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Briefly is published quarterly by Geisinger Health Plan and serves as an informational resource for participating providers and office personnel.

Comments are welcomed. Please email: briefly@thehealthplan.com

This issue and previous issues of Briefly can be viewed at thehealthplan.com.

Geisinger Health Plan refers collectively to itself and its affiliates, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company.

The importance of communication

How often does your doctor explain things that are easily understandable? How often does your doctor listen carefully to you? How often does your doctor show respect for what you have to say? How often does your doctor spend enough time with you?

Did you know that the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) ask Geisinger Gold members these questions every year? The results from this survey are used to grade health plans across the country.

Stellar communication skills often lead to better patient outcomes. When patients feel heard and understood, the relationship with their provider is strong. One study published in the *Annals of Internal Medicine* found that people with the strongest primary care provider (PCP) relationships are more likely to receive recommended tests and preventive care.

In a *New York Times* article, "How Connected Are You to Your Doctor," Stephen J. Atlas, M.D., stated, "The doctor-patient relationship is a good thing, but for the last 25 years that relationship has been deteriorating. By focusing on new treatments, new technology and instant access, we have undermined the patient's ability to have a long-standing relationship with a doctor, to have a doctor who knows him or her as a human being. If all your primary care doctor does is order tests and make referrals to specialists, he or she will miss the fact that you are stressed out because you lost your job or your health insurance. And we will have missed the forest for the trees."

During long days of patient visits and administrative tasks, it can be easy to miss the interaction your patient may be seeking. Help them feel heard by encouraging engagement and being open for questions. Consider allowing patients to bring family members to their next appointment and have pen and paper available for them to take notes. Patients who ask more questions and receive information feel more in control of their health, follow treatment recommendations more closely and achieve better overall health outcomes.

To view the *New York Times* article, "How Connected Are You to Your Doctor," visit www.nytimes.com/2009/03/26/health/26chen.html?_r=0.



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Health management programs

GHP offers members health management programs to treat chronic health conditions. With a personalized approach, case managers will work with you and your patients to help them better manage their health care needs. This includes education on how to monitor diet, exercise, medications and other lifestyle changes.

The following programs are offered to GHP members: asthma, chronic obstructive pulmonary disease (COPD), *Stop Tobacco Use*, hypertension, heart failure, diabetes, heart disease, osteoporosis, *Well on Your Weigh* and complex case management.

The programs are free of charge for all members. For more information, or to recommend a patient for one of these programs, please call 800-883-6355.

MTM ER transport authorization changes

An enhancement has been made to GHP's non-emergent ambulance transport authorization process, administered through Medical Transportation Management, Inc. (MTM).

As of May 6, 2013, facility discharge personnel seeking non-emergent ambulance transport destined for or originating from an ER will be able to obtain real time authorization through MTM. The new process is outlined below:

1. Contact MTM's call center at 888-409-6881 and follow the prompts to request ambulance transportation.
2. An MTM care manager will ask if the request is to or from an ER or if a delay in transport greater than 30 minutes would be detrimental to the member's life or limb.
 - a. If the transport is to or from an ER, MTM will ask for the pickup and drop off locations and contact the appropriate contracted ambulance provider. MTM will generate an authorization number and verbally communicate it to both the ordering and ambulance provider.
 - b. If a delay in transport greater than 30 minutes would be detrimental to the member's life or limb, MTM will advise the ordering provider to call the closest ambulance and offer assistance in locating an appropriate ambulance provider. No authorization is needed in this circumstance. **Please note:** In emergency situations, ordering providers should contact ambulance providers directly.
3. If the request for ambulance transportation is neither an ER transport nor an emergent transport, the normal prior authorization process should be followed.

For more information or questions, contact MTM's Ambulance Network Coordinator at 888-409-6881 or your GHP provider relations representative at 800-876-5357.

Member perks - Amusement Park discounts

We like to keep our members and their families healthy and happy. One of the offers through our Accessories Program is amusement park discounts.

Hershey Park

Members receive \$16 off the regular 2013 single-day admission price. To receive the discount, tickets must be purchased online and presented at the front gate.

