GEISINGER HEALTH PLAN

Provider Update

April 2021

Geisinger

Contents

New authorization requirements for musculoskeletal, interventional pain management and cardiology

Applies to: MSK, pain mgmt 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**.

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

Order DME through Tomorrow Health

Applies to: All ordering providers and fullfilling DMEPOS providers

Plan(s): All plans

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 serviced with accuracy, speed and exceptional service. Tomorrow Health's platform is free to use, and any DMEPOS supplier is welcome to join.

The following resources are always available:

For 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.

For 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.

Check regularly for updates about our COVID-19 response

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

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.

Visit our coronavirus information for providers page for the latest.

Full suite of Zelis® claim edits effective as of 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've implemented 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.

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

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

The monthly *Provider Update* is published by Geisinger Health Plan and serves as an informational resource for the provider network. This update and more resources are available on NaviNet.

Your Geisinger Gold patients can earn a $25 gift card for completing an Annual Wellness Visit (AWV)

Help your patients earn even more — and improve your own quality incentive scores — by completing additional preventive screenings

Applies to: Primary care providers Plan(s): Geisinger Gold

Your Geisinger Gold patients will automatically earn a $25 gift card when they complete their Annual Wellness Visit (AWV) in 2021. Completing other preventive screenings in addition to an AWV will earn them even more! We want your patients to be actively engaged in their healthcare while maximizing their Medicare Advantage benefits. This year we've made it even easier to earn rewards by staying healthy!

Who's eligible?

- Male Gold members 75 and younger and female Gold members 85 and younger. Age restrictions are based on HEDIS metrics.

How the program works

- Completing an AWV visit in calendar year 2021 automatically earns your patient a $25 gift card and makes them eligible to earn additional rewards for completing the following in 2021:
    - Breast cancer screening — $25
    - One of three colorectal cancer screenings — $10 for FIT; $20 for Cologaurd; $50 for colonoscopy
    - Diabetic screenings — $20 for diabetic eye exam; $20 for A1c; $10 for nephrology screening
    - Osteoporosis — $10
- If your patient completed one or more of the recommended screenings for 2021 in the early part of the year, once they complete their AWV they will receive the incentive for all eligible closed care gaps.

Help your Gold patients earn their rewards

- The AWV is a special visit unlike an annual physical exam. Be sure to schedule and bill the AWV appropriately. The AWV should be billed using codes: **G0438, G0439, G0402**; or FQHC visit code **G0468** (if applicable).
- Some Gold members are seen by Matrix providers. Matrix visits will qualify your patient for their AWV and other rewards if billed with the following codes: **99343, 99350, 99309, G0438, G0439, G0468, G0402**.
- View the Gold member mailer your patients received.
- For comprehensive coding information on other preventive services, refer to the HEDIS information guide available through the GHP plan central page on NaviNet — look under Resources on the right navigation bar.

Replacement claims billing policy

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

A replacement claim is billed when a specific claim needs to be entirely replaced with new claim information. The original claim is considered null and void and is completely replaced by the information on the replacement claim submission.

Providers may submit replacement claims electronically and must be submitted 60 days from the date of the first Explanation of Payment of the original claim. Claims submitted outside the 60-day timeframe will be denied for timely filing and cannot be resubmitted. Once a replacement claim has been received, the original claim will be considered null and void. Any payments made on the original claim will be retracted. Consider payments made on your replacement claim as payment in full. If the replacement claim has been denied, your original payment will not be reinstated.

