

Provider Newsletter



<https://www.summitcommunitycare.com/provider>

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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 *COVID-19 Updates* page on our [website](#).

ARPEC-0579-20

What Matters Most online training course: improving patient experience

The *What Matters Most* online training course for providers and office staff addresses gaps in care and offers approaches to communication with patients. The course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians. The *What Matters Most* online training course can be accessed at: www.patientexptraining.com.

AR-NL-0102-20

New MCG Care Guidelines 24th edition

Effective August 1, 2020, Summit Community Care will use the new acute viral illness guidelines that have been added to the 24th edition of the MCG Care Guidelines. Based on the presenting symptoms or required interventions driving the need for treatment or hospitalization, these guidelines are not a substantive or material change to the existing MCG Care Guidelines we use now, such as systemic or infectious condition, pulmonary disease, or adult or pediatric pneumonia guidelines.

Inpatient Surgical Care (ISC):

- *Viral Illness, Acute – Inpatient Adult (M-280)*
- *Viral Illness, Acute – Inpatient Pediatric (P-280)*
- *Viral Illness, Acute – Observation Care (OC-064)*

Recovery Facility Care (RFC):

- *Viral Illness, Acute – Recovery Facility Care (M-5280)*

AR-NL-0100-20

Medical drug *Clinical Criteria* updates

February 2020

On November 15, 2019, and February 21, 2020, 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-0092-20

March 2020

On November 15, 2019, February 21, 2020, and March 26, 2020, 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-0099-20

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](#).



Vaccine coverage

Summit Community Care covers the following vaccines under the pharmacy benefit:

- Hepatitis A
- Hepatitis B
- Hib (Haemophilus Influenzae Type B)
- HPV (Human Papillomavirus)
- Influenza (Flu)
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- Pneumococcal
- Polio
- Shingles
- Tdap (Tetanus, Diphtheria, Pertussis)
- Varicella

Note: Arkansas pharmacists can administer vaccines for age 7 and older.

Medicaid members 19 years and older can obtain vaccines from their provider's office or an in-network participating pharmacy that offers vaccinations.

Medicaid members between the age of 2 and 18 years old are eligible for free vaccines covered by the Vaccine for Children (VFC) program. Members can receive vaccines from providers or an in-network, participating pharmacy that is enrolled in the VFC program.

AR-NL-0103-20

Controlling High Blood Pressure (CBP)



This HEDIS® measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg)

Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is

adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of HTN.
- If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count for this HEDIS measure?

- If blood pressure is taken on the same day as a diagnostic test or procedure or for a change in diet or medication regimen
- If blood pressure is taken on or one day before the day of any test or procedure
- Blood pressure taken during an acute inpatient stay or an emergency department visit



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

AR-NL-0098-20

Coding spotlight: Provider guide to coding for cardiovascular conditions

In this coding spotlight, we will focus on several cardiovascular conditions; The ICD (International Classification of Diseases) codes from Chapter 9 of the ICD-10-CM are listed in the table below.

Diseases of the circulatory system	Category codes
Acute rheumatic fever	I00-I02
Chronic rheumatic heart diseases	I05-I09
Hypertensive diseases	I10-I16
Ischemic heart diseases	I20-I25
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28
Other forms of heart disease	I30-I52
Cerebrovascular diseases	I60-I69
Diseases of arteries, arterioles and capillaries	I70-I79
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified	I80-I89
Other and unspecified disorders of the circulatory system	I95-I99



AR-NL-0094-20

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.



To view a guideline, visit <https://provider.summitcommunitycare.com/arkansas-provider/medical-policies-and-clinical-guidelines>

Notes/updates:

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

- *CG-MED-88 – Preimplantation Genetic Diagnosis Testing:
 - Content moved from CG-GENE-06 – Preimplantation Genetic Diagnosis Testing
 - Added Medically Necessary and Not Medically Necessary statements addressing preimplantation embryo biopsy
- *DME.00011 – Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices:
 - Revised title (previous title: Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices)
 - Revised scope of document to include other conditions and devices
 - Added cranial electrical stimulation (CES) as Investigational and Not Medically Necessary for all indications
 - Added remote electrical neuromodulation (REN) as Investigational and Not Medically Necessary for all indications
- *LAB.00011 – Analysis of Proteomic Patterns:
 - Revised Investigational and Not Medically Necessary statement to include management of disease
- *MED.00120 – Gene Therapy for Ocular Conditions:
 - Revised title (previous title: Voretigene neparvovec-rzyl [Luxturna®])
 - Expanded scope of document to include all gene therapies for ocular conditions
 - Added the use of all other gene replacement therapies to treat any ocular condition as Investigational and Not Medically Necessary
- *SURG.00032 – Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention:
 - Revised title (previous title: Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention)
 - Added left atrial appendage closure via surgical (nonpercutaneous) implantation of a device as Investigational and Not Medically Necessary for all indications



Medical Policies and Clinical Utilization Management Guidelines update (cont.)

Medical Policies

On February 20, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care.

Clinical UM Guidelines

On February 20, 2020, 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 March 10, 2020.

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

 **Read more online.**

AR-NL-0093-20

Transition to AIM Specialty Health Rehabilitative Services Clinical Appropriateness Guidelines

Effective October 1, 2020, Summit Community Care will transition the clinical criteria for medical necessity review of certain outpatient rehabilitative services from our clinical guidelines for physical therapy CG-REHAB-04, occupational therapy CG-REHAB-05 and speech language pathology CG-REHAB-06 to AIM Specialty Health,* Rehabilitative Service *Clinical Appropriateness Guidelines*. These reviews will continue to be completed by the AR utilization management team.

Access and download a copy of the current and upcoming guidelines [here](#).

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Summit Community Care.

AR-NL-0095-20