

Radiology prior authorization

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

CMS is promoting appropriate use criteria for advanced diagnostic imaging services through the Protecting Access to Medicare Act. This act defines appropriate use criteria as criteria that are evidence-based (to the extent feasible) and assist professionals who order and furnish applicable imaging services to make the most appropriate treatment decisions for a specific clinical condition. CMS plans to require all providers who order advanced imaging services, such as MRI and CT, to verify that they have consulted a qualified clinical decision support mechanism.

To prepare for this, GHP will implement a new clinical decision and support process for certain advanced diagnostic imaging services effective Aug. 1, 2018. Ordering physicians will be responsible for consulting the clinical decision support tool and obtaining GHP authorization for services scheduled on or after Aug. 1, 2018. This process will apply to all GHP plans. The services that will require authorization are;

- Abdomen and pelvis CT
- Brain CT
- Chest CT
- Sinus CT
- Abdominal MRI
- Brain MRI
- Cervical spine MRI
- Knee MRI
- Lumbar spine MRI
- Pelvis MRI
- Thoracic spine MRI
- Shoulder MRI
- PET

Additional information regarding the process and criteria is provided in the [June 15, 2018 operations bulletin](#).

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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.

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# Screenings for GHP Kids members

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

## Developmental screening

Developmental delay is a condition which represents a significant delay in the process of development. More precisely, children may have skills deficits, including specific delays in language, perception, meta-cognition and social, emotional and/or motor development. Early identification and quality early intervention services can improve outcomes for children, families and communities.

Developmental screening is required at 9 to 11 months of age, 18 months and 30 months. Procedure code 96110 (developmental screening; e.g., developmental milestone survey, speech and language delay screen, with scoring and documentation, per standardized instrument) is used with the EP modifier.

When a child is referred to another practitioner as a result of the developmental delay screen, the YO EPSDT referral code must be entered in block 10d of the CMS-1500 form. Members with suspected developmental delays under age five;

- Are required to be referred by their PCP to local Early Intervention Programs services through the CONNECT helpline at 800-692-7288.
- Should be referred to the GHP Family Special Needs Unit (SNU) at 855-214-8100 for additional comprehensive management.

## Lead screening

Protecting children from lead exposure is important to their health. Even low levels of lead in blood have shown to affect IQ, ability to pay attention and academic achievement. Effects of lead exposure cannot be corrected. All GHP Family children are considered at risk for lead toxicity. Risk questions should be asked at every visit. Lead screening is required at age 9 – 11 months. If not completed during that time, it must be done at the next screening opportunity of 12, 15 or 18 months and again at 24 months. If not completed at 24 months, it must be done at the next screening opportunity of 30 months, 3, 4, 5 or 6 years. Procedure code 83655 (lead testing) is used with the EP modifier.

GHP Family members with blood lead levels greater than 10 µg/dL need to be referred to GHP's Special Needs Unit (SNU) to coordinate environmental testing by a contracted vendor. Providers may refer patients directly by contacting the SNU at 855-214-8100. Please inform the SNU that the referral is for an elevated blood lead level of 10 µg/dL or greater.



# Routine nail trimming benefit for Gold plans

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

There are two different types of routine foot care benefits that are covered for Geisinger Gold members;

- Services that are covered by Medicare and require a copayment
- The Geisinger Gold supplemental benefit for routine nail trimming that does not require a copayment

Geisinger Gold’s supplemental nail trimming benefit with \$0 copay is only for trimming the length of the nails. It does not include debridement (CPT code 11720) or reduction of the thickness of the nail by trimming. Medicare-covered routine foot care services will be assigned the podiatry copayment. The podiatry services copayment is assigned per day, not per service, and is not an office visit copayment. The copay will be determined by the ICD-9 code reported on the claim.

If there are separate and distinct evaluation and management (E&M) services that are unrelated to the procedure(s) performed and provided during the same visit, a specialty office visit copayment may also apply. E&M services must be documented in the patient’s medical record and correctly coded.

	Medicare-covered routine foot care	Geisinger Gold supplemental routine nail trimming benefit
Covered by Medicare?	Yes	No
Covered CPT codes	11719 – Nail trim, non-dystrophic nails 11720 – Debridement of nails, 1 – 5 11721 – Debridement of nails, 6 or more 11055 – Trim skin lesion (callus, corn, etc.) 11056 – Trim skin lesions, 2 – 4 11057 – Trim skin lesions, more than 4 G0127 – Nail trim, dystrophic nails	11719 – Nail trim, non-dystrophic nails G0127 – Nail trim, dystrophic nails
ICD-9 diagnosis codes required for coverage	Codes for metabolic, neurologic, circulatory or peripheral vascular disease, plus other specified conditions, especially those causing desensitization of the feet	Z41.8 – Unspecified prophylactic or treatment
Cost sharing	Podiatry services copayment	\$0
Frequency of service covered	Every 60 days	
Services other than nail trimming covered?	Yes	No
Provider type	Any qualified, licensed provider	Podiatrist only

# Medicare health outcomes survey

The Medicare Health Outcomes Survey (HOS) is used to gather clinically meaningful data from Medicare Advantage (MA) beneficiaries. The survey results in a patient-reported outcomes measure used to gauge MA plan performance, inform MA beneficiaries' healthcare choices and advance research into population health. All managed care organizations with Medicare contracts, including Geisinger Gold, must participate.

