



Operations Bulletin 06-09

Date: October 1, 2009
To: Participating Audiology Providers
Subject: Hearing Aid Benefit for CHIP

What is CHIP?

The Children's Health Insurance Program (CHIP), brought to you by Geisinger Health Plan¹, is a comprehensive HMO insurance plan for uninsured Pennsylvania children under 19 years of age who are not eligible for Medical Assistance. This product will function similar to Geisinger Health Plan's standard HMO product with the Member selecting a Primary Care Provider (PCP) to coordinate their health care services. Most Covered Services will require PCP Referral and specific services will require prior authorization from Geisinger Health Plan. Providers do not need to participate with Medical Assistance in order to accept Geisinger Health Plan's CHIP product. Specific information regarding eligibility, enrollment, and benefits can be found on the Health Plan's CHIP Web site at <http://chip.thehealthplan.com>.

CHIP Hearing Care Benefit

Emergency, preventive, and routine hearing care services are covered when the Member's PCP provides a Referral for such services and when the services are provided by a participating hearing care provider. If the hearing examination is an emergency, no Referral is required. Prior authorization is not required for CHIP hearing care services.

CHIP Members are entitled to one (1) hearing care visit per year and one (1) hearing aid per ear, every two (2) years.

Hearing care services, including hearing aids and other hardware, will be reimbursed at Geisinger Health Plan's then-current fee schedule rates. Hardware codes have been added to your

Geisinger Health Plan audiology fee schedule. Please reference the fee schedule enclosed in this bulletin for more information on the additional hardware codes.

Fast Facts

- Hearing care services are paid at Geisinger Health Plan's then-current fee schedule rates
- No Member cost-sharing - \$0 Copayment.
- Members entitled to one (1) visit per year and one (1) hearing device per ear, every two (2) years
- PCP Referral is required
- No prior authorization necessary

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options shall be collectively referred to herein as "Geisinger Health Plan".

Effective November 1, 2009, this Operations Bulletin amends the Participating Provider Guide Dev 10/08. Please contact the applicable Provider Relations Office for assistance or questions related to this communication. You may also utilize the Provider Service Center at www.thehealthplan.com or contact the applicable Customer Service Team at the telephone number located on the back of the Member's identification card to determine benefits and eligibility.

Danville: (800) 876-5357
Harrisburg: (888) 281-5338
Scranton: (800) 350-6486
State College: (888) 669-4834

Payment Schedule for Geisinger Health Plan

Code	Code Description	
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	\$10.35
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	\$13.80
V5160	DISPENSING FEE, BINAURAL	\$258.75
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	\$172.50
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	\$460.00
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	\$460.00
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	\$920.00
V5248	HEARING AID, ANALOG, BINAURAL, CIC	\$920.00
V5249	HEARING AID, ANALOG, BINAURAL, ITC	\$920.00
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	\$1,374.25
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	\$1,374.25
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	\$1,374.25
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	\$1,374.25
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	\$2,748.50
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	\$2,748.50
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	\$2,748.50
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	\$2,748.50
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$46.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$17.25

Please note:

1. Reimbursements for services are governed by Geisinger Health Plan's subscription certificate or employer's summary plan document. Services listed on this schedule may be non-covered according to those documents. Contact Geisinger Health Plan if there are questions.
2. Certain covered medical services additionally require prior authorization from a Geisinger Health Plan Medical Director, precertification, and/or a Referral. Refer to your Participating Provider Guide or contact Geisinger Health Plan with any questions.
3. All claims submitted will be subject to editing for compliance with standard HCPCS coding format. Geisinger Health Plan reserves the right to process claims according to industry standards.
4. See current coding manuals (CPT/HCPCS) for complete procedure code descriptions.