GEISINGER HEALTH PLAN

Provider Update

February 2021

Geisinger

Contents

COVID–19 vaccines

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

The arrival of the COVID-19 vaccine is a milestone in our journey through the pandemic — and one that inspires us to persevere for our communities. It will take some time to get enough people vaccinated to loosen preventive recommendations, but we'll get there by working together.

As the COVID-19 pandemic continues to evolve, stay up to date with the measures Geisinger Health Plan has put in place to help slow the spread of the virus and mitigate its effects on members.

Visit our coronavirus information for providers page for the latest.

What's the latest?

The Pennsylvania Department of Health (PA DOH) recently expanded its COVID-19 vaccine eligibility to people age 65 and older and people age16-64 with certain high-risk medical conditions.

We've developed a COVID-19 vaccine resource page to provide your patients with the latest information and updates.

Member cost-sharing

There will be **no member cost sharing for COVID-19 vaccine** for any line of business. TPAs cannot opt out of this waiver.

Vaccine cost

Currently, FDA approved COVID-19 vaccine doses are being paid for with U.S. taxpayer dollars. There is no reimbursement for COVID-19 vaccine doses supplied to provider at no cost.

Vaccine administration and reimbursement

GHP will reimburse CDC COVID-19 vaccination program providers for the administration of FDA approved COVID-19 vaccine administration in accordance with appropriate state and federal agency guidance. Payment for administration is based on contracted rates or CMS published rates, as applicable.

Who to bill

Plan type	Who to bill	Vaccine administration reimbursement	Member cost-sharing
Medicare Advantage – Geisinger Gold	The Center for Medicare & Medicaid Services (CMS) Medicare Administrative Contractor (MAC)	Medicare COVID-19 Vaccine Shot Payment If you bill GHP, you'll receive a denial ex code.	**None** – no member cost sharing for vaccine or administration whether received in or out of network
Medicaid and CHIP – **GHP Family and GHP Kids Geisinger Health Plan**	Geisinger Health Plan	Based on your contracted rate and the Medical Assistance Program Fee Schedule for Administration of SARS-CoV-2 Vaccines	**None** – no member cost sharing for vaccine or administration whether received in or out of network
Commercial employer and individual plans – Geisinger Health Plan and Geisinger Marketplace	Geisinger Health Plan	In-network based on contracted rates Out-of-network based on CMS rates	**None** – no member cost sharing for vaccine or administration whether received in or out of network
Self-funded TPA plans	Geisinger Health Plan	In-network based on contracted rates Out-of-network based on CMS rates	**None** – no member cost sharing for vaccine or administration whether received in or out of network

New ordering process for Home Medical Equipment and Supplies (DMEPOS)

Geisinger Health Plan is working with Tomorrow Health to streamline ordering and access to home medical equipment supplies for GHP members.

Tomorrow Health coordinates amongst the DMEPOS suppliers in GHP's existing network to ensure patient orders are handled with accuracy, speed and exceptional service. Tomorrow Health's platform is free to use, and any DMEPOS supplier is welcome to join.

As a reminder, this process is only for new DMEPOS orders, not existing resupply orders, which should continue to be sent by referring providers to the existing in-network DME supplier for consistent resupply service.

At Tomorrow Health, we strive every day to work with referring providers and DME suppliers to better understand how we can optimize processes. We greatly value and appreciate your feedback, and would encourage you to share your thoughts by emailing providers@tomorrowhealth.com (for referring providers) or DMEpartners@tomorrowhealth.com (for DME suppliers). If you require a more detailed assessment of your workflow, please reach out to us!

Haven't been introduced to Tomorrow Health yet, and want to learn more? Browse our launch details below:

What are the benefits of Tomorrow Health?

- **Superior patient care:** We close the loop. Our dedicated team of care advocates supports both you and your patients, and ensures that your patients receive end-to-end assistance from product selection through delivery.
- **Streamlined ordering:** We simplify the process, with easy order placement via online form, phone or fax, minimizing time spent by your team.
- **Exceptional quality:** We work with your patients to select the appropriate supplier for their needs. We select these suppliers based on product specialization, quality of service and patient satisfaction.

