

Provider Update

August 2023



Geisinger

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Prior authorization through Cohere

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

Cohere implementation timeline:

- Requests for MSK, cardiology and pain management services that require authorization through HealthHelp will transition to Cohere on Oct. 1, 2023. Additional services will require prior authorization beginning with dates of service Oct. 1, 2023, and after. [See the full bulletin.](#)
- You'll need to wait a bit longer to use Cohere to request authorization for inpatient services. **We've postponed the launch of Cohere for inpatient requests** so we can make sure the request processes are optimized for providers and their GHP patients. Authorization for inpatient services that require prior authorization should continue to be requested directly from GHP as before. [See the latest bulletin.](#)
- Requests through Cohere for most other outpatient services started May 15, 2023. [See the full bulletin.](#)
- Requests through Cohere for home health and outpatient therapy services started Jan. 16, 2023. [See the full bulletin.](#)
- [Know when to call Cohere and when to call Geisinger Health Plan](#)
- [Cohere provider resources](#)

Update on drug claim NDC verification

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

Revisions to previous Operations Bulletin

- Validation of NDC units dispensed and units of measure against reported claim units for GHP Family and GHP Kids postponed until Oct. 1, 2023.
- NDC verification of drug claims for Geisinger Gold, Geisinger Marketplace, commercial group and TPA plans postponed until Oct. 1, 2023.

[Read the full bulletin.](#)

Network News:

As of July 11, 2023, Wilkes-Barre General Hospital inpatient childbirth services closed. The hospital no longer provides inpatient childbirth services.

All patients receiving services at this location were impacted regardless of health plan.

If your Geisinger Health Plan patients have received childbirth services at Wilkes-Barre General Hospital in the past, these services will now be available at other in-network 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.

Save time. Avoid frustration. Remember to update your information with CAQH®

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

Steer clear of the confusion and hang-ups that result from discrepancies in credentialing information by keeping yours updated with Council for Affordable Quality Healthcare's ProView® (CAQH) — the industry standard for sharing self-reported healthcare provider data. Geisinger Health Plan is one of almost 1,000 payers that relies on CAQH ProView® to verify credentialing information.

Not registered with CAQH? It's easy and free. Visit [CAQH.org](https://caqh.org) to create your profile and authorize Geisinger Health Plan to view your information.

If you can't use CAQH, consider using our [provider add/change form](#). You can use the online form for provider additions, changes, terminations, retirements and new office locations. Remember to attach any supporting documentation.

Click [Update Practice Information](#) under the *For Providers* section at GeisingerHealthPlan.com, or look in *Provider Tools* on the GHP plan central page at NaviNet.net to link to the form.

Consult code correction

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

In previous communications, we indicated consult codes would no longer be accepted for ALL plans for dates of service June 1, 2023 and after. We will continue to accept consult codes for GHP Family (Medicaid). For dates of service June 1, 2023 and after, consult codes are no longer accepted for all plans EXCEPT GHP Family.

Beware of Medical Identify Theft

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

It's important to positively identify your patient with medical identity theft skyrocketing. A common cause of medical identity theft is when a patient arrives in the ER or your office without identification or insurance card. The patient will give you their "name", but they could be using an identity with an alias or using the name of a sibling or friend. Querying your record system using a name and date of birth does not always return with the 'correct' patient.

Geisinger Health Plan's Special Investigations Unit (SIU) recently had a case where a patient arrived at the ER without identification. The patient provided their sibling's name and benefits to obtain health coverage. This constitutes fraud — but the implications of potential harm to the real patient are even more worrying.

Never assume who they claim to be

Consider a life-threatening allergy, medication or a different blood-type. When an imposter uses the wrong identification for services, incorrect information is added to someone else's records as if it were them. There could potentially be life-threatening issue to both people due to the fraudulent and criminal impersonation by one individual.

In SIU's recent case, the imposter patient was taken on their word for identification. The patient was not asked for a photo ID or insurance card to verify the identity. Prior to surgery, it was identified that the imposter patient had a different blood-type from their sibling. Luckily, a life-threatening situation was avoided. Given the rise in identity thefts and the impact of patient harm, we must all be diligent in identifying a patient who presents without identification.

Confirm your patients identity

- Ask for photo ID, every time. Does the photo match the card holder?
- Office record photos for identification purposes. Verify the photo with the photo ID
- Check middle names and initials of the patient.
- Ask for Name and Date of Birth and Address of the patient.
- Review records of the presenting patient- Do the records conflict with the impersonating patient's height, weight, or other personal characteristics?
- Establish an office policy/procedure to positively confirm the identity of the patient and what to do if the information provided cannot be verified.

