

## Benefit Coverage

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

## Description

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 office or health centers.

Medically necessary services are defined as those services needed 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 utilized multidisciplinary experts to provide multi-level peer review that includes review of clinical trials, the latest standards of care, and best practices. It is the standard criteria applied for inpatient facility review.

**Medicare Distinction:** Neighborhood uses criteria from Center 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, regulations, National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs), Neighborhood will use internal Clinical Medical Policies (CMPs) that reference widely used treatment guidelines or clinical literature.

Neighborhood will use the following criteria for organization determinations for Integrity (MMP) 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).
- CMS NCDs
- Local Medicare Administrative Contractors (MACs) with jurisdiction for claims in the geographic area in which services are covered, to include LCDs and Local Coverage Articles (LCAs)

- In the absence of applicable criteria or incomplete NCD, LCD, or other CMS published guidance, Neighborhood will apply criteria developed using peer-reviewed scientific evidence, such as internal CMPs and InterQual®.
- Coverage guidelines by Rhode Island Executive Office of Health and Human Services (EOHHS) contracts, coverage guidelines, and benefit coverage summaries

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 Hospital 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, and 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 Utilization Management Nurse (UMN) and/or Associate Medical Director (AMD) or Neighborhood 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 psych-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 to the following information requested and considered in or to determine if there are other factors which may impact the plan of care and attribute to the medical necessity of the request.

### Criteria

Neighborhood utilizes the following InterQual® criteria:

- Acute Adult\*
- Acute Pediatric
- Long Term Acute Care\*\*
- Inpatient Rehabilitation
- Subacute/SNF

InterQual® and CMPs are utilized for Outpatient Services:

A review of the medical documentation is compared to 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 UMN presents the case and all the associated information collected (see above section “Additional Elements Utilized for Medical Necessity Decisions”) to the AMD or Physician Reviewer for a determination.

Discharge planning is expected to be started at the onset of each level of care. Extended service for the purpose of discharge planning will also be evaluated by Neighborhood’s AMD or Physician Reviewer for a final determination.

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

**\* 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 Disorder of Pregnancy
- Hypoglycemia
- Infections: Cellulitis
- Infections: CNS
- Infections: Covid-19
- Infections: Endocarditis
- Infections: General
- Infections: GI/GYN
- Infections: Musculoskeletal
- Infections: Pneumonia
- Infections: Pyelonephritis or Complex UTI
- Infections: Sepsis
- Infections: 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:**

- Medically Complex
- Respiratory Complex
- Ventilator Weaning
- Wound/Skin

**Authorization Request Forms**

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://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](#).

### Exclusions

Neighborhood does not cover experimental procedures or treatments, except as otherwise required by law. Also refer to Clinical Medical Policy Experimental Investigational #026

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<b>CMP Cross Reference:</b>	CMP #026 Experimental Investigational
<b>Created:</b>	07/06/2010
<b>Annual Review Month:</b>	February
<b>Review Dates:</b>	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, 2/14/24, 10/9/24
<b>Revision Dates:</b>	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, 2/14/24
<b>CMC Review Date:</b>	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, 2/14/24, 10/9/24
<b>Medical Director Approval Dates:</b>	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, 2/14/24, 10/9/24
<b>Effective Dates:</b>	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, 2/14/24, 10/9/24

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 Health and 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  
Change Healthcare 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  
CMS Medicare Managed Care Manual Chapter 4-Benefits and Beneficiary Protections