

## Operations Bulletin – April 1, 2017

### Prior Authorization Changes for Home Health Services

Beginning **May 16, 2017**, Geisinger Health Plan (GHP) will no longer require prior authorization for home health services. This applies to all plans, including Geisinger Gold (Medicare Advantage) and GHP Family (Managed Medicaid) plans. **The service provided must be a covered benefit for the member.** Providers can verify member benefit information through NaviNet® or by calling customer service.

#### Exceptions still requiring prior authorization

GHP will require prior authorization for home health visits under the following circumstances:

- A provider involved in a member's care is considered a non-participating provider with the member's plan
- The home health service provided is a non-covered service under the member's plan
- Services provided by private duty nurse or private duty nursing aide (including, but not limited to, HCPCS codes S9122, S9123 and S9124)

#### Audits

Home health providers are expected to maintain all necessary medical record documentation in accordance with contractual terms and regulatory guidelines for home health services. GHP will conduct regular audits. If services are determined to be clinically inappropriate, claims may be subject to adjustment.

Contact GHP medical management at 800-544-3907 (8:30 a.m. — 5:00 p.m., Monday through Friday) with any questions regarding this policy.

This operations bulletin and the information contained herein amends the GHP Participating Provider Guide effective, May 16, 2017.