How to Order

You can place orders on behalf of patients using one of the following methods:

- **Online form:** Complete a simple, HIPAA-compliant order form at tomorrowhealth.com/referral
- **Fax:** Access order forms at tomorrowhealth.com/referral and follow the instructions to submit via fax

If you dispense DME onsite to patients (e.g., supply closets, consignment, urgent care):

Referring providers can continue to provide DME to patients from onsite inventory — if dispensed onsite, these orders should not be sent by referring providers to Tomorrow Health. Tomorrow Health will work with your office or facility to understand what onsite arrangements you currently have and which DME suppliers you currently work with. Please reach out to providers@tomorrowhealth.com for assistance.

Resources available to ordering providers (physicians, nurses, care managers):

- Watch a short demo video of the ordering process.
- Contact providers@tomorrowhealth.com or call us at **844-402-4344** to speak with a member of our provider account management team or receive training for your team.

Resources available to DME suppliers:

- Apply to receive new orders for GHP members. All DME suppliers must have an account with Tomorrow Health.
- Reach out to DMEpartners@tomorrowhealth.com with any questions.
- View the frequently asked questions (FAQ's) we've received from DME suppliers.

Register for a system demonstration webinar hosted by HealthHelp to learn more about how the authorization process will work.

New authorization requirements for musculoskeletal, interventional pain management and cardiology

Applies to: MSK, pain management and cardiology ordering and servicing providers   Plans: All plans

Since September, specialty benefit management company HealthHelp has conducted consultative authorization for high-end radiology imaging services provided to your Geisinger Health Plan patients. In 2021, we'll be working with HealthHelp to establish a similar process for musculoskeletal, interventional pain management and cardiology services.

Services that will require authorization

As of the effective dates, all requests for the tests and procedures listed below will go through HealthHelp, except services rendered in an emergency or inpatient setting. Services ordered before the effective date will not need authorization through HealthHelp.

Effective February 1, 2021:

- Musculoskeletal – hip, knee, shoulder, spine

- Interventional pain management – injections

Effective March 1, 2021:

- Cardiology – cardiac cath, CNUC, cardiac implantable and wearable devices, percutaneous coronary intervention (PCI), interventional cardiology

A complete list of associated procedure codes requiring authorization will be made available at: www.healthhelp.com/Geisinger.

Learn more about HealthHelp

- Read our provider MSK/pain Operations Bulletin and Cardiology Ops Bulletin available at the Geisinger Health Plan page on NaviNet.

- Register for a system demonstration webinar hosted by HealthHelp to learn more about how the authorization process will work. Visit the HealthHelp Authorization page on the For Providers section of our website to register.

- Visit HealthHelp.com/geisinger to sign up for online authorization requests and verification. For more information, email RCSupport@HealthHelp.com or call **800-546-7092** today.

For questions or information regarding general prior authorization policy and procedures, contact a Geisinger Health Plan Medical Management representative at **800-544-3907**.

Changes to the statewide PDL

Medications prescribed to your GHP Family patients could be affected

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

As of Jan. 5, 2021, updates to the Statewide Preferred Drug List (PDL) are in effect and existing prior authorizations have been terminated. The process for requesting drug authorization from GHP Family will remain the same. You can refer to the 2021 statewide PDL at: https://papdl.com/preferred-drug-list.

Your GHP Family patients have been notified that their current medication(s) may no longer be covered without prior authorization after Jan. 5, 2021. If you haven't already, we ask that you discuss prescribed medications with your impacted patients to determine if a drug should be switched to a preferred alternative; or if a request for prior authorization to remain on a current drug is more appropriate.

Requesting prior authorization

You can continue to request drug authorization for your GHP Family patients through GHP Family pharmacy customer service. Submit your completed authorization requests:

- Online through PromptPA
- By fax at **570-271-5610**
- By phone at **855-552-6028**;
  Monday – Friday, 8:30 a.m. – 8:00 p.m.

Be sure to include all required clinical documentation.

If a pharmacy claim denies because prior authorization is required, your patient is entitled to either a fifteen (15) day supply when the prescription qualifies as an ongoing medication; or a five (5) day supply for a new medication.

GHP Family, EPSDT claims and third–party insurance

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

GHP Family is bound by our contract with the PA Department of Human Services (DHS) to pay all clean claims for preventive pediatric care services, then seek reimbursement from liable third parties. Sometimes called "pay and chase", this process will apply only to Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims with dates of service January 1, 2021 and after.

