Neighborhood Health Plan OF RHODE ISLAND™

Clinical Medical Policy

Levels of Care- # 047

Last reviewed: 03/20/2018

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.

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
2. Acute Pediatric – includes inpatient medical, surgical and nursery
3. Long-Term Acute Care – includes acute inpatient
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.

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.

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

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

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CMP Cross Reference:	CMP-026 Experimental/Investigational Services
Created:	7/06/10
Annual Review Month:	March
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
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 (Updated Software Process)
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
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
Effective Dates:	3/21/14, 3/3/15, 3/14/16, 7/1/16, 3/23/17, 11/7/17, 4/12/18

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:

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

Neighborhood Health Plan of RI-910 Douglas Pike, Smithfield, RI 02917. www.nhpri.org. Authorization Line-401-459-6060. Authorization Fax- 401-459-6023