

# Provider Update

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Geisinger

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# Obtaining prior authorization for your Geisinger Health Plan patients is about to get easier!

We've joined forces with Cohere Health and are expanding our partnership to bring you a better way to submit prior authorization requests. You'll use Cohere for most outpatient services starting May 15, 2023.\* Inpatient prior authorization requests will be available through Cohere as of June 26, 2023.

*Applies to: Providers offering outpatient services | Plan(s): All plans*

In January, we introduced Cohere Health's consultative authorization process to outpatient rehab therapy providers and home health agencies. The response has been resoundingly positive! Soon, you'll be able to request authorization for your Geisinger Health Plan patients through Cohere for most other services.

*\*The request process for radiology, cardiology, MSK and pain intervention services that require authorization through HealthHelp will not change.*

Here's what to expect.

**Beginning May 15, 2023 for outpatient and June 26, 2023 for inpatient:**

- You'll be able to request prior authorization for most services through Cohere for all your Geisinger Health Plan patients.
- You'll benefit from a streamlined and collaborative online authorization experience — better than phone and fax — that offers evidence-based care suggestions, faster approval and even instant authorization in some cases!
- Geisinger Health Plan Medical Management will still review requests and retain ultimate authority over medical necessity determinations.
- Check our [prior authorization list](#) frequently so you always know which services require authorization submission through Cohere.
- The request process for Radiology, cardiology, MSK and pain intervention services that require authorization through HealthHelp will not change. Check the [HealthHelp procedure code list](#) for a complete list of services that require authorization submission through HealthHelp.
- DMEPOS providers will use Cohere to obtain authorization for DMEPOS items and equipment. But remember, DMEPOS items and equipment will still be ordered through Tomorrow Health.

See our full [Operations Bulletin](#) on NaviNet.

## A new way to submit home health authorization requests

*Applies to: Home health agencies | Plan(s): All plans*

You are now able to enter procedure codes with your home health authorization requests. Prior to this change, the Cohere portal asked for the selection of requested modalities. This update aligns the submission flow of home health authorizations with that of other services. To learn more about this change please [visit the Learning Center](#).

If you have any questions or need further clarification about this update, call our medical management team at 800-544-3907.



## NDC verification of drug claims for Geisinger Gold, Geisinger Marketplace, commercial group and TPA plans starts Aug. 1, 2023

*Applies to: All providers | Plan(s): Geisinger Gold, Geisinger Marketplace, commercial group and TPA plans*

The Centers for Medicare and Medicaid Services (CMS) along with Geisinger Health Plan continue to focus on encounter data collection to improve care coordination and health management. Encounter data are used by both CMS and Geisinger Health Plan to understand program costs, evaluate program quality and identify service utilization patterns. That's why we're aligning some of the drug claim edits we currently use for Medicaid and CHIP across all our plans.

**Beginning with dates of service on and after Aug. 1, 2023, we'll be taking a closer look at national drug codes (NDC) on Geisinger Gold, Geisinger Marketplace, commercial group and TPA claims.**

In addition to checking for the presence of a valid NDC, we'll be validating the NDC reported for the date of service. Importantly, we'll verify NDC units dispensed and units of measure against reported claim units. We'll also verify the NDC code itself to the HCPCS code submitted.

[See our full Operations Bulletin](#) on NaviNet.

## No balance billing for Geisinger Gold Secure Rx patients

*Applies to: All providers | Plan(s): Geisinger Gold Secure Rx (HMO D-SNP)*

All Secure Rx members have Medicare and full Medicaid benefits. You may bill Medicaid as a secondary payer for services rendered. You do not have to participate with Medicaid to treat and accept GHP reimbursement.

**Geisinger Gold Secure Rx members may not be balance billed; any balance after Geisinger Gold payment is not the liability of the member.**

## Geisinger Gold Secure Rx (HMO D-SNP) members and Community Health Choices

*Applies to: All providers | Plan(s): Geisinger Gold Secure Rx (HMO D-SNP)*

Community HealthChoices (CHC) is Pennsylvania's mandatory Medicaid managed care program for people who qualify for both Medicare and Medicaid and individuals with physical disabilities. CHC uses Managed Care Organizations (MCOs) to coordinate physical health care and long-term services and supports (LTSS).

- Geisinger Gold Secure Rx members with a CHC MCO as secondary coverage can still be seen by all Geisinger providers for Medicare covered services.
- Geisinger providers do not need to participate with the CHC MCO to bill them as a secondary insurer for Medicare covered services.
- Geisinger Gold Secure Rx members do not need to change their primary Medicare Advantage coverage to the CHC MCO.

