

# Administrative Policy Statement WEST VIRGINIA MARKETPLACE PLANS

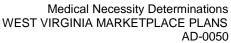
Policy Name		Policy Number	Date Effective	
Medical Necessity Determinations		AD-0050	07/01/2020	
Policy Type				
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement	

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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Effective Date: 07/01/2020

## A. Subject

## **Medical Necessity Determinations**

#### B. Background

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

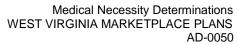
#### C. Definitions

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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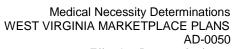
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# E. Conditions of Coverage

## F. Related Policies/Rules

CareSource Evidence of Coverage





Effective Date: 07/01/2020

# G. Review/Revision History

	DATES	ACTION
Date Issued	06/15/2012	
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 09/01/2017 12/11/2019 04/01/2020	Revised class/category and defined evidence criteria for article submissions. Added rule, removed hyperlinks, added definition, updated external review organizations and updated age restrictions. Added ASAM
Date Effective	07/01/2020	
Date Archived	06/01/2021	

#### H. References

#### 1. NA

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

