network health

n05677

Medical Necessity Guidelines for Claims without Medical Records

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

The purpose of this policy is to provide guidance for claims analysts and/or the utilization management team of Network Health (NH) for decision making related to the medical necessity of claims for services that lack the requested medical records.

Policy Detail:

Staff must refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Plan to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. Network Health Insurance Corporation (NHIC) follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Description: To ensure that appropriate medical necessity is being applied to claims received for services for Network Health members.
   A. Indicators
      1. Information may be required to be submitted with each claim, in order to prove medical necessity, such as:
         a. Medical records, including but not limited to:
            i. History and Physical
            ii. Discharge Summary
            iii. Lab reports
            iv. Physician Consults
            v. Medication Administration Record
            vi. Progress reports
            vii. Therapy (PT/OT/ST) flowsheets
         b. Certificate of medical necessity
         c. Proof of delivery documentation
         d. Receipt of payment
      2. For NH's Medicare Advantage membership, medical and pharmaceutical services must meet all Medicare coverage, coding, and medical necessity requirements.
      3. Appropriate coding and billing procedures must be followed for NH's commercial membership and submitted on the claim for processing.

B. Coverage Procedure

1. If a claim requires additional information for review prior to adjudication, NH staff will make outreach, specifying exactly what type of documentation is needed.
   a. NH staff will include the date by which the information is required.
2. If no information/records are received by the identified date, the claim will be adjudicated to deny.
   a. The denial code will indicate services were deemed not medically necessary.
   b. This policy will be reviewed on an annual basis, to maintain medical director oversight of this process.

C. Limitations/Exclusions

1. A request for payment of a claim for which additional information is needed to determine medical necessity will be denied as not reasonable and medically necessary if the supporting information/medical records are not received by the due date, in accordance with this policy.

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