

Provider Newsletter



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Medical drug *Clinical Criteria* updates

September 2019

On September 19, 2019, the Pharmacy and Therapeutic (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-0062-19

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](#).

Reminder: Mid-level practitioners are required to file using their NPI

Summit Community Care provides benefits for covered services rendered by nurse practitioners (NPs) and physician assistants (PAs) when operating within the scope of their license. Our policy states that these mid-level practitioners are required to file claims using their specific NPI number – not that of the medical doctor.



We will continue to monitor this area of concern through medical chart review and data analysis. Billing noncompliance can be considered a contract breach.

Summit Community Care recognizes the quality of care delivered to our members can be improved by the proper use of NPs and PAs. This notice is in no way intended to discourage their proper use but rather to clearly define how services should be appropriately billed.

AR-NL-0069-19

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>.



Notes/updates:

- ***GENE.00023 – Gene Expression Profiling of Melanomas**
 - Expanded Scope to include testing for the diagnosis of melanoma
 - Updated investigational and not medically necessary (INV&NMN) statement to include suspicion of melanoma
- ***GENE.00046 – Prothrombin G20210A (Factor II) Mutation Testing**
 - Revised title
 - Expanded scope and position statement to include all prothrombin (factor II) variations
- ***MED.00110 – Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting**
 - Revised title
 - Added new INV&NMN statements addressing Autologous adipose-derived regenerative cell therapy and use of autologous protein solution
- ***SURG.00052 – Intradiscal Annuloplasty Procedures (Percutaneous Intradiscal Electrothermal Therapy [IDET], Percutaneous Intradiscal Radiofrequency Thermocoagulation [PIRFT] and Intradiscal Biacuplasty [IDB])**
 - Revised title
- Combined the three INV&NMN statements into a single statement
- Added Intraosseous basivertebral nerve ablation to the INV&NMN statement
- ***TRANS.00035 – Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases**
 - Revised title
 - Expanded Position Statement to include non-hematopoietic adult stem cell therapy
- ***CG-ANC-07 – Inpatient Interfacility Transfers**
 - Added NMN statements regarding admission and subsequent care at the receiving facility
- ***CG-DME-46 – Pneumatic Compression Devices for Prevention of Deep Vein Thrombosis of the Extremities**
 - Revised title
 - Expanded Scope
 - Revised MN statement to include upper extremities

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

- The following AIM Specialty Health® updates were approved:
 - *Spine Surgery
 - *Radiation Oncology-Brachytherapy
Brachytherapy, intensity modulated radiation therapy (IMRT), stereotactic body radiation therapy (SBRT) and stereotactic radiosurgery (SRS) treatment guidelines
 - Sleep Disorder Management Diagnostic & Treatment Guidelines
 - Advanced Imaging
 - Imaging of the Heart: Cardiac CT for Quantitative Evaluation of Coronary Calcification
 - *Imaging of the Abdomen and Pelvis
 - MCG Customization for Repair of Pelvic Organ Prolapse (W0163) – Updated Coding Section

Medical Policies

On August 22, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care.

Clinical UM Guidelines

On August 22, 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 September 26, 2019.

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



Read more online.

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