



Clinical Medical Policy Non-Standard Requests for Procedures and Services

Benefit Coverage:

Neighborhood covers medically necessary care delivered in multiple settings, including hospitals, outpatient surgery centers, skilled nursing facilities, both inpatient and outpatient physical/occupational/speech therapy settings, and in physician offices or health centers.

Neighborhood Clinical Medical Policies (CMP) define when a conditional benefit is medically necessary. Neighborhood's Clinical Medical Policies (CMPs) are developed and/or revised following review of current medical literature and standards of practice. To the extent possible, Neighborhood's CMPs are developed according to evidence-based outcomes as well as the unique needs of Neighborhood's population. Board-certified specialty physician advisors are consulted for their expertise and recommendations in the development of CMPs, as necessary.

The purpose of this policy is to address those conditional benefits which do not have a specific clinical medical policy to outline specific coverage and criteria for a given procedure or medical treatment. With the ever-increasing medical technology, Neighborhood desires to offer the benefit of evidence-based medicine to all of our members in accordance with benefit packages.

Description:

Medically necessary services are defined as those services required for the prevention, diagnosis, cure, or treatment of a health related condition including those necessary to prevent a decremental change in a member's medical or mental health status. Medically necessary services must be provided in the most cost effective and appropriate setting, and shall not be provided solely for the convenience of the member or service provider.¹

Experimental and/or investigational services are those that have not been recognized as proven effective in clinical medicine. Neighborhood Health Plan of Rhode Island (Neighborhood) has a formal mechanism to evaluate and review published scientific evidence detailing the clinical use, safety, efficacy and expected health outcomes of new technology and new applications of existing technology for inclusion in the benefit package to keep pace with advancements / developments and to meet the needs of our membership.

Coverage Determination:

¹ Contract between State of Rhode Island Department of Human Services and Neighborhood Health Plan of Rhode Island, Section 1.19.



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Through the process of utilization review, a medical necessity determination is rendered. This process includes:

- the prospective, concurrent, or retrospective assessment of the medical necessity, and
- the appropriateness of the allocation of health care services given or proposed to be given to a patient by a provider

The following governmental regulatory and other sources may be utilized to determine if the request is evidenced based, and reflects the current standard of care:

- a) Critical Developments in Health Technology Assessment and /or other Scientific journals / publications / Internet websites
- b) Centers for Medicare and Medicaid Services (CMS)
- c) Food and Drug Administration (FDA)
- d) Centers for Disease Control (CDC)

When the scientific evidence and/or standards of practice indicate limited use of the recommended treatment or procedure, Neighborhood will follow these limitations to ensure appropriate care is rendered to members.

Criteria:

Each of the following criteria must be met in order for a recommended service to be approved:

1. Where applicable, the treatment/procedure must have final approval from the appropriate governmental bodies
2. Scientific evidence must permit reliable conclusions to be drawn about the effect of the treatment/procedure on health outcomes.
3. The available evidence and clinical documentation must support the conclusion that the treatment/procedure improves net health outcomes.
4. The available evidence and clinical documentation must support the conclusion that the treatment/procedure is:
 - As beneficial as any established alternative, or
 - More beneficial than existing alternatives for an identifiable subgroup of individuals
5. The available evidence and clinical documentation must support the conclusion that the treatment/procedure is:
 - as safe as existing alternatives, or
 - if the treatment/procedure is less safe than existing alternatives but is efficacious for patients who are not adequately treated with existing alternatives, approval may be recommended provided that all other criteria, including above are met.



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Covered Procedures:

Exclusions:

Neighborhood does not cover experimental procedures or treatments, except as otherwise required by law. Also refer to Clinical Medical Policy "Experimental or Investigational Services."

CMP Number: CMP-046

CMP Cross Reference: CMP-026 Experimental/Investigational Services

References:

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