ADMINSTRATIVE POLICY STATEMENT
GEORGIA MEDICAID

Original Issue Date	Next Annual Review		Effective Date
09/01/2017	03/01/2019		03/01/2018
Policy Name			**Policy Number**
Medical Necessity Determinations			AD-0038
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), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination

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A. SUBJECT

Medical Necessity Determinations

B. BACKGROUND

Benefits and Prior Authorization determinations of coverage are made in accordance with applicable medical necessity definition.

Requests received from a member or a provider may require a medical necessity determination for the service, procedure or product. The Plan performs medical necessity reviews utilizing the member's benefits, federal and state regulations, nationally-recognized evidence-based criteria and internally developed Medical Policy Statements. In the absence of these defined criteria such services are determined based on defined plan benefits, benefit limits and in accordance with generally accepted standards of medical practice. Medical necessity determinations are made based on scientific evidence published in peer-reviewed medical literature generally recognized by the medical community, physician specialty society recommendations, and the opinions of physicians practicing in clinical areas relevant to the member's clinical circumstances.

C. DEFINITIONS

N/A

D. POLICY

If nationally- recognized evidence-based criteria or Plan developed medical policy statement pertinent to the requested service is available, it is to be used as the basis for decision making, and this policy is not applicable. The Plan will follow policies and procedures to meet relevant timelines and notification requirements as appropriate for all urgent and non-urgent requests.

I. When a request for a service, procedure or product is subject to medical necessity review, the Plan reviewer will determine based on the following hierarchy:
   A. Benefit contract language
   B. Federal or State regulation
   C. CareSource Medical Policy Statements
   D. Nationally-accepted evidence-based clinical guideline (MCG)

II. If the requested service is not addressed by the above hierarchy of review, the medical or behavioral health reviewer will use professional judgment in the absence of evidence-based methodology to determine appropriate resources or other clinical best practice guidelines identified by the reviewer, which may be deemed applicable to the unique clinical circumstances of the member. Potential resources may include but are not limited to:
   A. Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard
   B. Evidence from **TWO** published studies from major scientific or medical peer-reviewed 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 in persons aged 18 and over.
   C. 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), For persons less than age 18 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.
   D. Commercial External Review Organizations such as ECRI Institute and Hayes, Inc.
   E. Specialty and sub-specialty societies listed below.

III. In addition the medical or behavioral reviewers may seek a consultation based on the requested service from a like specialty peer

**Specialty and sub-specialty society listing is not all inclusive*

Sub-specialty	Specialty Society
Cardiology	American College of Cardiology: http://www.acc.org
Clinical Cardiac Electrophysiology	Heart Rhythm Society: http://www.HRSonline.org
Critical Care Medicine	Society of Critical Care Medicine: http://www.sccm.org
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists http://www.aace.com
	Endocrine Society (-) http://www.endo-society.org
Gastroenterology	American Gastroenterological Association http://www.gastro.org American College of Gastroenterology http://www.acg.gi.org
Geriatric Medicine	American Geriatrics Society: http://www.americangeriatrics.org
Gynecology	ACOG - American Congress of Obstetricians and Gynecologists http://www.acog.org Society of Gynecologic Oncologists: http://www.sgo.org
Gynecologic Oncology	Society of Gynecologic Oncologists: http://www.sgo.org
Hematology	American Society of Hematology: http://www.hematology.org
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine: http://aahpm.org/
Infectious Disease	Infectious Disease Society of America: http://www.idsociety.org
Internal Medicine	UpToDate www.uptodate.com
Nephrology	American Society of Nephrology: http://www.asn-online.org
Oncology	American Society of Clinical Oncology (ASCO) (+) http://www.asco.org
Pediatrics	American Academy of Pediatrics http://www.aap.org UpToDate

	www.uptodate.com
Psychiatry	American Psychiatric Association http://www.psych.org American Academy of Child & Adolescent Psychiatry http://www.aacap.org
Pulmonary Disease	American College of Chest Physicians: http://www.chestnet.org
Rheumatology	American College of Rheumatology: http://www.rheumatology.org
Sleep Medicine	American Academy of Sleep Medicine: http://www.aasmnet.org
Surgery of the Hand	American Society for Surgery of the Hand: http://www.hand-surg.org

E. CONDITIONS OF COVERAGE

Only acceptable ICD-10 codes submitted will be payable for all policies.

HCPCS
CPT
AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

N/A

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	09/01/2017	New Policy.
Date Revised		
Date Effective	03/01/2018	

H. REFERENCES

1. CMS/Social Security Act. Section 1862(a)(1)(A). https://www.ssa.gov/OP_Home/ssact/title18/1862.htm

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