Provider Newsletter

Summit COMMUNITY CARE

April 2020

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Medicaid:

COVID-19 information from Summit Community Care

Summit Community Care is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

For additional information, reference the *Provider News* section of our website.

ARPEC-0579-20

Antibiotic dispensing guidelines

Overuse of antibiotics is directly linked to the prevalence of antibiotic resistance. Promoting judicious use of antibiotics is important for reducing the emergence of harmful bacteria that is unresponsive to treatment. The following HEDIS® measures assess appropriate antibiotic dispensing for pharyngitis, upper respiratory infection and bronchitis/bronchiolitis. Changes for HEDIS 2020 include expanded age range and additional stratifications.

Read more online.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)

AR-NL-0066-19

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Use of Imaging Studies for Low Back Pain (LBP)

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18 to 50 years of age during the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (i.e., indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:
- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:
- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:
- National Committee for Quality Assurance – NCQA.org
- Choosing Wisely – Choosingwisely.org
- American Academy of Family Physicians – AAFP.org

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

ARPEC-0526-19

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Medical drug *Clinical Criteria* updates

November 2019

On November 15, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the *Clinical Criteria* web posting.
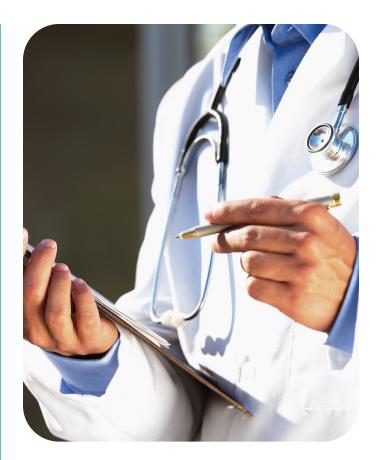
AR-NL-0072-20

December 2019

On December 18, 2019, and December 23, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

Effective dates are reflected in the *Clinical Criteria* web posting.

AR-NL-0075-20

> The *Clinical Criteria* is publicly available on the provider website, Visit the *Clinical Criteria* website to search for specific policies.
>
> Please submit any questions via email.

Coding spotlight: HIV and AIDS

Code only confirmed cases

According to ICD-10-CM coding guidelines for Chapter One, code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline *Section II, H*. In this context, *confirmation* does not require documentation of positive serology or culture for HIV. The provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.

Read more online.

AR-NL-0067-19

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Prior authorization requirements

New 2020 codes for coverage and precertification

Effective June 1, 2020, prior authorization (PA) requirements will change for several services to be covered for Summit Community Care members.

Read more online.

AR-NL-0071-20

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/ exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:
- Web: https://www.availity.com*
- Fax:
  - Nonbehavioral health: 1-501-224-1355
  - Behavioral health:1-877-434-7578
- Phone: 1-844-462-0022

Not all PA requirements are listed here. Detailed PA requirements are available to providers on our provider website (https://provider.summitcommunitycare.com/arkansas-provider/prior-authorization-lookup) and at https://www.availity.com. Providers who are unable to access Availity may call us at 1-844-462-0022 for PA requirements.

* Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care.

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Medical Policies and *Clinical Utilization Management Guidelines* update

The *Medical Policies*, *Clinical Utilization Management (UM) Guidelines* and *Third-Party Criteria* below were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed. For markets with carved-out pharmacy services, the applicable listings below are informational only.   To view a guideline, visit https://www.summitcommunitycare.com/provider > Provider News.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- SURG.00028 – Surgical and Minimally Invasive Treatments for Benign Prostatic Hyperplasia (BPH)
  - Revised scope of document to only address benign prostatic hyperplasia (BPH)
  - Revised medically necessary criteria for transurethral incision of the prostate by adding "prostate volume less the 30 mL"
  - Added transurethral convective water vapor thermal ablation in individuals with prostate volume less than 80 mL and waterjet tissue ablation as medically necessary indication
  - Moved transurethral radiofrequency needle ablation from medically necessary to not medically necessary section
  - Moved placement of prostatic stents from standalone statement to combined not medically necessary statement
- *SURG.00037 – Treatment of Varicose Veins (Lower Extremities)
  - Added the anterior accessory great saphenous vein (AAGSV) as medically necessary for ablation techniques when criteria are met

- Added language to the medically necessary criteria for ablation techniques addressing variant anatomy
- Added limits to retreatment to the medically necessary criteria for all procedures
- *SURG.00047 – Transendoscopic Therapy for Gastroesophageal Reflux Disease, Dysphagia and Gastroparesis
  - Expanded scope to include gastroparesis
  - Added gastric peroral endoscopic myotomy or peroral pyloromyotomy as investigational and not medically necessary
- *SURG.00097 – Vertebral Body Stapling and Tethering for the Treatment of Scoliosis in Children and Adolescents
  - Expanded scope of document to include vertebral body tethering
  - Added vertebral body tethering as investigational and not medically necessary

- *CG-LAB-14 – Respiratory Viral Panel Testing in the Outpatient Setting
  - Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
  - Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary
- *CG-MED-68 – Therapeutic Apheresis
  - Added diagnostic criteria to the condition "chronic inflammatory demyelinating polyradiculoneuropathy" (CIDP) when it is treated by plasmapheresis or immunoadsorption
- The following AIM Specialty Clinical Appropriateness Guidelines have been approved, to view an AIM guideline, visit the [AIM Specialty Health®** page](#):
  - *Joint Surgery
  - *Advanced Imaging – Vascular Imaging

Medical Policies

On November 7, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care.

Clinical UM Guidelines

On November 7, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Summit Community Care. These guidelines were adopted by the medical operations committee for Summit Community Care members on November 25, 2019.

View the full update line for a list of the policies and guidelines recently developed and revised.

Read more online.

*** AIM Specialty Health is a separate company providing utilization review services on behalf of Summit Community Care.*

AR-NL-0073-20

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