


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
6/2012	7/2015	7/2014
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which 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.

CSMG Medical Policy statements do not ensure an authorization of services. Please refer to the plan contract (often referred to as the Evidence of Coverage document) for the service(s) referenced in the Medical Policy. If there is a conflict between the Medical Policy and a plan contract the plan contract will be used to make the determination. For Medicare plans please reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

A. SUBJECT

Benefits and Prior Authorization determinations in the absence of CareSource Medical Policy or Clinical Utilization Management Guidelines

B. BACKGROUND

Services may be requested by a member or a provider for which a particular medical policy or UM guideline does not exist. Such services may be reviewed to determine appropriateness of a particular benefit or for medical necessity. Services are determined based on defined CareSource benefits and benefit limits and in accordance with generally accepted standards of medical practice. Medical necessity determinations are made based on scientific evidence published in peer reviewed medical literature generally recognized by the medical community, physician specialty society recommendations, and the opinions of physicians practicing in clinical areas relevant to the member's clinical circumstances

This document identifies resources available to CareSource Medical Reviewers for use in situations where a CareSource Medical Policy or a Clinical Utilization Management (UM) Guideline is not available

C. POLICY

If a relevant Medical Policy or Clinical UM Guideline is available, it is to be used as the basis for decision making, and this policy is not applicable. The Medical Management department will follow policies and procedures to meet relevant timeframes and notification requirements as appropriate for all urgent and non-urgent requests.

If no Medical Policy or Clinical UM Guideline is directly applicable to a request for service reviewers will use their professional judgment and discretion to determine appropriateness of care or medical necessity, utilizing one or more of the available resources listed below in conjunction with a careful assessment of the clinical conditions presented. Medical necessity determinations in all cases will be consistent with State and Federal guidelines.

Potential resources include:

- Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard
- Evidence based clinical guidelines published in peer reviewed medical journals and publications
- National panels and consortiums such as NIH, CDC, AHRQ (Agency for Healthcare Research and Quality), NCCN (National Comprehensive Cancer Network)
- Commercial External Review Organizations such as ECRI and Hayes Inc.
- Specialty and sub-specialty society guidelines, where appropriate, some of which are listed below.

Subspecialty	Specialty Society
Cardiology	American College of Cardiology: http://www.acc.org
Clinical Cardiac Electrophysiology	Heart Rhythm Society: http://www.HRSonline.org
Critical Care Medicine	Society of Critical Care Medicine: http://www.sccm.org
Endocrinology, Diabetes and Metabolism	American Academy of Clinical Endocrinologists http://www.ace.com
	Endocrine Society (-) http://www.endo-society.org
Gastroenterology	American Gastroenterological Association http://www.gastro.org
	American College of Gastroenterology http://www.acg.gi.org
Geriatric Medicine	American Geriatrics Society: http://www.americangeriatrics.org
Gynecology	ACOG - American Congress of Obstetricians and Gynecologists http://www.acog.org
	Society of Gynecologic Oncologists: http://www.sgo.org
Gynecologic Oncology	Society of Gynecologic Oncologists: http://www.sgo.org

Hematology	American Society of Hematology: http://www.hematology.org
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine http://www.aahpm.org
Infectious Disease	Infectious Disease Society of America: http://www.idsociety.org
Internal Medicine	UpToDate www.uptodate.com
Nephrology	American Society of Nephrology: http://www.asn-online.org
Oncology	American Society of Clinical Oncology (ASCO) (+) http://www.asco.org
Pediatrics	American Academy of Pediatrics http://www.aap.org UpToDate www.uptodate.com
Psychiatry	American Psychiatric Association http://www.psych.org American Academy of Child & Adolescent Psychiatry http://www.aacap.org
Pulmonary Disease	American College of Chest Physicians: http://www.chestnet.org
Rheumatology	American College of Rheumatology: http://www.rheumatology.org
Sleep Medicine	American Academy of Sleep Medicine: http://www.aasmnet.org
Surgery of the Hand	American Society for Surgery of the Hand: http://www.hand-surg.org

Documentation in the medical review record should include the resource(s) utilized and how they pertain to the particular clinical condition or services being reviewed.

* **Note:** In determining a relevant Medical Policy or Clinical UM Guideline, procedure code alone will not be considered. If an 'unlisted' or 'not otherwise classified' code is proposed, the detailed description of service will be the determining factor.

D. REVIEW / REVISION HISTORY

Date Issued: 5/2012

Date Revised:

Date Reviewed: 5/2012, 6/2012, 7/2013, 7/2014

E. REFERENCES

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