

July 2024 Provider Newsletter

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Visit <https://providernews.summitcommunitycare.com/publications/july-2024-provider-newsletter-3045-3045>

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Phoenix Sepsis Criteria for coding and billing pediatric sepsis

To ensure compliance with the coding and billing of a claim submitted with the diagnosis of sepsis for our pediatric members, we review clinical information (including treatment and medical management) and laboratory and diagnostic procedure findings in the medical records submitted for review. To conduct the review accurately and consistently, our review process for pediatric sepsis applies coding and documentation guidelines. Beginning with admission dates of July 1, 2024, and later for members aged 29 days through 17 years of age, we will also apply the updated and most recent publication of the Society of Critical Care Medicine Pediatric Sepsis Definition Task Force criteria known as the *Phoenix Sepsis Criteria*, published in the *Journal of the American Medical Association (JAMA)* January 2024.

Clinicians and facilities should apply the *Phoenix Sepsis Criteria* when determining at discharge if the pediatric patient's clinical course supports the coding and billing of a diagnosis of sepsis. The claim may be subject to an adjustment in reimbursement when sepsis is found to be unsupported based on the *Phoenix Sepsis Criteria*.

Together, we can work towards improved outcomes.

jamanetwork.com/journals/jama/article-abstract/2814297

ARSMT-CD-056014-24-CPN55116

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/phoenix-sepsis-criteria-for-coding-and-billing-pediatric-sep-20273>

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Anatomical modifiers

Beginning with claims processing on or after October 1, 2024, Summit Community Care will use coding policies to support the use of anatomical modifiers. These policies were developed to promote national correct coding methods and to control improper coding that leads to incorrect payment. This update is part of continuing efforts to process claims accurately without having to request additional documentation from care providers.

What are the policies for using anatomical modifiers in procedure coding?

CPT® and HCPCS Level II guidelines supporting the use of anatomic-specific modifiers were used to develop these policies, which validate the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require the appropriate anatomical modifier. If an anatomical modifier is necessary to differentiate right or left and is not appended, the claim will be denied. Likewise, if a modifier is appended to a procedure code that does not match the appropriate anatomical site, the claim will be denied.

Action needed

CPT and HCPCS Level II guidelines support the following set of anatomical modifiers to facilitate correct coding for claims processing. Care providers are encouraged to follow these guidelines and append the modifiers relevant to the procedure code on the service line.

The anatomical modifiers, which must be reported, are:

Modifier	Description
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E1–E4	Eyelids
FA, F1–F9	Fingers
TA, T1–T9	Toes
LC	Left circumflex, coronary artery
LD	Left anterior descending, coronary artery
LM	Left main coronary artery
RC	Right coronary artery
RI	Ramus intermedius
LT	Left side
RT	Right side
50	Bilateral

We are committed to a future of shared success. If you have questions about this communication or need assistance with any other item, contact your provider relationship management representative.

ARSMT-CD-059529-24-CPN58952

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/anatomical-modifiers-20393>

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July is Disability Awareness Month

We hope you are finding our monthly observance articles helpful and informative. We will continue to feature these monthly articles to keep you informed about our resources that are here to support you in caring for all of our members.

We strive to advance health equity so everyone has a fair opportunity to be at their healthiest. As we reduce barriers to whole health — physical, behavioral, and social — and personalize the healthcare journey, we can more effectively advance health equity. While focusing on understanding member needs, we actively develop educational tools for providers.

In recognition of July as Disability Awareness Month, and to commemorate the signing of the *Americans with Disabilities Act (ADA)* in 1990 that promotes equal rights and accessibility for people with disabilities, we are introducing three eLearning resources and tools on [My Diverse Patients](#). This site offers a comprehensive repository of resources for providers to help support the needs of diverse patients and address disparities. Availability of multiple free continuing medical education (CME) courses with CMEs are offered through the American Academy of Family Physicians (AAFP).

