

### Benefit Coverage

Neighborhood Health Plan of Rhode Island (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's Clinical Medical Policies (CMPs) define when a conditional benefit is medically necessary. Neighborhood's (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 member 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 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 detrimental 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.

Experimental and/or investigational services are those that have not been recognized as proven effective in clinical medicine. 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. Neighborhood's goal is to work towards inclusion of these technologies or applications in the benefit package to keep pace with advancements so that the needs of our membership are met.

### Coverage Determination

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

This process includes:

1. The prospective, concurrent, or retrospective assessment of the medical necessity, and
2. 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:

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

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

- Where applicable, the treatment/procedure must have final approval from the appropriate governmental bodies, AND
- Scientific evidence must permit reliable conclusions to be drawn about the effect of the treatment/procedure on health outcomes. AND
- The available evidence and clinical documentation must support the conclusion that the treatment/procedure improves net health outcomes. AND
- The available evidence and clinical documentation must support the conclusion that the treatment/procedure is:
  - a. as beneficial as any established alternative, or
  - b. more beneficial than existing alternatives for an identifiable subgroup of individuals AND
- The available evidence and clinical documentation must support the conclusion that the treatment/procedure is:
  - a. as safe as existing alternatives, or
  - b. 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 the above are met.

#### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org)

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms" - forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations, please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

Covered Codes: For information on Coding please reference the [Authorization Quick Reference Guide](#)

#### 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."

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CMP Cross Reference:	CMP-026	Experimental/Investigational Services
References:		
Created:	July 6, 2010	
Annual Review Month:	June	
Review Dates:	5/2/11, 5/8/12, 5/21/13, 5/20/14, 5/4/16, 5/17/17, 5/14/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22	
Revision Dates:	5/17/17	
CMC Review Date:	7/13/10, 5/10/11, 5/08/12, 5/21/13, 5/20/14, 5/17/16, 5/23/17, 5/22/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22	
Medical Director:	7/13/10, 5/11/11, 10/02/12, 6/4/13, 6/20/14, 5/25/16, 6/7/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22	
Approval Date:	6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22	
Effective Date:	6/20/14, 5/31/16, 5/30/17, 6/12/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, 6/15/22	

Neighborhood reviews clinical medical policies on an annual base.

#### Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.