Dutch Wonderland

Members receive \$7 off the regular 2013 single-day admission price. Discount applies to tickets purchased online only.

For more information, members can call the phone number on the back of their member ID card or log in to thehealthplan.com.



Coding corner

Billing codes update

In 2012, several new HCPC codes for screening, intervention and counseling services were introduced. Most notably, codes G0442 through G0450.

In July 2012, a new NCCI (National Correct Coding Initiative) edit was implemented for these codes billed in conjunction with an E/M service. Several of these codes also have annual benefit limits.

Per the NCCI guidelines, these codes may be separately reimbursed if the time and work effort devoted to the screening, intervention or counseling service is distinct and separate from the time and work of the E/M, psychiatric diagnostic, or psychotherapy service.

GHP applies the NCCI edit and requires documentation to support separate payment, per the guidelines.

We encourage you to document the separate time spent performing these services, as well as any clinical tools utilized for alcohol and depression screenings such as "CAGE" and "SIGECAPS."

CMS has recommended the "5-A" approach for intense behavioral counseling, intervention of aspirin use and healthy diet associated with cardiovascular disease prevention: assess, advise, agree, assist, arrange. This concept can also be applied to other intense behavioral counseling interventions.

More details about the "5-A" approach can be found at the following MLN link: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7636.pdf.

Formulary updates

The tables below represent recent updates to GHP's formularies. For questions or to request printed copies of our formularies, please contact the pharmacy customer service team at 800-988-4861, Monday through Friday, 8 a.m. to 5 p.m. You may also view our formularies in full at thehealthplan.com.

**Indicates prior authorization (PA)*

Commercial

Brand name	Status	Tiered formulary	4th tier applicable	Standard formulary	Prior authorization	Quantity limit	Detailed limits	Formulary alternatives
Absorica	Formulary	3	No	2	Yes	No	NA	Amnesteem, Claravis, Myorisan, Sotret
Prepopik	Formulary	3	No	2	No	No	NA	
MoviPrep	Formulary	3	No	2	No	No		
Cometriq	Formulary	3	Yes	2	Yes	No		Caprelsa*
Iclusig	Formulary	3	Yes	2	Yes	No	NA	Gleevec, Sprycel*, Tasigna*, Bosulif*
Linzess	Formulary	3	No	2	Yes for members under 18 years of age	Yes	30 capsules/30 days	
Binosto	Formulary	3	No	2	Yes	No		alendronate, ibandronate
Latuda	Formulary	3	No	2	Yes	No		risperidone, quetiapine, olanzapine, ziprasidone, Abilify
Aubagio	Formulary	3	Yes	2	Yes	Yes	28 tablets per dispense	Betaseron, Copaxone
Xeljanz	Formulary	3	Yes	2	Yes	Yes	60 tablets per fill, 34 day supply limit	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine, Humira*, Enbrel*
Myrbetriq	Formulary	3	No	2	Yes	No		flavoxate, oxybutynin, oxybutynin ER, tolterodine, trospium, Vesicare
Tudorza Pressair	Formulary	2	No	2	No	No		Spiriva
Albenza	Formulary	3	No	2	No	Yes	4 tablets per dispense	
Asacol HD	Formulary	3	No	2	No	No		

GHP Family

Brand name	Status	\$0 deductible formulary	Standard formulary	Prior authorization	Quantity limit	Detailed limits	Formulary alternatives
Absorica	Non-formulary						benzoyl peroxide, clindamycin, erythromycin, erythromycin and clindamycin gel, erythromycin and benzoyl peroxide gel, sulfacetamide and sulfur lotion, tetracycline, clindamycin and benzoyl peroxide gel
Linzess	Non-formulary						
Prepopik	Non-formulary						Gavilyte-C, Gavilyte-G, PEG 3350/Na Sulf,Bicarb, Cl/KCl
Cometriq	Formulary	Brand	Yes	No			Caprelsa*
Iclusig	Formulary	Brand	Yes	No			Gleevec*, Sprycel*, Tasigna*, Bosulif*

