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Fight colorectal cancer and earn CME credits

As part of the Pennsylvania Colorectal Cancer Screening (PA CRCS) Collaborative and through free Pennsylvania Academy of Family Practice (PAFP) webcasts, your practice can improve colorectal cancer screening rates and earn 3 CME credits. Watch the webcast at <http://www.pafp.com/pafpcom.aspx?id=418>. We also recommend the CRCS Guidelines webcast by Dr. Richard Wender, worth 1 CME credit.

The PA CRCS Collaborative is sponsored by a grant from the PA Department of Health through funds from the Centers for Disease Control's Screen for Life program. It is a virtual online learning collaborative focusing on preventive care. The PA CRCS Collaborative is lead by expert faculty physicians who educate practices on current CRC screening guidelines, "systems-based" changes for improving care, and learning how to implement essential components of the Model for Improvement to measure and track changes in their delivery of care.

The PA CRCS Collaborative plans to improve the screening rates in Pennsylvania from the current 63% to 80% through education on updated guidelines and focusing on changes in the practice so the entire team is engaged. This also includes making sure patient preference is honored, changes are measurable and quantifiable and improvements are sustained. The techniques learned from this can be applied to other disease elements within practices to further enhance quality improvement impact.

Visit the PAFP Web site, <http://www.pafp.com/pafpcom.aspx?id=367>, to find more CME-credit webcasts that may interest you.

GHP's new Healthy Rewards program



Geisinger Health Plan (GHP) now offers Healthy Rewards, a healthy lifestyle reimbursement. This program helps members pay for activities related to fitness and reward members who are already active. Healthy Rewards will reimburse up to \$100/single and \$200/family for participation in activities that are on-going, aerobic or instructional. This includes fitness center memberships, exercise classes, race fees, school athletic fees, swimming lessons, gymnastics, sports camps, karate and more. Members must also complete an online health risk assessment to be eligible.

GHP hopes to encourage and reward our members who lead an active lifestyle, which will in turn benefit their overall health. The program will go into effect for new groups enrolling April 1 or after. Current members will have access to the program when their benefits renew.

For more information, please contact our customer service team at (800) 447-4000, Monday through Friday 8:00 a.m. to 5:00 p.m.

Alternatives for drugs with prior authorization

GHP has created two prior authorized drug lists to better serve you and your patients. Each *Prior Authorized Drugs with Preferred Alternatives* list is an index of drugs requiring prior authorization and preferred lower-tier alternatives that do not require prior authorization. Using the lower-tier alternatives could result in cost savings for your patients. We want to ensure that GHP and Geisinger Gold patients have access to safe, affordable and clinically effective drugs that produce optimal results.

The intent of this list is to assist you in providing the best value to your patients, while avoiding the burden of obtaining a prior authorization.

Please note, these are not complete lists of drugs requiring prior authorization and differ for GHP and Geisinger Gold patients. You can access these lists at thehealthplan.com. Visit the "Provider Information Center", click on the "Medical and Rx Information" link. Scroll to the bottom of the page, and the lists are under "Prior Authorized Drug Alternatives". Both lists will be updated quarterly.

We encourage you to reference the lists to identify potential alternatives when prescribing drugs to your GHP and Geisinger Gold patients. If you have any questions, please call our pharmacy department at (800) 988-4861; TDD/TTY (800) 447-2833; 7 days a week, 8 a.m. to 8 p.m. Thank you for your continued participation.



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ICD-10: Be prepared

Health and Human Services (HHS) recently announced a delay in the implementation of the International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). GHP will continue to work with you to prepare for this pending transition. The ICD-10 code set will replace the current ICD-9 version nationwide. This transition will impact all providers and will require significant planning, training, system configuration and testing among all stakeholders. GHP will convert to ICD-10 for both paper and electronic claims. We encourage all participating providers to consider the following in preparation:

- Talk to your practice management or software vendor about system upgrades and software updates necessary for conversion to ICD-10
- Talk to your clearinghouses, billing services, and payers to determine their ICD-10 implementation plans and testing timelines
- Identify the systems and processes in your practice that involve ICD-9 codes (e.g., diagnosis coding tools, superbills, ERH, etc.) that will require compatibility with the ICD-10 code set
- Identify staff training needs and complete the necessary training

- Conduct internal testing to make sure you can generate transactions with ICD-10 codes
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes

GHP expects to be ready to accept ICD-10 provider testing by early spring 2013. That date may fluctuate depending on vendor readiness and our internal testing. We will continue to provide regular ICD-10 status updates through this newsletter and other avenues of communication. For more information on what you can do to prepare for the transition to ICD-10, visit the American Medical Association at www.ama-assn.org or the Centers for Medicare and Medicaid Services (CMS) at www.cms.gov and search ICD-10.



