

Provider Update

May 2018

Addiction medication authorization criteria changed for GHP Family

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

Though the devastating effects of the opioid crisis continue to plague our communities, GHP is committed to working with state agencies to prevent addiction and facilitate treatment for the afflicted. In coordination with the state, GHP Family is easing the prior authorization requirements for covered Medication Assisted Treatments (MAT) to ensure your GHP Family patients have access to the treatment they need.

As of May 1, 2018, GHP Family has removed the prior authorization criteria on buprenorphine SL tabs and buprenorphine/naloxone SL tabs.

GHP Family previously added injectable naltrexone, oral naltrexone, naloxone syringes, and Narcan Nasal Spray to the formulary without prior authorization criteria.

Though prior authorization has been removed for GHP Family members who require buprenorphine or buprenorphine/naloxone, the following are required for Suboxone and non-preferred buprenorphine/naloxone products:

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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

- Thorough medical record documentation of a diagnosis of opioid dependence; and,
- Confirmation that the prescriber or the prescriber's delegate has conducted a review of Pennsylvania's Prescription Drug Monitoring Program (PDMP) prior to prescribing.

If you have questions about these changes or authorizations for other drugs prescribed to your GHP Family patients, contact GHP Family pharmacy services at 855-552-6028 or use for the <u>Search Covered Drugs</u> link at thehealthplan.geisinger.org.

Is your office or facility handicap accessible?

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

GHP maintains detailed information about participating provider offices and facilities so that we can give members the most complete picture of the providers and healthcare services available to them. One of the many data elements we focus on is handicap accessibility. Under Title III of the Americans with Disabilities Act (ADA), all health care providers — clinics, hospitals, and otherwise — are required to accommodate disabled individuals with full and equal access to services and facilities without discrimination.



GHP assumes that all network providers abide by ADA rules regarding handicap accessibility. If for any reason your office, clinic, practice, or facility is not currently handicap accessible, we ask that you contact GHP so we can accurately reflect that in the information we make available to members and avoid situations in which a disabled member may face access issues during their appointment.

Update your office information

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.

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.

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 at NaviNet.net.

Ask your Geisinger Gold patient if they are a Qualified Medicare Beneficiary before billing for deductibles, coinsurance and copayments

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

Some of your Geisinger Gold patients may be enrolled in the Qualified Medicare Beneficiary program (QMB). Medicare forbids providers and suppliers from billing QMB program participants directly for deductibles, coinsurance, or copays associated with covered Medicare services and items. According to the Centers for Medicare and Medicaid Services (CMS), around one out of every eight people with Medicare are enrolled in the QMB program.

Geisinger Gold plan information

Detailed information about <u>2018 Geisinger Gold plan</u> <u>offerings</u> is available on the GHP plan central page at NaviNet.net.

For more information, visit the CMS website at www.cms.gov and search for "QMB."

New Medicaid provider quick tips available!

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

Three new provider quick tips documents were made available by the Pennsylvania Department of Human Services (DHS) in April. Click on the quick tips below or visit the DHS website at: www.dhs.pa.gov/publications/forproviders/QuickTips/

- 214 Non-Emergency Ambulance Transportation
- 213 Professional Claims Mapping of NPI for Rendering Providers
- 212 Medicare and Medicare Advantage Crossover Claims for Certified Registered Nurse Practitioners (CRNP) and Physician Assistants (PA)



Get your claims question anwered 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 and attachments. Your message will go directly to the GHP claims and reimbursement team for review and response to you via NaviNet.

Are your patients ready in case of stroke?

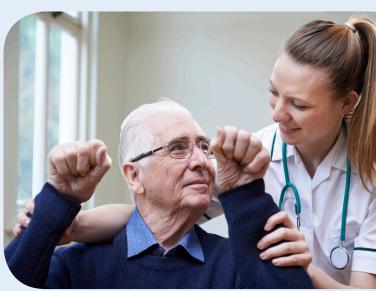
Applies to: All participating providers Plan(s): All

May is national stroke awareness month. Stroke is the number five cause of death and a leading cause of adult disability in the United States, according to the American Heart Association/American Stroke Association. Nearly 800,000 people suffer a new or recurrent stroke each year. On average, someone has a stroke every 40 seconds, and someone dies of a stroke every four minutes.

