

# Policy

<b>DEPARTMENT:</b> Utilization Management	<b>POLICY#:</b>
<b>TITLE:</b> Coverage Determinations	<b>VERSION:</b> 1.0
<b>REVISION APPROVED BY:</b> Stefanie Caswell	<b>REVISION APPROVED DATE:</b> 5/23/24
	<b>POLICY COMMITTEE APPROVAL DATE:</b> 5/28/24
<b>DEPENDENCIES:</b>	

## Table of Contents

<b>Purpose.....</b>	<b>2</b>
<b>Definitions, Abbreviations, and Acronyms.....</b>	<b>2</b>
<b>Policy .....</b>	<b>2</b>
<b>Medicare Allowable Services .....</b>	<b>2</b>
<b>Medical Necessity Decisions .....</b>	<b>2</b>
<b>Change Log .....</b>	<b>3</b>

## Purpose

This policy outlines Longevity Health Plan's coverage determination process for beneficiaries.

## Definitions, Abbreviations, and Acronyms

Acronym	Meaning
Plan	Longevity Health Plan
CMS	Centers for Medicare and Medicare Services
LCD	Local Coverage Determinations
NCD	National Coverage Determinations

## Policy

The Plan follows CMS guidance as it relates to the determination of coverage and appropriateness of services for the Plan membership. This policy broadly outlines the process for determination of service coverage.

### Medicare Allowable Services

The Plan will abide by the parameters set by CMS regarding Medicare covered services. The services may be subject to prior authorization to determine medical necessity. The Plan will not cover services not covered by Traditional Medicare unless specifically stipulated as a covered benefit in the supplemental benefits package or overall plan design. Examples of services not covered by Traditional Medicare and therefore not covered by the Plan include surveillance testing for infectious disease (COVID-19 PCR testing), durable medical equipment not appropriate for the long-term care setting, or services covered under the member's room and board while residing in long term care.

### Services Duplicative of Nursing Facility Services

Services that are duplicative to those currently offered by the nursing facility are not covered services. Nursing facilities offer under custodial care things such as vital signs monitoring, specialty mattresses, and basic wound care supplies among other things. As such, the Plan will not cover services that may be duplicative to these efforts such as remote patient monitoring or pressure reducing mattresses while the member is a resident of the nursing facility.

### Providers Rendering Care

For services requiring medical necessity review and prior authorization, the Plan may request that a member utilize a contracted or in network provider. Consideration will be given in instances where continuity of care may be a factor.

### Medical Necessity Decisions

The Plan requires prior authorization for some services. The determination for medical necessity is based on the below criteria hierarchy to be followed in utilization management (UM) decisions, in accordance with guideline requirements.

## 1. CMS Coverage Policies:

- UM decisions must align with CMS coverage policies and guidelines. These policies serve as the primary source for determining the medical necessity and appropriateness of services.

## 2. National Coverage Determinations (NCDs):

- NCDs issued by CMS define whether a particular service or item is covered nationally under Medicare. UM decisions should adhere to NCDs when applicable.

## 3. Local Coverage Determinations (LCDs):

- LCDs provide guidance on Medicare coverage at the regional level. UM decisions should comply with LCDs specific to the geographic area where the service is being provided.

## 4. Medicare Benefit Policy Manual:

- The Medicare Benefit Policy Manual outlines the general principles for determining coverage and payment policies for Medicare services. UM decisions should be consistent with the provisions outlined in this manual.

## 5. Utilization Review Criteria and Plan Specific Policies:

- Utilization review criteria, such as InterQual or Milliman guidelines, provide evidence-based criteria for determining the medical necessity and appropriateness of services. UM decisions should align with these criteria when making coverage determinations.
- Plan-specific policies and guidelines established by the health plan should also be considered in UM decisions if CMS Coverage Policies, NCDs, LCDs, or guidance from the Medicare Benefit Policy Manual are not applicable to the service being requested. These policies may include additional criteria or requirements beyond CMS guidelines.

## Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
NEW		3/26/2024	Stefanie Caswell	NEW