**Briefly is also available online at
thehealthplan.com**

NIA clinical reviews

National Imaging Associates (NIA) plans to reduce unnecessary imaging and support the Centers for Medicare and Medicaid Services' (CMS) program integrity requirements. NIA uses several clinical review processes to ensure program integrity and the quality and clinical appropriateness of the care your GHP patients receive. These processes include NIA's proprietary algorithms, specialist-reviewed guidelines and clinical records review. In order to ensure that appropriate care is provided, NIA routinely rotates these processes to target a certain modality or a specific clinical situation for additional review. This often involves increasing the level of review to include records that validate the appropriateness of the test being ordered.

When NIA activates a clinical record review for a specific test, you may be asked to submit elements of the record for review prior to an authorization of the test. We encourage you to submit thorough clinical documentation with all of your NIA authorization requests to ensure a timely approval.

Requested records can be attached to an authorization through NIA's clinical information upload function on RadMD.com, or a fax cover sheet is available for sending records. Either method will expedite the authorization process because the information is automatically attached to the case and immediately forwarded to NIA clinicians for review.

NIA began the clinical records review process for GHP participating physicians on February 18, 2012. The tests include: lumbar spine MRI, cervical spine MRI, chest CT, abdomen and pelvis CT, brain CT, brain MRI, knee MRI and cardiac TTE.

Additional tests will be rotated in over the next several months. NIA is including TTE in the tests managed by the clinical review process since this is a high volume cardiac test, even though the test is low cost. Over the past six months, NIA has received an average of 860 TTE requests per month from GHP participating physicians. By requiring clinical documentation, NIA can ensure that TTE testing is only being used in appropriate clinical situations.

For more information on NIA's clinical review process, please contact the NIA Radiology Network Services Team at (800) 327-0641.

Benefit changes

Effective 4/1/2012 and upon renewal

For commercial members only. Does not apply to Gold or CHIP.

- Diabetic eye examinations will now be covered with no cost sharing required.*
- Pulmonary function tests will now be covered with no cost sharing required.*
- Coverage for durable medical equipment will increase from \$2,500 to \$5,000 per benefit period.**
- The following therapies are excluded from coverage: ayurveda, craniosacral therapy, guided imagery, hippotherapy, homeopathy, massage therapy, naturopathy, reiki, therapeutic touch and yoga
- Breast reductions for females are covered when medically necessary. Prior authorization is required for coverage; GHP's policy guidelines must be met. Breast reductions for males will continue to be excluded from coverage.*

**Does not apply to Geisinger Choice Short Term PPO*

***Does not apply to Geisinger Choice Short Term PPO or Geisinger Choice Advantage PPO*

Temporary ID cards available online

Members can now print a temporary ID card through our Web site. To access a temporary ID card:

1. Log in to thehealthplan.com (registration required)
2. Click on "Service Center" (on the left side of the page)
3. Under "Service Center," select the "Request New ID Card" link
4. Then select "Click Here" for a PDF of the most current ID card

This PDF can be printed and used until members receive their permanent ID card in the mail. Contact the customer service team at (800) 447-4000 with any questions. For PPO with no referral members, please call (800) 504-0443.

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. Soon, information on policies and guidelines will be available exclusively online at thehealthplan.com. More details will be available in future issues of Briefly. New and revised policies are effective April 1, 2012.

New Policies

MP259 Phototherapy for the Treatment of Dermatological Conditions

- Outlines indications for PUVA, UVB, UVA/UVB/ UVB with Coal tar (Goeckerman regimen) and home phototherapy

MP261 Aqueous Drainage Shunt

- FDA-approved aqueous drainage/shunt implants are considered to be medically necessary for the treatment of refractory primary open-angle glaucoma when first and second-line pharmacologic therapies such as, but not limited to latanoprost, timolol, tobrimonidine or dorzolamide have failed to control intra-ocular pressure. Aqueous drainage/shunt implants may be used as an alternative to laser trabeculectomy or as an alternative to a failed previous trabeculectomy

