

Operations Bulletin – November 30, 2020

New authorization requirements for Musculoskeletal and Interventional Pain Management

Geisinger Health Plan is implementing a consultative authorization program for musculoskeletal and interventional pain management services effective **February 1, 2021**.

We're working with specialty benefit management company HealthHelp to establish a consultative authorization process to improve quality, reduce the cost of care and ensure members receive clinically appropriate and medically necessary services. The HealthHelp authorization process will involve

- Collecting relevant clinical information from the ordering/treating physician's office;
- Reviewing this information alongside the latest evidence-based medical criteria for certain musculoskeletal and interventional pain management procedures; and,
- If necessary, providing expert peer consultation on treatment and/or test appropriateness and patient safety. If a requested service does not meet evidence-based guidelines, HealthHelp will facilitate a physician-to-physician conversation with the requesting provider to consider alternatives.

Services that will require authorization

All requests as of **February 1, 2021** – for the tests and procedures listed below – will go through HealthHelp, except services rendered in an emergency or inpatient setting. Services ordered before February 1, 2021 will not need authorization through HealthHelp.

- **Musculoskeletal** – hip, knee, shoulder, spine
- **Interventional pain management** - injections

A complete list of associated procedure codes requiring authorization can be found at www.healthhelp.com/Geisinger.

A HealthHelp authorization will be required to ensure your claims process and pay correctly. All tests and procedures identified above will require authorizations through HealthHelp beginning February 1, 2021.

How to request authorization

Ordering physicians can request an authorization for musculoskeletal and interventional pain management using one of the following methods:

- **Web:** Complete your request through the online tool at www.healthhelp.com/Geisinger.
- **Fax:** Complete the enclosed HealthHelp procedure review request form and fax to **877-391-7294**. For an expedited request, fax to **877-391-7295**.
- **Phone:** Call HealthHelp at **877-391-7293**.

The most efficient method for obtaining an authorization number is through the web. Contact HealthHelp program support at **800-546-7092** if you need assistance setting up web access.

What you need to initiate your prior authorization request

The following information is required for all authorization requests and should be available in the patient's chart:

- Member name and ID number
- Ordering provider name
- Ordering provider telephone and fax numbers
- Member diagnosis or clinical indication
- Test being ordered (CPT code)
- Reason for test
- Member symptoms and duration
- Prior related diagnostic tests
- Laboratory studies
- Member medications and duration
- Prior treatments
- Summary of clinical findings
- Member risk factors (primarily applies to imaging requests related to cancer indications including screening)

How to confirm authorization

Ordering providers:

Ordering providers should confirm authorization before scheduling services. Ordering providers can confirm authorization for musculoskeletal and interventional pain management services using one of the following methods:

- **Web:** When you submit your request through the web, your authorization will be available immediately online to print.
- **Fax:** When you submit your request via fax, a faxed copy of the authorization will be sent to the ordering provider's office fax number you provided on the form.
- **Phone:** When you submit your request by phone, a HealthHelp client service representative will provide a verbal authorization over the phone. A confirmation will also be faxed to the ordering provider office fax number provided.

HealthHelp representatives are available Monday–Friday, from 8 a.m. to 6 p.m. Eastern Standard Time. After-hours requests may be submitted by fax or via web portal.

Urgent authorization requests

For a medically necessary request that requires immediate handling due to an unforeseen illness, injury, or condition affecting the patient, calling HealthHelp is the fastest way to process your urgent request.

- Call **877-391-7293** for an urgent request.

If you choose to fax an urgent request, be sure that legible contact information is included for the ordering provider/designee. It should also state how the provider may be reached within the next 24 hours, in case additional clinical information is needed to complete the review.

All urgent requests will be handled within the appropriate state-specific or federal program-mandated expedited time frames. HealthHelp strives to complete all expedited requests for review within 24 hours of the request's receipt, unless a more stringent time frame is mandated by specific state regulations.

Additional resources

HealthHelp will host webinars to familiarize Geisinger Health Plan network providers with the new process. The webinars will give a system demonstration with user experience insight on how to appropriately enter procedure requests, along with additional program information — such as the Geisinger procedure code list, support tools and HealthHelp contact information.

Visit the [For Providers section of Geisinger Health Plan's website](#) to register for one of the webinars.

Additional educational materials and program implementation information — including a list of all procedure codes requiring authorization through HealthHelp — will be available:

- On the [For Providers section of Geisinger Health Plan's website](#)
- Through the Geisinger plan central page on [NaviNet](#)
- On [HealthHelp's website](#)

For questions or information regarding general prior authorization policy and procedures, contact a Geisinger Health Plan Medical Management representative at **800-544-3907**.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue
Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).