Geisinger Gold

Brand name	Status	\$0 deductible formulary	Standard formulary	Prior authorization	Quantity limit	Detailed limits	Formulary alternatives
Absorica	Formulary	Brand preferred	25% coinsurance	No	No		Sotret, Amnesteem, Claravis, Myorisan
Vpriv	Formulary	Specialty	25% coinsurance	Yes	No		Ceredase, Cerezyme*, Elelyso*, Zavesca*
Linzess	Formulary	Brand preferred	25% coinsurance	Yes	Yes	30 capsules/30 days	Amitiza
Prepopik	Formulary	Brand non-preferred	25% coinsurance	No	No		Peg-3350 with electrolytes, Peg-3350 with flavor packs, Golytely, Moviprep, OsmoPrep
Cometriq	Formulary	Specialty	25% coinsurance	Yes	No		Caprelsa
Iclusig	Formulary	Specialty	25% coinsurance	Yes	No		Gleevec, Sprycel*, Tasigna*, Bosulif*
Bivigam	Formulary	Specialty	25% coinsurance	Yes	No		Gamunex, Carimune, Flebogamma, Gamastan, Gammagard, Hizentra, Privigen, Vivaglobin

Specialty pharmacy changes

CuraScript Specialty Pharmacy and Accredo Specialty Pharmacy have merged. As of June 10, the name Accredo Specialty Pharmacy will be used. Even though the name is changing, your patient's will continue to enjoy access to specialty-trained pharmacists and nurses available 24 hours a day, seven days a week. If you have any questions, please call the GHP pharmacy customer service team at 800-988-4861, Monday through Friday, 8:00 a.m.-5:00 p.m.

Pharmacy management procedures

For information regarding pharmaceutical management procedures including generic substitution, prior authorization, therapeutic interchange, step therapy, and other requirements that may apply please visit thehealthplan.com/providers_us/medical.cfm under "Formulary Information."

Accessibility of primary care services*

PCPs and primary care sites are expected to meet the following minimum standards for accessibility of primary care services for members:

PCP accessibility

Emergency services

Urgent care services

Routine care appointments

Preventive care appointments

(well-child checks, physicals, etc.)

24-hour availability

Non-business hour access

Appointment wait time

GHP standards

Seen immediately by PCP or designee (in office or emergency room, if appropriate)

Appointment with PCP or designee within 24 hours from date of initial request

Appointment with PCP or designee within 21 days from date of initial request

Appointment with PCP or designee within 42 days from date of initial request

PCPs should be available 24 hours a day, seven days a week

The answering service or device should answer 100% of the time. Answering devices, if utilized, will provide caller with the PCP or designated covering PCP's telephone or pager number, including emergency instructions

PCP or designee should see a member within 30 minutes of scheduled appointment time

*These accessibility standards apply to commercial and Gold lines of business only. PCPs contracted to participate with GHP Family are required to adhere to the PCP appointment standards set forth in the GHP Family provider manual, which can be found at GHPFamily.com.

Medical and pharmaceutical policy updates

The following is a summary of new, revised and recently reviewed medical and pharmaceutical policies. Please consult the full text of these policies online at thehealthplan.com. Printed copies are available by contacting your provider relations representative. New and revised policies are effective July 1, 2013.

**Coverage requires prior authorization (PA)*

New policies

■ MP270 Ocular Photoscreening

This is a non-covered service for all lines of business.

■ MP273 Prolaris Post- Prostatectomy

This is a non-covered service for all lines of business.

■ MP268 Elective Laminectomy*

■ MP268 Elective Spinal Fusion*

■ MBP95.0 Erwinaze® (asparginase)*

Erwinaze® (asparginase) may be considered medically necessary for the treatment of acute lymphoblastic leukemia (ALL) who have developed hypersensitivity to E. coli-derived asparaginase and pegaspargase.

■ MBP96.0 Voraxaze® (glucarpidase)*

Voraxaze® (glucarpidase) may be considered medically necessary for the treatment of toxic plasma methotrexate concentrations (>1 micromole per liter) in patients with delayed methotrexate clearance due to impaired renal function.