For the month of July, our featured eLearning [Resources & Tools](#) are:

- Health Equity Framework for People with Disabilities:
 - This policy brief provides the rationale for the need for an all-of-government approach to achieve health equity in the United States and its territories for the largest unrecognized minority group in this country — the over 61 million people with disabilities — and sets forth a framework to achieve health equity for all people with disabilities. Disability is a natural part of the human condition, which occurs across all ages, genders, races, ethnicities, languages, and social groups.
- Health Equity for People with Disabilities:

- The CDC's Division of Human Development and Disability (DHDD) works to promote health and reduce health inequities for people with disabilities of all ages so they can participate fully in all aspects of their communities throughout their lives and have the opportunity to achieve all they set out to do.
- Connections Between Health Equity and Disability:
 - When it comes to healthcare, significant disparities abound between people with disabilities and able-bodied people. From physical barriers and discrimination to financial hurdles and a lack of available resources, access to healthcare is alarmingly inequitable for people with disabilities around the world.

We're pleased to offer these resources as we work together to deliver high-quality, equitable healthcare.

MULTI-ALL-CD-060723-24-CPN60345

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/july-is-disability-awareness-month-20488>

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Clinical Criteria updates

Effective August 27, 2024

Summary: On May 19, 2023, August 18, 2023, November 17, 2023, December 11, 2023, and February 23, 2024, the Pharmacy and Therapeutic (P&T) Committee approved the following *Clinical Criteria* applicable to the medical drug benefit for Summit Community Care. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit [Clinical Criteria](#) to search for specific policies. If you have questions or need additional information, use this [email](#).

Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive

Please share this notice with other providers in your practice and office staff.

Please note:

- **The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.**
- **This notice is meant to inform the provider of new or revised criteria that has been adopted by Summit Community Care only. It does not include details**

regarding any authorization requirements. Authorization rules are communicated via a separate notice.