Call 800-498-9731 for more information, or review [Pennsylvania's Medicaid/ Medicare billing guidance](#).

## Know your LCDs

### Local Coverage Determinations (LCDs) may factor into Geisinger Gold claim edits

*Applies to: All providers | Plan(s): Geisinger Gold*

We continue to collaborate with Zelis®, Change Healthcare, SCIO Health Analytics® and other payment accuracy and claim editing solutions to assist you with billing accuracy and maintain the integrity of GHP claims processing.

In recent years, enhanced claim edits have been applied to a variety of care services across the spectrum of your Geisinger Health Plan patients' health benefits. All edits are based on national standards of care, national and regional regulatory guidance, national correct coding standards and areas that have been identified as problematic and commonly misbilled.

When it comes to Geisinger Gold claims, we may also reference LCDs to determine claim accuracy. LCDs are coverage decisions for items or services in a Medicare Administrative Contractor's (MAC) region. LCDs are based on whether the service or item is considered by the MAC to be reasonable and necessary.

You can find links to the latest LCDs and the MACs on the [CMS LCD page](#). Visit the MAC sites if you're searching for LCDs related to a specific item or service.

Whether it's medical drugs, routine testing or any other type of patient service, making sure you bill correctly is always the best way to reduce denials so your claims are adjudicated in a timely, accurate manner.

# Pre-pandemic Medicaid and CHIP enrollment requirements are back

**Enroll all your service locations with DHS to continue caring for your GHP Family and GHP Kids patients. As of Feb. 27, 2023, GHP Family and GHP Kids claims without a service location that matches a DHS-registered location for that provider may be denied. Each service location where you see GHP Family and GHP Kids members should be registered.**

*Applies to: All providers | Plan(s): GHP Family and GHP Kids*

## DHS revalidation and other enrollment requirements reinstated

In April 2020, to mitigate the effects of the COVID-19 crisis, the Centers for Medicare and Medicaid Services (CMS) approved the PA Department of Human Services' (DHS) request for provider enrollment flexibilities ([Provider Quick Tip 240](#)). These flexibilities waived application fees and allowed some providers to enroll provisionally and temporarily.

Starting Feb. 27, 2023, DHS will reinstate all pre-pandemic requirements for enrollment ([MA Bulletin 99-22-11](#)).

Providers must revalidate enrollment for each service location every 5 years ([MA Bulletin 99-16-10](#)).

DHS has issued additional information on how to check the status of your enrollment ([Provider Quick Tip 265](#)).

## GHP Family and GHP Kids will reinstate PROMISe ID verification requirements Feb. 27, 2023

On March 15, 2020, GHP Family (Medical Assistance) and GHP Kids (CHIP) suspended PROMISe ID verification claim edits to offer providers maximum flexibility in fighting the COVID-19 pandemic.

In conjunction with CMS and DHS lifting COVID-19 emergency measures, GHP Family and GHP Kids have put PROMISe ID verification claim edits back into place for dates of service on or after Feb. 27, 2023.

As of Feb. 27, 2023, all facilities, offices, individual providers and other practitioners who render, order, refer or prescribe items or services to GHP Family and GHP Kids members, must be enrolled with DHS — with a valid PROMISe ID specific to each practice location — for claims to pay.

Your GHP Family and GHP Kids patients may be notified if you are at risk of any or all of your service locations being closed in the DHS enrollment file for failure to complete the revalidation process.

### Don't wait!

#### Confirm your enrollment status today!

Providers should check the DHS PROMISe system to confirm each service location's revalidation date and ensure each location is appropriately enrolled. All applications, requirements and the step-by-step instructions are available on the [DHS enrollment web page](#).

### Continuity of care

Continuity of care options will be available for 60 days for members who are in an active course of treatment with a physician or provider who does not have a valid PROMISe ID. Requests for exceptions will be considered when there is an ongoing, active course of treatment for a chronic or acute medical condition and prudent medical practice requires continued care from the same physician.

### Holding members harmless

We'd like to remind you that your contract with GHP limits when you can bill members for noncovered services other than copayments, coinsurance and deductibles.

### Don't forget about ORP requirements

Providers serving GHP family and GHP Kids members that require an order or prescription must obtain the order or prescription from a DHS-enrolled provider in order to obtain payment.

The NPI of the enrolled provider ordering or prescribing the service should be included on the claim submitted by the billing provider.