■ MBP98.0 Perjeta™ (pertuzumab)*

Perjeta™ (pertuzumab) is considered to be medically necessary for the treatment of HER2 positive metastatic breast cancer when all of the following criteria are met:

- Physician documentation of a diagnosis of HER2 positive breast cancer naïve to prior anti-HER2 therapy (e.g., Herceptin [trastuzumab], Tykerb [lapatinib]) or chemotherapy for metastatic disease
- Physician documentation of a plan to use Perjeta in combination with Trastuzumab and Docetaxel/Paclitaxel

■ MBP97.0 Kyprolis™ (carfilzomib)*

Kyprolis™ (carfilzomib) is considered medically necessary for the treatment of insured individuals with a diagnosis of multiple myeloma when all of the following criteria are met:

1. Kyprolis (carfilzomib) is prescribed by a hematologist/oncologist
2. Documentation of a diagnosis of multiple myeloma
3. Physician documentation of therapeutic failure on, intolerance to, or contraindication to:

- Bortezomib (Velcade)

An immunomodulatory agent (e.g., Thalidomide (Thalomid) or Lenalidomide (Revlimid).

■ MBP100.0 Elelyso™ (taliglucerase alfa)*

Elelyso™ (taliglucerase alfa) is indicated for long-term enzyme replacement therapy for adult patients when all of the following criteria are met:

1. Documentation of a confirmed diagnosis of Type 1 Gaucher disease along with at least one of the following conditions:

- anemia
- thrombocytopenia
- bone disease
- hepatomegaly or splenomegaly

2. Elelyso™ (taliglucerase alfa) is recommended by a metabolic specialist with experience in treating Gaucher disease

■ MBP101.0 Zaltrap® (ziv-aflibercept)*

Zaltrap® (ziv-aflibercept) is considered to be medically necessary for the treatment of metastatic colorectal cancer when all of the following criteria are met:

1. Prescribed by a hematologist/oncologist
2. Physician documentation of metastatic colorectal cancer that is resistant to or

has progressed following an oxaliplatin-containing regimen

3. Physician documentation of use in combination with Irinotecan or FOLFIRI (5-fluorouracil, leucovorin, irinotecan)

Authorization period will be defined as 6 months. Re-review will be every 6 months. Zaltrap will no longer be covered if there is medical record documentation of disease progression.

Renewal Criteria:

Disease Stabilization without Progression

■ MBP101.0 Synribo™ (omacetaxine mepesuccinate)*

Synribo™ (omacetaxine mepesuccinate) is considered to be medically necessary for the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) when all of the following criteria are met:

1. Prescribed by a hematologist/oncologist
2. Physician documentation of chronic or accelerated phase chronic myeloid leukemia (CML)
3. Physician documentation of therapeutic failure on, intolerance to, or contraindication to two or more tyrosine kinase inhibitors (eg., Gleevec, Sprycel, Tasigna, or Bosulif)

Note: Per package insert should be prepared in a health care facility and administered by a health care professional. Authorization period will be defined as 3 months. Re-review will be every 3 months. Synribo will no longer be covered if there is medical record documentation of disease progression.

Renewal Criteria:

Disease Stabilization without Progression

Revised policies

■ MP97 Genetic Testing for BRCA1 or BRCA2 for Breast or Ovarian Cancer*

Added Indication

The BRACAnalysis® Rearrangement Test (BART test) is considered medically necessary for individuals who:

1. Meet criteria for comprehensive BRCA1 and BRCA2 testing
2. Have tested negative for point mutations
 - Have three or more family members in one lineage who have been diagnosed with breast and/or ovarian cancer
 - Have a risk of BRCA mutation of at least 10 %

Males now only need a personal history of breast cancer with no other indications.

Added Exclusion

- The use of CHECK2 testing is considered experimental, investigational, and unproven

■ MP65 Obesity Surgery*

Added indication for Medicare lines of business only

- Open or laparoscopic Sleeve gastrectomy is now covered for Medicare.