Talk to your patients at risk for, or with a history of stroke, about how to recognize the warning signs, the importance of timely treatment, and lifestyle changes that may prevent stroke.

Stroke Association resources are available to you and your patients

- Call 1-888-4-STROKE (1-888-478- 7653) to learn more about stroke or find local support groups, or visit StrokeAssociation. org.
- Sign up to get Stroke Connection magazine, a free magazine for stroke survivors and caregivers at strokeconnection.org.
- Connect with others sharing similar journeys with stroke by joining our Support Network at strokeassociation.org/supportnetwork.



Geisinger Medical Center receives Comprehensive Stroke Center status

Geisinger Medical Center has recently been designated a Comprehensive Stroke Center by the Joint Commission and the American Heart Association/American Stroke Association. This designation represents the highest level of stroke center certification awarded.

Geisinger Medical Center is the only Comprehensive Stroke Center in north central Pennsylvania.

Comprehensive Stroke Centers are set apart by their ability to treat all types of stroke patients, including bleeding – or hemorrhagic – strokes, such as those caused by brain aneurysms. They are also required to have a dedicated neuroscience intensive care unit for stroke patients as well as around-the-clock access to neurosurgeons and minimally invasive catheter procedures to treat stroke.

"This designation as a Comprehensive Stroke Center reassures the communities we serve that the resources and expertise to treat the most difficult stroke cases will be ready and waiting for them when needed," said Neil Martin, M.D., chair of Geisinger's Neuroscience Institute.



Coding corner

Make MEAT well-done, not rare!

- To get the best picture of patient health, documentation of chronic conditions must be accurate and sufficient.
- Providers are required to document all conditions evaluated during every face-to-face visit.
- Every diagnosis reported as an active chronic condition must be documented with a status and/or in the assessment and plan of care, reflecting that the provider is applying the concept.
- Specificity is key:
 - o Specific rather than general information
 - Anxiety vs generalized anxiety disorder
 - o Causality
 - Weakness vs weakness due to stroke
 - o Support documentation of conditions
 - Stable, controlled, uncontrolled, improving, worsening
- All chronic conditions must be assessed and reported once per calendar year:
 - o Active status conditions
 - Ex: amputations, transplants, HIV
 - o Pertinent past conditions
 - Ex: old MI
 - o Co-existing acute conditions
 - o Medications that may indicate other conditions

To a coder, "history of" means the patient no longer has the condition Sample Documentation Instead of this... H/O CHF, on Lasix Compensated CHF, stable on Lasix COPD controlled w/Advair

Monitor

- Signs
- Symptoms
- Disease progression
- Disease regression

Evaluate

- Test results
- Medication effectiveness
- Response to treatment

Assess/Address

- Ordering tests
- Discussion
- Review
- Records
- Counseling

Treat

- Medications
- Therapies
- Other modalities

Coding is not always black and white; therefore, certain criteria and/or guidelines on this document may be subject to change depending on medical record documentation and/or professional coding discretion. All information on HCCs can be found at cms.gov and within the AMA Coding Guidelines.

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 June 15, 2018:

- MP033 Varicose Vein Therapy REVISED added indication; removed exclusion
- MP165 Treatment of Vestibular Disorders REVISED added exclusion
- MP233 Injectable Blood Products for Orthopedic Conditions REVISED modified title; added exclusion
- MP217 Polysomnography and Sleep Studies REVISED removed exclusion
- MP265 Proteomic Serum Analysis REVISED clarified Medicare business segment
- MP273 Gene-based Testing and/or Protein Biomarkers for Diagnosis and Management of Prostate Cancer REVISED – title change

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.

