



## Medicare Advantage

## Policy and Procedure

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Subject:	Hierarchy for Medical Necessity Decisions
Policy Number:	101
Department:	5B Medicare Advantage
Provision Effective Date:	
Revision Date:	

### PURPOSE

Title XVIII of the Social Security Act, Section 1862(a)(1)(A), states that “subject to certain limited exceptions, no payment may be made for any expenses incurred for items or services that are not ‘reasonable and necessary’ for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member. These authorities are exercised to make coverage determinations regarding whether a specific item or service meets one of the broadly defined benefit categories and can be covered under the Medicare program. National coverage decisions are published on the National Coverage website — for further information, please see §80 of this subchapter. In the absence of a specific national coverage decision, coverage decisions are made at the discretion of local contractors.”

### POLICY

BlueCross’ Medicare Advantage program will use levels of evidence to render a decision for coverage of a specific requested item or service as listed in the Procedure section.

### SCOPE

Items or services for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member must be reasonable and medically necessary per coverage guidelines.

### DEFINITIONS

N/A

### RESPONSIBILITIES

Utilization management, medical director

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### PROCEDURE

BlueCross BlueShield of South Carolina's Medicare Advantage program will use the following levels of evidence to render a decision for coverage of a specific requested item or service:

1. Medicare national coverage determinations (NCDs)
2. Medicare local coverage determinations (LCDs) and local coverage articles (LCAs)
3. Medicare program manuals, transmittals and publications, including the Program Integrity Manual, Chapter 13.5.4: "Reasonable and Necessary"
4. MCG (formerly Milliman) care guidelines<sup>1</sup>
5. BlueCross BlueShield Medicare Advantage policies<sup>2</sup>
6. Peer-reviewed medical literature and specialty organization or society standards of practice<sup>3</sup>

If an adverse determination (denial) is made for a requested item or service, the member may appeal using the process outlined in the Medicare Managed Care Manual (100-16), Chapter 13.<sup>4</sup>

### REFERENCE DOCUMENTS

1. MCG CareWeb ([www.mcg.com](http://www.mcg.com)) — Edition and specific guideline will be cited in the determination letter.
2. BlueCross Medicare Advantage policies are developed, reviewed and approved by the Quality Improvement Committee and are available through the Provider tab of the [www.SCBluesMedAdvantage.com](http://www.SCBluesMedAdvantage.com) webpage.
3. Peer-reviewed medical literature, specialty society guidelines and other compendia of evidence must be based on 1) well-designed clinical studies that 2) included participants with similar conditions and characteristics as the requesting member. Medications, items or services not shown to be safe and effective by at least two well-designed clinical studies that included participants similar to the requesting member/patient will be considered experimental or investigational.
4. [Internet-Only Manuals \(IOMs\) | CMS](#).



South Carolina

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### APPROVAL SIGNATURES

Title	Printed Name	Signature	Date

### REVISION HISTORY

Implementation Date	Description	Business Owner (Signature Required)	Approval Committee