



Administrative Policy Statement OHIO MYCARE

Policy Name	Policy Number	Date Effective
Medical Necessity Determinations	AD-0751	06/01/2021-06/30/2022
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), 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.

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A. Subject

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

• Medicare

- **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.

• Ohio Medicaid

○ **Medically Necessary/Medical Necessity** -

“(A) Medical necessity for individuals covered by early and periodic screening, diagnosis and treatment (EPSDT) is defined as 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.

(B) Medical necessity for individuals not covered by EPSDT is defined as 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.

(C) Conditions of medical necessity are met if all the following apply:

- a. Meets generally accepted standards of medical practice;
- b. Clinically appropriate in its type, frequency, extent, duration, and delivery setting;
- c. Appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome;
- d. Is the lowest cost alternative that effectively addresses and treats the medical problem;
- e. Provides unique, essential, and appropriate information if it is used for diagnostic purposes; and
- f. Not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient.



(D) The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item, or service does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment for it.”¹

- **Waiver Services** - Home and Community-Based Services (HCBS) Waivers - Waivers under Section 1915(c) of the Social Security Act that allow the State to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities who qualify for the Level of Care (LOC) provided in an institution but who, with special services, may remain in their homes and communities.

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 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.
 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.
 4. 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):

¹ www.codes.ohio.gov



Sub-specialty	Specialty Society
Addiction Medicine	American Society of Addiction Medicine
Cardiology	American College of Cardiology
Clinical Cardiac Electrophysiology	Heart Rhythm Society
Critical Care Medicine	Society of Critical Care Medicine
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists Endocrine Society
Gastroenterology	American Gastroenterological Association American College of Gastroenterology
Geriatric Medicine	American Geriatrics Society
Gynecology	American Congress of Obstetricians and Gynecologists Society of Gynecologic Oncologists:
Gynecologic Oncology	Society of Gynecologic Oncologists
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	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 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

Ohio Department of Medicaid Provider Agreement
 MyCare 3-Way Contract



G. Review/Revision History

DATES		ACTION
Date Issued	10/20/2015	
Date Revised	12/11/2019 04/01/2020 01/20/2021	Title changed to medical necessity, added rule, changed definition, removed graph, updated policy, new policy number was AD-0009 Added ASAM Added waiver to definitions and to hierarchy
Date Effective	06/01/2021	
Date Archived	06/30/2022	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/NCCI guidelines without a formal documented Policy.

H. References

1. Ohio Administrative Code. (2015, March 22). 5160-1-01 Medicaid medical necessity: definitions and principles. Retrieved January 4, 2021 from www.codes.ohio.gov
2. Social Security Administration. (2014, April 1). Determinations; Appeals Sec. 1869. [42 U.S.C. 1395ff] (a) Initial Determinations. Retrieved January 4, 2021 from www.ssa.gov
3. U.S. Centers for Medicare & Medicaid Services. (n.d.). Glossary. Retrieved January 4, 2021 from www.medicare.gov
4. Social Security Administration. (n.d.) Waivers Section 1915(c) of the Social Security Act. Retrieved January 4, 2021 from www.ssa.gov

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