■ MP01 Neuromuscular Electrical Stimulation (NMES)

Added Exclusion

The Plan does NOT provide coverage for the use of Functional Electrical Stimulation (eg, NESS L300, WalkAide™) to improve ambulation in insured individuals with a gait disorder such as foot drop or hemiplegia due to stroke or cerebral injury because it is considered experimental, investigational or unproven

■ MP179 Photodynamic Therapy for Head and Neck Cancer

Added Indications

1. Esophageal cancer for EITHER of the following:
 - Completely or partially obstructing esophageal cancer that cannot be treated satisfactorily with neodymium:yttrium-aluminum-garnet (Nd:YAG) laser therapy
 - Barrett's esophagus carcinoma in situ and high-grade disease in individuals who are not esophagectomy candidates (e.g., obstructive disease with limited pulmonary function and/or cardiovascular disease with poor cardiac function that precludes surgical resection)

2. Lung cancer for EITHER of the following:

- Early-stage non-small cell lung cancer (NSCLC) in individuals who are not candidates for surgery or radiotherapy (e.g., obstructive disease with limited pulmonary function and/or cardiovascular disease with poor cardiac function that precludes surgical resection)
- The reduction of obstruction and palliation of symptoms in individuals

■ MP259 Phototherapy for the Treatment of Dermatological Conditions

Added Indication

Photodynamic therapy utilizing Levulan Kerastick and blue light, or Metvixia and red light is considered medically necessary for treatment of actinic keratoses after failure of topical therapy or cryotherapy with liquid nitrogen.

■ MP32 Colonoscopy

Retired

■ MP271 Non-Invasive Testing for Fetal Aneuploidy*

Policy name changed from MaterniT21™ PLUS and added additional tests that are now covered to include but is not limited to MaterniT21™ Plus tests (Sequenom Center for Molecular Medicine [Grand Rapids, MI]), the veriFi™ Prenatal Test (Verinata Health Inc. [Redwood City, CA]) and the Harmony Prenatal Test (Aria Diagnostics, San Jose, California).

■ MP38 Oral Health*

Removed the following indications under Temporomandibular Joint(TMJ) Dysfunction:

- There is documented evidence of TMJ by an oral surgeon
- The splint is provided by a par provider

■ MP21 Dorsal Column Stimulation*

Added Indication

- Insured individuals have completed a medical spine evaluation and surgical intervention is recommended by the medical spine evaluator

■ MP151 Injection Therapy for Back and Radicular Pain*

Added Indications

1. Insured individuals have completed a medical spine evaluation and surgical intervention is recommended by the medical spine evaluator
2. Cervicothoracic and Lumbosacral Epidural Injection for Acute Back and Radicular Pain
 - The pain is associated with symptoms of nerve root irritation and/or low back pain due to radiographically confirmed disc extrusions and/or herniations
3. Facet Joint Injection for Chronic Neck or Low Back Pain
 - Will be considered medically necessary when performed under fluoroscopic image guidance for the treatment of chronic neck or low back pain (pain lasting more than 3 months despite appropriate conservative treatment)
4. Transforaminal Epidural Injections
 - For those cases in which there is a question of intercostal neuralgia versus thoracic facet syndrome
 - Treatment of acute herpes zoster or post-herpetic neuralgia
 - Reflex sympathetic dystrophy or causalgia/complex regional pain syndrome I and II, in lieu of sympathetic block
5. Diagnostic transforaminal epidural injection intervals are typically at least 2 weeks. Blockade in cancer pain treatment may be more frequent. The diagnostic phase should be limited to one injection. Once a structure is proven to be negative, no repeat interventions should be directed at that structure unless there is a new clinical presentation with symptoms, signs, and diagnostic studies of known reliability and validity that implicate the structure.

In the treatment phase, transforaminal epidural injections in the same spinal level are typically administered no more frequently than once every 2 weeks.

Transforaminal epidural injection at the same site should be limited to 4 times per year.

 - For Medicare business segment: Please refer to current version of the applicable national or local coverage determination regarding Transforaminal Epidural Injections

■ MP204 Nasal and Sinus Surgery*

Added Exclusions

Devices for Maintaining Sinus Ostial Patency Following Sinus Surgery:

The use of implantable sinus stents/spacers (eg, Propel™ sinus implant, Relieva Stratus™ MicroFlow Spacer) for postoperative treatment following endoscopic sinus surgery is considered experimental, investigational or unproven and NOT COVERED.

