

Geisinger Health Plan and Cohere Health: MSK, cardiology and interventional pain management FAQ

What if I have an authorization that is already approved?

- You can still view the status on anything that has been decisioned at HealthHelp on the HealthHelp website after Oct. 1, 2023. There is no need to resubmit. GHP will have that authorization on file.

What if I have a prior authorization that I've already submitted to HealthHelp but has not been decisioned?

- There is no need to resubmit anything pending on Sep. 30 (decision wasn't rendered). There is no need to resubmit. It will be transitioned to GHP Medical Management's team to review and render a decision.

What if the member's visit/surgery is after Oct. 1 but the prior authorization was requested from HealthHelp prior to Oct. 1? Will HealthHelp decision the prior authorization?

- Yes. Anything requested prior to Oct. 1 will be worked. If it hasn't been decisioned it will transfer to GHP Medical Management's team to decision. If it's already been decisioned and the DOS for the procedure is Oct. 1 or after, HealthHelp will send GHP the file so we'll have the data on file to process the claim.

What will happen if I try to submit a prior authorization on HealthHelp for Musculoskeletal (MSK), Cardiology and Interventional Pain Management services after Oct. 1, 2023?

- HealthHelp's website will contain messaging "Effective October 1, 2023, HealthHelp will no longer manage authorizations for Geisinger Health Plan's Musculoskeletal (MSK), Cardiology and Interventional Pain Management services. As of October 1, 2023, all Musculoskeletal (MSK), Cardiology and Interventional Pain Management (IPM) authorization requests should be submitted to Cohere."

When should I call HealthHelp vs. Cohere?

- Healthhelp — Authorizations Sep. 30, 2023, or before — call 877-391-7293
- Cohere — Authorizations Oct. 1, 2023, or after — refer to Cohere Portal or call 855-460-8026

Do I select outpatient or inpatient on the Cohere portal?

- Select outpatient.
- If the member's service is going to be inpatient, an inpatient stay authorization would need to be requested through GHP's Medical Management team, as it's done today.

If the service is being done inpatient, do I need two authorizations, one for the procedure and one for the inpatient stay?

- Yes, you would request the procedure through the Cohere portal and the inpatient authorization through GHP's Medical Management team as you do today for inpatient.

If I fax in a request what form do I use and what fax number do I use?

- Use the [outpatient prior authorization form](#)
- Fax to 570-214-3572

What are the tests and procedures that would require a prior authorization within each specialty?

- Codes included in the [Operations Bulletin](#)
- You can also use the [Prior Authorization List](#) on our web site.

What information is needed to initiate a prior authorization request for the services? What medical records need to be included?

- Use the [outpatient prior authorization form](#) and include all supportive clinical information for the requested service.

Will I receive an auto-approval?

- Services are set up to auto-approve based on answers to Clinical Assessment Questions.

Can I see if another provider/group submitted the prior authorization request so I don't duplicate efforts?

- No. You'll only be able to see the prior authorization you requested.

What if the ASC/facility changes where the approved procedure is going to be done? Would a new prior authorization be required?

- Yes. A new authorization will be required to prevent billing issues. You can call or resubmit as needed.

Do we need to request prior authorization for all the tests and procedures identified, or are there any type of groupings?

- You'll need to submit a prior authorization for each code that is listed as requiring prior authorization.

What happens if I request prior authorization for one procedure, but upon doing the procedure another procedure needs to be completed that also requires prior authorization?

- If it falls under the same medical benefit policy or MCG guideline, LCD, or NCD, it would be covered under the initial authorization.