

Referrals not required
for Marketplace plans

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

As of Jan. 1, 2018, Geisinger Health Plan Marketplace plans no longer require a referral for specialty care services. Visit NaviNet.net or [click here](#) for a provider bulletin with additional details and a list of plan types and their associated referral requirements.

Finding participating
providers for your patients

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

You can verify participating providers for your patients through the find a doctor function on the GHP website at geisinger.org/health-plan/providersearch/. Simply enter your patient's plan information to search participating providers in your area.

Claims and reimbursement
questions

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

Please submit all claims and reimbursement questions through NaviNet's secure messaging. You can expect a quicker response to your issue and avoid the wait times associated with calling. Include the claim number(s) in the subject line and add your comments and attachments. Your message will go directly to the GHP claims and reimbursement team for prompt triage, review and response to you via NaviNet.

To send a secure message to GHP, look for the Secure Messaging tab under Workflows for this Plan on NaviNet.net.

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Geisinger Health Plan (GHP) may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.

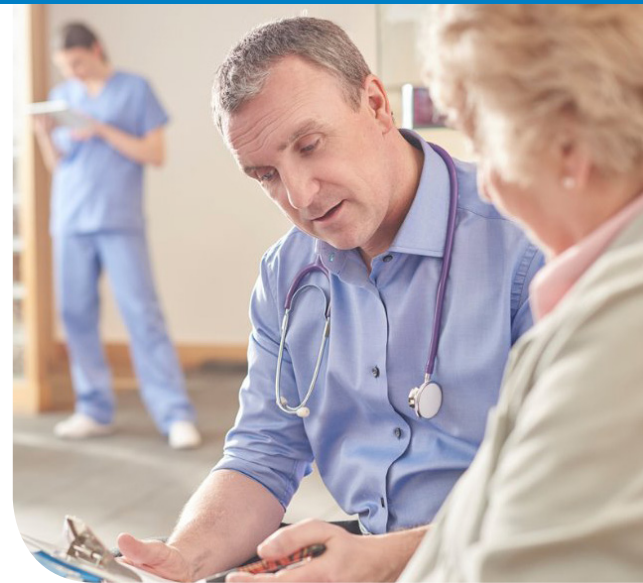
HPM50 GHP MPU April 2018
Photo credits: iStock

GHP Family billing reminder for CPT code T1015

Applies to: FQHCs and RHCs Plan(s): GHP Family

It is important for Federally Qualified Health Care Centers (FQHCs) and Rural Health Care Centers (RHCs) to bill CPT code T1015 on the first line of the claim for correct claim processing and payment. We would also like to remind these facilities of the following GHP Family billing guidelines:

- GHP Family will reimburse FQHCs and RHCs at an all-inclusive rate based on the applicable rate letter as submitted to GHP Family.
- All services for FQHCs and RHCs must be billed on the CMS1500 claim form.
- Providers can continue to bill \$0.00 for all other services than the visit code on their claims submitted to GHP Family.
- FQHCs and RHCs need to bill the applicable location code (50 or 72), the appropriate CPT/HCPCs codes (T1015), and any applicable modifiers.
- FQHCs and RHCs will be reimbursed at the all-inclusive rate on the first line of the claim.



MACRA

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

The Medicare Access and CHIP Reauthorization Act (MACRA), effective Jan. 1, 2017, may impact Medicare Part B payments. GHP coordinates benefits for Part C and Part D beneficiaries. Therefore, at this time, we believe MACRA legislation will not impact our contractual language with providers, nor affect pricing methodologies. Further guidance or regulations may impact GHP's contractual language and pricing methodologies. Please consult your own legal and other advisors if you have further questions regarding MACRA. This is general information and should not be considered legal advice.

Update your office information

Please complete a GHP provider add/change form for all provider additions, changes, terminations, retirements and new office locations. Remember to attach any necessary documentation. Visit the Healthcare Providers section at GeisingerHealthPlan.com, or look in Provider Tools on the GHP plan central page at NaviNet.net for links to the [online add/change form](#).

The Healthcare 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 at NaviNet.net.

Is your patient at risk of developing diabetes?

Our wellness team can help.

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

84 million American adults—more than 1 out of 3—have prediabetes according to the Centers for Disease Control and Prevention (CDC). Of those with prediabetes, 90% are unaware they have it. Pre-diabetes raises the risk of developing type 2 diabetes, but structured lifestyle interventions can cut that risk in half. Geisinger health and wellness is now offering a new program to Geisinger Gold members diagnosed with prediabetes or otherwise at risk for developing type 2 diabetes.

