

## Application

<b>Application of this Medical Policy applies to:</b>
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Extended Family Planning (EFP), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
<b>Application Excluded for:</b>
None

## Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

## Description

While Neighborhood Health Plan of Rhode Island goes to great lengths to utilize existing coverage guidelines for the majority of review scenarios, requests are submitted that are not addressed by established criteria. In the event that a request cannot be adequately evaluated using established medical criteria (for example, Centers for Medicare/Medicaid Services National Coverage Determinations, Local Coverage Determinations, InterQual®, or existing Clinical Medical Policies),

the request will be forwarded to a medical doctor reviewer who will review the request using current evidence based medicine.

The physician reviewer may utilize one or more of the following resources in formulating a decision: Cochrane Reviews, PubMed, current society guidelines, ICER, Hayes, UpToDate, other applicable third-party payer policies, or external expert specialty review opinion.

## Coverage Determination

Requests for Evidence Based Services are covered **ONLY** when physician review (described above) shows that **ALL** of the following criteria are met:

1. The requested service or item is safe and effective,
2. The requested service or item is not experimental or investigational,
3. The requested service or item is within accepted standards of medical practice,
4. The requested service or item is appropriate to the medical needs and condition of the member in the current clinical scenario,
5. The requested service or item is not specifically excluded by another Clinical Medical Policy or treatment guideline,  
**AND**
6. The requested service or item is ordered and furnished by qualified personnel.

### Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

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**CMP Cross**

**Reference:**

**Created:** June 2022

**Annual Review** April

**Month:**

**Review Dates:** 6/15/22, 6/7/23, 4/10/24, 4/9/25

**Revision Dates** 4/9/25

**CMC Review Date:** 6/15/22, 6/7/23, 4/10/24, 4/9/25

**Medical Director** 6/15/22, 6/7/23, 4/10/24, 4/9/25

**Approval Dates:**

**Effective Dates:** 6/15/22, 6/7/23, 4/10/24, 4/9/25

**Neighborhood reviews clinical medical policies on an annual basis.**

**Disclaimer:**

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.