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	*CC-0258	iDoseTR (travoprost Implant)	New
August 27, 2024	*CC-0259	Amtagvi (lifleucel)	New
August 27, 2024	*CC-0260	Nexobrid (anacaulase-bcdb)	New
August 27, 2024	*CC-0199	Empaveli (pegcetacoplan)	Revised
August 27, 2024	*CC-0041	Complement Inhibitors	Revised
August 27, 2024	CC-0128	Tecentriq (atezolizumab)	Revised
August 27, 2024	CC-0116	Bendamustine agents	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	CC-0161	Sarclisa (isatuximab-irfc)	Revised
August 27, 2024	CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
August 27, 2024	CC-0157	Padcev (enfortumab vedotin)	Revised
August 27, 2024	CC-0230	Adstiladrin (nadofaragene firadenovec-vncg)	Revised
August 27, 2024	*CC-0125	Opdivo (nivolumab)	Revised
August 27, 2024	*CC-0119	Yervoy (ipilimumab)	Revised
August 27, 2024	*CC-0099	Abraxane (paclitaxel, protein bound)	Revised
August 27, 2024	*CC-0093	Docetaxel (Taxotere)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	*CC-0094	Pemetrexed (Alimta, Pemfexy, Pemrydi)	Revised
August 27, 2024	CC-0130	Imfinzi (durvalumab)	Revised
August 27, 2024	*CC-0088	Elzonris (tagraxofusp-erzs)	Revised
August 27, 2024	*CC-0118	Radioimmunotherapy and Somatostatin Receptor Targeted Radiotherapy (Azedra, Lutathera, Pluvicto, Zevalin)	Revised
August 27, 2024	*CC-0112	Xofigo (Radium Ra 223 Dichloride)	Revised
August 27, 2024	*CC-0123	Cyramza (ramucirumab)	Revised
August 27, 2024	*CC-0131	Besponsa (inotuzumab ozogamicin)	Revised
August 27, 2024	CC-0121	Gazyva (obinutuzumab)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	CC-0122	Arzerra (ofatumumab)	Revised
August 27, 2024	CC-0232	Lunsumio (mosunetuzumab-axgb)	Revised
August 27, 2024	CC-0109	Zaltrap (ziv-aflibercept)	Revised
August 27, 2024	CC-0135	Melanoma Vaccines	Revised
August 27, 2024	*CC-0096	Asparagine Specific Enzymes	Revised
August 27, 2024	CC-0120	Kyprolis (carfilzomib)	Revised
August 27, 2024	*CC-0117	Empliciti (elotuzumab)	Revised
August 27, 2024	*CC-0126	Blinicyto (blinatumomab)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	CC-0113	Sylvant (siltuximab)	Revised
August 27, 2024	CC-0132	Mylotarg (gemtuzumab ozogamicin)	Revised
August 27, 2024	CC-0097	Vidaza (azacitidine)	Revised
August 27, 2024	CC-0129	Bavencio (avelumab)	Revised
August 27, 2024	*CC-0090	Ixempra (ixabepilone)	Revised
August 27, 2024	CC-0110	Perjeta (pertuzumab)	Revised
August 27, 2024	*CC-0115	Kadcyla (ado-trastuzumab)	Revised
August 27, 2024	*CC-0108	Halaven (eribulin)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	CC-0089	Mozobil (plerixafor)	Revised
August 27, 2024	CC-0124	Keytruda (pembrolizumab)	Revised
August 27, 2024	*CC-0002	Colony Stimulating Factor Agents	Revised
August 27, 2024	*CC-0212	Tezspire (tezepelumab-ekko)	Revised
August 27, 2024	*CC-0033	Xolair (omalizumab)	Revised
August 27, 2024	*CC-0043	Monoclonal Antibodies to Interleukin-5	Revised
August 27, 2024	*CC-0029	Dupixent (dupilumab)	Revised
August 27, 2024	*CC-0208	Adbry (tralokinumab)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	*CC-0062	Tumor Necrosis Factor Antagonists	Revised
August 27, 2024	*CC-0067	Prostacyclin Infusion and Inhalation Therapy	Revised
August 27, 2024	*CC-0066	Monoclonal Antibodies to Interleukin-6	Revised
August 27, 2024	*CC-0064	Interleukin-1 Inhibitors	Revised
August 27, 2024	*CC-0057	Krystexxa (pegloticase)	Revised
August 27, 2024	*CC-0068	Growth Hormones	Revised
August 27, 2024	*CC-0047	Trogarzo	Revised
August 27, 2024	*CC-0078	Orencia (abatacept)	Revised

Effective date	<i>Clinical Criteria</i> number	<i>Clinical Criteria</i> title	New or revised
August 27, 2024	*CC-0020	Natalizumab Agents (Tysabri, Tyruko)	Revised
August 27, 2024	*CC-0174	Kesimpta (ofatumumab)	Revised
August 27, 2024	*CC-0011	Ocrevus (ocrelizumab)	Revised

ARSMT-CD-058996-24-CPN57972

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/clinical-criteria-updates-19875>

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Facility emergency department leveling

Effective October 1, 2024, Summit Community Care will implement facility emergency department leveling.

Facilities must use appropriate codes and leveling for all services furnished during the emergency department (ED) encounter. The highest intervention/resource used determines the final facility ED level, which the Special Investigations (SIU) Prepayment Review team assesses for care providers under investigation who are also participating in the prepayment review program.

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to [Availity.com](https://www.availity.com), select state and the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section on our care provider website for the appropriate contact.

Please note: This policy does not apply for providers using the enhanced ambulatory patient grouping (EAPG) pricing methodology.

With your help, we can continually build towards a future of shared success.