Claims may be rejected or denied:

- When submitted without the valid NPI for an ordering, referring or prescribing provider, or;
- When submitted with the NPI of an ordering, referring or prescribing provider without a valid PROMISe ID.

## Network News:

### As of June 1, 2023, Nemours Children's Hospital, Delaware, and Nemours Children's Health will no longer be in-network for GHP Family members

*Applies to: Providers who may refer patients to Nemours | Plans: GHP Family*

We've received notice that Nemours Children's Hospital, Delaware, and Nemours Children's Health, as part of the Nemours Foundation located at 1600 Rockland Road, Wilmington, DE 19803 will no longer accept GHP Family members as of June 1, 2023. The Nemours Foundation's intent to terminate participation is limited only to Geisinger Health Plan's managed Medical Assistance (Medicaid) plan, GHP Family.

#### What this means for your GHP patients

GHP Family members who get services from Nemours Children's Health after June 1, 2023, without approval from GHP Family, may not be covered by GHP Family and could be billed by the provider. We're notifying GHP Family members of this change and helping with patient transitions and continuity of care. Continuing care options are available for pregnant members and those with medical conditions that require follow-up or more treatment. Members may ask for continuing care by calling our Customer Care Team at 855-227-1302 (PA Relay: 711).

If your GHP Family patients have received medical services at Nemours Children's Hospital or from Nemours Children's Health providers in the past, these services will now be available at other in-network children's hospitals and providers. Keep this change in mind and be sure to refer your GHP Family patients to a participating provider.

You can find other in-network providers with our [Find a Doctor function](#) on [GeisingerHealthPlan.com](#).

## Kaiser Permanente and Geisinger come together to launch Risant Health and expand access to value-based care

### Risant Health offers value-based care expertise and capabilities to leading community-based health systems with a focus on raising the bar for high-quality and equitable health outcomes

*Applies to: All providers | Plan(s): All plans*

In an innovative move designed to improve the health of communities, achieve better health care outcomes, and improve health care affordability, Kaiser Foundation Hospitals and Geisinger Health are announcing the launch of Risant Health and a definitive agreement to make Geisinger the first health system to join Risant Health to expand access to value-based care in more communities across the country. Upon regulatory approval, Geisinger becomes part of the new organization through acquisition.

Read the [full press release](#) on [geisinger.org](#).

## Public health emergency ending

*Applies to: All providers | Plan(s): All plans*

The federal public health emergency (PHE) is ending on Thursday, May 11. During the PHE, cost-sharing for COVID-19-specific services (e.g., testing, vaccines, treatments and telehealth services) was waived. After the PHE ends, Geisinger Health Plan will continue to cover the cost of vaccinations. However, cost-share for inpatient treatment and COVID-19 testing performed at a provider, urgent care or pharmacy will be reinstated. Members will be responsible for their plan-specific copay, coinsurance or deductible.

Visit our [COVID-19 information page for providers](#) to learn more.

## Geisinger Health Plan will no longer accept consultation codes as of June 1, 2023

*Article corrected Jun. 15, 2023*

*Applies to: All providers | Plans: All plans except GHP Family*

On Jan. 1, 2010, the Centers for Medicare and Medicaid services (CMS) stopped recognizing consultation codes for Medicare Part B payment. Now a long-standing CMS requirement for Medicare, physicians code and bill evaluation and management visits with E/M codes that specify visit location and identify the complexity of the visit performed.

As of June 1, 2023, we're removing consultation codes from our non-Medicaid fee schedules. For plans other than GHP Family, you'll no longer be able to bill using consultation codes. For consultative services to pay after June 1, 2023, you'll need to report patient office visit or hospital care E/M codes on your claims.

# Behavioral Health Care Connectors and Geisinger's Employee Assistance Program bring needed resources to members

*Applies to: All providers | Plans: All plans (Geisinger Employee Assistance Program limited to Geisinger employees)*

Our Behavioral Health Care Connector team supports members when looking for a provider that specializes in their needs, reviewing benefits, connecting members with local resources and much more.

## Here's how our team can help:

- Educate members on their benefits and coverage questions
- Assist with utilization management question
- Help with prior authorization requests
- Direct case management inquiries Connect members with local behavioral health care providers, including addiction specialists. Members can also find providers by visiting [GeisingerHealthPlan.com/providersearch](https://GeisingerHealthPlan.com/providersearch). Input location and select plan type, and search "behavioral health."
- Connect members with community resources and support groups
- Assist providers with benefit clarification for member care

## Get in touch with us

Our Behavioral Health Care Connector team is available Monday through Friday, 8 a.m. to 5 p.m. at 888-839-7972. This number can also be found on the back of your patient's member ID card.

