

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 60**

POLICY TITLE: CRITERIA UTILIZED IN DETERMINATION OF MEDICAL NECESSITY.

POLICY STATEMENT: MAHP utilizes evidence based medicine in its decision making process. This policy is to establish and maintain medical criteria utilized in the determination of medically necessary services ensuring that the criteria is applied consistently and fairly to all patients.

DEFINITION: Evidence-Based Medicine is the conscientious and judicious use of reliable, well-tested, clinically reliable medical data in making decisions about the care of individual patients. The practice of evidence-based medicine typically means integrating clinical expertise with the best available external clinical evidence from systematic research.

By Contract definition “**MEDICALLY NECESSARY**” means services and supplies furnished to a Member when, and to the extent, they satisfy each of the following criteria:

- they are ordered or approved by a Participating Practitioner and the Chief Medical Officer (if required) except for Emergency Services;
- they are medically approved and medically appropriate for the diagnosis and treatment of the Members’ illness or injury;
- they are consistent with professionally recognized standards of health care;
- they are covered benefits as stated in subscriber contract

By Contract definition “Experimental” means the use of any service, treatment, procedure, facility, equipment, drug, devices or supply for a Member's illness or injury that: (a) requires the approval by the appropriate federal or other governmental agency that has not been granted at the time it is used; or (b) isn't yet recognized as acceptable medical practice to treat that illness or injury, as determined by the MAHP Medical Director for a Member's illness or injury. The criteria that the MAHP Medical Director uses for determining whether or not a service, treatment, procedure, facility, equipment, drug, device or supply is considered to be experimental or investigative include, but are not limited to: (a) whether the service, treatment, procedure, facility, equipment, drug, device or supply is commonly performed or used on a widespread geographic basis; (b) whether the service, treatment, procedure, facility, equipment, drug, device or supply is generally accepted to treat that illness or injury by the medical profession in the United States; (c) the failure rate and side effects of the service, treatment, procedure, facility, equipment, drug, device or supply; (d) whether other, more conventional methods of treating the illness or injury have been exhausted by the Member; (e) whether the service, treatment, procedure, facility, equipment, drug, device or supply is medically indicated; (f) whether the service, treatment, procedure, facility, equipment, drug, device or supply is recognized for reimbursement by Medicare, Medicaid and other insurers and self-funded plans; and/or (g) whether the service, treatment, procedure, facility, equipment, drug, device or supply is required to be covered by state law or regulations.

NOTE: See HCS PP # 64 for further process on Advancing Medical Technology

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 60
PAGE 4**

PROCEDURE

1. Components of the Decision-Making Process for Evidence-Based Medicine; Evidence that is considered to be RELIABLE (in relative order of importance):
 - State and Federal Legislative determinations, acts, laws, regulations, or similar legally binding materials.
 - Level I Randomized Controlled Trials: Randomized, Large-group, well-controlled, non-biased studies with definitive outcomes, performed at 2 or more independent sites which have corroborated the value of the activity or testing as compared to standard, current practices. Such studies must be published in reputable, recognized refereed, peer-reviewed medical journals.
 - Meta-analysis of randomized trials. Such studies must be published in reputable, recognized refereed, peer-reviewed medical journals.
 - Published, formal technology assessments, from authoritative agencies.
 - Level II Trials: Large-group, controlled, well-designed studies with a non-randomized control group (case/control or cohort), when prospective and comparing similar groups, as well as correcting for any biases in the analysis. Such studies must be published in reputable, recognized reference, peer-reviewed medical journals.
 - Expert Clinical Panel Determinations, where such panels are nationally recognized for expertise in the area for which they are supplying guidelines or proposing activities.
 - Standard of practice or observational studies, where such standards or studies have been shown, over time, to have been assessed for risk versus benefit, and have been found to be of significant value in the diagnosis or management of medical conditions – i.e.: of Proven Benefit. Generally, these findings have been published in reputable, recognized refereed, peer-reviewed medical journals or major medical texts.

2. MAHP does not consider the following as Evidence-Based:
 - Case studies or case series
 - Small sample (n) reports and “studies”
 - Anecdotal cases
 - Single site studies, or similar studies lacking corroboration in the literature
 - Testimonials
 - Self-published materials or studies
 - Studies wherein the author(s) have an evident financial interest in the application of that about which they are reporting
 - “Approved” devices, drugs or therapies, where no outcomes have been determined vs. other, more standard approaches or as compared to a control group.
 - Opinions
 - Personal Choice
 - Unproven therapies, devices, drugs, methodologies or other activities
 - Abstracts in the absence of actual studies

MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 60
PAGE 4

3. There are established criteria utilized by the Case Managers for purposes of Utilization Review, Concurrent Review and requests for out-of-plan referrals. The criteria utilized for purposes of Utilization Review and concurrent review are nationally developed/recognized criteria by Milliman Care Guidelines and described in Policy #11 "Concurrent Hospital Review". The criteria utilized for purposes of authorizing out-of-plan referral requests is based upon subscriber contract language and described in Policies #7, #9, and #10. The criteria utilized for physical therapy and durable medical equipment prior authorization is Interqual. Medicare criteria are utilized for Medicare enrollees.
4. All criteria are reviewed annually by the Utilization Management Committee, Quality Improvement Committee, and Board of Directors and updated or modified per their recommendations.
5. Resources utilized by the Health Plans in determining medically necessary services include, but are not limited to:
 - Nationally Developed Criteria (Milliman Care Guidelines)
 - attending practitioner
 - recommended treatment plans
 - medical records
 - Board Certified practitioner who is a peer of the attending practitioner
 - subscriber contract
 - Practitioner contacts from tertiary care centers
 - medical literature
6. Established criteria are made available to practitioners upon request. Additionally, practitioners are invited to provide input into the change of established criteria. This input is reviewed by the Utilization Management Committee, Quality Improvement Committee, and the Board of Directors to determine appropriateness.
7. Outdated criteria will remain on file for seven years for future reference should Health Plans coverage questions arise at a later date.
8. Clinical Information needed for review, includes but is not limited to:
 - Office and hospital records
 - A history of the presenting problem
 - A clinical exam
 - Diagnostic testing results
 - Treatment plans and progress notes
 - Patient psychosocial history
 - Information on consultations with the treating physician
 - Evaluation from other health care practitioners and providers
 - Photographs
 - Operative and pathology reports

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 60
PAGE 4**

- Rehabilitation evaluations
- A printed copy of criteria related to the request
- Information regarding benefits for services or procedures
- Information regarding the local delivery system
- Patient characteristics and information
- Information from responsible family members

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Date

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Date

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