ARSMT-CD-060121-24-CPN59855

To view this article online:

ARSMT-CD-061119-24

Visit <https://providernews.summitcommunitycare.com/articles/facility-emergency-department-leveling-20469>

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Carelon Medical Benefits Management, Inc. updates

Effective September 1, 2024, Summit Community Care will transition to the following Carelon Medical Benefits Management Clinical Appropriateness Guidelines for medical necessity/clinical appropriateness reviews for requested interventions:

- Site of Care Guidelines:
 - Site of Care for Advanced Imaging
 - Rehabilitative Site of Care
 - Surgical Site of Care

Please share this notice with other members of your practice and office staff.

ARSMT-CD-055203-24-CPN54524

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/carelon-medical-benefits-management-inc-updates-19990>

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MCG Care Guidelines 28th edition

Effective September 1, 2024, Summit Community Care will upgrade to the 28th edition of MCG Care Guidelines for the following modules. Below is high level summary of the updates and is not intended to be all inclusive:

- **Behavioral Health Care (BHG):**

- The goal length of stay (GLOS) has been changed in two guidelines in the 28th edition of Behavioral Health Care.

- **Inpatient & Surgical Care (ISC):**

- The goal length of stay (GLOS) has been changed in a total of 72 Optimal Recovery Guidelines in the 28th edition of Inpatient & Surgical Care. In medical Optimal Recovery Guidelines, the GLOS has been changed in 37 guidelines and the GLOS has been changed in 35 surgical Optimal Recovery Guidelines, in the 28th edition of Inpatient & Surgical Care.

- **General Recovery Care (GRG):**

- The benchmark length of stay (BLOS) has been refined in the 28th edition of General Recovery Care.

- **Recovery Facility Care (RFC):**

- A total of one guideline has been removed from the 28th edition of Recovery Facility Care.

- **Chronic Care (CCG):**

- A total of 10 guidelines have been moved in the 28th edition of Chronic Care.

If you have any questions, please contact the Provider Services number on the back of the member's ID card.

ARSMT-CD-056388-24-CPN55821

To view this article online:

Visit <https://providernews.summitcommunitycare.com/articles/mcg-care-guidelines-28th-edition-19978>

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Prior authorization requirement changes

Effective October 1, 2024

Effective October 1, 2024, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Summit Community Care for Medicaid members. 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. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Description
81173	AR (androgen receptor) (such as, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
81247	G6PD (glucose-6-phosphate dehydrogenase) (such as, hemolytic anemia, jaundice), gene analysis; common variant(s) (such as, A, A-)
81249	G6PD (glucose-6-phosphate dehydrogenase) (such as, hemolytic anemia, jaundice), gene analysis; full gene sequence

Code	Description
81307	PALB2 (partner and localizer of BRCA2) (such as, breast and pancreatic cancer) gene analysis; full gene sequence
81336	SMN1 (survival of motor neuron 1, telomeric) (such as, spinal muscular atrophy) gene analysis; full gene sequence
81403	<p>Molecular pathology procedure, Level 4 (such as, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons):</p> <p>EPCAM (epithelial cell adhesion molecule) (such as, Lynch syndrome), duplication/deletion analysis.</p>
81405	<p>Molecular pathology procedure, Level 6 (such as, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, such as regionally targeted cytogenomic array analysis) [when specified as the following]:</p> <p>ARSA (arylsulfatase A) (such as, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (such as, maple syrup urine disease, type 1A), full gene sequence DBT (dihydrolipoamide branched chain transacylase E2) (such as, maple syrup urine disease type 2), duplication/deletion analysis DHCR7 (7-dehydrocholesterol reductase) (such as, Smith-Lemli-Opitz syndrome), full gene sequence GLA (galactosidase, alpha) (such as, Fabry disease), full gene sequence NLGN3 (neuroligin 3) (such as, autism spectrum disorders), full gene sequence; NLGN4X (neuroligin 4, X-linked) (such as, autism spectrum disorders), full gene sequence OTC (ornithine carbamoyltransferase) (such as, ornithine transcarbamylase</p>

