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| Department: | Medical Management (MM) | Original Approval: | 08/03/2000 |
| Policy #: | MM162 | Last Approval: | 03/01/2019 |
| Title: | Medical Appropriateness for Service or Medication | | |
| Approved By: | UM Committee | | |

BACKGROUND

The purpose of this policy is to document Community Health Plan of Washington’s (CHPW) commitment to comply with all appropriate regulations and contracts related to the coverage of medically appropriate services, equipment, and medications.

DEFINITIONS

Conservative Treatment

Where policies and guidelines stipulate that Conservative Treatment must have been tried, conservative treatment is defined as 6 weeks regular attendance, participation and compliance with any of the following therapies (list includes therapies which may not be covered by CHPW):

- Appropriate medications
- Physical therapy
- Chiropractic Therapy
- Supervised home exercise
- Acupuncture
- Massage

INDICATIONS/CRITERIA

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| Medicaid Members | <i>Continue to criteria for approval below.</i> |
| Medicare Members | |

Medically Appropriate Services

CHPW shall allow all covered services that are medically appropriate for Plan enrollees covered by their benefit. A medically appropriate service is defined as:

- Consistent with standards of good medical practice and supported by evidence- based medicine;
- Medically necessary is defined as “a term for describing a requested service which is



reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the enrollee that endanger life, or cause suffering of pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the enrollee requesting the service. For the purpose of this section, 'course of treatment' may include mere observation or, where appropriate, no medical treatment at all." (WAC 182-500-0070);

- Consistent with the symptoms, diagnosis, treatment and plan of care of the enrollee's condition;
- Not solely for the convenience of the enrollee, the enrollee's family, or the provider of service; and,
- Delivered in the least intensive and most appropriate delivery setting.

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

| PRODUCT LINE | LINK TO CERTIFICATE OF COVERAGE |
|-------------------------|---|
| MEDICARE ADVANTAGE | http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides |
| WASHINGTON APPLE HEALTH | http://chpw.org/our-plans/apple-health/ |
| INTEGRATED MANAGED CARE | http://chpw.org/our-plans/apple-health/ |

Citations & References

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| CFR | |
| WAC | |
| RCW | |
| Contract Citation | <input checked="" type="checkbox"/> WAH 14.6.1.1 Ensuring the clinical appropriateness of care |

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| | <input type="checkbox"/> IMC | |
| | <input checked="" type="checkbox"/> MA | |
| Other Requirements | Medicare Managed Care Manual, Chapter 13 | |
| NCQA Elements | UM 10 | |

Revision History

| Revision Date | Revision Description | Revision Made By |
|---------------|---|--------------------------------|
| 08/03/2000 | Original | UM/CM Manager |
| 08/03/2006 | No changes | Georgette Cortel |
| 08/08/2007 | Formatting, updated Regulatory References | Georgette Cortel |
| 03/19/2008 | Updated Regulatory References | Georgette Cortel |
| 04/20/2009 | Reviewed | Sandra Hewett |
| 08/14/2009 | Revised for NCQA Compliance | Marcia Bush Mike Hays |
| 10/14/2009 | No changes | Verni Jogaratnam |
| 11/06/2009 | Edited for style; moved to new template; removed hyperlinks to related P&Ps (links broken) | Jennifer Carlisle |
| 10/27/2010 | Approval | MMLT |
| 10/26/2011 | Approval | MMLT |
| 11/03/2011 | Applied formatting: font and citation block | Jason Horne |
| 07/26/2012 | Reviewed; Added CMS and delegated entities criteria | Lucy Sutphen, MD, FACP Jane |
| 08/08/2012 | Approval | MMLT |
| 03/06/2013 | Added statement under Medical Necessity Criteria heading | Kelly Force/Jane Daughenbaugh |
| 03/13/2013 | Approval | MMLT |
| 03/10/2014 | Reference to policy MM102 deleted and added statement related to covered person's right to obtain a second opinion. Added clarity to section on Medical Necessity Criteria. | Kelly Force/Tim Reitz |
| 04/08/2014 | Approval | MMLT |
| 10/13/2014 | Updated WAC references and Contract Citation | Andrew Boe |
| 11/26/2014 | Approval | MMLT |
| 01/16/2016 | Changed client to enrollee throughout document to align with Apple Health contract; additional criteria added to include LOCUS, CALOCUS, and ASAM. | Kelly Force |
| 03/17/2016 | Reviewed with minor edits. | Jane Daughenbaugh |
| 03/21/2016 | Approval | MMLT |



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|------------|---|-------------------------|
| 4/10/2017 | Changed WAC 284-43-615(2(h)) to WAC 182-538-120. WAC language added. Minor formatting changes | Cyndi Stilson, RN |
| 4/10/2017 | Approval | MMLT |
| 04/02/2018 | Conversion of UM200 into MM162. Separating out policy on experimental therapy. | LuAnn Chen, MD |
| 04/02/2018 | Transferred to new template | Cindy Bush |
| 04/02/2018 | Conversion of UM200 into MM162. Clarification of appropriateness and definition of conservative therapy. Separating out policy on experimental therapy. | LuAnn Chen, MD |
| 04/10/18 | Approved | UM Medical Subcommittee |
| 02/24/2019 | Reviewed, no changes | LuAnn Chen, MD |
| 03/01/2019 | Approval | UM Medical Subcommittee |