

Administrative Policy Statement INIDIANA MEDICAID

Policy Name		Policy Number	Date Effective		
Medical Necessity Determinations		AD-0700	08/01/2021-12/31/2022		
Policy Type					
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement		

Administrative Policy Statements prepared by CareSource and its affiliates 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 CareSource and its affiliates 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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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/Medical Necessity - "The evaluation of health care services
to determine if they are medically appropriate and necessary to meet basic health
needs; consistent with the diagnosis or condition and rendered in a cost-effective
manner; and consistent with national medical practice guidelines regarding type,
frequency, and duration of treatment."

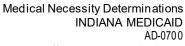
D. Policy

- I. The reviewer will determine medical necessity based on the following hierarchy:
 - A. Benefit contract language.
 - B. Federal regulation or state regulation including state waiver regulations when applicable.
 - 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.
 - 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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¹ www.in.gov



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Sub-specialty	Specialty Society
Addiction Medicine	American Society of Addiction Medicine
Cardiology	American College of Cardiology
Clinical Cardiac	Heart Rhythm Society
Electrophysiology	
Critical Care Medicine	Society of Critical Care Medicine
Citical Care Medicine	
	American Academy of Clinical Endocrinologists Endocrine Society
Endocrinology, Diabetes and	Endodine dodety
Metabolism	
	American Gastroenterological Association
Gastroenterology	American College of Gastroenterology
Gastrocritciology	
A	
Geriatric Medicine	American Geriatrics Society
	American Congress of Obstetricians and
Gynecology	Gynecologists
Gyriecology	Society of Gynecologic Oncologists:
Gynecologic Oncology	Society of Gynecologic Oncologists
Hematology	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 Nephrology American Society of Clinical Oncology
Pediatrics	American Academy of Pediatrics
Psychiatry	American Psychiatric Association
1 Sycillally	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 NA

F. Related Policies/Rules NA



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G. Review/Revision History

	DATES	ACTION
Date Issued	06/01/2019	
Date Revised	12/11/2019 01/06/2021	Added rules, removed hyperlinks, added definition, updated external review organizations and updated age restrictions. Added waiver regulations
Date Effective	08/01/2021	
Date Archived	12/31/2022	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/NCCl guidelines without a formal documented Policy.

H. References

1. Family and Social Services Administration. (n.d.). Understanding Terms. Retrieved January 6, 2021from www.in.gov/medicaid

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

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Approved OMPP 05/04/2021

