CareSource

ADMINISTRATIVE POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Medical Necessity Determinations-OH MCD-AD-0005	10/01/2023-04/30/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement 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), then 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.

Archived

Table of Contents

A. Subject....2
B. Background....2
C. Definitions....2
D. Policy....3
E. Conditions of Coverage....5
F. Related Policies/Rules....5
G. Review/Revision History....5
H. References....5

A. Subject

Medical Necessity Determinations

B. Background

The term *medical necessity* has been used by health plans and providers to define benefit coverage. Medical necessity definitions vary among entities, including the Centers for Medicaid and Medicare Services (CMS), the American Medical Association (AMA), state regulatory bodies, and most healthcare insurance providers, but definitions most often incorporate the idea that healthcare services must be "reasonable and necessary" or "appropriate," given a patient's condition and the current standards of clinical practice.

Payors and insurance plans may limit coverage for services that are reasonable and necessary if the service is provided more frequently than allowed under a national coverage policy, a local medical policy, or a clinically accepted standard of practice.

International Classification of Diseases (ICD) guidelines instruct the clinician to choose a diagnosis code that accurately describes a clinical condition or reason for a visit and support medical necessity for services reported. To better support medical necessity for services reported, providers should apply universally accepted healthcare principles that are documented in the patient's medical record, including diagnoses, coding with the highest level of specificity, specific descriptions of the patient's condition, illness, or disease and identification of emergent, acute and chronic conditions.

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

C. Definitions

- **MCG Health** - Developed care guidelines in strict accordance with the principles of evidence-based medicine and best practices that direct informed care.
- **Medically Necessary/Medical Necessity** -
  - Individuals covered by early and periodic screening, diagnosis, and treatment (EPSDT) - Procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease, or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.
  - Individuals not covered by EPSDT - Procedures, items, or services that prevent, diagnose, evaluate, or treat an adverse health condition such as an illness, injury, disease, or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability and without which the person 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.
  - Conditions of medical necessity are met if **all** the following apply:

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1. meets generally accepted standards of medical practice
2. clinically appropriate in its type, frequency, extent, duration, and delivery setting
3. appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome
4. is the lowest cost alternative that effectively addresses and treats the medical problem
5. provides unique, essential, and appropriate information if it is used for diagnostic purposes
6. not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient

- **Mental Health Parity and Addictions Equity Act (MHPAEA)** - A 2008 federal law that generally prevents group health plans and health insurance issuers that provide mental health and substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations than on medical/surgical coverage.

D. Policy

I. 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. The reviewer will determine medical necessity based on the following hierarchy:

A. Benefit contract language.
B. Federal or state regulation, including state waiver regulations when applicable and Ohio Department of Medicaid (ODM)-developed criteria.
C. CareSource medical policy statements, as approved by the State.
D. Nationally accepted evidence-based clinical guidelines, such as MCG Health, Interqual, or American Society of Addiction Medicine, as approved by the State.
E. Professional judgment of the medical or behavioral health reviewer based on the following potential resources, which 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 (2) published studies from major scientific or medical peer-reviewed journals that are less than five (5) years old (preferred) and less than ten (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), SAMHSA (Substance Abuse and Mental Health Services Administration). Studies must be approved by a United States institutional review board (IRB) accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP) to protect vulnerable minors.
4. Commercial review organizations, such as Up-to-Date and Hayes, Inc.

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5. Consultation from a like-specialty peer.
6. Specialty and sub-specialty societies listed below. This is not an all-inclusive list:

General Area	Specialty Society
Addiction	American Society of Addiction Medicine, American Academy of Addiction Psychiatry
Allergy & Immunology	American Academy of Asthma, Allergy & Immunology American College of Allergy, Asthma & Immunology
Anesthesiology	American Society of Anesthesiologists
Cardiology	American College of Cardiology, American Heart Association
Colorectal Care	American Society of Colon & Rectal Surgeons
Critical Care Medicine	Society of Critical Care Medicine
Dermatology	American Academy of Dermatology
Emergency Medicine	American College of Emergency Physicians, American Board of Emergency Medicine
Endocrinology, Diabetes & Metabolism	American College of Endocrinology American Association of Clinical Endocrinologists
Family Medicine	American Academy of Family Physicians
Gastroenterology	American Gastroenterological Association, American College of Gastroenterology
Genetics	American College of Medical Genetics, National Society of Genetic Counselors, American Society of Human Genetics
Geriatric Medicine	American Geriatrics Society, National Council on the Aging
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	American College of Physicians, American Board of Internal Medicine
Nephrology	American Society of Nephrology
Neurology	American Association of Neurological Surgeons, American Academy of Neurology
Nuclear Medicine	American College of Nuclear Medicine
Obstetrics & Gynecology	American Congress of Obstetricians & Gynecologists, Society of Gynecologic Oncologists
Oncology	American Society of Clinical Oncology, American Cancer Society, National Comprehensive Cancer Network
Ophthalmology	American Academy of Ophthalmology
Orthopedic Surgery	American Academy of Orthopaedic Surgeons
Osteopathy	American Association of Colleges of Osteopathic Medicine
Otolaryngology	American Academy of Otolaryngology-Head & Neck Surgery
Pain Medicine	American Academy of Pain Medicine
Pathology	College of American Pathologists, American Society for Clinical Pathology, American Society for Investigative Pathology, Association for Molecular Pathology, American Society of Cytopathology
Pediatrics	American Academy of Pediatrics
Physical Medicine & Rehabilitation	American Academy of Physical Medicine & Rehabilitation
Plastic Surgery	American Society of Plastic Surgeons
Preventive Medicine	American College of Preventive Medicine
Psychiatry	American Psychiatric Association, American Academy of Child & Adolescent Psychiatry, American Association for Community Psychiatry
Pulmonary Disease	American College of Chest Physicians, American Thoracic Society, American Lung Association, American Association of Respiratory Care

Archived

Radiology	American College of Radiology, American Society for Therapeutic Radiation & Oncology
Rheumatology	American College of Rheumatology
Surgery & Vascular Surgery	American College of Surgeons
Thoracic & Cardiac Surgery	Society of Thoracic Surgeons
Urology	American Urological Association, American Society of Clinical Urologists

E. Conditions of Coverage

The following does not guarantee coverage or claims payment for a procedure or treatment under a plan (not an all-inclusive list):

I. A physician has performed or prescribed a procedure or treatment.
II. The procedure or treatment may be the only available treatment for an injury, illness or behavioral health disorder.
III. The physician has determined that a particular health care service is medically necessary or medically appropriate.

F. Related Policies/Rules

NA

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.
	12/15/2015	Revised language to include 'professional judgment in the absence of evidence-based methodology' and change order of Plan hierarchy.
	12/11/2019	Revised class/category. Defined evidence criteria for article submissions.
	04/01/2020	Added rule, added definitions, removed hyperlinks, updated external review organizations and age restrictions.
	01/25/2021	Annual review.
	03/04/2022	Added ASAM. Annual review. Updated background. Reordered hierarchy, I.B-D.
	06/21/2023	Annual review. Updated hierarchy and specialty chart. Approved at Committee.
Date Effective	10/01/2023	
Date Archived	04/30/2024	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. American Association of Professional Coders. What is medical necessity and why does it matter? (2019, April 5). Accessed May 2, 2023. www.aapc.com
2. American Medical Association. Definition of medical necessity. (n.d.) Accessed May 2, 2023. www.ama.com
3. Medicaid Medical Necessity: Definitions and Principles, OHIO ADMIN. CODE 5160-1-01 (2022).

Archived