■ MP271 Non-Invasive Testing for Fetal Aneuploidy*

Title change (formerly called MaterniT21™ PLUS)

■ MP34 Foot Orthotics

Changed a limitation to an indication

1. Under Criteria for Coverage
 - The footwear (shows, inserts modifications) must be prescribed by a podiatrist or other qualified physician, knowledgeable in the fitting of diabetic

shoes and inserts. The footwear must be fitted and furnished by a podiatrist or other qualified individual such as but not limited to a pedorthist, orthotist or prosthetist

■ MBP11.0 Botulinum Toxin and Derivatives*

Added Indications

1. Cervical dystonia
2. Chronic Migraine Headaches
 - Physician provided documentation of a history of 15 or more migraine headache days per month that last 4 or more hours per day
3. Primary Focal Hyperhidrosis
 - A diagnosis of "severe" hyperhidrosis is defined as: Sweating is intolerable and causes functional impairment that interferes with member's ability to perform age-appropriate professional or social normal daily activities.
4. Urinary incontinence (no longer limited to Medicare Business Segment but applies to all lines of business) due to neurogenic bladder or overactive bladder. Botulinum toxin A for the treatment of Urinary incontinence due to neurogenic bladder or overactive bladder may be considered medically necessary when the following criteria are met:
 - Documented failure of anticholinergic medication medical therapy

Reviewed policies

The following policies were reviewed. No changes were made to the clinical content. References updated.

MP245 – Helicobacter pylori infection testing

MP226 – Proton Beam Radiation*

MP237 – Transurethral Radiofrequency Tissue Remodeling

MP238 – Ocular Blood Flow Tonometer

MP250 – Bronchial Thermoplasty

MP90 – Injectable Bulking Agents for Treatment of Urinary Incontinence

MP94 – Unilateral Pallidotomy

MP262 – Microarray Based Gene Expression Testing for Cancer of Unknown Origin

MP211 – Endovascular Repair of Intracranial Aneurysms

MP 248 – Single Nucleotide Polymorphisms (SNPs) to Predict Risk of Non-Familial Breast Cancer

MP 184 – Intracranial Percutaneous Transluminal Angioplasty

MP 254 – Tinnitus Treatment

MP 113 – Electrical and Electromagnetic Stimulation to Promote Wound Healing

MP 158 – Continuous Passive Motion

MP 253 – Intravenous Antibiotic Treatment of Lyme Disease

MP 25 – Transcatheter Closure Devices for Cardiac Defects

MP 23 – Keratoplasty

MP 176 – Meniett™ Device

MP 189 – Computer Aided Detection Technology

MP 91 – Sacral Nerve Stimulation (Interstim)

MP 174 – Exhaled Nitric Oxide for Asthma Management

MP171 – Clinical Guideline Development, Implementation and Review Process (Title Changes)

MP76 – HH/DME Hyperbilirubinemia

MP75 – Tissue Engineered Skin Substitutes

MP62 – TMLR

MP44 – Aquatic Therapy

MP39 – Home Uterine Monitoring

MP37 – Home Phlebotomy Program

MP263 – Minimally Invasive Lumbar Decompression (MILD)

MP165 – Treatment of Vestibular Disorders

MP127 – Prolotherapy

MP265 – Proteomic Serum Analysis

MP209 – Medical Error Never Events

MP212 – Non-Contact low-frequency Ultrasound Management (MIST Therapy)

MP198 – Pulse Oximetry for Pediatric Home Use

Clinical guidelines review

GHP continues to solicit physician and non-physician provider input concerning clinical guidelines. The following clinical guidelines are currently being reviewed: **Osteoporosis, ADHD, Colorectal cancer screening**

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at pkrebs@thehealthplan.com. Please provide your feedback by October 30, 2013.

The complete list of clinical guidelines is available online at thehealthplan.com. Providers are encouraged to contact their provider relations representative for assistance in accessing the guidelines online or to request a printed copy. Comments can be sent to pkrebs@thehealthplan.com.

