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| Meeting: Utilization Management Committee | Date: 2/15/2024 |
| Title/Topic: Medical Policy-Published Review Criteria | Policy Number: n00240 |
| Purpose: Annual Review | Outcome: Accept as proposed |
| Line of Business: Commercial and Medicare | Effective Date: 2/15/2024 |

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

The published review criteria policy is reviewed annually to obtain Utilization Management Committee acceptance and approval to use the following evidence-based guidelines and resources when doing medical necessity decision making:

- Centers for Medicare and Medicaid Services-Medicare Coverage Center; including but not limited to Medicare National/Local Coverage Determinations, Billing and Coding Articles, and Chapter Manuals
- MCG Guidelines, 28th Edition
 - MCG-Ambulatory Care
 - MCG Inpatient and Surgical Care
 - MCG-General Recovery Guidelines
 - MCG-Recovery Facility Care
 - MCG-Home Care
 - MCG-Behavioral Health
- National Comprehensive Cancer Network (NCCN)
- eviCore clinical guidelines for delegated programs including advanced imaging studies, diagnostic cardiac, musculoskeletal procedures, spine procedures, interventional pain procedures, peripheral vascular disease procedures, medical oncology, radiation therapy and molecular genetic lab studies, non-preventive endoscopic GI procedures, outpatient physical and occupational therapy services.
- CareContinuum clinical guidelines for delegated programs including medical drug reviews.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Published Review Criteria Medical Policy is presented for review and approval with changes as written.

The utilization guidance of this policy has not changed. The changes to the policy include requesting approval for use of the MCG 28th edition when it becomes available in February 2024. There have also been grammatical changes.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

MCG typically publishes a new edition by the end of February each year and approval of the new edition is needed for the Care Services department to reference and use the most up to date guidelines. The 28th edition will be available on February 23, 2024.

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

02/15/2024 Annual Review, Changes made include adoption of the 28th edition of MCG and grammatical updates.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.

Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.