Ultimate Health Plans Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	Medical Necessity Determinations in the Absence of Established Clinical Criteria	**POLICY NUMBER:**	**UM-037**
EFFECTIVE DATE:		**LAST REVIEW/REVISION DATE:**	
ISSUING DEPT:	Utilization Management	**SCOPE [DEPTS]:**	All Associates
LINE OF BUSINESS:	MA CORE PLAN: ☒ MA C-SNP PLAN: ☒ MA D-SNP PLAN: ☒		

PURPOSE:

Ultimate Health Plan (UHP) coverage determination process ensures that medical necessity decisions are evidence-based, transparent, and consistent with Medicare CMS requirements. This policy provides guidance for evaluating individual medical necessity when a coverage request is made for an item or service covered under Medicare as a basic benefit without established clinical criteria.

The primary objective of this policy is to demonstrate UHP commitment to ensuring that enrollees receive timely and appropriate access to medically necessary care, while UHP applies utilization management practices that maintain clinically appropriate standards of care. This coverage criteria outlines the information required for UHP to make an individualized determination in accordance with the reasonable and necessary provisions defined in 1862(a)(1) of the Social Security Act (SSA) and Chapter 13, Section 13.5.4 of the Medicare Program Integrity Manual

DEFINITIONS:

1. **Medical Necessity:** Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

2. **Internal Criteria:** Clinical criteria developed or adopted by UHP to guide coverage determinations when Medicare or InterQual® criteria are not established.

3. **External Authoritative Sources:** Recognized national organizations that publish evidence-based guidelines, including:
   - FDA – U.S. Food and Drug Administration
   - NIH – National Institutes of Health

- ACR – American College of Radiology
- NCCN – National Comprehensive Cancer Network

4. **UM Committee:** Ultimate Health Plan's Utilization Management Committee, which oversees the adoption and approval of internal criteria.

POLICY:

Ultimate Health Plan will first use Medicare criteria (NCDs, LCDs, Medicare Manuals) and InterQual® criteria to make medical necessity determinations. When no established criteria exist, UHP will use internally adopted criteria informed by external authoritative sources such as the FDA, NIH, ACR, and NCCN. All internal criteria must be:

- Evidence-based
- Transparent and accessible to providers and members via UHP's public website (per CMS Final Rule requirements)
- Approved by the UM Committee prior to implementation

Coverage decisions must consider the individual clinical circumstances of each case and align with CMS regulations.

PROCEDURE:

1. **Initial Review**
   - UM nurse reviewers assess requests against Medicare criteria (NCD, LCD, Medicare Manual) and InterQual®.
   - If no applicable criteria exist, UHP internally adopted criteria will be referenced.

2. **Application of Internal Criteria**
   - The UM nurse reviewer will reference UHP's adopted internal criteria informed by
     - FDA- https://www.fda.gov/drugs
     - NIH- https://www.nih.gov/health-information
     - ACR-https://www.acr.org/Clinical-Resources
     - NCCN- https://www.nccn.org/global/what-we-do/clinical-guidelines-translations
     - or other recognized professional organizations.

   - Criteria will be documented in the case file, including citation of the external source(s) used.

3. **Committee Oversight**
   - The UM Committee will review and approve all internal criteria prior to use.
   - Criteria are reviewed at least annually or more frequently if significant evidence updates occur.

Final

4. **Documentation**
    - Every determination must include the rationale, the clinical evidence used, and the specific criteria applied.
    - Denial letters must reference the internal criteria and provide appeal rights per CMS requirements.

5. **Transparency**
    - Internal criteria utilized by UHP will be posted on UHP's public-facing website in compliance with CMS regulations.

Transparency Posting

A direct link to the Medical Necessity Portal is maintained and updated as required on UHP Website at:

https://www.chooseultimate.com/

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION

RELATED POLICIES

POLICY #	POLICY TITLE

ATTACHMENTS

DOCUMENT TITLE	
Notification Grid	

EFFECTIVE DATES / VERSIONS

VERSION #	EFFECTIVE DATE	NEXT REVIEW	AUTHOR OR OWNER	CHANGE DESCRIPTION
#001	09/01/2025		S.Alderson	Established
#002	9/9/2025	12/31/2025	UM Committee	Review/Approval

##				

APPROVALS

DATE	APPROVED BY
9/1/2025	FIRST LEVEL: Author/Business Unit Owner.
9/1/2025	SECOND LEVEL: Compliance and/or Quality Review
	THIRD LEVEL: UM Committee Sign off

Final