

Greater Oregon Behavioral Health, Inc.
Policies and Procedures



200.73.01 - Medical Necessity Criteria

Version: 1

Status: Approved

1.0 Definitions

N/A.

2.0 Policy

GOBHI will ensure that all Utilization Management decisions based on Medical Necessity are according to generally applicable criteria unless diagnosis- or procedure-specific criteria apply to the situation.

3.0 Procedures

3.1 GOBHI maintains and updates a comprehensive set of Medical Necessity Criteria. As defined elsewhere in this document, this set of criteria may consist of:

- 3.1.1 Criteria adopted from organizations that develop medical necessity criteria.
- 3.1.2 Criteria adopted, with modifications, from organizations that develop medical necessity criteria.
- 3.1.3 Criteria developed by GOBHI.

3.2 The UM Medical Director is responsible for overseeing the review, revision, and update of GOBHI's Medical Necessity Criteria.

3.3 At least annually, the UM Medical Director solicits input on the Medical Necessity Criteria and on the procedure entitled Using Medical Necessity Criteria from:

- 3.3.1 GOBHI's Clinical Staff.
- 3.3.2 GOBHI's Physician Reviewers.
- 3.3.3 Participating Practitioners with professional knowledge or clinical expertise in the area being reviewed.
 - 3.3.3.1 When soliciting input from participating Practitioners, the UM Medical Director provides a mechanism and sufficient time for the Practitioners to review the Medical Necessity Criteria.
 - 3.3.3.2 Review may be accomplished by:

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3.3.3.2.1 Providing hard copy.

3.3.3.2.2 Providing electronic access (on-site or off-site).

- 3.4 The review process may be implemented by the UM Medical Director prior to the annual review date if information becomes available that could materially change the content of the criteria, including but not limited to any of the following:
- 3.4.1 New scientific evidence that becomes available.
 - 3.4.2 State or federal regulation changes.
 - 3.4.3 National or professional standards that are either published or terminated before the annual review date.
- 3.5 If, during the course of the year, a participating Practitioner recommends a revision to the Medical Necessity Criteria, the GOBHI staff member receiving the recommendation documents the request and submits it to the UM Medical Director.
- 3.6 As part of the annual review, the UM Medical Director conducts a literature search for any relevant, recently published literature related to Medical Necessity Criteria. If GOBHI has adopted Medical Necessity Criteria from another organization, the requirement for this literature search can be met if the other organization conducts such a search as part of its annual review and revision process.
- 3.7 At least once each year, the UM Medical Director synthesizes the input from GOBHI's clinical Staff, Physician Reviewers, Practitioners, and any other input regarding the Medical Necessity Criteria received since the last review. If GOBHI adopts Medical Necessity Criteria developed by another entity, revisions to the Criteria suggested by that entity are included in the synthesis prepared by the UM Medical Director.
- 3.8 The UM Medical Director makes specific recommendations for modification, if appropriate, and adoption of the Medical Necessity Criteria based on the results of the literature review and staff and Practitioner input.
- 3.9 The Utilization Management Committee reviews the recommendations of the UM Medical Director and approves, with or without revisions, the Medical Necessity Criteria.

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- 3.10 GOBHI uses MCG Health Behavioral Health Care guidelines to determine Medical Necessity.
 - 3.10.1 <https://www.mcg.com/wp-content/uploads/2016/11/MCG-Behavioral-Health-Care-Guidelines-for-Providers.pdf>
 - 3.10.2 <https://www.mcg.com/wp-content/uploads/2016/11/MCG-Behavioral-Health-Care-Guidelines-for-Payers.pdf>
- 3.11 GOBHI's approved Medical Necessity Criteria are used:
 - 3.11.1 By all Utilization Management Coordinators and Physician Reviewers.
 - 3.11.2 For all Pre-Service, Concurrent, and Post-Service determinations based on Medical Necessity.
 - 3.11.3 For all Appeals of Utilization Management decisions based on Medical Necessity.
 - 3.11.4 For external appeals conducted by an Independent Review Organization unless a specific process is required by regulation or employer mandate.
- 3.12 GOBHI has established a hierarchy among its approved Medical Necessity Criteria.
 - 3.12.1 When selecting a set of MCG criteria, GOBHI's staff utilize diagnosis-based criteria if available.
 - 3.12.2 If that set of Medical Necessity Criteria does not contain criteria appropriate to the decision to be made, staff can then utilize the level of care guidelines.
 - 3.12.3 The final step, should condition or procedure specific criteria not be available among the approved Medical Necessity Criteria, is to base the decision on GOBHI's General Medical Necessity Criteria.
 - 3.12.4 For documentation requirements related to specialized services see the following policies:
 - 3.12.4.1 Applied Behavioral Analysis (ABA) Initial Prior Authorization (300.30.2)
 - 3.12.4.2 Applied Behavioral Analysis (ABA) Reauthorization (300.30.03)
- 3.13 The Medical Necessity Criteria used by GOBHI are designed to be clinically flexible, covering a wide range of clinical circumstances and presentations. Such criteria, however, cannot cover every potential set of circumstances.
 - 3.13.1 In addition to the clinical flexibility inherent in the Medical Necessity Criteria, GOBHI accommodates the individual clinical needs of the Member and the capabilities of the local delivery system during the review by a Physician Reviewer.
 - 3.13.2 When the Utilization Management Coordinator cannot authorize the requested care based on the information available, the case is referred to a Physician Reviewer.
 - 3.13.2.1 The Physician Reviewer considers the individual clinical needs of the Member in rendering a Medical Necessity decision.