Replacement claims FAQ

- **If the replacement claim I want to submit is over the 60-day timely filing timeframe, should I still submit the replacement claim?**
  No. You should submit a CRRF (Claims Research Request Form) with a specific reason of why the replacement claim was not submitted timely. Our claims research analysts will review.
- **What will happen if the replacement claim is within the 60-day timely filing timeframe and I call or send in written correspondence on a claim that requires a replacement claim?**
  Our customer care center representatives will point you to the replacement claim process. Our claims research analysts will return a letter pointing you to the replacement claim process. The adjustment will not be completed over the phone or through written correspondence (unless a timely filing dispute is involved; see question #1).
- **In what instance should I submit a replacement claim?**
  Replacement claims should be submitted for all claims that you need to make corrections to, including:
    - Changing previously submitted diagnosis codes
    - Changing member data; except for the member ID
    - Changing the billed amount on the original claim
    - Changing previously submitted procedure codes
    - Adding services in addition to data corrections to the original claim.
- **In what instance should I NOT submit a replacement claim?**
  Do not submit a replacement claim when:
    - The claim is beyond timely filing (see question #1 above)
    - The billing NPI number is changing
    - You are making a correction to the subscriber ID
- **I need to correct the subscriber ID on an original claim. If I should not submit a replacement claim, how should I proceed?**
  You will need to submit a complete void/cancel claim using frequency code 8 for full voids/retractions and then submit a brand-new claim with the correct subscriber ID.
- **I need to correct the billing NPI on an original claim. If I should not submit a replacement claim, how should I proceed?**
  You will need to submit a complete void/cancel claim using frequency code 8 for full voids/retractions and then submit a brand-new claim with the correct billing NPI.
- **My replacement claim was rejected at the EDI clearinghouse. Why can't I submit electronically?**
  Review and ensure you are submitting the replacement claim with the correct internal control number of the original claim.
- **If I am submitting a second or third replacement claim, which internal control number (ICN) should I submit?**
  Include the most recent ICN on the claim.

CRRFs no longer accepted by fax

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

For efficient and timely reconsideration of claim payments and denial appeals, use the Claims Research Request Form (CRRF) to initiate a reconsideration of a previously paid or denied claim.

Remember to use the electronic CRRF through NaviNet or mail your completed CRRF form to:

Claims Department
Geisinger Health Plan
P.O. Box 853910
Richardson, TX 75085-3910

We no longer accept CRRFs by fax due to reliability and resolution issues.

Learn more about working with Geisinger Health Plan

Interested in a virtual orientation hosted by Geisinger Health Plan? Your next opportunity is never too far away.

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

Our helpful provider account management team offers online sessions twice a month to guide you through all the important aspects of working with Geisinger Health Plan. Check out our orientation schedule on our Provider Orientation page in the For Providers section of the Geisinger Health Plan website.

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.

We're working with Discovery Health Partners to verify members' primary coverage

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

By proactively verifying members who have additional coverage, Discovery Health Partners is helping to bolster our payment integrity efforts to ensure appropriate payment for members facing coordination of benefit issues.

We wanted you to know we are working with Discovery Health Partners in the event you are contacted by one of their representatives.

If you have any questions, contact your provider account manager at **800-876-5357** or GHPAccountMngt@geisinger.edu.

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 May 15, 2021:

- MP065 Obesity Surgery – **Revised** – Added limitation
- MP068 Reduction Mammaplasty – **Revised** – Clarified indications; added cross reference; added exclusion
- MP201 Obstructive Sleep Apnea – **Revised** – Add criteria for HNS
- MP265 Proteomic Serum Analysis – **Revised** – Add Medicaid OVA1 exclusion
- MP273 Gene-based Testing and/or Protein Biomarkers – **Revised** – Added Medicaid exclusions
- MP310 Vertical Expandable Titanium Rib – **New**
- MP340 Wide Area Transepithelial Sampling (WATS) – **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.

- MP025 Transcatheter Closure Devices
- MP034 Foot Orthotics
- MP066 ESWT
- MP078 Sexual Dysfunction Therapies
- MP090 Inj. Bulking Agents/Incontinence
- MP092 Imp. Cardiac Loop Recorder
- MP094 Unilateral Pallidotomy
- MP106 Ultrasound/ Pregnancy
- MP113 Electrical Stim Wound Healing
- MP158 Continuous Passive Motion
- MP172 MicroVas Vascular Treatment System
- MP176 Meniett Device
- MP189 Computer Aided Detection Technology – **Retired**
- MP196 Convection-Enhanced Drug Delivery
- MP209 Medical Error Never Events
- MP319 Percutaneous Left Atrial Appendage Occlusion
- MP320 Absorbable Hydrogel Spacer
- MP326 Biomarker Testing for Rheumatoid Arthritis
- MP334 Genetic Testing for Macular Degeneration

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.