

Benefit Coverage

Covered Benefit for lines of business including:
Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Extended Family Planning (EFP)

Description

Neighborhood Health Plan of Rhode Island (Neighborhood) covers medically necessary medical procedures and durable medical equipment for Integrity members. The purpose of this document is to describe the guidelines/criteria Neighborhood Health Plan of Rhode Island (Neighborhood) utilizes when authorizing services for medical procedures and/or durable medical equipment for Integrity members.

Medicare Distinction:

Neighborhood uses criteria from Centers for Medicare and Medicaid Services (CMS) for coverage determinations. Neighborhood stays up to date on new and/or changing Medicare Part A and Part B coverage policies, including the National Coverage Determination process. When coverage criteria are not fully established in applicable Medicare statutes, regulation, NCD or LCD, Neighborhood will use internal Clinical Medical Policies that reference widely used treatment guidelines or clinical literature.

Neighborhood will use the following criteria for organization determinations for Integrity members:

- CMS general coverage guidelines included in original Medicare regulations, manuals, and instructions (unless superseded by written CMS instructions or regulations regarding Part C coverage).
- CMSs National Coverage Determinations (NCDs)
- Local Medicare Administrative Contractors (MACs) with jurisdiction for claims in the geographic area in which services are covered, Local Coverage Determinations (LCD), and Local Coverage Articles (LCA)
- In the absence of an applicable, or incomplete, NCD, LCD, or other CMS published guidance, Neighborhood will apply determinations developed using peer-reviewed scientific evidence, such as InterQual® and internal Clinical Medical Policies (CMPs)
- Coverage guidelines by Rhode Island Executive Office of Health and Human Services (EOHHS) contracts, coverage guidelines, and benefit coverage summaries

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CMS payment policies, NCDs, and LCDs are subject to change. Neighborhood applies the most current versions of the payment policies, NCDs, and LCDs in making coverage determinations. Providers are responsible for reviewing CMS payment policies and other available CMS guidance.

Neighborhood's Medical Management Department contracts with Change Healthcare to utilize InterQual®, the leading evidence-based clinical criteria and utilization management technology. InterQual®'s medical decision support system assists payers and providers with delivering the highest quality and most appropriate care while eliminating unnecessary cost. InterQual®'s highly trained clinical development team performs a systematic review and critical appraisal of evidence to help ensure criteria are based on the best available evidence. Change Healthcare uses a rigorous evidence-based development process to develop the objective criteria and utilizes multidisciplinary experts to provide multi-level peer review that includes review of clinical trials, the latest standards of care and best practice. The criteria are updated continually and released annually.

Neighborhood's internally developed policies are based on published guideline statements, physician specialty society recommendations, and other forms of credible scientific evidence published in peer reviewed medical literature, supporting a relationship between the health service and improved patient outcomes.

Definitions:

1. **National Coverage Determinations (NCD):** Coverage determinations made by CMS that outline the extent to which specific services, procedures, or technologies are within the scope of a Medicare benefit category: being considered "reasonable and necessary" for the diagnosis or treatment of an illness or injury, and which Medicare will cover on a national basis.

[Click here to review the NCDs index.](#)

2. **Local Coverage Determinations:** A Local Coverage Determination is a decision by a Medicare Administrative Contractor whether to cover a particular service on a MAC-wide, basis. Codes describing what is covered and what is not covered can be part of the LCD. This includes, for example, lists of CPTs or HCPCs codes that spell out which services the LCD applies to, lists of ICD-10-CM codes for which the service is covered and even lists of ICD-10-CM codes for which the service is not considered reasonable and necessary.

[Click here to review the LCDs index](#)

3. **Medicare Administrative Contractor (MAC):** a network of private organizations contracted with CMS that carry out the administrative responsibilities of traditional Medicare (Parts A and B). The network is awarded a geographic jurisdiction to provide administrative functions for Medicare Part A and Part B beneficiaries. MACs are multi-state, regional contractors.

Rhode Island's current MACs are:

- National Government Services (NGS) for A/B services: <https://www.ngsmedicare.com>
- Noridian Healthcare Solutions for durable medical equipment: <https://med.noridianmedicare.com>

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- Rhode Island is part of Jurisdiction K for A/B services and Jurisdiction A for durable medical equipment.

Coverage Determination

Neighborhood covers medically necessary medical procedures and durable medical equipment. When coverage determination/criteria for services requested are not specifically outlined in an applicable, NCD, LCD, other CMS published guidance, or a Neighborhood Clinical Medical Policy specific to the services requested; Neighborhood utilizes Change Health Care InterQual® criteria in reviewing medical necessity for medical procedures and durable medical equipment.

Criteria:

The InterQual® Criteria modules utilized by Neighborhood when determining medical necessity for durable medical equipment and medical procedures include:

InterQual® Modules
Care Planning (CP): Procedures
Care Planning (CP): Durable Medical Equipment

- A review of the medical documentation is compared to the InterQual® criteria specific to the services/items requested to determine if the services/items meet criteria outlined in the applicable InterQual® subset specific to the service and/or items requested. Services requested must meet the criteria outlined in the applicable InterQual® subset specific to the service/item requested.
- When InterQual® criteria are not met, the Medical Review Nurses present the case and all associated information collected, to Neighborhood’s Associate Medical Directors or Physician Reviewers, for a final determination.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood’s website at 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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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, 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.

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 Cross Reference:

Created: December 2023
Annual Review Month: February
Review Dates: 12/29/23, 2/14/24, 2/12/25
Revision Dates: 2/14/24
CMC Review Date: 2/14/24, 2/12/25
Medical Director Approval Dates: 2/14/24, 2/12/25
Effective Dates: 1/1/23, 2/14/24, 2/12/25

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.

References:

Centers for Medicare and Medicaid Services. Medicare Managed Care Manual. Chapter 4, Sections 90.1, 90.4.1, 90.4.2, 90.5

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