

OPERATIONS BULLETIN



Date: December 4, 2014

To: Geisinger Health Plan, GHP Family, and GHP Healthy Connect Participating Primary Care Providers

Re: **Combating Antibiotic Resistant Bacteria**

Federal and international health authorities have recognized antibiotic resistance as a worsening problem in recent years and one of the most pressing issues in health care today. According to the Centers for Disease Control and Prevention (CDC), every year more than two million Americans acquire bacterial infections resistant to the antibiotics used to treat those infections, and around 23,000 die as a direct result of those infections. The total cost of antibiotic resistance to the U.S. economy is estimated at \$55 billion.

Geisinger Health Plan¹ is committed to helping stem the increasing resistance to antibiotics by more closely monitoring antibiotic treatment in members with the following diagnoses: acute bronchitis, pharyngitis, and upper respiratory infections (URIs).

Beginning January 20, 2015, Geisinger Health Plan may request additional information or deny claims submitted with these diagnoses based on the criteria spelled out for each diagnosis below². As always, coding correctly and including pertinent medical documentation will help to expedite claims processing and reimbursement.

Acute Bronchitis

The American College of Physicians does not recommend antibiotic treatment for individuals presenting with uncomplicated acute bronchitis who are otherwise healthy.

Effective January 20, 2015, Geisinger Health Plan will begin requesting additional information for claims that meet both of the following criteria:

- **Reported diagnosis code of (466.0) acute bronchitis.**
- **Presence of an antibiotic prescription filled within seventy-two (72) hours from the date of service.**

If you receive a denial based on these criteria, please review your medical record to ensure that the claim has been coded to the highest level of specificity and resubmit, if appropriate. The member may not be held financially liable for denials of this nature.

Pharyngitis

The American Board of Internal Medicine's *Choosing Wisely* campaign recommends avoiding antibiotics to treat viral illnesses (e.g., sinusitis, pharyngitis, bronchitis). In most cases, the presence of a bacterial infections in individuals diagnosed with pharyngitis should be verified with a Group A streptococcus test

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Geisinger Health Plan."

² Claims for all Geisinger Health Plan membership with the exception of Geisinger Gold, but including Managed Medicaid (GHP Family) and Healthy PA (GHP Healthy Connect) membership, will be subject to review.

Pharyngitis (continued)

before antibiotics are considered. Additionally, research has shown that cough and cold medicines offer little benefit and should not be prescribed or recommended for respiratory illnesses in children under four years of age. Cough and cold medicines may also have ingredients that increase the chance of an accidental overdose if combined with another product.

Effective January 20, 2015, Geisinger Health Plan will begin to request additional information for claims that meet all of the following criteria:

- **Reported diagnosis code of (034.0) streptococcal sore throat/tonsillitis, (462) acute pharyngitis, or (463) acute tonsillitis.**
- **No indication of a strep test.**
- **Presence of an antibiotic prescription filled within seventy-two (72) hours from the date of service.**

At times it may be clinically appropriate to prescribe an antibiotic without obtaining a strep test. For example, when a child presents with scarlatina or has a sibling with a confirmed streptococcal infection. In these instances, please consider using (034.1) scarlet fever when ordering an antibiotic without administering a strep test.

Upper Respiratory Infections (URIs)

The CDC has stated that inappropriate prescriptions of antibiotics for pharyngitis and other URIs are major contributors to antibiotic resistance. Antibiotics are usually unnecessary for treatment of URIs.

Effective January 20, 2015, Geisinger Health Plan will begin to deny medical claims that meet all of the following criteria:

- **Pediatric member office visit.**
- **Reported single diagnosis code of (460), (465.0), (465.8), or (465.9).**
- **Presence of an antibiotic prescription filled within seventy-two (72) hours from the date of service.**

If you receive a denial based on the above criteria, please review your medical record to ensure the claim has been coded to the highest level of specificity.

Working together with participating provider partners like you, we can begin to curb the negative impacts of antibiotic overuse and antibiotic-resistant bacteria. If you have any questions regarding this Operations Bulletin, please contact your Provider Relations Representative at (800) 876-5357.

Information contained in this Operations Bulletin amends the Participating Provider Guide effective January 20, 2015.