



Visit the new thehealthplan.com

Geisinger Health Plan's Web site has recently been redesigned and launched with new features to better serve members and providers. Please visit the Provider Information Center to access tools and resources which can help you provide quality service to your patients.

Provider Service Center

Recently updated and redesigned based on feedback received from providers, the Provider Service Center will continue to offer information and tools to:

- View claim status, history and payments
- Review member eligibility data
- Research benefit plan details, including cost-sharing amounts
- View current authorizations for Health Plan members
- Download explanations of payment (EOP)
- View medical and pharmaceutical policies

The Provider Service Center is available 24 hours a day, seven days a week. Registration is required.

Important provider information available online

The recently revised **Participating Provider Guide (Dev. 10/08)** is effective February 15, 2009, for all participating providers. The Participating Provider Guide (Dev 10/08) is part of your agreement with the Health Plan, and includes information on referrals and coordination of services,



claim reporting requirements, quality improvement, medical management, member rights and responsibilities, plus much more.

Geisinger Gold's new **terms and conditions of payment for Private-Fee-for-Service plans** are also available online. Providers must accept these terms and conditions when providing service to a Geisinger Gold Open member.

If you do not have access to the Internet and would like printed copies of either of these documents, please contact your Provider Relations Representative.

Benefit changes for April 1

Benefit changes to group HMO and PPO plans (effective April 1, 2009) will be available at thehealthplan.com. Benefit changes for non-group HMO

plans (effective April 1, 2009) are also available. All changes are effective upon a member's renewal date.

Interactive Voice Response System

In addition to new and updated Web tools, providers can now use the Health Plan's new Interactive Voice Response (IVR) system.

Claim, member eligibility and benefit information will be available 24 hours a day, seven days a week.

The following information is required when using the IVR:

- Provider's nine-digit tax ID number
- Member's 11-digit member ID number
- Member's first name
- Date of service
- Member's date of birth

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.

In the near future, 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, 2009. Authorizations can be generated prior to April 1.

*Policy requires prior authorization (PA)

New Policies

Medical Policies

The following new medical policies are considered experimental, investigational or unproven, and are not covered.

- MP 219 Percutaneous neuromodulation therapy
- MP 222 Intradiscal biacuplasty
- MP 223 Functional anaesthetic discography
- MP 224 Topical oxygenation
- MP 225 Circulating tumor cell testing
- MP 221 Suprachoroidal integration therapy of pharmacologic agents
- MP 220 Epiretinal radiation therapy

Medical Benefit Pharmaceutical Policies

*MBP64.0 Arranon®

Arranon® (nelarabine) is indicated for treatment of T-cell acute lymphoblastic leukemia (T-ALL) and T-cell lymphoblastic lymphoma (T-LBL) that has not responded to or has relapsed following treatment of a minimum of 2 chemotherapy regimens.

Prior authorization is required and additional criteria apply.

*MBP65.0 Torisel®

Torisel® is indicated for the treatment of renal cell carcinoma.

Prior authorization is required and additional criteria apply.

Revised Policies

*MP 20 Transplant services

The policy was revised to include attachments detailing the documentation required for submission for the consideration of transplant medical necessity. The **prior authorization requirement remains in effect**.

*MBP 2.0 Palivizumab

The indication criteria was updated based on the American Academy of Pediatrics policy statement and the current version of the Geisinger Medical Center RSV prophylaxis guideline. Prophylaxis of up to 6 doses should be initiated on November 1 (prior to RSV season) and continue until April 15. **Prior authorization requirement remains in effect**.

MBP 32.0 Kepivance®

The policy was revised to remove the prior authorization

requirement. Criteria remain in effect.

MP 147 Artificial intervertebral discs

Based on the available peer reviewed, published medical literature, the Geisinger Technology Assessment Triage committee has determined that the use of artificial intervertebral discs for the use in the cervical spine are considered experimental, investigational and unproven. Additional exclusion language was added to the policy.

Annual Reviews

The following medical and pharmaceutical policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- MP 01 NMES
- *MP 02 Positron emission tomography (PET) scan (PA required through NIA)
- MP 05 Medical benefit policy development process
- *MP 06 Nocturnal enuresis alarm (PA required through DME)
- MP 23 Keratoplasty
- *MP 50 Surgical correction of pectus deformity
- *MP 51 Vagus nerve stimulation
- *MP 53 Cochlear implant
- MP 60 Lung volume reduction surgery (Covered for Gold only when performed at a CMS-approved Center of Excellence)
- *MP 63 Acupuncture
- MP 77 Non-invasive mechanical treatments for back pain
- MP 79 Donor human leukocyte antigen typing
- MP 81 Chelation therapy
- MP 95 Craniosacral therapy
- MP 105 Phototherapy for seasonal affective disorder
- MP 108 Work hardening
- MP 119 Therapeutic listening
- MP 120 Intracavity balloon brachytherapy for breast cancer
- MP 123 HDR brachytherapy
- MP 126 Massage therapy
- MP 128 ESSURE™ hysteroscopic microinsert tubal occlusion sterilization
- MP 134 Gastric electrical stimulation
- *MP 138 Lysis of epidural adhesions (not covered by all plans)
- MP 142 Anodyne infrared therapies
- MP 149 Pulsed electrical stimulation for osteoarthritis
- *MP 158 Continuous passive motion
- *MP 160 Adult cardiac magnetic resonance imaging
- MP 162 Salivary testing for menopause and aging
- MP 163 Thermography
- MP 164 Laser treatment of acne
- MP 166 MR ultrasound ablation of uterine fibroids
- MP 168 Non-invasive testing for heart transplant rejection