When valid third-party insurance coverage is discovered, you will receive a notice including patient name, claim number and the third-party insurance that should be billed for the service. You'll then need to submit a Claim Reconsideration Request Form (CRRF) back to GHP Family for reprocessing. Be sure to include the EOB/EOP from the primary carrier.

Note that clean EPSDT claims will not be denied by GHP Family, even when our records indicate GHP Family is secondary and a primary plan exists. If an EOB/EOP is attached to the EPSDT claim, coordination of benefits will be applied.

Refer to the Billing Instructions section of the GHP Family Provider Manual for more information around third-party liability and coordination of benefits.

Reporting encounter data can pay, even when no payment is expected

Often, providers are reluctant to submit claims and encounter data to GHP Family when no payment is expected; especially when GHP Family is the secondary insurance for patients with more than one insurance plan.

We encourage you to submit claims for all covered services provided to your GHP Family patients, even when no payment is expected. Doing so will not only ensure you are acting in accordance with PA Department of Human Services regulations and your agreement with GHP Family; you'll also maximize your Pay-for-Quality incentive payments. Remember, you still earn incentive payments by submitting claims and encounter data for certain covered services that are not reimbursed otherwise.

If you have claims questions that cannot be resolved through NaviNet or Instamed, call our customer care team at 800-447-4000.

Full suite of Zelis® claim edits take effect April 15, 2021

Geisinger Health Plan is working with Zelis® to implement an additional layer of claims edits, effective April 15, 2021.

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

Since 2019, we've been working with Zelis®, a market leader in cost management and payment solutions, to more appropriately adjudicate and apply members' benefits. Our responsibility to members is to ensure the care they receive is covered, necessary and paid for accurately.

We'd like you to be aware of the types of claim edits we're implementing this April to help minimize disruption to the payment of your claims. These additional Zelis® edits will apply 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.

Types of claim edits going into effect

As of April 15, 2021, you may notice claim edit explanations on your EOPs, or your patients' EOBs, that reference Zelis® for the following claim elements:

- Disallowed multiple, secondary, and separate procedures
- Diagnostic coding and modifier use including incompatibility
- Visit frequency
- Gender coding and use
- Place of service
- Global service periods
- Assistant and team surgeons
- DME place of service, procedures, frequency, and non-covered items
- Laboratory testing medical protocol
- Cosmetic, discretionary, experimental, and investigational procedures

See the full Operations Bulletin on NaviNet for more information on the edits going into effect April 15, 2021.

Credentialing lists are now available on NaviNet

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

You can now check to see which healthcare professionals and facilities have been recently approved by Geisinger Health Plan's credentialing committee on NaviNet. Credentialing documents that indicate effective date of participation, designated provider account manager and more are now available as a self-service option on our NaviNet landing page under Credentialing lists.

You may hear from Change Healthcare and SCIO Health Analytics® about claims

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

Geisinger Health Plan (GHP) is collaborating with Change Healthcare and SCIO Health Analytics® to implement new solutions designed to assist providers with billing accuracy and to enhance GHP claims processing. Providers may receive important correspondence and other information from them regarding GHP claims.

Change Healthcare

Change Healthcare's Coding Advisor reviews GHP historical claims data to proactively identify outlier billing practices. Change Healthcare will contact identified outlier providers and provide useful data insights and education with the objective of facilitating coding and billing accuracy at the pre-claim stage. Coding Advisor aims to maximize coding efficiency and accuracy and reduce the burdens associated with traditional audits.

SCIO Health Analytics®

SCIO's post-pay auditing involves retrospective provider-focused reviews for compliance with coding, documentation, medical necessity, contractual and other regulatory requirements. SCIO's efforts will supplement existing post-pay audit activities by GHP.

Billing JW modifier for Part B drugs and biologicals

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

JW modifier is a HCPCS Level II modifier used to report the amount of drug or biological discarded and eligible for payment under Medicare's discarded drug policy. The JW modifier is used when the remainder of a single use vial or single use package must be discarded to ensure reimbursement for the amount of drug or biological administered and discarded—up to the total amount ordered per date of service.

Key points

- The JW modifier is billed for claims with unused drugs or biologicals from single use vials or single use packages.

- Providers are required to document the discarded drug or biological in the patient's medical record.

- The JW modifier is only applied to the amount of drug or biological that was discarded and is billed on a separate line.

