

# Consol Healthscope Provider Manual

Effective 10/2021

**START**  **HEARING**

[www.starhearing.com](http://www.starhearing.com)

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## Start Hearing Contact Information

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

CLAIMS EMAIL ADDRESS .....[CLAIMS@STARTHEARING.COM](mailto:CLAIMS@STARTHEARING.COM)

START HEARING CREDENTIALING DEPARTMENT .....1-800-510-4194

CREDENTIALING EMAIL ADDRESS.....[CREDENTIALING@STARTHEARING.COM](mailto:CREDENTIALING@STARTHEARING.COM)

START HEARING WEBSITE..... [WWW.STARTHEARING.COM](http://WWW.STARTHEARING.COM)

MANUALS & FORMS..... [WWW.STARTHEARING.COM/DOWNLOADS](http://WWW.STARTHEARING.COM/DOWNLOADS)

INFORMATION REQUESTS .....[INFO@STARTHEARING.COM](mailto: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**
  - Consol Healthscope - eligible every 36 months. Early replacement is not considered.
- **Member Portion**
  - Please see specific information on the contract page.
- **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**
  - Batteries are not covered.
- **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.
- **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.
  - For all other contracts, any credentialed provider from the fitting office may test and fit the patient.

## Consol Healthscope

### Process Overview



1. Patient may be referred to a Start Hearing network provider by the Start Hearing contact center.
2. Credentialed audiologist from the dispensing office will perform a hearing test.
3. Office will send all required paperwork to Start Hearing:
  - **Coal Contract Claim Worksheet** – See page 7.
  - **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.
    - Electronic signatures are not accepted.
    - Must be dated within 6 months of submission.
  - **Completed Order Form:**
    - Standard products: All paperwork can be emailed to [claims@starhearing.com](mailto:claims@starhearing.com)
    - Custom orders: include all paperwork with the impressions.
4. Start Hearing will obtain authorization from Consol Healthscope and process order upon approval.
5. Start Hearing create the claim using the codes for hearing aids, dispensing fee, office visit and assessment.
6. Provider will send Confirmation of Delivery form to Start Hearing via email: [claims@starhearing.com](mailto:claims@starhearing.com)

Patient Out of Pocket Fees	Low (1200)	Select (1600)	Advanced (2000)	Premium (2400)
<b>NON-Rechargeable Aids</b>	\$0 – Monaural \$0 – Binaural	\$250 – Monaural \$500 – Binaural	\$500 – Monaural \$1000 – Binaural	\$650 – Monaural \$1300 – Binaural
<b>Rechargeable Aids</b>	\$150 – Monaural \$300 – Binaural	\$400 – Monaural \$800 – Binaural	\$650 – Monaural \$1300 – Binaural	\$800 – Monaural \$1600 – Binaural
<b>NON-Rechargeable CROS / BI-CROS</b> <i>Evolv AI / Arc AI Products Only</i>	\$0	\$250	\$500	\$650
<b>Rechargeable CROS / BI-CROS</b> <i>Evolv AI / Arc AI Products Only</i>	\$150	\$400	\$650	\$800
<b>Warranty</b>	2 Year	2 Year	2 Year	3 Year

### Billable Services

- **Repair – In or out of warranty**
  - Must include Manufacturer Invoice and Coal Claim 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 twice for the life 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.

## Available Products – All Coal Contracts

		
<b>Premium 2400</b>	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*
<b>Advanced 2000</b>	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*
<b>Select 1600</b>	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*
<b>Low 1200</b>	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**  
**Accessories are NOT available.**

**NOTE: Half Shell is not available for Audibel**

## Coal Contract Claim Worksheet

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

### 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 circle):

- V5200 – Cros Dispensing Fee
- V5240 – Bi-Cros Dispensing Fee
- V5241 – Monaural Dispensing Fee
- V5160 – Binaural Dispensing Fee
  
- V5181 – Cros – BTE / RIC
- V5221 – Bi-Cros – 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@starhearing.com](mailto: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 |
| ○ 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:** \_\_\_\_\_