Medical Policy Development and Review

Policy Number:	**M20180302029**
Effective Date:	**4/1/2018**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Healthcare Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth Independent Health's process for medical policy development and review.

Policy:

Medical policies can be highly technical and are designed to be used by our participating health care practitioners in assisting them to understand coverage determinations for our members/subscribers. Medical policies are not intended to certify coverage or reimbursement availability but are statements about technology and/or are a blend of administrative and medical appropriateness criteria that assist in clarifying coverage of services based on interpretation of member/subscriber contracts and unique medical status and condition.

Medical policies specifically state whether a service is eligible for coverage (i.e., medically necessary or appropriate); requires specific criteria to be met to be eligible for coverage; or is experimental, investigational or unproven.

Medical policies are utilized as a guide. Coverage decisions are made on a case-by-case basis in accordance with a member's subscriber contract and unique medical condition. While a service may be medically appropriate, it may be excluded from a member's subscriber benefit plan. Always refer to the member's benefit plan to determine if a service may be considered for coverage under that plan and if a specific limitation or exclusion exists.

Medical policies provide guidelines for determining coverage criteria for specific medical and behavioral health technologies, including procedures, devices, and services. In the event of conflict between the medical policy guideline and the member's Certificate of Coverage (contract) / Summary Plan Description (SPD) contract, the contract language takes precedence.

IHA developed medical policies are reviewed and or revised annually, at the discretion of the Senior Vice-President of Health Care Services or timelier when new data become available or when standards of care change. This ability to update IHA policies allows for routine collaboration with the community physicians who provide expertise and specialty-specific guidance.

Coverage decisions will be made following a standard process utilizing resources including available federal or state governmental coverage determinations, clinical decision software, and/or medical policy by line of business.

Independent Health utilizes nationally recognized, evidence-based criteria and/or Independent Health developed medical policy in making coverage determinations of medical necessity and clinical appropriateness. Both criteria have been approved by practicing physicians and are maintained in accordance with the most scientifically based healthcare research available.

Criteria Hierarchy

The following criteria hierarchy is used to determine medical necessity review policy:

Medicare Medical Review Criteria

- *CMS Coverage Manuals or other CMS-based resource*

  "Coverage provisions in interpretive manuals are instructions that are used to further define when and under what circumstances items or services may be covered (or not covered)." Other CMS-

based resources include, but are not limited to, documentation such as Medicare Learning Network (MLN) and Federal Register (FR) publications.

• *National Coverage Determinations (NCD)*
For some services, procedures, and technologies, CMS has developed an NCD, which is to be applied on a national basis for all Medicare beneficiaries. Once published and in lieu of a Local Coverage Determination (LCD) in a CMS program instruction, the NCD is binding on all Medicare Advantage plans.

• *Local Coverage Determinations (LCD), Articles (LCA), and other contractor-based bulletins*
CMS has contracted with private health insurers in Medicare region/geographical regions to process Medicare Part A and Part B medical claims. The Medicare Administrative Contractor (MAC) is accountable for publishing and maintaining the LCD when there is a need to further define the coverage guidelines. When there is no LCD, the MA plan will utilize the NCD.

• *Retired LCD/LCD*
LCDs are retired due to lack of evidence or current problems with utilization, or in some cases because the material is addressed by a National Coverage Determination (NCD), a coverage provision in a CMS interpretative manual or an article. Most LCDs are not retired because they are incorrect. The guidance in the retired LCD may still be helpful in assessing medical necessity.

- Nationally recognized, evidence-based criteria and /or IHA medical policy will be used to determine medical necessity in the event no NCD/LCD exists.

Commercial Review Criteria
IHA medical policy and in the absence of an IHA medical policy, nationally recognized evidence-based criteria. In the absence of either IHA medical policy or nationally recognized criteria, CMS LCD or NCD will be used to determine medical necessity.

Medicaid Medical Review Criteria
eMedNY, Medicaid Updates through Newsletter notification, IHA medical policy and in the absence of an IHA medical policy, nationally recognized evidence-based criteria will be used to determine medical necessity.

Selection of Technologies for Policy Development

Topics are selected for medical policy development through referrals from staff, physicians, provider communities, and members. Priority may be given to the following:

- New diagnostic tests, therapeutic procedures, or medical devices for which no other good alternatives exist;
- Medical technologies that may have a safety concern;
- Medical technologies that are considered lifesaving;
- Medical technologies that are controversial with respect to their clinical utility;
- Medical technologies that have generated a high level of interest; and
- New information published in the peer-reviewed scientific literature may change the status of a technology from investigational to medically necessary.

Research Sources
The following sources are considered in the development and revision of medical policy:

- Technology assessments publicly published and based on a systematic review of the evidence (e.g., Agency for Healthcare Research and Quality);
- Subscription resources (e.g., Hayes, Inc. and UpToDate);
- Peer-reviewed publications;
- Evidence-based clinical practice guidelines developed by national organizations and other recognized authorities (e.g., National Comprehensive Cancer Network);
- Medical professional organizations (e.g., American Academy of Pediatrics, American College of Obstetrics and Gynecology);
- Generally accepted standards of medical practice;
- External practicing physician review;
- Government approval status; and
- Government coverage publications (e.g., Centers for Medicare and Medicaid [CMS] National and Local Coverage Determinations).

Approval Process
All policy drafts complete an approval process consisting of a multidisciplinary internal committee with responsibility of communicating decisions and potential consequences within Independent Health. An external physician panel provides review of all new and updated policies.

Pre-Authorization Required? Yes ☐ No ☒

N/A

Definitions

N/A

References

Related Policies, Processes and Other Documents
Experimental or Investigational Treatment Utilization Review Decisions; Policy No. M20150623055

Chemical Dependence Withdrawal and Stabilization Services, Inpatient Rehabilitation Services, Intensive Residential Rehabilitation Services, and Residential Rehabilitation Services for Youth; Policy No. M20150429025

Non-Regulatory references
N/A

Regulatory References
N/A

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
4/1/2026	Health Care Services	Reviewed
4/1/2025	Health Care Services	Revised
2/1/2024	Health Care Services	Reviewed
2/1/2023	Health Care Services	Reviewed
3/1/2022	Health Care Services	Revised
4/1/2021	Health Care Services	Revised
4/1/2020	Medical Management	Reviewed
5/1/2019	Medical Management	Revised