

# Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- |                                                                  |                                                                   |
|------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> CHW – Milwaukee                         | <input type="checkbox"/> CHW - Fox Valley                         |
| <input type="checkbox"/> CHHS Foundation                         | <input type="checkbox"/> CHW - Surgicenter                        |
| <input type="checkbox"/> CHW – Community Services Division       | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group               |
| <input type="checkbox"/> Children's Medical Group - Urgent Care  | <input type="checkbox"/> CHHS Corporate Departments               |

## Medical Utilization Management Policy

### SUBJECT: SUPPLEMENTAL MEDICAL NECESSITY POLICY

#### INCLUDED PRODUCT(S):

##### Medicaid

BadgerCare Plus

Care4Kids Program

##### Individual and Family

Commercial

Marketplace

#### PURPOSE OR DESCRIPTION:

The purpose of this policy is to identify services considered to be medically necessary by CCHP medical directors. Services listed here are not easily addressed elsewhere by MCG or CCHP utilization management (UM) guidelines. If an authorization request meets these criteria, a UM registered nurse can approve the request without physician review.

**Definition:** "Medically necessary" is defined as "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."<sup>1</sup>

#### POLICY:

Below is a list of unrelated clinical services not listed elsewhere in the MCG or CCHP UM guidelines, all of which are considered medically necessary by CCHP medical directors:

- a. **Breast surgery:** Any breast surgery related to a diagnosis of breast cancer. This includes surgery on the contralateral breast, and includes surgeries related to breast reconstruction if a diagnosis of breast cancer is or was present.
- b. **Clinical trials:** All routine clinical services normally considered medically necessary by CCHP provided during a clinical trial that are not covered by a research grant or other investigational agency/organization.
- c. **Dialysis:** Any form of renal replacement therapy, when a diagnosis of end stage renal disease (ESRD) or acute kidney injury (AKI) is present

- d. **Dialysis medications:** Medications associated with dialysis therapy (includes iron, synthetic erythropoietin, renal dialysis medications, renal dialysis biological products), when a diagnosis of ESRD or AKI is present
- e. **Skilled nursing facilities:** For Medicaid members, custodial care in a skilled nursing facility. Please note that custodial care is not a covered benefit under the Individual and Family Plans.
- f. **Transplant candidacy:** Clinical services or procedures required to evaluate and/or determine transplant candidacy.

## **REFERENCES**

1. Definition of “Medically necessary” from Medicare online glossary:  
[www.medicare.gov/glossary/m.html](http://www.medicare.gov/glossary/m.html)
2. Women's Health and Cancer Rights Act of 1998 (WHCRA)
3. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS) section 632.87 (6)
4. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS) section 632.895 (3)
5. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS) section 632.895 (4)
6. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS) section 632.895 (13)