Continued on Page 3

Medical and pharmaceutical policy updates

Continued from Page 2

- MP 169 Retinal prosthesis
- MP 171 Clinical guideline development, implementation and review process
- MP 177 Sensory integration therapy
- MP 186 Hip resurfacing arthroplasty
- MP 191 Computerized cognitive health assessments
- MP 194 Rhinophototherapy
- *MP 195 Functional magnetic resonance imaging (PA required through NIA)
- MP 207 Corneal hysteresis
- MP 210 Endometrial ablation
- MBP 1.0 Coordination of medical benefit and pharmaceutical
- *MBP 7.0 Aldurazyme®
- MBP 14.0 Meningococcal vaccine
- *MBP 18.0 Fabrazyme®
- *MBP 26.0 Oxaliplatin®
- *MBP 28.0 Ontak®

- *MBP 29.0 Elitek™
- *MBP 34.0 Vitrasert®
- *MBP 38.0 Clolar™
- *MBP 42.0 Intravenous Boniva®

Clinical guideline updates

The following clinical guidelines have been recently added or updated and approved by the Geisinger Health Plan Quality Improvement Committee for use by participating providers, and have been posted on thehealthplan.com:

- Adult depression
- Chronic kidney disease
- Diabetes

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 hard copy versions. Comments can be sent to pkrebs@thehealthplan.com.

Clinical trials and insurance coverage

When patients consider enrolling in a clinical trial, many factors need to be considered, such as the cost for care. Often times, providers have several resources available to assist their patients in determining or obtaining coverage for services related to a clinical trial. Providers also use specific diagnoses and modifiers to report such services to insurance payors to demonstrate clinical trial services. Proper coding assists the Health Plan to identify services that may be covered, such as routine care. Examples of applicable diagnosis and modifiers are:

V70.7 diagnosis code reported in the first or second position.

Q1 modifier - **Investigational** clinical service provided in a clinical research study that is in an approved clinical research study.

Q2 modifier- **Routine** clinical service provided in a clinical research study that is in an approved research study.

Investigational clinical services are defined as those items and services that are being investigated as an objective within the study. Investigational clinical services may include items or services that are approved, unapproved, or otherwise covered (or not covered) under Medicare.

Routine clinical services are defined as those items and services that are covered for Medicare beneficiaries outside of the clinical research study.

To ensure patients are well informed about their benefits, providers are encouraged to inform the Health Plan when a patient is enrolling in a clinical trial and ask the member to contact the Customer Service Team to verify benefits and financial responsibilities. Providers are encouraged to contact the Medical Management Department at (800) 544-3907 option 2, to review clinical questions or cases that involve clinical trials.

Formulary Updates

Member formularies for all plans are available online at thehealthplan.com. Visit our formulary search page, or download printable documents. Printed copies are available by contacting your Provider Relations Representative.

Changes to the commercial formulary

Drugs deemed non-formulary:

Treximet (3)*,t,**

Omnaris (3)*,t

Pristiq (3)*,t

Accolate will move to Tier 3 for members with the tiered benefit and will require prior authorization for members with the traditional benefit, effective June 15, 2009. Current users will be grandfathered.

Beginning April 1, 2009, upon plan renewal, the cost-sharing for blood glucose test strips will change. For the Triple Tier benefit, one Tier 2 copay will be applied per 100 strips (or up to 100 strips). For the Traditional benefit, one brand copay will be applied per 100 strips (or up to 100 strips). Prior authorization will no longer be required for testing frequency.

() = tier

* = requires prior authorization under the non-tiered benefit

t = requires prior authorization under the tiered benefit

** = quantity limits apply

Changes to the Gold formulary

Drugs deemed non-formulary:

Omnaris

Treximet

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

Richard J. Gilfillan, M.D.

President and Chief Executive Officer,
Geisinger Health Plan

Duane E. Davis, M.D.

Vice President, Chief Medical Officer,
Geisinger Health Plan

Teresa Willard

Vice President, Provider Network Management,
Geisinger Health Plan

Please forward comments or requests
for additional copies to:

briefly@thehealthplan.com

Health Plan Marketing
100 North Academy Avenue
Danville, PA 17822-3240

(570) 271-8135

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

HPM50

cd March 2009 2/2/09 401063

Health Plan refund process

When an overpayment on a claim is discovered, we ask that you notify the Health Plan of the overpayment in one of the following ways:

1. Use the online Provider Service Center secure e-mail link, identify the claim number, member ID number, and date of service, as well as basic information regarding the overpayment; or
2. Complete the Claim Research Request form and submit to Geisinger Health Plan, PO Box 8200, Danville, PA 17821; or
3. Contact the Customer Service Team at the toll-free telephone number on the member's identification card.

An offset to future payment may occur. Further questions regarding this process can be discussed with the Customer Service Team or your Provider Relations Representative.

Provider assistance assures HEDIS® success

The Health Plan would like to thank providers and office staff for their cooperation and assistance with HEDIS® chart audits. The information collected helps us identify patients who should receive necessary immunizations and tests. We also appreciate your support in encouraging patients to receive needed immunizations and screenings.

We will conduct our annual chart reviews in March and April, and with your help, we hope to have another successful HEDIS® year.



Non-Profit Org.
U.S. Postage
Paid
Geisinger
Danville, PA