Criteria for Utilization Review — CCS302

Subject: Criteria for Utilization Review
Policy #: CCS302
Revised Effective: 12/1/2019

Review Schedule: Annual or as needed

Applicability:
CHP+ HMO
CHP+ SMCN
RAE

Definitions:

<table>
<thead>
<tr>
<th>Medically Necessary:</th>
<th>Those covered services which are determined under the applicable Utilization Management (UM) Program to be:</th>
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<td>• Appropriate, necessary, and reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the symptoms, pain, or suffering of a diagnosed medical condition, or the physical, mental, cognitive or developmental effects of an illness, injury, or disability</td>
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<td>• Consistent with the symptoms, diagnosis, and treatment of a member’s medical condition</td>
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<td>• Within standards of scientific evidence and good medical practice using current clinical principles and processes within the organized medical community of the treating provider</td>
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<td>• Clinically appropriate in terms of type, frequency, extent, site, and duration</td>
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<td>• Not primarily for the economic benefit of the provider or primarily for the convenience of the member, caretaker, or the treating provider</td>
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<td>• Consistent with the Utilization Management Program and policies, Quality Management Program and policies, and program benefit requirements applicable to the program benefits under which the covered services are rendered</td>
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<td>• Delivered in the most appropriate setting required by the member’s condition and cost-effective service or supply consistent with generally accepted medical standards of care; failure to provide the service would adversely affect the member’s health. For inpatient stays, this means that acute care as an inpatient is necessary due to the kind of services the member is receiving or the severity of the member’s condition, and that safe, cost effective and adequate care cannot be received as an outpatient or in a less intensified medical setting.</td>
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<td>• Not experimental, investigational, unproven, unusual, or not customary</td>
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<td>• Not solely for cosmetic purposes</td>
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<td>• May include a course of treatment that includes mere observation or no treatment at all</td>
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Utilization Review (UR):

A set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, healthcare services, referrals, procedures, or settings. Techniques include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, or retrospective review. For the purposes of this policy and procedure, utilization review shall also include reviews for the purpose of determining coverage based on whether or not a procedure or treatment is considered experimental or investigational in a given circumstance, and reviews of a covered person's medical circumstances, when necessary, to determine if exclusion applies in a given situation. Please reference CCS307 Utilization Review Determinations for more information about the utilization review process.

Policy: Colorado Access (COA) makes Utilization Review determinations based on professionally recognized written criteria or established guidelines and specifies the procedures to apply those criteria in an appropriate and consistent manner. COA utilizes nationally recognized clinical criteria and relevant community standards of care for utilization review. COA maintains annual licensure for InterQual criteria and uses this criteria for Utilization Review determinations for all lines of business.

COA assures that all clinical decision-making criteria are consistent with the Clinical Practice and Preventative Health Guidelines reviewed and approved by the COA Health Strategy Committee. Decision making criteria for the drug utilization review program are reviewed and approved by the COA Pharmacy and Therapeutics Committee in conjunction with the Pharmacy Benefit Manager (currently Nativus Health Solutions).

COA ensures that any UM criteria or service limitations for mental health disorders and substance use disorders are no more restrictive than the predominant UM criteria or service limitations under the medical/surgical benefits for the same treatment classification. The presence of a non-covered diagnosis (e.g., developmental disabilities, traumatic brain injuries for the RAE line of business) does not preclude a member from receiving covered services for a co-occurring covered diagnosis; all medically necessary covered services for covered diagnoses are covered, regardless of any co-occurring condition.

Procedures:

1. Application of Criteria
   
   A. All clinical staff with decision making authority are thoroughly trained (at hire and ongoing) on InterQual criteria (see CCS301 Qualifications for Staff Engaged in UM Activities for more information about staff with decision making authority).
   
   B. Utilization review staff considers the individual needs of the member as well as the capacity of the local delivery system when applying utilization review criteria.
   
   C. After available information is submitted to COA, Utilization Review staff conducts Utilization Review using adopted written criteria.
   
   D. If the information provided does not meet criteria, the Utilization Review staff forwards the request to a physician for review. Any decision to deny a service authorization request or to
authorize a service in an amount, duration, or scope that is less than requested will be made by a physician who has appropriate clinical expertise in treating the member's condition or disease.

E. COA assures that staff and physicians performing determinations of medical necessity are consistent in the application of criteria for decision making through annual (and ad hoc, if needed) inter-rater reliability assessments.

2. Dissemination of the Criteria

A. All Utilization Review criteria are available to members, potential members, and affected practitioners upon request.

B. New or revised criteria are published and disseminated in the applicable provider manuals and on the company web page.

C. All adverse benefit determination notifications sent to members and providers include instructions on how to obtain a copy of the criteria used in the review.

References:
CCS301 Qualifications for Staff Engaged in Utilization Management Activities
CCS307 Utilization Review Determinations

Attachments:
N/A