|----------------------------------|----------------------|
| <b>Provider Name:</b>            | <b>Provider NPI:</b> |
| <b>Facility Name:</b>            | <b>Office NPI:</b>   |
| <b>Facility Address:</b>         | <b>Tax ID:</b>       |
| <b>City, State, Zip:</b>         | <b>Phone:</b>        |
| <b>Contact Name &amp; Email:</b> |                      |

### 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](mailto:claims@starthearing.com)

### Service Claim Codes

### Modifier

- |  |    |    |
|--|----|----|
| <input type="radio"/> V5011 – Clean / Check                                    | LT | RT |
| <input type="radio"/> V5013 – Programming                                      | LT | RT |
| <input type="radio"/> V5014 – Hearing Aid Repair                               | LT | RT |
| <input type="radio"/> V5299 – Repair Re-fit Fee                                | LT | RT |
| <input type="radio"/> 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="radio"/> V5264 – Replacement Earmold     | LT | RT |
| <input type="radio"/> S1002 – Replacement AP Receiver | LT | RT |
| <input type="radio"/> 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<br><input type="checkbox"/> Genesis AI 20<br><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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