

Provider Newsletter



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

October 2019



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All services referenced in this material are funded and provided under an agreement with the Arkansas Department of Human Services.

Pharmacy benefit manager change to IngenioRx

Effective October 1, 2019, IngenioRx will become the pharmacy benefit manager (PBM) for prescription drugs for Summit Community Care members.



Transferring prescriptions

Patients filling prescriptions at a retail pharmacy can continue, in most cases, using their same retail pharmacy. Patients receiving specialty drugs from Accredo Specialty Pharmacy can request a transfer of their prescriptions to IngenioRx Specialty Pharmacy or take a new prescription to any in-network pharmacy. A specialty drug is classified as a drug used for a rare disease or a drug that requires special handling. These drugs are not commonly available at retail pharmacies.

If your patients would like to get their medication through the home-delivery program, they can call the Pharmacy Member Services number on their member ID card.

If your patients have questions that are not addressed or need assistance transferring their prescriptions, they can call the Pharmacy Member Services number anytime at 1-833-263-2869 (TTY 711). We are available 24 hours a day, 7 days a week.

More information coming soon

We will be sending additional information regarding this transition to the new PBM; however, if you have questions about this change, contact your local Provider Relations representative or call Provider Services at 1-844-521-6942.

AR-NL-0032-19

Medical drug *Clinical Criteria* updates

On March 29, 2019, April 12, 2019, and May 1, 2019, the Pharmacy and Therapeutic (P&T) Committee approved changes to *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the [provider website](#), and the effective dates will be reflected in the [Clinical Criteria Q2 web posting](#). Visit [Clinical Criteria](#) to search for specific policies.

Please submit any questions via [email](#).

AR-NL-0047-19

MCG Care Guidelines update and customizations

The upgrade to the 23rd edition of the MCG Care Guidelines for Summit Community Care has changed from May 24, 2019, to September 5, 2019. In addition, Summit Community Care has customized some of the MCG criteria.

Customizations to the 23rd Edition of the MCG Care Guidelines

Effective September 5, 2019, the following customizations will be implemented:

- **Left Atrial Appendage Closure, Percutaneous (W0157)** – customized to refer to SURG.00032 Transcatheter Closure of Patent Foramen Ovale and Left Atrial Appendage for Stroke Prevention
- **Spine, Scoliosis, Posterior Instrumentation, Pediatric (W0156)** – customized to refer to Musculoskeletal Program Clinical Appropriateness Guidelines, Level of Care Guidelines and Preoperative Admission Guidelines



Effective November 1, 2019, customizations will be implemented for Chemotherapy and Inpatient & Surgical Care (W0162) for adult patients. The customizations provide specific criteria and guidance on the following:

- Clinical indications for admission; examples will also be added for:
 - Aggressive hydration needs that cannot be managed in an infusion center.
 - Prolonged marrow suppression.
- Regimens that cannot be managed outpatient; examples will also be added.

Providers can view a summary of the 23rd edition of the MCG Care Guidelines customizations [online](#) by selecting **Customizations to MCG Care Guidelines 23rd Edition (Publish date November 1, 2019)**.

AR-NL-0042-19

Medical Policies and Clinical Utilization Management Guidelines update



The *Medical Policies and Clinical Utilization Management (UM) Guidelines* 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://provider.summitcommunitycare.com/arkansas-provider/manuals-and-guides>.

March 2019 update

Notes/updates:

- **CG-DME-44 – Electric Tumor Treatment Field (TTF)** was revised to add the use of enhanced computer treatment planning software (such as NovoTal) as not medically necessary (NMN) in all cases.
- **CG-MED-72 – Hyperthermia for Cancer Therapy** was revised to clarify medically necessary (MN) and NMN statements addressing frequency of treatment.
- **CG-SURG-09 – Temporomandibular Disorders** was revised to clarify MN and NMN criteria and removed requirement for FDA approval of prosthetic implants.
- **CG-SURG-30 – Tonsillectomy for Children with or without Adenoidectomy** was revised to:
 - Spell out number of episodes of throat infections in MN criteria (A1, A2, A3).
 - Clarify criterion addressing parapharyngeal abscess (B4) to say two or more.
 - Add “asthma” as potential condition improved by tonsillectomy in MN criteria (C1b).
- The following **AIM Specialty Health®** updates took effect on September 28, 2019:
 - Advanced Imaging
 - Imaging of the Extremities
 - Imaging of the Spine
 - Imaging of the Brain

Medical Policies

On March 21, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care members.

Clinical UM Guidelines

On March 21, 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 May 7, 2019.

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



Read more online.

AR-NL-0045-19

June 2019 update

Notes/updates:

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

- ***DME.00037** – Added devices that combine cooling and vibration to the Investigational (INV) & not medically necessary (NMN) statement
- ***LAB.00027** – Added Mediator Release Test to INV&NMN statement.
- ***LAB.00033** – Clarified INV&NMN statement to include 4Kscore and AR-V7
- ***OR-PR.00003:**
 - Clarified medically necessary (MN) position statement criteria 2 to 4
 - Added statement that use of prosthetic devices that combine both a microprocessor controlled knee and foot-ankle prosthesis is considered INV&NMN for all indications
- ***SURG.00011:**
 - Added new MN and INV&NMN statements addressing amniotic membrane-derived products for conjunctival and corneal indications, including KeraSys and Prokera
 - Added new products to INV&NMN statement.
- ***SURG.00045:**
 - Added erectile dysfunction, Peyronie's disease and wound repair to the INV&NMN statement
 - Revised title
- ***SURG.00121** – Added INV&NMN statement to address use of transcatheter tricuspid valve repair or replacement for all indications
- The following **AIM Specialty Health®** updates were approved on June 6, 2019:
 - Advanced Imaging:
 - Imaging of the Heart
 - Oncologic Imaging
 - Vascular Imaging
 - Proton Beam Therapy
 - Rehabilitative Therapies – Physical Therapy, Occupational Therapy and Speech Therapy (New)

Medical Policies

On June 6, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Summit Community Care.

Clinical UM Guidelines

On June 6, 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 July 5, 2019.

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



Read more online.

AR-NL-0050-19

Reimbursement Policy

New Policy: Update

Drug Screen Testing

(Policy 19-001, effective 11/01/19)

The effective date of this policy has been updated from 10/1/19.

Summit Community Care allows separate reimbursement for definitive drug testing of 1-7 drug classes. Effective November 1, 2019, definitive drug testing for eight or more drug classes will not be separately reimbursed when performed on the same date of service as presumptive testing.

Definitive drug testing may be done to confirm the results of a negative presumptive test or to identify substances when there is no presumptive test available. Provider's documentation and member's medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.

In the event a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.

For additional information, refer to the Drug Screen Testing reimbursement policy at <https://www.summitcommunitycare.com/provider>.

AR-NL-0025-19-A