MP260 Canaloplasty and Visco canalostomy

- GHP does NOT provide coverage for canaloplasty or visco canalostomy for the treatment of open-angle glaucoma because these procedures are considered experimental, investigational or unproven. The Geisinger Technology Assessment Committee determined there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of these treatments on health outcomes when compared to established treatments or technologies

Revised Policies

MP60 - Lung Volume Reduction Surgery*

- Continues to require prior authorization
- Must be performed in a designated Center of Excellence

MBP76.0 - Actemra®*

- Continues to require prior authorization
- Clarified indications:
- Adults with moderate to severe rheumatoid arthritis:
 - Physician provided documentation of a diagnosis of rheumatoid arthritis
 - Physician provided documentation of a therapeutic failure on, contradiction to or intolerance to Enbrel, Humira or Remicade
- Active systemic juvenile idiopathic arthritis in patients 2 years of age and older

MP 192 – Intensity Modulated Radiation Therapy

- No longer requires prior authorization
- Indications for treatment of cancer of the prostate, breast, anus or anal canal, abdomen, pelvis or retroperitoneal area, benign and malignant tumors of the central nervous system clarified. Exclusions section also updated

MBP37.0 – Cubicin

- No longer requires prior authorization

MBP20.0 Faslodex

- No longer requires prior authorization

MBP21.0 Vfend

- No longer requires prior authorization

Reviewed Policies

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

- MP56 - Management of Excess skin and Subcutaneous Tissue*
- MP177 - Sensory Integration Therapy
- MP194 - Rhinophototherapy
- MP204 - Nasal and Sinus Surgery*
- MP51 - Vagus Nerve Stimulation*
- MP21 - Dorsal Column Stimulation*
- MP162 - Salivary Hormone Testing for Menopause and Aging
- MP157 - Prothrombin Time Home Testing
- MP164 - Laser Treatment of Acne
- MP224 - Topical Oxygenation
- MP123 - HDR Temporary Brachytherapy for Treatment of Prostate Cancer
- MP247 - Enteral Nutrition
- MP210 - Endometrial Ablation
- MP77 - Non-invasive Mechanical Treatments for Low Back Pain
- MP225 - Circulating Tumor Cell Testing
- MP230 - Outpatient Pulmonary Rehabilitation
- MP81 - Chelation Therapy
- MP108 - Work Hardening, Work Conditioning Programs, and Functional Capacity Exams
- MP191 - Computerized Cognitive Health Assessment Systems
- MP205 - Advanced Molecular Topographic Genotyping
- MP53 - Cochlear Implant*
- MP231 - Facet Joint Denervation
- MP186 - Hip Resurfacing Arthroplasty
- MP126 - Massage Therapy
- MP119 - Therapeutic Listening
- MP95 - Craniosacral Therapy
- MP222 - Intradiscal Biacuplasty
- MP142 - Anodyne Infrared Therapy
- MP235 - Total Facet Arthroplasty
- MP236 - Immune Cell Function Assay for Transplant Rejection
- MP149 - Pulsed Electrical Stimulation for the Treatment of Osteoarthritis
- MP220 - Epiretinal Radiation Therapy
- MP223 - Functional Anesthetic Discography
- MP252 - Colon Motility Test

Continued on page 5

*Coverage requires prior authorization (PA)

Reviewed Policies continued

MP249 – Bioimpedance Spectroscopy
MP190 – Interspinous Distraction
Technology
MP138 – Lysis of Epidural Adhesions*
MP169 – Retinal Prosthesis
MP06 – Nocturnal Enuresis Alarm
MP168 – Non-invasive Testing for Heart
Transplant Rejection
MP98 – Genetic Testing Related to Colorectal
Cancer*
MP251 – Percutaneous Heart Valve
Replacement
MP19 – Laser Treatment of Cutaneous
Vascular Lesions

Clinical Guideline Review

GHP continues to solicit physician and non-physician provider input concerning clinical guidelines. The following clinical guidelines are currently being reviewed:

- Pediatric otitis media with effusion
- Adult and pediatric pharyngitis
- Treatment of hepatitis C

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs, at pkrebs@thehealthplan.com. Please provide your feedback by June 15, 2012.

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

GHP policies and procedures available online

GHP's Participating Provider Guide is available online at thehealthplan.com. You may also request a copy by calling your provider relations representative.

