

# Administrative Policy Statement WEST VIRGINIA MARKETPLACE PLANS

WEST VINGINIA MARKETI LAGET LANG					
Policy Name	Polic	cy Number	Date Effective		
Medical Necess	sity A	.D-0050	3/1/2020		
Determination	s				
Policy Type					
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement		

Administrative 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.

Administrative 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 Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

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#### **Medical Necessity Determinations**

#### B. Background

CareSource will determine medical necessity for a requested service, procedure, or product based on the hierarchy within this policy.

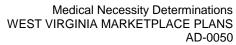
#### C. Definitions

Medically Necessary: Health care services or supplies needed to prevent, diagnose
or treat an illness, injury, condition, disease or its symptoms and that meet accepted
standards of medicine.

#### D. Policy

- I. The reviewer will determine medical necessity based on the following hierarchy:
  - A. Benefit contract language.
  - B. Federal regulation or state regulation.
  - C. CareSource medical policy statements.
  - D. Nationally-accepted evidence-based clinical guideline (MCG).
  - E. Professional judgment of the medical or behavioral health reviewer based on the following potential resources (may include but are not limited to):
    - 1. Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard.
    - 2. Evidence from TWO published studies from major scientific or medical peerreviewed journals that are < 5 years old preferred and < 10 years required to support the proposed use for the specific medical condition as safe and effective.
    - 3. National panels and consortiums such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (SAMHSA). Studies must be approved by a United States (US) institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.
    - 4. Commercial External Review Organizations such as Up-to-date and Hayes, Inc.
    - 5. Consultation from a like specialty peer.
    - 6. Specialty and sub-specialty societies listed below (This is not an all-inclusive list):





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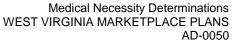
Sub-specialty	Specialty Society	
	Specially Coolery	
Cardiology	American College of Cardiology	
Clinical Cardiac Electrophysiology	Heart Rhythm Society	
Critical Care Medicine	Society of Critical Care Medicine	
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists Endocrine Society	
Gastroenterology	American Gastroenterological Association American College of Gastroenterology	
Geriatric Medicine	American Geriatrics Society	
Gynecology	American Congress of Obstetricians and Gynecologists Society of Gynecologic Oncologists:	
Gynecologic Oncology	Society of Gynecologic Oncologists	
Hematology	American Society of Hematology	
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine	
Infectious Disease	Infectious Disease Society of America	
Internal Medicine	UpToDate	
Nephrology	American Society of Nephrology	
Oncology	American Society of Clinical Oncology	
Pediatrics	American Academy of Pediatrics	
Psychiatry	American Psychiatric Association American Academy of Child & Adolescent Psychiatry	
Pulmonary Disease	American College of Chest Physicians	
Rheumatology	American College of Rheumatology	
Sleep Medicine	American Academy of Sleep Medicine	
Surgery of the Hand	American Society for Surgery of the Hand	

## E. Conditions of Coverage

### F. Related Policies/Rules

CareSource Evidence of Coverage





Effective Date: 3/1/2020

G. Review/Revision History

	DATES	ACTION
Date Issued	6/15/2012	
Date Revised	07/15/2013 07/15/2014 05/19/2015	Criteria changes with specialty/sub-specialty table added to policy. Revise language to include 'professional judgment in the absence of evidence-based methodology' and change order of Plan hierarchy.
	12/15/2015 9/1/2017 12/11/2019	Revised class/category and defined evidence criteria for article submissions. Added rule, removed hyperlinks, added definition, updated external review organizations and updated age restrictions.
Date Effective	3/1/2020	
Date Archived		

#### H. References

1. CareSource. (2019). Evidence of Coverage. Retrieved from https://www.caresource.com/documents/2019-wv-mp-enhanced-eoc/

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