The Diabetes Prevention Program (DPP) is offered by trained Geisinger health and wellness coaches who will work closely with your patients to help them lose weight, increase physical activity, identify healthy choices and manage stress. The program consists of 16 one-hour sessions in an interactive group setting for the first six months, followed by monthly sessions during another six-month maintenance phase to help your patients stay on track. The program is offered at no cost to those who are eligible.

Geisinger Gold plan information

Detailed information about [2018 Geisinger Gold plan offerings](#) is available on the GHP plan central page at NaviNet.net.

Who is eligible for the DPP?

The program is currently open to all Geisinger Gold members who meet the following criteria:

- Must be at least 18 years old and
- Be overweight (body mass index (BMI) greater than or equal to 25, or greater than or equal to 23 if Asian) and
- Have no previous diagnosis of type 1 or type 2 diabetes and
- Have a blood test in the prediabetes range within the past year:
 - o Hemoglobin A1C: 5.7% to 6.4% or
 - o Fasting plasma glucose: 100-125 mg/dL or
 - o Two-hour plasma glucose (after a 75 gm glucose load: 140-199 mg/dL) or
- Be previously diagnosed with gestational diabetes

For more information, or to refer your eligible Geisinger Gold patients to the program, call the Geisinger health and wellness team at 866-415-7138.

Additional information and resources regarding this diabetes prevention program model are available on the [CMS Medicare Diabetes Prevention Program page](#).



GHP Family claim requirements

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

Missing data elements could result in claim edit denials. The following data elements are required for GHP Family claims:

- PROMISe ID number
- NPI number and taxonomy
- Rendering provider information (group and/or individual NPI number and taxonomy)
- 9-digit billing zip code
- Provider NPI numbers (ordering, rendering and prescribing) must have valid PROMISe ID numbers with DHS
- Provider NPI numbers submitted on a claim must crosswalk to a valid DHS PROMISe ID number

Home health claim requirements for Gold plans

Applies to: Home health providers **Plan(s):** Geisinger Gold plans

Medicare Advantage home health claims must include bill type 329 (home health services under a plan of treatment — final claim for a HHPPS episode) in combination with revenue code 023 for electronic and paper claims. This is a required data element and claims submitted without bill type 329 will be considered incomplete. They will be subject to the 0Q claim edit denial — "deny RAP on final HH claim." A claim with corrected bill type should then be submitted within timely filing limits.

Please also note that the following 33x bill type codes are no longer valid, per CMS guidelines: 332, 333, 334, 335 and 337.

Contractual reimbursement will remain the same based on the existing GHP agreement for Gold lines of business.

Everything you need in one place!
Visit the GHP provider portal at
[NaviNet.net](https://navinet.net) today!

Medicaid drug rebate program

Applies to: Prescribing providers **Plan(s):** GHP Family

For a drug to be compensable through the Medical Assistance (MA) program, the company (labeler) that markets the product must participate in the Federal Medicaid Drug Rebate Program. The MA Program maintains a comprehensive list of participating labelers that is available on the Department of Human Services (DHS) website through the [Pharmacy Services link for providers](#). Providers can also periodically [check here for any revisions to Participating Drug Company lists](#).

All claims for outpatient medications prescribed to your GHP Family patients must include the National Drug Code (NDC), NDC unit qualifier, NDC units in addition to the HCPCS codes and HCPCS quantity. This information is required on all outpatient drug claims in order for DHS to bill manufacturers for federal rebates.

Have your billing company access ERA info through Instamed

You and your billing company can access human-readable electronic remittance advice (ERA) for your GHP claims and transactions through [Instamed](#).

Ninety-one percent of GHP network providers are registered with Instamed and can access their ERA through Instamed's easy online portal. If your billing company does not currently do so, we recommend allowing them to view your ERA information through Instamed as an alternative to calling GHP customer service with basic ERA inquiries. Through Instamed, your billing company will have 24/7 access to payment details and will be able to view and print remittances. You and your billing company can see claim specific info once the claim has been paid.

Contact InstaMed at 866-945-7990 if you or your billing company have questions regarding ERAs and access.

Not registered with InstaMed? [Register today!](#)

It's easy and free to begin receiving GHP payments directly deposited into your bank account and gain access to the free secure provider portal.