The Participating Provider Guide includes important GHP policy and procedure information, including:

- Member rights and responsibilities (HMO, PPO and Gold)
- Medical management information (communicating denials of coverage, how we make medical management decisions, and more)
- Quality Improvement information
- Privacy information
- Minimum standards for medical record documentation



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Help patients be involved with their care

With the ability to look for health information on the Internet, patients are more informed than ever when visiting the doctor. But are they truly engaged in their health?

Many people find it hard to ask their doctor questions. They worry they'll look foolish using incorrect medical terms, or that asking questions will annoy you. Or sometimes patients may not feel well enough to take an active role in making decisions.

There are several things you can do to help your patients be more engaged:

- Ask them if they have any questions
- Allow them to bring a family member to their next appointment
- Have a pen and paper available for them to take notes
- At the end of the appointment, encourage them to ask questions about anything they may not understand

Studies have shown that treatment results improve when doctors and patients work together to make medical decisions. Patients who asked more questions and received information have an increased feeling of control over their health, follow treatment recommendations more closely and achieve better overall health outcomes.

Commercial formulary updates

As a general rule, drugs at tier 1 and tier 2 are considered preferred drugs, while non-preferred drugs are typically at tier 3. Prior authorization may be necessary for certain drugs. The table below represents recent updates to the GHP's formulary. For a hard copy of the entire formulary, please contact our pharmacy customer service team at (800) 988-4861, Monday through Friday, 8 a.m. to 5 p.m. or view it at thehealthplan.com.

Drug	Status	Tier	Notes
Daliresp	F	3*	Alternatives include Advair, Atrovent, Combivent, Serevent, Spiriva and Symbicort
Edarbi	F	3*	Alternatives include losartan and ACE-inhibitors such as lisinopril, captopril, ramipril
Jalyn	F	3*	Alternatives include finasteride, tamsulosin, terazosin, doxazosin, Avodart and Rapaflo*
Tradjenta	F	3*	Alternatives include Januvia
Incivek	F	2*	Tier change: Tier 3 to Tier 2
Combivent	F	3	Tier change: Tier 2 to Tier 3
Dificid	F	3*	Alternatives include metronidazole and oral vancomycin
Vimpat			Members must be 17 years of age or older
Uloric			Probenecid is no longer a required step therapy to Uloric

Status column key:
Formulary (F)-drug is a preferred product; prior authorization may still apply according to key
Non-Formulary (NF)-drug is not a preferred product; prior authorization will likely apply according to key
Tier key:
 *Prior authorization applies
 **Quantity limit applies

Gold formulary updates

Drug	Status	Formulary A Tier	Formulary B Tier	Notes
Victrelis	F	2*	4*	Incivek preferred; authorization will be for 11 months
Incivek	F	2*	4*	12-week authorization
Xarelto**	F	2	3	Quantity limits apply
Lastacaft	NF			Formulary alternatives include Azelastine and Pataday
Fortesta	NF			Formulary alternatives include Androderm patches and gel
Edurant	F	2	3	
Nulojix	F	2*	4*	
Potiga	F	2	3	
Banzel suspension	F	2	3	
Viramune XR	F	2	3	

Status column key:
Formulary (F) -drug is a preferred product; prior authorization may still apply according to the table above
Non-Formulary (NF) -drug is not a preferred product; prior authorization will likely apply according to the table above
Tier key:
Formulary A- Geisinger Gold standard formulary
Formulary B- Geisinger Gold \$0 deductible formulary
 * =prior authorization applies
 ** = quantity limit applies
 To request a prior authorization, please contact the GHP Pharmacy Department at (800) 988-4861, Monday- Friday, 8 a.m.- 5 p.m.

HEDIS® measures help ensure quality care

GHP encourages you to recognize and use the following Healthcare Effectiveness Data and Information Set (HEDIS®) measures when caring for your patients. Please work with us to meet and maintain these safety and quality improvement goals in pursuit of the highest quality of care for your patients.

GHP is consistently among the highest-ranked plans in the country. The high-quality service you provide to your GHP patients is vital to our continued success. Thank you!

Colorectal cancer screening

Target Population

Individuals 50-75 years of age

Guidelines

One or more screenings for colorectal cancer:

- Colonoscopy every 10 years
- Fecal occult blood test (FOBT) every year
- Flexible sigmoidoscopy every five years (highly recommended to combine with yearly FOBT)

No referral required for a colonoscopy and cost sharing removed for preventive services. Exception: TPA members. Members with a diagnosis of colorectal cancer or total colectomy are excluded.