- Multi-use vials are not subject to payment for discarded amounts of drug or biological

- The JW modifier cannot be billed for multiple dates on one line with date the drug was last received and there is no coverage for shipments not received due to weather.

For more information on billing the JW modifier, visit the Novitas Solutions webcenter.

Network updates

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

UPMC Memorial Hospital and OSS Health

In November, 2020, UPMC Memorial Hospital and OSS Health joined the GHP provider network.

UPMC Memorial hospital, a 104-bed hospital opened August 2019, and OSS Health, an integrated provider-based health system, are now in-network, preferred providers for GHP members.

The York-based healthcare facilities join GHP's network of more than 29,000 doctors and 100 hospitals across Pennsylvania. In Adams and York counties, GHP's network also includes Gettysburg Hospital, UPMC Hanover and York Hospital.

AdaptHealth

Home medical equipment provider, AdaptHealth, has decided to end their participation with GHP starting March 21, 2021. AdaptHealth is the corporate parent company of numerous DME suppliers throughout our service area.

It's remains our top priority to ensure that patients are served by the high-quality DME suppliers in the GHP network.

AdaptHealth will remain in network with GHP and continue to service new orders for GHP members until March 21, 2021. This includes medical equipment and supplies (e.g., oxygen, crutches, nebulizers) dispensed directly to patients from an onsite supply closet that is currently supplied by AdaptHealth.

We've partnered with Tomorrow Health to coordinate access to home medical equipment and supplies for GHP members. To ensure there is no lapse in your patients' service, we are working together with Tomorrow Health to coordinate the transition of AdaptHealth orders to alternative in-network DME suppliers that meet your patients' needs.

Formulary and policy updates

Visit Geisinger Health Plan on NaviNet today to view 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 on NaviNet. Clinical guidelines, formulary and medical policy information are also available in the *For Providers* section at GeisingerHealthPlan.com. Printed copies are available upon request.

Medical policy update

GHP uses medical policies as guidelines for coverage decisions made within the insured individuals 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. Click here for updates.

 The new and revised medical policies listed below go into effect March 15, 2021:

- MP073 Deep Brain Stimulation – **Revised** – Added Indication
- MP075 Tissue Engineered Skin Substitutes – **Revised** – Add Products
- MP077 Noninv Mech tx for Back Pain – **Revised** – Add Product Examples
- MP098 Genetic Testing/Colorectal CA – **Revised** – Add Gene variants and criteria
- MP123 HDR Temp Brachytherapy – **Revised** – Revised Indication
- MP308 Wireless Pulmonary Artery Pressure Monitoring – **Revised** – Add Commercial Coverage
- MP318 Spehnopalatine Gangloin Block for Headache – **Revised** – Add General Info
- MP276 Hearing Aids – **Revised** – Add Cross Reference to Associated Policies
- MP280 Whole Exome Sequencing – **Revised** – Add Trio Testing Criteria; Expand Reanalysis

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.

- MP055 Mastectomy for Gynecomastia
- MP108 Work Hardening/Conditioning
- MP186 Hip Resurfacing (Transition to HealthHelp)
- MP191 Mindstreams Cognitive Health Assessment
- MP205 Advanced Molecular Topographic Genotyping
- MP210 Endometrial Ablation
- MP224 Topical Oxygenation
- MP230 Outpatient Pulmonary Rehabilitation
- MP263 Minimally Invasive Lumbar Decompression (MILD) (Transition to HealthHelp)
- MP312 Routine Care in Clinical Trials
- MP313 Environmental Lead Testing
- MP006 Nocturnal Enuresis Alarm
- MP019 Laser Tx of Cutaneous Lesions
- MP064 Breast Reconstruction
- MP095 Craniosacral Therapy
- MP099 Breast Implant Removal
- MP119 Therapeutic Listening
- MP126 Massage Therapy
- MP130 Automated Amb. BP
- MP138 Lysis Epidural Adhesions
- MP142 Anodyne Infrared Therapy
- MP149 Pulsed Electrical Stimulation for Osteoarthritis
- MP155 Cooling Devices
- MP169 Retinal Prosthesis
- MP190 Xstop Interspinous Process Decompression System (Transition to HealthHelp)
- MP250 Bronchial Thermoplasty
- MP251 Percutaneous Heart Valve Replacement (Transition to HealthHelp)
- MP262 Microarray Based Gene Expression Testing for Cancer of Unknown Origin
- MP315 Esophageal Sphincter Augmentation
- MP333 Coverage for Treatment of Rare Disease

Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect March 15, 2021:

- MBP 54.0 Soliris (eculizumab) – **Revised**
- MBP 61.0 Flolan or Veletri (epoprostenol) – **Revised**
- MBP 90.0 Benlysta (belimumab) – **Revised**
- MBP 91.0 Yervoy (Ipilimumab) – **Revised**
- MBP 97.0 Kyprolis (carfilzomib) – **Revised**
- MBP 119.0 Keytruda (pembrolizumab) – **Revised**
- MBP 126.0 Opdivo (nivolumab) – **Revised**
- MBP 139.0 Darzalex (daratumumab) – **Revised**
- MBP 182.0 Crysvita (burosumab-twza) – **Revised**
- MBP 193.0 Revcovi (elapegademase-lvlr) – **Revised**
- MBP 215.0 Recarbrio (imipenem/cilastatin/relebactam) – **Revised**
- MBP 223.0 Blenrep (belantamab mafodotin-blmf) – **New**
- MBP 224.0 Tecartus (brexucabtagene autoleucel) – **New**
- MBP 225.0 Uplizna (inebilizumab-cdon) – **New**

The following policy updates and reviews do not apply to Medicaid GHP Family members. For Medicaid GHP Family members, refer to the [Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL)](#) for specific coverage information and policy criteria for any drug listed below:

- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin)-Updated policy
- MBP 77.0 Ilaris (canakinumab)- Updated policy
- MBP 75.0 Stelara (ustekinumab)- Updated policy

GHP continues to solicit physician and non-physician provider input concerning medical policies. We appreciate your feedback.

Send comments to Phillip Krebs at: pkrebs@GeisingerHealthPlan.com.

For questions regarding drug benefits call 800-988-4861, 8:00 a.m. to 5:00 p.m., Monday through Friday.

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.

- MBP 2.0 Synagis (palivizumab)
- MBP 15.0 Zevalin (Ibritumomab)
- MBP 36.0 Abraxane (paclitaxel protein bound particles)
- MBP 48.0 Rituxan, Truxima (rituximab)
- MBP 63.0 Ixempra (ixabepilone)
- MBP 79.0 Provenge (sipuleucel-T)
- MBP 82.0 Jevtana (cabazitaxel)
- MBP 83.0 Lumizyme (alglucosidase alfa)
- MBP 92.0 Off-label Drug Use for Oncologic Indications
- MBP 95.0 Erwinaze (asparaginase)
- MBP 99.0 Sandostatin LAR (Octreotide acetate)
- MBP 101.0 Zaltrap (ziv-aflibercept)
- MBP 102.0 Synribo (omacetaxine mepesuccinate)
- MBP 128.0 Blincyto (blinatumomab)
- MBP 134.0 Cresemba IV (isavuconazonium sulfate)
- MBP 135.0 Unituxin (dinutuximab)
- MBP 154.0 Radicava (edaravone)
- MBP 158.0 Tepadina (thiotepa)
- MBP 165.0 Rituxan Hycela (rituximab-hyaluronidase)
- MBP 169.0 Baxdela IV (delafloxacin)
- MBP 174.0 Luxturna (voretigene-neparvovec-rzyl)
- MBP 175.0 Mepsevii (vestronidase alfa-vjbk)
- MBP 177.0 Prevymis IV (letermovir)
- MBP 178.0 Zilretta (triamcinolone acetonide ER injection)
- MBP 180.0 Kanuma (sebelipase alfa)
- MBP 185.0 Poteligeo (mogamulizumab-kpkc)
- MBP 188.0 Onpattro (patisiran)
- MBP 193.0 Revcovi (elapegademase-lvlr)
- MBP 194.0 Xerava (eravacycline)
- MBP 197.0 Elzonris (Tagraxofusp-erzs)
- MBP 198.0 Gamifant (emapalumab-lzsg)
- MBP 203.0 Nuzyra (omadacycline) Injection
- MBP 205.0 Zerbaxa (ceftolozane-tazobactam)
- MBP 206.0 Khapzory (levoleucovorin calcium)
- MBP 207.0 Xenleta IV (lefamulin)
- MBP 208.0 Enhertu (fam-trastuzumab deruxtecan-nxki)
- MBP 209.0 Padcev (enfortumab vedotin-ejfv)