Be sure you and your staff ask these vitally important questions. A lack of attention to patient identification could expose you and your practice to patient harm, negligence, liability, etc. For additional information on medical identity theft or to report fraud, please contact Geisinger Health Plan SIU for assistance at FA@thehealthplan.com.

Cotiviti to enhance future post payment claims review

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

We're working with Cotiviti to enhance our periodic post payment reviews of paid medical claims.

Cotiviti is a nationwide healthcare payment accuracy company specializing in the review of inpatient claims. Geisinger Health Plan has contracted with Cotiviti to provide post-payment Diagnosis Related Group (DRG) audit validation for inpatient services.

Cotiviti may reach out to you in the future regarding your Geisinger Health Plan patient medical records and claims. We ask that you extend Cotiviti your professional courtesy and hope you'll find future interactions with Cotiviti to be a collaborative experience.

You may already be familiar with Cotiviti as a leader in the industry with health plans across the United States. Cotiviti will perform its responsibilities on behalf of Geisinger Health Plan in full compliance with HIPAA requirements.

Long-acting reversible contraception (LARC)

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

Long-acting reversible contraception (LARC) can be used immediately postpartum to prevent unplanned pregnancies or facilitate adequate spacing between pregnancies. Research demonstrates that inadequate birth spacing can heighten the risk of encountering placental abruption, placenta previa, autism in second born children, low birth weight, and preterm birth.

To optimize LARC usage, prevent unplanned pregnancies, and improve maternal and child health outcomes, the Pennsylvania Department of Human Services (DHS) pays hospitals for LARC intrauterine devices and contraceptive implants in addition to the All Patient Refined–Diagnosis Related Group (APR-DRG) payment for obstetrical deliveries under the FFS delivery system.

In accordance with Medicaid, Geisinger Health Plan pays hospitals for LARC intrauterine devices and contraceptive implants in addition to the APR-DRG for obstetrical delivery services provided to your GHP Family patients. Submit claims for LARC in an outpatient hospital claim format using the appropriate procedure codes and modifiers identified in the [Medicaid fee schedule](#).

Avastin for AMD – CMS billing guidelines

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

When using Avastin for members with wet age-related macular degeneration (AMD) diagnosis, dosing can vary greatly. Since HCPCS codes can't be billed in decimals, using HCPCS J9035- INJECTION, BEVACIZUMAB, 10 MG for AMD usage results in the consistent over billing of units.

The Centers for Medicare and Medicaid Services (CMS) has instructed that when using J7999 for AMD, each (0.05 ml) syringe used should be billed. Billing with HCPCS J7999 allows for better tracking and recall should a problem arise with a compounded drug. Follow these CMS best billing practices to eliminate the overbilling of units.

HCPC	Description	HCPC units for 1 eye/injection of 0.05 ml	HCPC units for 2 eye/injection of 0.1 ml
J7999	Compounded drug, not otherwise classified	1	2

Procedure code change for Electronic Visit Verification (EVV) personal care services starts Oct. 1, 2023

Applies to: Home health agencies and personal care service providers | Plan(s): GHP Family

You'll need to use procedure code G0156 and applicable modifiers for EVV personal care services (PCS) beginning with dates of service Oct. 1, 2023, and after. T1019 will no longer be accepted after Oct. 1, 2023.

G0156 replaces T1019 for GHP Family claims Oct. 1, 2023. As of Oct. 1, 2023, use G0156 for EVV PCS services in addition to HHCS services. PCS claims with T1019 billed for dates of service Oct. 1, 2023, and after will not match with EVV data and will be denied. For dates of service Oct. 1, 2023, and after, use procedure code G0156.

G0156 is defined as services of home health/hospice aide in home health or hospice settings, each 15 minutes. When billing GHP Family for EVV PCS services, use G0156 with the appropriate U7 or U7 and SC modifier(s).

[Read more](#) about this procedure code change.

At-home screenings help close potential care gaps in 2023

This summer, we'll send thousands of home test kits to members who are managing diabetes or at risk for chronic kidney disease or colorectal cancer. Engaging members in preventive care at home is the first step toward knowing what further testing or treatment may be needed.

