

n00240

Published Review Criteria

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NH TPA) Utilization Management (UM) Department apply commercially published utilization criteria to medical necessity utilization decisions. This policy ensures annual physician review and approval for Network Health adoption of these nationally developed medical criteria and standard of care guidelines.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Policy to determine eligibility and coverage because employer group/plan sponsor and government contracts may vary. NHP/NHIC/NHAS/ follows Medicare's National/Local (Wisconsin jurisdiction) Coverage Determinations for its Medicare Advantage membership.

Procedure Detail:

- I. Description: NHP/NHIC/NHAS's UM Department utilizes published criteria including, but not limited to:
 - A. MCG – Recovery Facility Care 29th Edition.
 - B. MCG – Ambulatory Care 29th Edition.
 - C. MCG – Home Care Guidelines 29th Edition.
 - D. MCG – Inpatient and Surgical Care 29th Edition.
 - E. MCG – General Recovery Guidelines 29th Edition.
 - F. MCG – Behavioral Health 29th Edition.
 - G. National Comprehensive Cancer Network (NCCN)
 - H. Part B Answer Book, Medicare.
 - I. CMS National Coverage Decisions, WI Carrier criteria (Local Coverage Determinations), Medicare Part B located at:
 1. The Medicare Coverage [NCD Search \(cms.gov\)](https://www.cms.gov) provides a listing of all National Coverage Determinations, National Coverage Analyses. Local Coverage Determinations, as well as a searchable database.
 2. The Medicare National Coverage Determinations Manual, Pub. 100-3, is the primary record of Medicare national coverage policies, and includes a discussion of the circumstances under which items and services are covered. This manual may be accessed at: www.cms.gov/manuals
 3. Program Transmittals and Program Memoranda: CMS transmits new policies and procedures on new coverage determinations and benefits.

4. Medicare Internet-Only Manuals: These manuals present information on Medicare coverage of items and services. (e.g., Medicare coverage of items and services. (e.g., Medicare Benefit Policy Manual; Publication 100-02, Chapter 8 - Coverage of Extended Care (SNF) Services - Section 30) Under Hospital Insurance
- J. EviCore Clinical Guidelines- evidence based guidelines used for the programs Network Health has delegated to EviCore for medical necessity review Located at <https://www.evicore.com/healthplan/nhpwi>
 1. advanced imaging
 2. cardiac diagnostics
 3. hip-knee-shoulder musculoskeletal procedures
 4. spine surgeries
 5. interventional pain procedures
 6. radiation therapy
 7. medical oncology
 8. molecular genetic lab studies
 9. gastroenterology (non-preventative colonoscopies, EGDs and capsule endoscopies)
 10. physical and occupational therapy services
 11. part D drugs adjunct to medical oncology
 12. Vascular intervention
 - K. ESI Care Continuum (CCUM) Guidelines-evidence based guidelines used for the programs Network Health has delegated to CCUM for medical necessity review for medical drugs (excluding oncology drugs).
 - L. The following characteristics are considered when applying criteria to each individual:
 1. Age
 2. Comorbidities
 3. Complications
 4. Progress of treatment
 5. Psychosocial situation
 6. Home Environment, when applicable
 - M. Published review criteria are applied in a manner which is responsive to individual patient needs and to the characteristics of the local delivery system.
- II. Medical Indications:
- A. The published review criteria listed above have been reviewed and are approved for use in utilization decision-making as limited by a member's health insurance plan coverage.
 1. See Desk Procedure Clinical Criteria for Utilization Decisions for the application of the criteria to utilization requests.
- III. Coverage:
- A. Medical necessity determines coverage.
- IV. Limitations/Exclusions:
- A. The member's specific Coverage Booklet Limitations and Exclusions will be followed.

Regulatory Citations:

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Code of Federal Regulations 42 CFR 422.202 (b) and (c); 42 CFR 422.101 (b) (1)-(3), (5); 42 CFR 422.152 (b) (1) Medicare Managed Care Manual Chapter 4 Benefits and Beneficiary Protections Section 90.3 and 90.4; Chapter 6 Relationships with Providers Section 20.1

Related Documents:

Clinical Criteria for Utilization Decisions Desk Procedure

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