Codes to identify colorectal cancer screening:

FOBT

CPT: 82270, 82274

HCPCS: G0328

Flexible sigmoidoscopy

CPT: 45330-45335, 45337-45342, 45345

HCPCS: G0104

ICD-9 Procedure: 45.24

Colonoscopy

CPT: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392

HCPCS: G0105, G0121

ICD-9 Procedure: 45.22, 45.23, 45.25, 45.42, 45.43

Codes to identify exclusions:

Colorectal cancer

HCPCS: G0213-G0215, G0231

ICD-9 Diagnosis: 153, 154.0, 154.1, 197.5, V10.05

Total colectomy

CPT: 44150-44153, 44155-44158, 44210-44212

ICD-9 Procedure: 45.8

Note

Most colorectal cancers develop over many years from benign adenomatous polyps. Early colon cancer usually shows no symptoms but can be detected through screening. When detected early, survival is greatly enhanced with a 5-year relative survival rate of 90%. Currently only 39% of colorectal cancers are diagnosed at an early stage.

Breast cancer screening

Target Population

Women 40-69 years of age

Guidelines

One or more mammograms during the measurement year or the year prior to the measurement year.

No referral required. Women who had a bilateral mastectomy or evidence of two unilateral mastectomies are excluded.

Codes to identify breast cancer screening:

CPT: 77055-77057

HCPCS: G0202, G0204, G0206

ICD-9-CM Procedure: 87.36, 87.37

UB Revenue: 0401, 0403

Codes to identify exclusions:

Bilateral mastectomy

CPT: 19180, 19200, 19220, 19240, 19303-19307 with modifier 50 or modifier code 09950*

ICD-9-CM Procedure: 85.42, 85.44, 85.46, 85.48

Unilateral mastectomy (members must have 2 separate occurrences on 2 different dates)

CPT: 19180, 19200, 19220, 19240, 19303-19307*

ICD-9-CM Procedure: 85.41, 85.43, 85.45, 85.47

(*50 and 09950 modifier codes indicate the procedure was bilateral and performed during the same operative session)

Note

The risk of getting breast cancer increases with age. Most breast cancers and breast cancer deaths occur in women aged 50 and older. Screening mammography in women decreases breast cancer mortality. The benefit is higher for older women. It can help find cancer at an early stage before symptoms spread.



Briefly is also available online at thehealthplan.com



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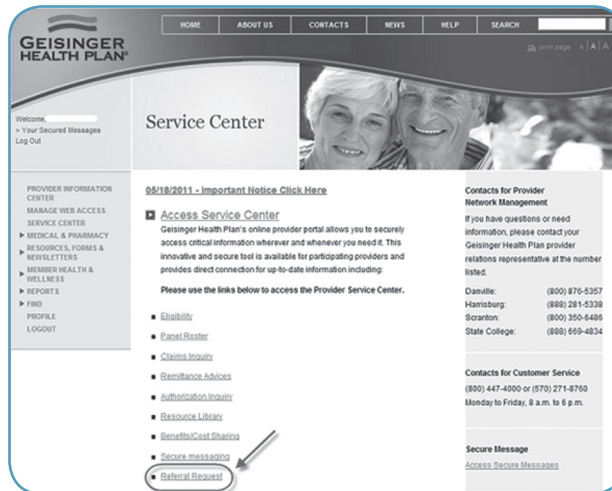
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A copy of this newsletter can also be found at thehealthplan.com

HPM50 ad Mar 2012 2/6/12

NEW! Online referrals are here



In response to an extensive amount of provider feedback and to ease the administrative burden of the process, GHP has created a new online referral tool available through the Provider Service Center.

Participating providers, with access to our online Provider Service Center, now have the ability to enter, retrieve and verify the status of referrals electronically—an efficient, cost-saving service.

Instructional webinars held in January and February were well attended, and we've seen a noticeable increase in provider utilization since implementing the online referral tool. In addition to online referrals, the Provider Service Center allows providers to view authorizations, claims, eligibility, benefit information and more. If you are not registered for the Provider Service Center, you may do so at thehealthplan.com, or by contacting your provider relations representative at (800) 876-5357.

Reminder: pharmacy processing changes

To better serve you, GHP made improvements to its claims processing methods at the pharmacy, which began in January. Members must use their new benefit card at the pharmacy, and for mail orders, for prescriptions to be covered. For questions, please call (800) 988-4861 or (570) 271-5673; TDD/TTY 711