Applies to: Primary care providers | Plan(s): All Plans

What the program looks like

This August, we'll be sending at-home test kits to members. The kits contain all the supplies members need and clear instructions on how to complete the tests. By the end of August, members will receive automated follow-up phone calls to encourage them to complete their at-home testing. The program will run through November. Test results will be shared with members' doctors to coordinate any additional testing or treatment that may be needed.

To give you a sense of the scale of our annual at-home test kit initiative, here's what we plan to send:

- About 18,000 Hemoglobin A1c test kits
- About 26,000 Urine albumin and/or eGFR test kits
- About 50,000 Colorectal cancer screening test kits

Helping members close care gaps

Consistent screenings — whether done at home or in a provider's office — help detect risky abnormalities before larger problems like kidney disease and colorectal cancer emerge. Consider talking to your patients about the benefits of at-home test kits or schedule in-office testing for patients you know are overdue for these screenings. For some primary care providers, closing these care gaps can result in more robust quality incentive payments.

Contact the GHP quality and assurance team at **866-847-1216** or your GHP provider account manager at **800-876-5357** if you have questions about our at-home screening initiatives.

Who is ordering tests for my patients?

As part of the administration of our at-home test kit initiative, you may see in a patients' record that one or more of these tests are ordered by a physician you don't recognize. For the program to work, all test kits must be ordered by a physician. We've teamed up with our Geisinger clinical pathology partners and Dr. Michelle Pramick to serve as the ordering physician **for administrative purposes only**. You may see Dr. Pramick's name on patient records or other reporting as the ordering provider.



Understanding "incident to" billing

Applies to: All providers | Plans: All plans

Inappropriate billing of "incident to" services could be considered a federal violation, therefore it is important to understand the qualifying criteria and guidelines for these services. "Incident to" services are defined as nonphysician services or supplies (gauze, ointments, etc.) furnished as an integral, yet incidental, part of a physician's professional services in the course of diagnosing or treating an injury or illness—usually under a physician's direction.

Non-physician providers of "incident to" services

- Physician assistants
- Nurse practitioners
- Nurses
- Technicians
- Nurse midwives
- Clinical nurse specialists
- Clinical psychologists

Care settings for "incident to" services

- Office/clinic
- Offices within an institution (Part B services confined to the office only)
- Patient home with specific supervision requirements

Essential requirements for "incident to" services

- Service is part of a normal course of treatment initiated by the physician
- Physician remains actively involved in the course of treatment
- Service is commonly rendered without charge or included on the physician bill
- Service is commonly performed in a physician office or clinic
- Service is an expense to the care setting
- Services are provided under direct supervision of a physician, who is present in the office suite and available to render assistance and direction if necessary

CMS has specific guidelines and criteria that must be met to properly bill "incident to" services. Details can be found on the CMS webpage at [cms.gov](https://www.cms.gov) under [Regulations and Guidance, Manuals, Internet-Only Manual, Publication 100-02, Chapter 15, Section 60](#).

Novitas Solutions (the Medicare administrative contractor for Jurisdiction L) offers additional information, including an ["incident to" self-service tool](#) to assist providers with understanding the CMS Part B rules and requirements for these services. This information can be found at [novitas-solutions.com](https://www.novitas-solutions.com).



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 June 15, 2023:

- MP065 Obesity Surgery – (Revised) – Revise Indications; Add Exclusion
- MP097 Genetic Testing for BRCA – (Revised) – Revise Criteria based on NCCN updates
- MP204 Nasal and Sinus Surgery – (Revised) – Add Exclusions
- MP239 Pharmacogenetic Testing – (Revised) – Add coverage Indications
- MP277 Vision Therapy/ Orthoptics – (Revised) – Add Exclusion
- MP287 Shift Care – (Revised) – Add Shadow Nursing Provision
- MP323 Molecular Profiling of Malignant Tumors to Identify Targeted Therapies – (Revised) – Add Indications
- MP335 Extracorporeal Photophoresis – (Revised) – Add Indication
- MP355 Plasma-based Proteomic Testing in the Management of Pulmonary Nodules – (Revised) – Add Exclusion