PROMISe™ ID needed to see CHIP and GHP Kids patients

Applies to: All participating providers **Plan(s):** GHP Kids

DHS regulations require that you must enroll with the Pennsylvania Department of Human Services (DHS) by **June 1, 2018** to continue seeing GHP Kids and other Children's Health Insurance Program (CHIP) enrollees. We encourage you to enroll immediately to minimize any disruption to your GHP Kids patients. Providers not registered with DHS at each service location risk delayed processing and/or denial of claims.

DHS has implemented Affordable Care Act (ACA) provisions requiring all providers and other practitioners who render, order, refer or prescribe items or services to CHIP enrollees be enrolled with DHS as a provider. You must complete an enrollment application for your provider type for each service location (provider's address) and submit all required documents to DHS. All applications, requirements and the step-by-step instructions are available at [CHIP Provider Enrollment Information on the DHS website](#).

Incentive payout increase for 3-star providers

Applies to: Eligible primary care providers (PCPs) **Plan(s):** All plans except GHP Family

The GHP Physician Quality Summary (PQS) incentive payments for three-star PCPs will increase in 2019. Three-star PCPs with 250 to 500 members are eligible for a \$48,000 payment in Sept. 2019. Three-star PCPs with less than 250 or more than 500 members will see an increase from \$6 to \$8 per member per month. See the [2019 PQS manual](#) on NaviNet.net for more information regarding eligibility, quality metrics, membership attribution and payment methodology.

Formulary and policy updates

Visit Geisinger Health Plan on NaviNet.net 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.net. 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, 2018:**

- MP038 Oral Health – REVISED – clarified auth requirement for IWT
- MP075 Tissue Engineered Skin Substitutes – REVISED – removed exclusion language
- MP158 Continuous Passive Motion – REVISED – clarified indication language
- MP236 Immune Cell Function Assay for Transplant Rejection – REVISED – clarified coding language
- MP245 Helicobacter Pylori Testing – REVISED – clarified exclusion language
- MP252 Colon Motility Testing – REVISED – clarified language
- MP261 Aqueous Drainage Shunt – REVISED – clarified description language
- MP272 PCA3 and Gene Expression Assays for Prostate Cancer – RETIRED
- MP273 Gene-based Testing and/or Protein Biomarkers for Diagnosis and Management of Prostate Cancer – REVISED – title change; added clinical information
- MP280 Whole Exome Sequencing – REVISED – added Indication
- MP319 Percutaneous Left Atrial Appendage Occlusion – NEW POLICY
- MP320 Absorbable Hydrogel Spacer – NEW POLICY

GHP continues to solicit physician and non-physician provider input concerning medical policies.

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at pkrebs@GeisingerHealthPlan.com.

GHP clinical guidelines are always available to providers. [Click here](#) or visit us on [NaviNet.net](#).

Formulary and policy updates

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
- MP068 Reduction Mammoplasty
- MP078 Sexual Dysfunction Therapies
- MP090 Inj. Bulking Agents/Incontinence
- MP092 Imp. Cardiac Loop Recorder
- MP094 Unilateral Pallidotomy
- MP106 Ultrasound/ Pregnancy
- MP112 Wireless Capsule Endoscopy
- MP113 Electrical Stim Wound Healing
- MP158 Continuous Passive Motion
- MP172 MicroVas Vascular Treatment System
- MP176 Meniett Device
- MP179 Photodynamic Therapy for Esophageal and Lung Cancer
- MP189 Computer Aided Detection Technology
- MP196 Convection-Enhanced Drug Delivery
- MP209 Medical Error Never Events
- MP217 Polysomnography and Sleep Studies
- MP226 Proton Beam Radiation

Important Formulary change

Beginning June 1, 2018, Enbrel® will no longer be a preferred agent for the treatment of psoriatic arthritis, plaque psoriasis, or ankylosing spondylitis for commercial, Marketplace, and GHP Family plans. Members currently on Enbrel® therapy will be allowed to continue without disruption. Cosentyx® will be added to the drug formulary as the preferred agent for these treatments.

When used for any of these indications, requests for non-preferred biologic agents will require medical record documentation of therapeutic failure on, intolerance to, or contraindication to Cosentyx® and Humira®.

Formulary update

The latest formulary changes were effective March 20, 2018.

GHP Pharmacy and Therapeutics Committee reviews and approves changes to the formulary bi-monthly. Recent updates to the formulary are available online at GeisingerHealthPlan.com. The [online formulary drug search](#) includes updates to covered drugs, quantity limits, tiering levels and pharmacy management procedures. Updates may affect prior authorization. You may also call customer service to receive a printed version of the formulary list.

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