## Behavioral health and other work-life resources for members of our employee plans — Geisinger Enhanced, Geisinger Value and Geisinger Essential

Many of our members are Geisinger employees too. Geisinger's Employee Assistance Program, Guidance Resources, offers employees someone to talk to and resources to consult whenever and wherever an employee needs them, 24/7. Our employee plans include confidential emotional support, work-life solutions, legal guidance, financial resources and online support. Employees can call 888-327-4623 or visit [guidanceresources.com](https://guidanceresources.com), Web ID: GHSEAP.



# Formulary and policy updates

Visit us on NaviNet today to see new, revised and recently reviewed medical and pharmaceutical policies, as well as the latest clinical guidelines, formulary changes and drug recalls. Updates may affect prior authorization. The most current prior authorization list is also available. And you can find clinical guidelines, formulary and medical policy information in the *For Providers* section at GeisingerHealthPlan.com. Printed copies are available if needed.

## Medical policy update

Geisinger Health Plan uses medical policies as guidelines for coverage decisions made within the insured individual's written benefit documents. Coverage may vary by line of business. Providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy. [Visit our clinical policies pages.](#)

**The new and revised medical policies listed below go into effect May 15, 2023:**

- MP201 Obstructive Sleep Apnea – Revised – Add Exclusions
- MP232 Autism Spectrum Disorder – Evaluation and Medical Management – Revised – Update Criteria
- MP265 Proteomic Serum Analysis – Revised – Revised Criteria; Add Exclusion
- MP328 Genetic Susceptibility Cancer Panels – Revised – Updated Criteria
- MP353 Laser Interstitial Thermal Therapy – NEW

**The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.**

- MP034 Foot Orthotics
- MP066 ESWT
- MP068 Reduction Mammoplasty
- MP078 Sexual Dysfunction Therapies
- MP090 Inj. Bulking Agents/Incontinence
- MP094 Unilateral Pallidotomy
- MP106 Ultrasound/ Pregnancy
- MP113 Electrical Stim Wound Healing
- MP158 Continuous Passive Motion
- MP172 MicroVas Vascular Treatment System
- MP176 Meniett Device
- MP196 Convection-Enhanced Drug Delivery
- MP249 Bioimpedance Spectroscopy
- MP310 Vertical Expandable Titanium Rib
- MP320 Absorbable Hydrogel Spacer
- MP326 Biomarker Testing for Rheumatoid Arthritis
- MP334 Genetic Testing for Macular Degeneration
- MP340 Wide Area Transepithelial Sampling (WATS)

## Medical pharmaceutical policy updates

**These new and revised medical pharmaceutical policies go into effect for all plans May 15, 2023:**

- MBP 119.0 Keytruda (pembrolizumab) – Updated Policy
- MBP 144.0 Tecentriq (atezolizumab) – Updated Policy
- MBP 273.0 Tecvayli (teclistamab-cqyv) – New Policy

**These policies have not been changed, but references or background information have been added:**

- MBP 128.0 Blincyto (blinatumomab)
- MBP 164.0 Vyxeos (daunorubicin-cytarabine liposomal)
- MBP 198.0 Gamifant (emapalumab-lzsg)
- MBP 211.0 Givlaari (givosiran)
- MBP 213.0 Sarclisa (isatuximab-irfc)
- MBP 214.0 Vyondys 53 (golodirsen)
- MBP 219.0 Fetroja (cefiderocol)
- MBP 227.0 Danyelza (naxitamab-gqgk)
- MBP 230.0 Darzalex Faspro (daratumumab-hyaluronidase)
- MBP 231.0 Margenza (margetuximab-cmkb)
- MBP 232.0 Cosela (trilaciclib)
- MBP 233.0 Pepaxto (melphalan flufenamide)
- MBP 234.0 Oxlumo (lumasiran)
- MBP 250.0 Kimmtrak (tebentafusp-tebn)
- MBP 68.0 Nplate (romiplostim)
- MBP 76.0 Actemra IV (tocilizumab)
- MBP 112.0 Simponi Aria (golimumab)
- MBP 212.0 Adakveo (crizanlizumab-tmca)
- MBP 242.0 Evkeeza (evinacumab-dgnb)
- MBP 254.0 Leqvio (inclisiran)
- MBP 255.0 Dextenza (dexamethasone ophthalmic (intracanalicular) insert)

**Questions regarding drug benefits?  
Call 800-988-4861 8:00 a.m. to 5:00 p.m.  
Monday through Friday**