CMS surveys a random sample of Geisinger Gold members every May, June and July. The survey is repeated two years later using the same respondents to determine any changes in outcomes and evaluate their overall health. With your cooperation, we can use HOS results and measures to identify opportunities to improve your Geisinger Gold patients' health.

Current survey measures include:

- Physical health
- Mental health
- Bladder control
- Physical activity
- Risk of falling

Look for additional information about the survey in future editions of this provider update. We will expand upon specific survey measures and offer tips and resources on how to address health risks with your Geisinger Gold patients.



For comprehensive information about the Medicare Health Outcomes Survey program, visit the CMS HOS website at: <http://hosonline.org>.



## Therapy services for Medicaid plans

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

Therapy services performed by a chiropractor are not payable as per Medicaid regulations, therefore are not payable for the GHP Family and GHP Kids plans. Medicaid does not include therapy services codes on the chiropractic fee schedule.

## Medicaid dispute and appeal rights for members

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

The Department of Human Services (DHS) recently revised the dispute and appeal rights for enrolled members. The updated information can be found in the [GHP Family provider manual](#).

## 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) as soon as possible 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](#).



### Get your claims question answered faster with secure messaging on NaviNet

Look for the Secure Messaging tab under Workflows for this Plan on NaviNet.net. Include the claim number(s) in the subject line and add your comments. Your message will go directly to the GHP claims and reimbursement team for review and response to you via NaviNet.

# 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 July 15, 2018:**

- MP033 Varicose Vein Therapy – REVISED – added indication
- MP004 Biofeedback – REVISED – added indication; edited language
- MP054 Prophylactic Mastectomy – REVISED – added indication; edited language
- MP057 Prophylactic Oophorectomy – REVISED – added indication
- MP098 Genetic Testing/Colorectal CA – REVISED – criteria update
- MP135 Osseointegrated Hearing Device – REVISED – clarified criteria
- MP150 Carotid Artery Stent – REVISED – added criteria
- MP213 Computerized Corneal Topography – REVISED – refined criteria
- MP259 Phototherapy for the Treatment of Dermatological Conditions – REVISED – expanded criteria
- MP273 Gene-based Testing and/or Protein Biomarkers for Diagnosis and Management of Prostate Cancer – REVISED – title change
- MP321 Gene Expression Profiling for Cutaneous Melanoma – NEW
- MP088 Perc. Laser Lumbar Discectomy – RETIRED

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](mailto:pkrebs@GeisingerHealthPlan.com).

# 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.

- MP040 Somnoplasty/Coblation
- MP049 Visual Field Testing
- MP065 Obesity Surgery
- MP072 Perc Disc Decomp. Nucleoplasty
- MP093 Uroleume
- MP101 Gliasite Radiation Therapy
- MP129 Total Parenteral Nutrition
- MP131 VitalStim NMES
- MP146 Sympathetic Therapy
- MP154 Transanal Radiofrequency Therapy for Fecal Incontinence (Secca)
- MP193 Microvolt T-wave Alternans
- MP199 Corneal Pachymetry
- MP204 Nasal and Sinus Surgery
- MP218 Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
- MP228 HPV DNA Testing
- MP229 Prolozone Therapy
- MP232 Autism Spectrum Disorder Evaluation and Medical Management
- MP256 Transoral Incisionless Fundoplication
- MP277 Vision Therapy/ Orthoptics
- MP289 Dry Eye Syndrome
- MP290 Fecal Microbiota Transplantation
- MP294 Intercostal Nerve Block

## Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect July 15, 2018:

- MBP 132.0 Avycaz (cefazidime/avibactam) – REVISED

The following policies were reviewed with no changes:

- MBP 77.0 Ilaris (canakinumab)
- MBP 84.0 Berinert (C1 esterase inhibitor, human)
- MBP 115.0 Cyramza (ramucirumab)
- MBP 133.0 Signifor LAR (pasireotide LAR)
- MBP 144.0 Tecentriq (atezolizumab)
- MBP 153.0 Zinplava (bezlotoxumab)
- MBP 116.0 Aveed (testosterone undecanoate)

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