

Administrative Policy Statement GEORGIA MEDICAID

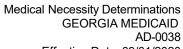
Policy Name		Policy Number	Date Effective		
Medical Necessity Determinations		AD-0038	09/01/2020-06/30/2021		
Policy Type					
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement		

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: 09/01/2020



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/Medical Necessity: "Care based upon generally accepted medical practices in light of conditions at the time of treatment which is:
 - Appropriate and consistent with the diagnosis and the omission of which could adversely affect or fail to improve the eligible enrollee's condition;
 - Compatible with the standards of acceptable medical practice in the United
 - Provided in a safe and appropriate setting given the nature of the diagnosis and the severity of the symptoms;
 - Not provided solely for the convenience of tee eligible enrollee or the convenience of the health care provider or hospital; and
 - Not primarily custodial care¹"
- **Treatment**: "a medical service, diagnosis, procedure, therapy, drug, or device" ¹

D. Policy

- 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.
 - 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.

¹ https://advance.lexis.com



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4. Effective Date: 09/01/2020 Commercial External Review Organizations such as Up-to-date and Hayes,

5. Inc.

6. Consultation from a like specialty peer.

Specialty and sub-specialty societies listed below (This is not an all-inclusive list):

Cub appaialtu	Charletty Carlety
Sub-specialty	Specialty Society
Addiction Modicino	
Addiction Medicine	American Society of Addiction Medicine
	,
Cardiology	American College of Cardiology
Clinical Cardiac	Hoort Phythm Society
Electrophysiology	Heart Rhythm Society
Liectrophysiology	
Critical Care Medicine	Society of Critical Care Medicine
	American Academy of Clinical Endocrinologists
	Endocrine Society
Endocrinology, Diabetes and	
Metabolism	
	American Gastroenterological Association
Gastroenterology	American College of Gastroenterology
Cacarcancing	
Geriatric Medicine	American Geriatrics Society
	American Congress of Obstetricians and
Civro cala m	Gynecologists
Gynecology	Society of Gynecologic Oncologists:
Cynogologia Opeology	Society of Cynocologic Openlogists
Gynecologic Oncology Hematology	Society of Gynecologic Oncologists American Society of Hematology
Hospice and Palliative	American Academy of Hospice and Palliative
Medicine	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
D. I Div	Psychiatry
Pulmonary Disease	American College of Chest Physicians
Rheumatology	American College of Rheumatology
Sleep Medicine Surgery of the Hand	American Academy of Sleep Medicine American Society for Surgery of the Hand
Surgery or the Hand	American Society for Surgery of the nand



Effective Date: 09/01/2020



F. Related Policies/Rules
Georgia General Assembly. § 33-20A-31. Definitions

G. Review/Revision History

	DATES	ACTION	
Date Issued	09/01/2017		
Date Revised	06/01/2020	Added rule, added definitions, removed hyperlinks, updated external review organizations and updated age requirements.	
Date Effective	09/01/2020	Added ASAM	
Date Archived	06/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.	

H. References

1. Georgia General Assembly. § 33-20A-31. Definitions. (2019). Retrieved 9/3/2019 from https://advance.lexis.com

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

GA-MED-P-105010

Date Issued 09/01/2017

DCH Approved 06/09/2020

