

To: UCare Network Providers

From: Amy Christensen, RN, VP Clinical Services and Jennifer Garber, LICSW, AVP of Mental Health and Substance Use Disorder Services

Date: 12/1/2021

Re: Utilization Management Criteria

Utilization Management Criteria

UCare's Utilization Management Program is based on nationally recognized, evidence-based medical necessity guidelines as developed by national vendor, Change Healthcare. UCare uses the decision support tool, InterQual, which is provided electronically by Change Healthcare. InterQual is built on Medicare criteria and is reviewed annually by a panel of national experts including physicians, surgeons, psychiatrists, physical therapists, and other health care professionals. Additionally, our vendor continuously monitors changes to NCDs, LCDs, and other national guidelines and requirements and provides quarterly releases of changes to the medical necessity criteria.

UCare staff are trained on an annual basis and as criteria change during the year. UCare's medical necessity criteria are applied based on member needs and a thorough assessment of specific medical services available within the local delivery system. UCare routinely evaluates the adequacy of our networks to ensure member access to all types of care including primary care, specialists, hospitals, skilled & custodial nursing facilities, home care agencies, and other ancillary services. UCare works with members to arrange out of network care when needed care is not available within the local delivery system.

UCare applies a hierarchy of criteria when conducting medical necessity review. UCare makes available to physicians and all other health care professionals, the medical necessity criteria used when making medical necessity determinations. Information regarding accessing these criteria is available on the UCare website and requests are also taken via phone.

The utilization management criteria are presented annually to the QIACC for adoption and approval. The Utilization Management Program is based on the following guidelines and criteria is applied in the rank order below:

A. UCare Medicare Plans (Medicare Advantage)

1. Change Healthcare InterQual Medical Necessity Criteria.
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS) may be used for medical necessity decision.
 - a) Local coverage determinations (LCDs)
 - b) National coverage determination (NCDs)

3. UCare medical policy is applied when none of the above is appropriate to the coverage determination. These medical policies support decision-making of coverage determinations and are based on credible scientific evidence, including published peer reviewed medical literature, consensus statements or guidelines from national medical associations/physician specialty societies, and the views of physicians practicing in the community in relevant clinical areas. UCare utilizes HAYES Technology Assessment for the development of new medical policies and for updates to existing policies.

B. Minnesota Senior Health Options (MSHO) & Connect + Medicare

1. Change Healthcare InterQual Medical Necessity Criteria.
2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS) may be used for medical necessity decision.
 - a) Local coverage determinations (LCDs)
 - b) National coverage determination (NCDs)
3. When Medicare criteria is not met or the service is not covered by Medicare, and a benefit is available under the State of Minnesota Department of Human Services (DHS) benefit set then staff will apply DHS criteria as found in the Minnesota Health Care Plans (MCHP) provider manual, Minnesota Matrix or American Society of Addiction Medicine (ASAM) Criteria, as applicable.
4. UCare medical policy is applied when none of the above is appropriate to the coverage determination. These medical policies support decision-making of coverage determinations and are based on credible scientific evidence, including published peer reviewed medical literature, consensus statements or guidelines from national medical associations/physician specialty societies, and the views of physicians practicing in the community in relevant clinical areas. UCare utilizes HAYES Technology Assessments for the development of new medical policies for updates to existing policies.

C. Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), Minnesota Senior Care Plus, and Special Needs Basic Care (SNBC)

1. Change Healthcare InterQual Medical Necessity Criteria.
2. When InterQual criteria is not available, then staff will apply DHS criteria as found in the Minnesota Health Care Plans (MCHP) provider manual, Minnesota Matrix or American Society of Addiction Medicine (ASAM) Criteria, as applicable.
3. UCare medical policy is applied when none of the above is appropriate to the coverage determination. These medical policies support decision-making of coverage determinations and are based on credible scientific evidence, including published peer reviewed medical literature, consensus statements or guidelines from national medical associations/physician specialty societies, and the views of physicians practicing in the community in relevant clinical areas. UCare utilizes HAYES Technology Assessments for the development of new medical policies for updates to existing policies.

D. UCare Individual & Family Plans

1. Change Healthcare InterQual Medical Necessity Criteria. American Society of Addiction Medicine (ASAM) Criteria, as applicable for Substance Use Disorder services.

2. UCare medical polices support decision-making of coverage determinations and are based on credible scientific evidence, including published peer reviewed associations/physician specialty societies, and the views of physicians practicing in the community in relevant clinical areas. UCare utilizes HAYES Technology Assessments for the development of new medical policies for updates to existing policies.

Notice of Updates to InterQual Criteria

Mental Health

- Updated Eating Disorders
- Added a CMI note to Adult and Geriatric: Psychosis
- Added Therapeutic Foster Care to the notes
- Added Telehealth Guidance to notes
- Expanded on the co-occurring Medical Conditions
- Enhanced Addiction Rating scales notes
 - Enhanced notes related to assessment tools C-SSRS, COWS, CINA, SOWS, OOWS
- Added Intervention criteria in the admission review
- Added two Specialty Rx
 - Non-Oncology medications: Esketamine (Spravato) for major depressive disorder
 - Brexanolone (Zulresso) for postpartum depression

Substance Use Disorder (SUD)

- Added Intensive Community-Based Treatment LOC to Adult criteria
- Updated notes to include ASAM 3.2 withdrawal Management Services
- Enhanced Withdrawal management criteria for clarity

SNF/AIR/LTAC:

- GI infection
- GU infection
- Human Immunodeficiency Virus (HIV)
- Musculoskeletal Infection
- Other bacterial, fungal, protozoal, and viral infection
- Pneumonia
- Sepsis
- Sexually transmitted infection

DME:

No changes

Procedures:

- Added new subsets:
 - Transcatheter Aortic Valve Replacement (TAVR)
 - Antireflux Surgery or Hiatal Hernia Repair: add magnetic sphincter augmentation
 - Gender Confirmation Surgery → Gender Affirmation Surgery
 - Breast Reconstruction
 - Spine Surgery

Molecular Diagnostics Criteria:

- Retired subsets
 - MTHFR Targeted Mutation Analysis for Methotrexate Response
 - Human Papillomavirus (HPV)
 - Infectious Disease related - Clinical Evidence Summary (CES) only
- Updated content in the following subsets
 - Noninvasive Prenatal Testing (NIPT)
 - COVID-19 Testing
 - Acute Myeloid Leukemia (AML)
 - BRCA1 and BRCA2 in Hereditary Cancer
 - Human Epidermal Growth Factor Receptor 2 (HER2) Testing for Drug Response
 - Ki-67 Testing in Breast Cancer
 - Li-Fraumeni Syndrome (LFS)
 - Thyroid Nodule Genetic Testing