

# Operations Bulletin



Date: Updated June 1, 2015

To: Geisinger Gold Participating Providers

Re: **Geisinger Gold Organizational Determination (OD) Process for Medicare Non-Covered Services**

## Previous Bulletins

Around April 1, 2015, you may have received an Operations Bulletin outlining Geisinger Gold's Organizational Determination (OD) process and the requirement to utilize this process instead of an ABN form or other financial waiver in order to collect payment from members for Medicare non-covered services. This Operations Bulletin serves as an update to the OD process. Thank you for your cooperation.

## Background

The Centers for Medicare and Medicaid Services (CMS) has advised all Medicare Advantage Organizations (MAOs), including Geisinger Gold, that the use of advanced beneficiary notice of non-coverage forms (ABNs), or other member financial waivers, to establish financial liability for services known by the provider and/or member to be Medicare non-covered services, is inappropriate. The CMS restriction on the use of ABN forms and other financial waivers extends to all MAOs, their contracted providers, and any provider to which a member was referred by a participating provider. In accordance with 42 CFR Part 422, Subpart M, MAOs and their contracted providers must initiate an organizational determination process to issue a notice of denial of coverage and to substantiate member financial responsibility for Medicare non-covered services rendered or referred by a participating provider.

## Requirement

Effective May 1, 2015, an organizational determination should be obtained before providing known Medicare non-covered services to your Geisinger Gold patients. Absent an organizational determination from GHP Medical Management, Geisinger Gold members cannot be held liable for the cost of non-covered services rendered or referred by participating providers; even if you inform them, verbally or otherwise, that the services are not covered by their benefits. Failure to follow the organizational determination process before billing a member for a Medicare non-covered service may result in provider liability for the entire cost of the service.

## Process

To request a pre-service organizational determination for your Geisinger Gold patient, please complete the enclosed Organizational Determination Request Form and fax it to Geisinger Health Plan (GHP) Medical Management at **(570) 271-5534**. The form is also available on the GHP plan central page at [www.NaviNet.net](http://www.NaviNet.net). Once processed, an organizational determination confirmation will be sent in writing to both your office and the member, which will then allow you to bill the member for the Medicare non-covered service.

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## Tips

Use the OD form/process:

- As a replacement for ABN forms or other financial waivers before providing known Medicare non-covered services to members.
- To establish member liability for Medicare non-covered services.

**DO NOT** use the OD form/process:

- To request a determination on the medical necessity of any service.
- To request prior authorization for any service, whether or not you know it is covered by Medicare and/or Geisinger Gold.
- To request prior authorization for services denied by the Plan when members have reached a benefit limit.

Medicare non-covered services that are exempt from the OD requirement:

- Medicare non-covered routine prescriptions glasses (and/or frames) or contact lenses.
- Medicare non-covered eye exams.
- Medicare non-covered after-cataract glasses and upgrades.
- Medicare non-covered hearing exams and hearing aids.
- Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.

When completing the OD Request Form, please remember to include the appropriate codes for any Medicare non-covered services rendered. Otherwise, the request will fail to process correctly and the member will not be officially notified that the service is not covered, nullifying any attempt to bill the member.

If you have any questions or concerns regarding the organizational determination process, please contact your Provider Relations Representative at (800) 876-5357. This Operations Bulletin explains the requirements of the applicable federal regulation noted above and, in addition to the previous Operations Bulletin regarding Geisinger Gold's OD process, amends the Participating Provider Guide, which is available online at [www.NaviNet.net](http://www.NaviNet.net).



## Organizational Determination Request Form

As per the Centers for Medicare & Medicaid Services (CMS):

- Use this form to confirm coverage and liability for Geisinger Gold members seeking CMS non-covered services.
- The Organizational Determination Request Process should be used in lieu of an ABN or other member-signed financial waiver. Even if the member understands a service is not covered and is willing to pay the provider out-of-pocket for the service, the Organizational Determination Request Process should be followed to ensure member notification and financial responsibility in accordance with 42 CFR Part 422, Subpart M.
- The Organizational Determination Request Process should **not** be used to verify the medical necessity of non-covered services or to request prior authorization for any service.

### Fax to (570) 271-5534

**All fields are required.** Please complete all fields.

Include appropriate codes for non-covered services as your request cannot be processed otherwise.

**Do not** include any services/codes that are covered by Geisinger Gold.

<b>Member Name:</b>			
<b>Member ID Number:</b>			
<b>Member Date of Birth:</b>			
<b>Non-Covered Service(s) Requested:</b>			
<b>Diagnosis Code:</b>		<b>Procedure Code:</b>	
<b>Date of Service:</b>			
<b>Provider of Service:</b>			
<b>Provider Office Name:</b>			
<b>Provider Phone:</b>		<b>Provider Fax:</b>	