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

- MP054 Prophylactic Mastectomy – (Revised) – Revise Criteria and Exclusions
- MP057 Prophylactic Oophorectomy – (Revised) – Revise Criteria
- MP060 Lung Volume Reduction Surgery – (Revised) – Remove Exclusion
- MP071 Continuous Subcutaneous Glucose Monitor CSGM – (Revised) – Revise Criteria
- MP168 Non-invasive Testing for Organ transplant Rejection – (Revised) – Add Exclusion
- MP199 Corneal Pachymetry – (Revised) – Add Limitation Clarification
- MP232 Autism Spectrum Disorder Evaluation and Medical Management – (Revised) – Update Criteria
- MP280 Whole Exome Sequencing – (Revised) – Revise Indications and Exclusions
- MP356 Genetic Testing for Mitochondrial Disorders – (Revised) – Revise Criteria
- MP370 Endobronchial Valve – (NEW)

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

- MP045 Chest Percussion Vest – (Revised) – Clarify Criteria
- MP247 Nutritional Supplements – (Revised) – Clarify Exclusions by LOB
- MP271 Non-Invasive Testing for Fetal Aneuploidy – (Revised) – Add Indication and Exclusion
- MP275 Speech Generating Devices – (Revised) – Clarify Indications and Exclusions
- MP307 Gender Dysphoria and Gender Confirmation Treatment – (Revised) – Revise Behavioral Health Professional; Add Exclusions
- MP314 Molecular Testing - General Guidelines – (Revised) – Add Policy Titles
- MP345 Peroral Endoscopic Myotomy (POEM) – (Revised) – Add Eckardt Score Criteria
- MP372 Electrodermal and Surface Electromyographic Seizure Detection Devices – (NEW)

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

- MP005 Medical Policy Process – (Revised) – Revised Process
- MP048 Surgical and Minimally Invasive Therapies for the Treatment of BPH – (Revised) – Added Procedures
- MP346 Intraoperative Neurophysiologic Monitoring – (Revised) – Revised Limitations
- MP360 Minimal Residual Disease NGS Testing – (Revised) – Added Indication

We'd like physician and non-physician provider input about our medical policies.
Send your comments to Phillip Krebs at pkrebs@GeisingerHealthPlan.com.

Medical pharmaceutical policy updates

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

All members:

- MBP 93.0 Nulojix (belatacept)
- MBP 275.0 Pedmark (sodium thiosulfate) – New Policy

Commercial, Marketplace, TPA, and Medicare GHP members only:

- MBP 22.0 Xolair (Omalizumab) – Updated Policy
- MBP 141.0 Nucala (mepolizumab) – Updated Policy
- MBP 278.0 Syfovre (pegcetacoplan) – New Policy

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

All members:

- MBP 126.0 Opdivo (nivolumab) – Updated Policy
- MBP 216.0 Trodelvy (sacituzumab govitecan-hziy) – Updated Policy
- MBP 236.0 Jemperli (dostarlimab-gxly) – Updated Policy
- MBP 276.0 Zynteglo (betibeglogene autotemcel) – New Policy
- MBP 277.0 Elahere (mirvetuximab soravtansine-gynx) – New Policy
- MBP 279.0 Korsuva (difelikefalin) – New Policy
- MBP 280.0 Lunsumio (mosunetuzumab-axgb) – New Policy
- MBP 281.0 Rebyota (fecal microbiota, live-jslm) – New Policy
- MBP 282.0 Skysona (elivaldogene autotemcel) – New Policy
- MBP 284.0 Xenpozyme (olipudase alfa-rpcp) – New Policy
- MBP 285.0 Zynyz (retifanlimab-dlwr) – New Policy
- MBP 287.0 Aduhelm (aducanumab-avwa) – New Policy
- MBP 288.0 Leqembi (lecanemab-irmb) – New Policy

Commercial, Marketplace, TPA, and Medicare GHP members only:

- MBP 81.0 Prolia (denosumab) – Updated Policy
- MBP 181.0 Site of Care – Updated Policy

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

All members:

- MBP 200.0 Polivy (polatuzumab vedotin-piiq) – Updated Policy
- MBP 283.0 Tziel (teplizumab-mzwv) – New Policy

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

All members:

- MBP 119.0 Keytruda (pembrolizumab) – Updated Policy
- MBP 183.0 Andexxa (andexanet alfa) – Updated Policy
- MBP 209.0 Padcev (enfortumab vedotin-ejfv) – Updated Policy
- MBP 217.0 Tepezza (teprotumumab-trbw) – Updated Policy
- MBP 294.0 Trastuzumab (Herceptin) and Biosimilars – New Policy

Commercial, Marketplace, TPA, and Medicare GHP members only:

- MBP 106.0 Injectable Antipsychotic Medications – Updated Policy
- MBP 295.0 Briumvi (ublituximab-xiyy) – New Policy

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