Code	Description
	<p>deficiency), full gene sequence</p> <p>TGFBR1 (transforming growth factor, beta receptor 1) (such as, Marfan syndrome), full gene sequence</p> <p>TGFBR2 (transforming growth factor, beta receptor 2) (such as, Marfan syndrome), full gene sequence</p>
81440	<p>Nuclear encoded mitochondrial genes (such as, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP</p>

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity at [Availity.com](https://www.availity.com).
- **Fax:**
 - **Behavioral health: 877-434-7578**
 - **Physical health: 800-964-3627**
- **Phone: 844-462-0022**

Not all PA requirements are listed here. Detailed PA requirements are available to providers on provider.summitcommunitycare.com on the *Resources* tab or for contracted providers by accessing [Availity.com](https://www.availity.com). Providers may also call Provider Services at **844-462-0022** for assistance with PA requirements.

UM AROW A2024M1371

ARSMT-CD-058678-24-CPN57596

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Visit <https://providernews.summitcommunitycare.com/articles/prior-authorization-requirement-changes-effective-october-1-20205>

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Prior authorization requirement changes effective October 1, 2024

This article was updated on June 27, 2024 to change the effective date from **August 1, 2024** to **October 1, 2024**.

Effective October 1, 2024, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Summit Community Care for Medicaid members. 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. **Non-compliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for the following code(s):

Code	Description
L7510	Prosthetic Device Repair Rep
L7520	Repair Prosthesis Per 15 Min

To request PA, you may use one of the following methods:

- **Web:** Once logged in to Availity at [Availity.com](https://www.availity.com).

- **Fax: 800-964-3627**
- **Phone: 844-462-0022**

Not all PA requirements are listed here. Detailed PA requirements are available to care providers at provider.summitcommunitycare.com on the Resources tab or for contracted care providers by accessing [Availity.com](https://www.availity.com). Care providers may also call Provider Services at **844-462-0022** for assistance with PA requirements.

UM AROW A2023M0965

ARSMT-CD-050740-24-CPN50188

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Prior authorization updates for medications billed under the medical benefit

Effective October 1, 2024, the following medication codes will require prior authorization.

Please note, inclusion of a National Drug Code (NDC) on your medical claim is necessary for claims processing.

Visit the [Clinical Criteria](#) website to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug name
CC-0252	C9399	Adzynma (ADAMTS13, recombinant-krhn)
CC-0253	J3490, J3590, J9999	Aphexda (motixafortide)
CC-0107	J3490, J3590	Avzivi (bevacizumab-tijn)
CC-0042	J3490	Bimzelx (bimekizumab-bkzx)
CC-0032	C9160	Daxxify (daxibotulinumtoxinA-lanm)

<u>CC-0059</u>	J3490	Focinvez (fosaprepitant)
<u>CC-0255</u>	C9399, J3490, J3590	Loqtorzi (toripalimab-tpzi)
<u>CC-0050</u>	J3590	OmvoH (mirikizumab-mrkz)
<u>CC-0256</u>	J3490	Rivfloza (nedosiran)
<u>CC-0002</u>	J3490, J3590	Ryzneuta (efbemalenograstim alfa-vuxw)
<u>CC-0066</u>	J3490, J3590	Tofidence (tocilizumab-bavi)
<u>CC-0257</u>	C9399, J3490	Wainua (eplontersen)
<u>CC-0254</u>	J3490	ZilbrysQ (zilucoplan)
<u>CC-0062</u>	J3590	Zymfentra (infliximab-dyyb)

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your provider relationship management representative or call Provider Services at **844-462-0022**.

Note: Prior authorization requests for certain medications may require additional documentation to determine medical necessity.

ARSMT-CD-056667-24-CPN56332

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Visit <https://providernews.summitcommunitycare.com/articles/prior-authorization-updates-for-medications-billed-under-the-20432>

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