- MP037 Home Phlebotomy Program
- MP039 Home Uterine Monitoring
- MP044 Aquatic Therapy
- MP046 Progressive Stretch Devices
- MP062 TMLR
- MP076 HH/DME Hyperbilirubinemia
- MP081 Chelation Therapy
- MP097 Genetic Testing for BRCA
- MP127 Prolotherapy
- MP133 Meniscal Allograft
- MP198 Pulse Oximetry for Pediatric Home Use

- MP212 Non-Contact low-frequency Ultrasound Management (MIST Therapy)
- MP263 Minimally Invasive Lumbar Decompression (MILD)
- MP293 Intrathecal Infusion Pump
- MP315 Esophageal Sphincter Augmentation

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.

Formulary and policy updates

Medical pharmaceutical policy updates

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

- MBP 4.0 Intravenous Immune Globulin (IVIG) REVISED
- MBP 5.0 Remicade (infliximab), Inflectra (infliximab-dyyb), Renflexis (infliximab-abda) REVISED
- MBP 13.0 Viscosupplementation using hyaluronan injections (Euflexxa, Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Visco-3) REVISED
- MBP 40.0 Orencia IV (abatacept) REVISED
- MBP 54.0 Soliris (eculizumab) REVISED
- MBP 74.0 Cimzia (certolizumab pegol) REVISED
- MBP 75.0 Stelara (ustekinumab) REVISED
- MBP 112.0 Simponi Aria (golimumab) REVISED
- MBP 126.0 Opdivo (nivolumab) REVISED
- MBP 131.0 Cosentyx (secukinumab) vials REVISED
- MBP 158.0 Tepadina (thiotepa) REVISED
- MBP 165.0 Rituxan Hycela (rituximab/hyaluronidase) REVISED
- MBP 167.0 Vabomere (meropenem/vaborbactam) NEW POLICY
- MBP 168.0 Parsabiv (etelcalcetide) NEW POLICY
- MBP 169.0 Baxdela IV (delafloxacin) NEW POLICY
- MBP 170.0 Lutathera (lutetium Lu 177 dotatate) NEW POLICY
- MBP 171.0 Varubi IV (rolapitant) NEW POLICY
- MBP 172.0 Trisenox (arsenic trioxide) NEW POLICY

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

Formulary update

The latest formulary changes were effective May 15, 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 <u>online formulary drug search</u> 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.

Formulary and policy updates

Medical pharmaceutical policy updates continued

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 60.0 Cerezyme (imiglucerase)
- MBP 61.0 Flolan or Veletri (epoprostenol)
- MBP 63.0 Ixempra (ixabepilone)
- MBP 64.0 Arranon (nelarbine)
- MBP 65.0 Torisel (temsirolimus)
- MBP 67.0 Supprelin LA (histrelin acetate implant)
- MBP 79.0 Provenge (sipuleucel-T)
- MBP 81.0 Prolia (denosumab)
- MBP 83.0 Lumizyme (alglucosidase alfa)
- MBP 85.0 Cinryze (C1 esterase inhibitor, human)
- MBP 86.0 Kalbitor (ecallantide)
- MBP 89.0 Xgeva (denosumab)
- MBP 90.0 Benlysta (belimumab)
- MBP 92.0 Off-label Drug Use for Oncologic Indications
- MBP 93.0 Nulojix (belatacept)
- MBP 95.0 Erwinaze (aspiraginase)

- MBP 96.0 Voraxaze (glucarpidase)
- MBP 99.0 Sandostatin LAR (Octreotide acetate)
- MBP 100.0 Elelyso (taliglucerase alfa)
- MBP 101.0 Zaltrap (ziv-aflibercept)
- MBP 102.0 Synribo (omacetaxine mepesuccinate)
- MBP 105.0 VPRIV (velaglucerase alfa)
- MBP 108.0 Kadcyla (ado-trastuzumab emtansine)
- MBP 111.0 Marqibo (vincristine sulfate liposome injection)
- MBP 117.0 Beleodag (belinostat)
- MBP 118.0 Entyvio (vedolizumab)
- MBP 124.0 Ruconest (C1 esterase inhibitor, recombinant)
- MBP 127.0 Makena (hydroxyprogesterone caproate)
- MBP 129.0 Iluvien (fluocinolone acetonide)
- MBP 130.0 Mircera (methoxy polyethylene glycolepoetin beta)

GHP clinical guidelines are always available to providers. Click here or visit us on NaviNet.net.