

Payment Schedule for Geisinger Health Plan
Geisinger Indemnity Insurance Company
Geisinger Quality Options, Inc.

<i>Billing Code</i>	<i>Description</i>	<i>Medicare Risk ¹</i>	<i>Non-Medicare Risk ¹</i>
<u>Home Health</u>			
421	Physical Therapy - Visit Charge	\$97.38 per diem	\$97.38 per diem
429	Physical Therapy - other physical therapy	\$47.15 per diem	\$47.15 per diem
431	Occupational Therapy	\$97.38 per diem	\$97.38 per diem
439	Occupational Therapy	\$48.69 per diem	\$48.69 per diem
441	Speech Pathology Therapy	\$97.38 per diem	\$97.38 per diem
551	Skilled Nursing Visit	\$97.38 per diem ²	\$97.38 per diem ²
552	Skilled nursing - hourly charge	\$49.20 /hour	\$49.20 /hour
561	Counseling (Master of Social Work personnel, Other	\$97.38 per diem	\$97.38 per diem
571	Home Health Aide	\$43.05 per diem	\$43.05 per diem
572	Home health aide - hourly charge	\$26.40 /hour	\$26.40 /hour
580	Other Visit Home Health	\$10.25 per diem ³	\$10.25 per diem ³
90471	Influenza Virus Vaccine Admin.	\$3.08 /injection ⁵	\$3.08 /injection ⁵
90473	Influenza administration by intranasal or oral rou	\$2.05 /injection	\$2.05 /injection
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	\$23.47 /injection	\$23.47 /injection
90660	Influenza Virus Vaccine, live, for intranasal use	\$20.50 /injection	\$20.50 /injection
90672	FLU VACCINE 4 VALENT NASAL	\$24.60 /injection	\$24.60 /injection
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for IM use	\$46.31 /injection	\$46.31 /injection
90685	Flu vac no prsv 4 val 6-35m	\$23.23 /injection	\$23.23 /injection
90686	Influenza virus vaccine quadrivalent, split virus,	\$19.41 /injection	\$19.41 /injection
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	\$16.82 /injection	\$16.82 /injection

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Home Health

90756	Influenza virus vaccine, quadrizalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelvax Quadrivalent)	\$27.70 /injection	\$27.70 /injection
99506	Home visit, IM injection	\$55.00 per diem	\$55.00 per diem
Q2035	Influenza virus vaccine, split virus, when admin t	\$11.54 /injection	\$11.54 /injection
Q2036	Influenza virus vaccine, split virus, when admin t	\$8.78 /injection	\$8.78 /injection
Q2037	Influenza virus vaccine, split virus, when admin t	\$13.65 /injection	\$13.65 /injection
Q2038	Influenza virus vaccine, split virus, when admin t	\$13.31 /injection	\$13.31 /injection

Home Infusion

99601	Home infusion/specialty drug administration, per v	\$102.50 per diem	\$102.50 per diem
99602	Home infusion/specialty drug administration, per v	\$51.25 per diem	\$51.25 per diem

Hospice

(Not applicable for Medicare Risk)

651	Routine Home Care	/per diem	\$122.29 /per diem
652	Continuous Care	/per diem	\$714.22 /per diem or \$29.76 per hour ⁴
655	Respite Care	/per diem	\$126.59 /per diem
656	General Inpatient Care	/per diem	\$544.40 /per diem

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Please note:

Except as otherwise provided under this Agreement, payments made to Agency pursuant to this Schedule shall be considered payment in full for all Hospice Services rendered to Members by Agency. Hospice Services shall include any and all charges incurred by Agency and/or other third parties for Hospice Services including, but not limited to, physician services, Hospice Medical Director, Durable Medical Equipment, drugs, bereavement care, outpatient services and inpatient hospital or Skilled Nursing Facility Services. The parties acknowledge that such services shall be included in the per diem amounts set forth in this Schedule and that no separate or additional charge shall be paid by Geisinger Health Plan, Geisinger Indemnity Insurance Company, or Geisinger Quality Options, Inc. Payment to Agency shall be made for only one (1) of the above-noted categories for any particular day of hospice care provided to a Member, and classification of hospice care rendered by Agency to a Member on the day of admission to and on the day of discharge from an inpatient facility shall be in accordance with then current CMS guidelines.

1. The approved charges shall include charges for medical supplies and dressings.
2. The skilled nursing visit charges shall apply to obstetrical early discharge and infusion therapy nursing services, in addition to skilled nursing services, provided by the Agency.
3. Additional reimbursement for first visit payable once per case for skilled service including nursing, physical or speech therapy.
4. Must have eight (8) hours per day to qualify for "per hour" reimbursement.
5. Influenza Vaccine Administration Fee only applies when the vaccine is given via a flu clinic.

Facets Home Health Fee Schedule #s: 0109-ALLHHH100000001-1000
Facets Hospice Fee Schedule #s: 0109-ALLHHH100000001-1000