

To: UCare Network Providers
From: Jeri Peters, RN, and VP & CNO
Date: 6/17/2019
Re: Updated: Utilization Review 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 this 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:

- A. UCare Medicare Plans (Medicare Advantage)
 - 1. Change Healthcare InterQual nationally recognized evidence-based medical necessity criteria guidelines.
 - 2. Written criteria developed and published by the Center for Medicare and Medicaid Services (CMS).
 - 3. National coverage determination (NCDs) and local coverage determinations (LCDs) may be used for medical necessity decisions.

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 Assessment for the development of new medical policies and for updates to existing policies.
- B. Minnesota Senior Health Options (MSHO) & Connect + Medicare
1. Minnesota Senior Health Options (MSHO) and Connect + Medicare follows 1-3 above in rank order.
 2. When Medicare criteria is not met and a benefit is available under the State of Minnesota Department of Human Services (DHS) benefit set, DHS criteria is applied as found in the Minnesota Health Care Plans (MCHP) provider manual.
 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.
- C. Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MnCare), Minnesota Senior Care Plus, and Special Needs Basic Care (SNBC)
1. Change Healthcare InterQual a nationally recognized evidence-based medical necessity criteria guidelines.
 2. Minnesota Medicaid medical necessity criteria as found in the Minnesota Health Care Plans (MCHP) provider manual are applied for coverage determinations for the above products.
 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 (Exchange)
1. McKesson InterQual nationally recognized evidence-based medical necessity criteria guidelines.
 2. UCare medical polies 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.

3. Evidence of Coverage

Notice of Updates to InterQual Criteria:

Behavioral Health:

- A new subset added for Pharmacogenomic Testing for Psychotropic Medication Drug Response
- Applied Behavior Analysis for Autism Spectrum Disorder now has Adolescent and Adult Criteria
- Updated Transcranial Magnetic Stimulation in the Behavioral Health Procedures

Medical Procedures:

- References to gender in InterQual have been reviewed and modified when appropriate with instruction to users to carefully consider issues related to patient genotype and anatomy, especially for transgender individuals, when appropriate.
- New Subset have been added:
 - Balloon Ostial Dilation
 - Hearing Aid, Bone Anchored or Bone Conduction
 - Hearing Aid, Bone Anchored or Bone Conduction (Pediatric)
 - Hearing Aid, Miracle Ear
 - Hyperbaric Oxygen Therapy (Pediatric)
 - Left Atrial Appendage Closure, Percutaneous
 - Lithotripsy, Extracorporeal Shock Wave (ESWL) (Pediatric)
 - Reduction Mammoplasty, Female (Adolescent)
 - Reduction Mammoplasty, Male (Adolescent)
 - Thrombolysis, Deep Vein Thrombosis (DVT)
 - Ureteroscopy (Pediatric)
- New Criteria added:
 - Total Joint Replacement, Knee – developed in anticipation of CMS removing Total Joint Replacement, Knee from the Inpatient Only List
- Durable Medical Equipment:
 - New subset for Continuous Glucose Monitors (Senior)
- Post-Acute (LTAC/Acute In-Patient Rehabilitation/Subacute/SNF)
 - No changes to this subset that would affect the member or provider. Changes made to the format to mimic the LTAC format due to customer feedback

Following is a list of UCare retired medical policies:

- Electrostimulation and Electromagnetic Therapy for Wounds
- Extracorporeal Magnetic Stimulation for Urinary Incontinence
- Extracorporeal Shock Wave Therapy Indications
- Phototherapy for Dermatologic Conditions
- Quantitative Sensory Testing
- Spinal Unloading Devices for Low Back Pain