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- 3.13.2.1.1 The needs considered include as applicable, but are not limited to:
 - 3.13.2.1.1.1 Age.
 - 3.13.2.1.1.2 Comorbidities.
 - 3.13.2.1.1.3 Complications.
 - 3.13.2.1.1.4 Progress of treatment.
 - 3.13.2.1.1.5 Psychosocial situation.
 - 3.13.2.1.1.6 Home environment.
 - 3.13.2.1.2 When considering the individual circumstances, the Physician Reviewer is expected to make a clinically appropriate decision, within the limits of the Member's benefit structure, which may be different from the decision suggested by the medical necessity criteria.
 - 3.13.2.2 The Physician Reviewer also considers the characteristics and capabilities of the local delivery system, including, but not limited to, the available services in the local delivery system and their ability to meet the Member's specific health care needs.
 - 3.13.2.3 If the appropriate level or setting of care is not available within a reasonable geographic distance from the Member's location, GOBHI authorizes the next highest level of care that is available provided that the clinically indicated level of care is a covered benefit.
- 3.14 General: The following General Medical Necessity Criteria are used when there are no diagnosis- or procedure-specific criteria applicable to the situation. All criteria must be met for the service to be considered medically necessary.
- 3.14.1 The services are prescribed by a licensed health care practitioner practicing within the scope of his/her license in the context of his/her treatment of the individual.
 - 3.14.2 The services are safe, effective, and consistent with nationally accepted standards of medical practice.
 - 3.14.3 The services are not experimental or investigational.
 - 3.14.4 The services are individualized, specific, and consistent with the individual's signs, symptoms, history, and diagnosis.
 - 3.14.5 Either:
 - 3.14.5.1 The services are reasonably expected to diagnose a disease or condition, provided that all the following are met:
 - 3.14.5.1.1 The screening has a significant probability of detecting the disease or condition.

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3.14.5.1.2 The disease or condition has a significant detrimental effect on the health status of the affected individual.

3.14.5.1.3 Effective evidence-based methods of treatment are available for treating the disease or condition at the stage which the screening is designed to detect.

3.14.5.1.4 Treatment in the asymptomatic phase has been demonstrated to yield a therapeutic result.

OR

3.14.5.2 The services are reasonably expected, in a clinically meaningful way, to:

3.14.5.2.1 Help restore or maintain the individual's health, or

3.14.5.2.2 Improve or prevent deterioration of the individual's disorder or condition, or

3.14.5.2.3 Delay progression of a disorder or condition characterized by a progressively deteriorating course when that disorder or condition is the focus of treatment for this episode of care.

3.14.6 The individual complies with the essential elements of treatment.

3.14.7 The services are not primarily for the convenience of the individual, Practitioner, caregiver, family, or another party.

3.14.8 Services are not being sought as a way to potentially avoid legal proceedings, incarceration, or other legal consequences.

3.14.9 The services are not predominantly domiciliary or custodial.

3.14.10 No exclusionary criteria of the plan or benefit package are met.

3.15 Written copies of guidelines related to a specific authorization are available upon request by contacting the UM Department at GOBHI at 1-541-298-2101 or 1-800-493-0040.

4.0 Compliance Criteria

N/A.

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