Billing and Reimbursement

Claim Submission

Geisinger Health Plan

Participating providers are required to submit claims to GHP for all services rendered to members.

Claims must be submitted in accordance with GHP's then current claim submission processes, which may be amended from time to time.

90% or more of a participating provider's claims are required to be submitted electronically.

Clinical documentation should be submitted with the claim as appropriate.

Electronic claim submission

Participating providers should utilize GHP's Electronic Data Interchange program (EDI) to submit claims and member encounter data electronically to GHP.

Claims should be submitted in a format as may be required by the Health Insurance Portability and Accountability Act (HIPAA) or other regulation and in accordance with GHP's policies and procedures.

Use the **GHP Payer ID Number (75273)** when submitting claims via AllScripts, Change or Relay Health. Contact the following for more information:

- **AllScripts Healthcare**
  800-334-8534
  www.allscripts.com

- **Change Healthcare**
  866-371-9066
  changehealthcare.com

- **RelayHealth**
  800-527-8133
  www.relayhealth.com

GHP strongly encourages its EDI enrollees to ensure that their claim submission software vendor/billing company has taken all necessary steps to confirm all required data elements are captured and populating in accordance with applicable GHP companion document.

Please contact the EDI Claims Submission Helpdesk if you have any questions or issues.

Electronic fund transfer (EFT) and electronic explanation of payment (835 transaction)

GHP has replaced paper check payments with claim payment cards. Claim payment cards are processed like any other credit/debit card payment you receive through the mail or by phone and are subject to existing merchant processing rates. To avoid receiving claim payment cards, you can register for free EFT/ERA transactions from GHP. To receive GHP payments directly deposited into your bank account and/or to begin receiving electronic remittance advice/835, register at instamed.com/eraeft or complete the InstaMed Network Funding Agreement and fax or mail to InstaMed.

EDI clearinghouse reports

EDI reports contain concise information regarding the status of electronic claims, identifying those that have been accepted and those that need to be resubmitted.

- A claim reported electronically is not considered received by GHP until it has been accepted into its claim processing system.
- Please contact AllScripts Healthcare, Emdeon, or Relay Health to receive and review the necessary reports to track your electronic claims and to ensure that they have been submitted and processed properly.

Paper claims

If a provider does not have the capability to submit claim forms electronically, claims may be submitted using a CMS-1500 or UB-04 claim form.

Include all applicable data elements and then current coding conventions;

- Then current CPT® and/or HCPCS Level II procedure codes
- Revenue codes
- ICD-10 diagnosis coding to the highest level of specificity

Medical documentation and/or the primary insurance carrier's EOP should be attached behind the claim form, if applicable.

Do not attach GHP Outpatient Referral Forms to claim forms.

Do not staple separate claim forms together.

Paper claims should be submitted to:

Claims Department
Geisinger Health Plan
P.O. Box 160
Glen Burnie, MD 21060

Time limits

The initial submission of any claim must be received by GHP within 4 months of the date of service for outpatient claims and/or 4 months of the date of discharge for inpatient claims, as applicable. Any claim received after the time limit will not be considered a valid claim and will be denied by GHP and is not billable to the Member. Failure to verify outpatient claim status or receipt within 4 months of the date of service and/or 4 months of the date of discharge for inpatient claims may result in non-eligible claims.

Proper processing

All claims submitted by participating providers to GHP for healthcare services provided to members under the terms of the agreement will be subject to editing for compliance with standard coding format including, but not limited to, GHP's right to re-bundle to the primary procedure those services determined by GHP to be part of, incidental to, or inclusive of the primary procedure. GHP reserves the right to process the claim according to these standards.