

2.00 Clinical Criteria for Utilization Management

2.01 Medical Necessity

“Medical Necessity” or “Medically Necessary” shall mean health care services that a provider, who is exercising prudent clinical judgment, would provide to a member for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease or its symptoms. Medically necessary care is intended to help the member achieve maximum therapeutic benefit. Medically necessary care is:

- in accordance with generally accepted standards of medical practice,
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
- not primarily for the convenience of the member or the health care provider.

“Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature, generally recognized by the relevant medical community.

“Maximum therapeutic benefit” has been achieved when the member’s health status has returned to a pre-clinical/pre-illness condition, or the member’s condition no longer shows progressive improvement toward a return to a pre-clinical/pre-illness condition. Health care services rendered beyond the point of maximum therapeutic benefit are not medically necessary.

“Medically necessary supportive care” is treatment of a member’s condition that has achieved maximum therapeutic benefit, but when periodic trials of withdrawal of care fail to sustain previous objective and subjective improvement. In addition to passive therapies, appropriate supportive care includes education, active care, lifestyle modification, exercise programs, and other self-care techniques.

“Elective treatment” is defined as care provided for a stable condition that will remain stable without further care; care that is discretionary and at the option of the member; care that is intended to promote optimum function, wellness or maintenance. Elective treatment is not medically necessary.

2.02 Criteria for Medical Necessity and Clinical Appropriateness Determinations

The CHP Group (CHP) has an obligation to review the services provided to members for medical necessity and clinical appropriateness verification. Determination of medical necessity and clinical appropriateness includes assessment of the following parameters within the information outlined in Section 6.01:

- Appropriateness:
 - Is treatment recognized as appropriate for the condition?
 - Has there been consideration of patient age, co-morbidities, risk factors, and psychosocial factors?
 - Is there evidence of exacerbation or complications?
 - Is care appropriate for the clinical stage of the condition?

- Consistency:
 - Is the diagnosis consistent with the subjective and objective data?
 - Is the treatment consistent with the diagnosis?
- Community standards:
 - Is the treatment consistent with professional consensus and expressed in documents such as treatment guidelines, textbooks, and professional literature?
 - Does the care provided correlate with standards of quality care?
- Member Progress:
 - Are there signs of progress in the subjective or objective information?
 - Are there functional indicators or outcome assessments indicating improvement?
 - Is there documentation of a change in therapeutic approach in response to lack of progress?
 - Is there indication of an active care component to the treatment regimen?

2.03 Medical Necessity and Clinical Appropriateness Determinations

The term “medical necessity” refers to what is medically necessary and clinically appropriate for a particular member, and hence medical necessity and clinical appropriateness determinations entail an individual assessment rather than a general determination of what works in the ordinary case. If there is sufficient evidence to show that a treatment is not medically necessary and clinically appropriate in the usual case, it is up to the member and their provider to show the individual member is different from the usual in ways that make the treatment medically necessary and clinically appropriate for that member.

Medical necessity and clinical appropriateness determinations are made by a clinician with training and practical experience in the same discipline as the provider submitting the claim in question. Determinations are based on the reviewer’s clinical experience, the clinical pathways, CHP clinical policy and available current evidence. Generally, if the clinical records show evidence of the presence of a covered condition and documentation of sustained improvement through outcome measures, a positive change in subjective complaints, or indication of objective improvement, then the care is considered to be medically necessary and clinically appropriate.

2.04 Evidence-Based Criteria

Appropriateness of clinical services is evaluated in light of evidence-based standards of practice. Evidence from consensus of expert opinion and review of scientific clinical literature are combined to develop criteria used for determination of medical necessity and clinical appropriateness. Evidence is summarized in clinical pathways, which are provided to every network provider via CHP’s website with written notification of such and availability of copies upon request. This evidence also drives policy development, which in turn guides clinical staff in determining appropriateness and necessity.

Clinical pathways are suggested clinical approaches and not rigid protocols. CHP expects there will be members whose needs vary from the clinical pathways. In those instances, the provider is expected to maintain a clinical record that clearly outlines subjective and objective information documenting the variation in clinical presentation and giving a clear indication of the assessment and treatment plan.

2.05 Consistency in applying UM Criteria

CHP evaluates consistency in applying UM Criteria on an ongoing basis via audits performed to evaluate the consistency of the UM decisions. Such audits evaluate all CHP UM decisions against professional standards and CHP UM criteria. Written reports are provided to the Chief Clinical Officer and Combined Medical Directors Committee for review and appropriate action upon identification of any opportunity for improvements as necessitated.

2.06 Review Criteria Development

UM review criteria are developed through collaborative efforts of the Medical Director's, the Combined Medical Directors Committee, and the Clinical Management Committee.

In the development process the review of the following relevant sources may be utilized:

- Health care literature data bases such as Medline and PubMed, Index to Chiropractic Literature, CINHAL, MANTIS.
- Systematic reviews such as the Cochrane Collaboration.
- Government agencies such as the Agency for Healthcare Research and Quality, National Center for Complementary and Integrative Health.
- Clinical guidelines resources such as ECRI Institute.
- Professional sources such as the Society for Acupuncture Research, American Chiropractic Association.
- Current authoritative sources such as textbooks, professional journals.
- Online point-of-care evidence-based clinical resources such as UpToDate, DynaMed.
- Provider advisors.
- Provider surveys.

2.07 Annual Review of UM Criteria

UM Criteria for medical necessity and clinical appropriateness is reviewed annually by the Associate Medical Directors at the Combined Medical Directors Committee, or as new evidence becomes available. The CHP Chief Clinical Officer routinely monitors updates from evidence-based clinical resources such as those listed in Section 2.06, e.g., PubMed, Cochrane Collaboration, Agency for Healthcare Research and Quality, National Center for Complementary and Integrative Healthcare, ECRI Institute, professional journals, online point-of-care resources.

The UM Policies, containing the UM Criteria, are updated at least annually at which time providers are notified in writing of the availability of the policies on CHP's website. The opportunity is provided for providers to obtain a copy upon request.

Availability of Clinical Criteria

The clinical criteria are distributed via the CHP Provider Operations Manual to newly participating providers. Revisions of the Provider Operations Manual are communicated to participating providers in writing, with the opportunity to obtain a copy upon request. The clinical criteria are within the Utilization Management Policies and Procedures which are posted separately from the Provider Operations Manual on the CHP website.