Pharyngitis and antibiotic resistance



For over 15 years, the Centers for Disease Control and Prevention (CDC) has been engaged in a national campaign to reduce antibiotic resistance. Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance. According to the New England Journal of Medicine, even though pharyngitis infections are typically viral, the use of antibiotics is prevalent and therefore may not be appropriate.

GHP data shows that last year one in five children diagnosed with pharyngitis received an antibiotic without proof of a streptococcal infection. In the interest of reducing antibiotic resistance, we strongly encourage you to administer a streptococcus (strep) test before

prescribing antibiotics to children (2 -18 years of age) diagnosed with the following:

- Acute pharyngitis (462)
- Acute tonsillitis (463)
- Streptococcal sore throat (034.0)

Pediatric clinical guidelines recommend that only children with a confirmed diagnosis of group A strep pharyngitis, based on appropriate lab tests, be treated with antibiotics. A rapid assay or throat culture strep test is the definitive test of group A strep pharyngitis. Please ensure that children with pharyngitis are tested for strep before prescribing antibiotics.

Request for claim reconsideration

Reminders:

- Submit one form per claim
- GHP has 45 days from the date of receipt to process your claim reconsideration
- A claim reconsideration is needed when information on a paid claim is corrected
- Claim retractions do not require a claim reconsideration. Providers can call customer service or initiate a secure message at thehealthplan.com
- To check the status of a claim reconsideration (after the 45-day timeframe), providers can call customer service or initiate a secure message at thehealthplan.com

Claims reconsiderations with attachments can be mailed to:

Geisinger Health Plan
PO Box 8200
Danville, PA 17821-8200

A few reminders

GHPFamily.com

Are you participating with GHP Family? GHPFamily.com has the tools and resources to help your GHP Family patients.

- Check member eligibility and benefits, submit online referrals, check claims, and more through the Provider Service Center
- Review the GHP Family provider manual, covered services, pharmacy information, and key contacts
- Examine GHP Family billing guidelines, including specific guidelines for vision and EPSDT
- Access precertification and prior authorization forms
- Learn about the GHP Family Pay-for-Quality Program

Visit **GHPFamily.com** and click on the "For Providers" link to access all the information above.

NPI claim requirements

Providers should report the appropriate National Provider Identifier (NPI) on all claims. This information supports and ensures proper reimbursement and accurate reporting.

GHP does not accept claims filed electronically through HIPAA transactions 837P when the billing provider is not recognized as the billing organization or practice.

Health care professionals performing medical services may report the billing provider as an individual only when they are independent, unincorporated entities. In this scenario, the billing provider is the individual whose tax identification number (TIN) is used for the IRS Form 1099 purposes.

To ensure your 1099 is correct, require your billing service reports the billing provider NPI on all claims.



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Danville, PA 17822-3240

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Orientation webinars for Maine and New Jersey providers

Attend an upcoming educational webinar to familiarize yourself with GHP. We encourage you and your staff to take advantage of this opportunity to ask our helpful and experienced GHP representatives questions. Webinars will run approximately 60 minutes. Topics to be addressed will include: the prior authorization process, participating provider guide, verification of member eligibility, claims and authorizations, online tools at thehealthplan.com, super user registration, electronic data interchange (EDI) and electronic funds transfers (EFT) initiation. Webinars are scheduled for the following dates:

Webinars for providers in Maine:

7/9/13: 12:00 pm – 1:30 pm

8/6/13: 12:00 pm – 1:30 pm

9/10/13: 12:00 pm – 1:30 pm

Webinars for providers in New Jersey (Ocean and Monmouth counties):

7/17/13: 9:00 am – 10:00 am

7/17/13: 1:00 pm – 2:00 pm

8/14/13: 9:00 am – 10:00 am

8/14/13: 1:00 pm – 2:00 pm

9/11/13: 9:00 am – 10:00 am

9/11/13: 1:00 pm – 2:00 pm



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To register for any of the webinars, contact Jana Neiderhiser at 570-214-7384 or jneiderhiser@geisinger.edu.

If you feel GHP is not meeting your cultural needs, please call our customer service team at (800) 447-4000.