

Administrative Policy Statement OHIO MEDICARE ADVANTAGE PLANS

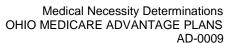
Policy Name		Policy Number	Date Effective	
Medical Necessity Determinations		AD-0009	08/01/2020	
Policy Type				
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement	

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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Medical Necessity Determinations

B. Background

Coverage determinations for CareSource Medicare Advantage members are made in accordance with the applicable Centers for Medicare and Medicaid Services (CMS) payment policies, National and Local Coverage Determinations, Medicare Evidence of Coverage, and Summary of Benefits documents. These documents and the other policies described herein are utilized to determine on a case-by-case basis limitations, exclusions and/or covered benefits of health services for our members.

C. Definitions

- Medically necessary: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
- National coverage determination: A determination by the Secretary with respect to
 whether or not a particular item or service is covered nationally under this title, but does
 not include a determination of what code, if any, is assigned to a particular item or
 service covered under this title or a determination with respect to the amount of
 payment made for a particular item or service so covered.
- Local coverage determination: A determination by a fiscal intermediary or a carrier under part A or part B, as applicable, respecting whether or not a particular item or service is covered on an intermediary—or carrier—wide basis under such parts.

D. Policy

- I. The reviewer will determine medical necessity based on the following hierarchy:
 - A. Benefit contract language.
 - B. Federal regulation or state regulation.
 - CareSource makes coverage determinations in accordance with criteria defined by applicable state and federal guidelines. Specifically, CareSource complies with all current CMS payment policies, and National Coverage Determinations (NCDs).
 - 2. In the absence of an NCD, CareSource utilizes criteria outlined by applicable Local Coverage Determinations (LCDs) under the direction of the local Medicare Administrative Contractor (MAC). When services are covered by LCD's from more than one MAC outlining differing medical review policies and/or criteria, CareSource will apply the LCD of the MAC with jurisdiction over the State where the member resides.
 - 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
 - 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.



Medical Necessity Determinations OHIO MEDICARE ADVANTAGE PLANS AD-0009

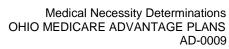
- 3. Effective Date: 08/01/2020 National panels and consortiums such as NIH (National Institutes of Health), CDC (Centers for Disease Control and Prevention), AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network), Substance Abuse and Mental Health Services Administration (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
- 4. Commercial External Review Organizations such as Up-to-date and Hayes, Inc.
- 5. Consultation from a like specialty peer.

minors.

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

Sub-specialty	Specialty Society	
A 1 11 21 A 4 11 1		
Addiction Medicine	American Society of Addiction Medicine	
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Cardiology	American College of Cardiology	
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Clinical Cardiac	Heart Rhythm Society	
Electrophysiology	Treat Knythin Society	
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Critical Care Medicine	Society of Critical Care Medicine	
	American Academy of Clinical Endocrinologists	
Endocrinology, Diabetes and	Endocrine Society	
Metabolism		
	American Gastroenterological Association	
Gastroenterology	American College of Gastroenterology	
Gastroenterology		
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 Clinical Oncology	
Pediatrics	American Academy of Pediatrics	





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Psychiatry	American Psychiatric Association
	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

F. Related Policies/Rules

G. Review/Revision History

	DATES	ACTION
Date Issued	10/20/2015	
Date Revised	12/11/2019 04/01/2020	Added rule, changed title, changed definitions, removed hyperlinks, removed graph, updated external review organizations and age restrictions. Added ASAM
Date Effective	08/01/2020	
Date Archived	07/01/2021	

H. References

- Social Security Administration. (2014, April 1). Determinations; Appeals Sec. 1869. [42 U.S.C. 1395ff] (a) Initial Determinations. Retrieved from https://www.ssa.gov
- 2. U.S. Centers for Medicare & Medicaid Services. (n.d.). Glossary. Retrieved from https://www.medicare.gov

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

