MEDICARE: MEDICAL ADMINISTRATIVE POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
10/20/15	10/20/2016	10/20/2015

Policy Name	Policy Number
Coverage Determinations for Medicare Advantage	AD-0009

Policy Type		
☐ Medical	☒ Administrative	☐ Payment

Medical Administrative Medicare Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Administrative Medicare Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

A. SUBJECT

Coverage Determinations for Medicare Advantage

B. BACKGROUND

Coverage determinations for CareSource Medicare Advantage members are made in accordance with the applicable Centers for Medicare and Medicaid Services (CMS) payment policies, National and Local Coverage Determinations, Medicare Evidence of Coverage, and Summary of Benefits documents. These documents and the other policies described herein are utilized to determine on a case-by-case basis limitations, exclusions and/or covered benefits of health services for our members.

C. DEFINITIONS (optional)

- Local Coverage Determinations (LCD): specific written policies made by the Medicare Administrative Contractor (MAC) with jurisdiction for a particular State whether a particular item or service is covered.
- Medicare Administrative Contractor (MAC): a network of private organizations contracted with CMS that carry out the administrative responsibilities of traditional Medicare (Parts A and B) and process durable medical equipment, home health and hospice claims.
- MCG: Milliman Care Guidelines are nationally recognized clinical guidelines and criteria sets utilized to assist in the identification and reduction of variances from best practice in order to improve care quality and efficiency.
- National Coverage Determinations (NCD): coverage determinations made by CMS that outline the extent to which specific services, procedures, or technologies are within the scope

of a Medicare benefit category: being considered "reasonable and necessary" for the diagnosis or treatment of an illness or injury, and which Medicare will cover on a national basis.

D. POLICY

Covered benefits, limitations, and exclusions are specified in the Member's applicable Evidence of Coverage and Summary of Benefits.

CareSource makes coverage determinations in accordance with criteria defined by applicable state and federal guidelines. Specifically, CareSource complies with all current CMS payment policies, and National Coverage Determinations (NCDs).

In the absence of an NCD, CareSource applies a defined hierarchy for coverage determinations.

First, when no NCD applies CareSource utilizes criteria outlined by applicable Local Coverage Determinations (LCDs) under the direction of the local Medicare Administrative Contractor (MAC). When services are covered by LCD's from more than one MAC outlining differing medical review policies and/or criteria, CareSource will apply the LCD of the MAC with jurisdiction over the State where the member resides.

In the absence of an applicable NCD, LCD, or other CMS published guidance CareSource will apply criteria contained in policy statements developed either internally by CareSource or externally by MCG for coverage determinations.

CareSource's internally developed policies are based on published guideline statements, physician specialty society recommendations, and other forms of credible scientific evidence, suggesting a causative relationship between the health service and improved patient outcomes; published in peer reviewed medical literature recognized by the medical community pertinent to the member's clinical setting and circumstance.

When CareSource offers a medical policy statement that contains health services that are also discussed in a MCG policy statement, the CareSource criteria will supersede those of MCG.

If a requested service cannot be addressed by the above described hierarchy the medical or behavioral health reviewer will use professional judgment and applicable clinical practice guidelines and/or other evidence-based sources to arrive at a decision.

Resources may include but are not limited to independent external review organizations (such as ECRI Institute and/or Hayes,Inc); Published clinical practice guidelines which are consistent with industry standards (such as those in the National Guideline Clearinghouse); Policy statements offered by national panels and consortiums (such as the National Institutes of Health, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, National Comprehensive Cancer Network, Substance Abuse and Mental Health Services Administration etc.); Evidence-based clinical guidelines developed by specialty and sub-specialty societies;(*) Reviewers may also seek individualized consultation with a peer having expertise related to the requested service.

CMS payment policies, NCDs, and LCDs are subject to change, and CareSource applies the then-current versions of the payment policies, NCDs, and LCDs in making coverage determinations. Providers are responsible for reviewing CMS payment policies and other available CMS guidance.

CareSource does not practice medicine or make medical decisions for its members. Medical decision-making for CareSource members is the responsibility of the treating provider in consultation with the member. This policy is not intended to establish guidelines or the standard of care for the practice of medicine.

For Medicare Plan members, reference the Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

CONDITIONS OF COVERAGE

HCPCS
CPT

AUTHORIZATION PERIOD

E. RELATED POLICIES/RULES
See CareSource "Medical Necessity" policy for list of specialty societies.

F. REVIEW/REVISION HISTORY

Date Issued:	10/20/2015
Date Reviewed:	10/20/2015
Date Revised:	

G. REFERENCES

1. Centers for Medicare & Medicaid Services. October 2015. https://www.cms.gov/medicare-coverage-database/

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.