

## Benefit Coverage

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

Neighborhood Health Plan of Rhode Island 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.

### 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 the 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.

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. It is the standard criteria applied for inpatient facility review.

Medicare Distinction: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity, for INTEGRITY for Medicare members. Coverage determinations are based on applicable payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCA), and available CMS Medicare-related manuals.

For INTEGRITY members, Neighborhood applies the following hierarchy for coverage determinations:

- National Coverage Determinations are the primary source for determinations.
- In the absence of an NCD, Neighborhood utilizes the applicable LCDs under the direction of the local Medicare Administrative Contractor (MAC) for Rhode Island's jurisdiction.

- In the absence of a NCD and LCD, Neighborhood utilizes applicable CMS published guidance.
- 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/or internal Clinical Medical Policies.
- [Click here to see Neighborhood's Clinical Medical Policies](#)
- [Click here to see InterQual® criteria](#)

Annually, Neighborhood's Clinical Management Committee reviews the clinical criteria to determine if it remains applicable to the populations it serves and is in line with standards of care. Neighborhood provides, upon request, an electronic or hard copy of the specific written screening criteria for medical necessity and review procedures to Rhode Island hospitals and the Rhode Island Medical Society.

#### Coverage Determination

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 appropriateness of the allocation of health care services given or proposed to be given to a patient by a provider.

#### Additional Elements Utilized for Medical Necessity Decisions

When a review is required for medical necessity determination, the following elements, as applicable, are requested by the Medical Review Nurse and/or Associate Medical Director or NHPRI Physician Reviewer:

- Medical records
- Progress notes describing history of the current problem, status, and current treatment plan
- Diagnostic testing results pertinent to the requested service
- Patient psycho-social history as appropriate and related to the current problem
- Consultant's summaries/notes
- Operative and pathological reports
- Rehabilitation evaluations, progress, attendance, and adherence

In addition, the following information is requested and considered in order to determine if there are other factors which may impact the plan of care and attribute to the medical necessity of the request:

- Age
- Knowledge and skills for self-care
- Support system deficits, barriers
- Co-morbidities
- Other complications
- Available resources within the local delivery system
- Psychosocial situation
- Home environment, when applicable
- Benefit coverage and potential alternatives available

#### Criteria

The following InterQual® Inpatient Criteria for Medical/Surgical are utilized by Neighborhood:

1. Acute Adult – includes inpatient medical and surgical (see below \*)

2. Acute Pediatric – includes inpatient medical, surgical and nursery
3. Long-Term Acute Care – includes acute inpatient (see below \*\*)
4. Rehabilitation – includes acute inpatient
5. Subacute/Skilled Nursing Facility (SNF) – includes care in a SNF

InterQual® and Clinical Medical Policies are utilized for Outpatient Services

A review of the medical documentation is compared to the InterQual® criteria to determine if the level of care or the services being requested are appropriate, given the clinical intervention and the member's status.

In addition to the medical necessity review, a level of care or intensity of service will also be determined for SAC/SNF authorizations based on the clinical condition of the member and the ordered skilled services with the guidance of InterQual®, LOC:Subacute / SNF.

When InterQual® criteria is not met, the Medical Review Nurses present the case and all associated information collected, (see section above, "Additional Elements Utilized for Medical Necessity Decisions") to Neighborhood's Associate Medical Directors or Physician Reviewers, for a final determination.

\* InterQual® LOC:Acute Adult criteria subsets:

Acetaminophen Overdose  
Acute Coronary Syndrome (ACS)  
Acute Kidney Injury  
Anemia  
Antepartum  
Arrhythmia, Atrial  
Arrhythmia, Blocks  
Arrhythmia, Ventricular or Abnormal ECG Finding  
Asthma  
Bowel Obstruction  
Carbon Monoxide Poisoning  
Cholecystitis  
COPD  
Cystic Fibrosis  
Deep Vein Thrombosis  
Dehydration or Gastroenteritis  
Diabetes Mellitus  
Diabetic Ketoacidosis  
Electrolyte or Mineral Imbalance  
Epilepsy  
Extended Stay  
Gastrointestinal (GI) Bleeding  
General Medical  
General Surgical  
General Trauma

Heart Failure  
Hematology/Oncology: Complications or Disease Progression  
Hematology/Oncology: Hemolytic Uremic Syndrome  
Hematology/Oncology: Treatments  
Hyperosmolar Hyperglycemic State  
Hypertension  
Hypertensive Disorders of Pregnancy  
Hypoglycemia  
Infection: Cellulitis  
Infection: CNS  
Infection: Covid-19  
Infection: Endocarditis  
Infection: General  
Infection: GI/GYN  
Infection: Musculoskeletal  
Infection: Pneumonia  
Infection: Pyelonephritis or Complex UTI  
Infection: Sepsis  
Infection: Skin  
Inflammatory Bowel Disease  
Labor and Delivery  
Non-Traumatic Bleeding  
Pancreatitis  
Postpartum Complication after Discharge  
Pulmonary Embolism  
Rhabdomyolysis or Crush Syndrome  
Sickle Cell Disease  
Stroke  
Syncope  
TIA  
Withdrawal Syndrome

\*\* InterQual®, LOC:Long-Term Acute Care criteria subsets:

Medically Complex  
Respiratory Complex  
Ventilator Weaning  
Wound/Skin

Discharge planning is expected to be initiated at the onset of each level of care. Extended service for the purpose of discharge planning will also be evaluated by Neighborhood's Associate Medical Directors or Physician Reviewer's, for a final determination.

Neighborhood will provide a copy of the specific InterQual® Criteria used to render a decision.

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.”

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](#)

CMP Cross Reference: CMP-026 Experimental/Investigational Services

Created:	7/06/10
Annual Review Month:	September
Review Dates:	3/13/12, 2/26/13, 03/18/14, 3/3/15, 2/18/16, 2/28/17, 8/29/17, 2/27/18, 9/4/19, 6/21/20, 8/18/21, 8/17/22, 8/16/23, 12/29/23
Revision Dates:	3/02/11, 7/01/11, 3/13/12, 02/18/16, 6/30/16, 8/29/17, 2/27/18, 9/20/18, 6/21/20, 8/17/22, 12/29/23
CMC Review Date:	7/13/10, 3/08/11, 3/13/12, 3/12/13, 03/18/14, 3/3/15, 3/01/16, 3/14/17, 9/12/17, 3/20/18, 9/4/19, 8/18/21, 8/17/22, 8/16/23
Medical Director’s Approval Dates:	7/13/10, 3/15/11, 7/15/11, 10/2/12, 3/13/13, 3/21/14, 3/3/15, 3/01/16, 3/22/17, 11/7/17, 4/12/18, 9/16/19, 8/18/21, 8/17/22, 8/16/23
Effective Dates:	3/21/14, 3/3/15, 3/14/16, 7/1/16, 3/23/17, 11/7/17, 4/12/18, 9/16/19, 6/21/20, 8/18/21, 8/17/22, 8/16/23, 12/29/23

Neighborhood reviews clinical medical policies on an annual basis.

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:

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

Medicare Benefit Policy Manual Chapter 1-Inpatient Hospital Services Covered Under Part A

InterQual®

Social Security Act section 1889 (d)(1)(B)(iv)

CMS Long-Term Care Hospital PPS

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Title 42, Chapter IV, Subchapter B Part 412 Subpart O