

## AmeriHealth Caritas Family of Companies Medicaid Policy and Procedure

**Supersedes:** State-specific versions of UM.016  
Technology Assessment Policy

**Policy Number:** UM.016

**Subject:** Assessment of New and Emerging Medical Treatments and Technology

**Department(s):**

**Current Effective Date:** 08/2024

**Last Review Date:** 06/2024

**Original Effective Date:** 07/01/2021

**Next Review Date:** 08/2025

### Applicable Lines of Business:

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| <input checked="" type="checkbox"/> <b>100:</b> Keystone First                                 | <input checked="" type="checkbox"/> <b>6400:</b> AmeriHealth Caritas Florida             |
| <input checked="" type="checkbox"/> <b>500/530/540/550:</b> AmeriHealth Caritas Pennsylvania   | <input checked="" type="checkbox"/> <b>7100:</b> AmeriHealth Caritas Delaware            |
| <input checked="" type="checkbox"/> <b>2100:</b> AmeriHealth Caritas Louisiana                 | <input checked="" type="checkbox"/> <b>7200:</b> Community HealthChoices (KFCHC, ACPCHC) |
| <input checked="" type="checkbox"/> <b>2400:</b> Select Health of South Carolina               | <input checked="" type="checkbox"/> <b>900:</b> AmeriHealth Caritas New Hampshire        |
| <input checked="" type="checkbox"/> <b>2600:</b> Blue Cross Complete                           | <input checked="" type="checkbox"/> <b>1200:</b> AmeriHealth Caritas North Carolina      |
| <input checked="" type="checkbox"/> <b>5400/5410:</b> AmeriHealth Caritas District of Columbia | <input checked="" type="checkbox"/> <b>7700:</b> AmeriHealth Caritas Ohio                |
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### Scope

This policy applies to the following AmeriHealth Caritas Family of Companies (ACFC) business operations.

Member is defined as enrollee, participant, recipient or beneficiary.

As necessary to comply with local state regulations, the contents of this policy may be copied into a stand-alone document for a specific business operation.

### Purpose

To define the process used to determine inclusion of coverage of new treatments or technologies, or new uses of existing treatments or technologies, under the member's physical and behavioral health benefits.

### Policy

When a request for coverage of a new technology or a new application of an existing technology is received and needs investigation, a technology assessment is conducted to determine the appropriateness of covering the requested services under the member's physical or behavioral health benefits. New technology or the new application of existing technologies relative to physical or behavioral health care includes, but is not limited to, medical procedures, behavioral healthcare procedures, medical devices, medical technologies, and pharmaceuticals.

The Clinical Policy Department is responsible for conducting formal reviews of new treatments and technologies in accordance with Policy 391.1001 *Clinical Policy Committee Policy and Procedure* and Policy CCP.1186 *Investigational Health Services*. The committee is comprised of Medical Directors and Behavioral Health Care professionals.

Requests for coverage of new treatments or technology or a new application of existing treatment or technology are reviewed by the ACFC Medical Director/Behavioral Health Medical Director using, as appropriate, some or all of the following information sources:

- State specific Medicaid Contract
- Clinical Policies
- Information from appropriate government regulatory bodies, such as the Food and Drug Administration (FDA), Centers for Medicare & Medicaid Services (CMS) or State Health and Human Services Department
- Published scientific evidence
- Articles in peer-reviewed literature
- Recommendations from professional societies
- Publicly available reference information (including web/online resources)
- Information from a board-certified consultant/behavioral healthcare practitioner familiar with the specialty or technology area under review clinical information pertaining to the patient's medical history, current diagnosis, past treatment history and planned use of the new technology/new application of existing technology
- Definition of Medically Necessary as defined by state specific contract and adopted by ACFC
- EPSDT Definition of Medical Necessity for ACFC member less than 21 years of age

#### **Definitions**

N/A

See UM.001 Glossary of Terms

#### **Procedure**

1. When ACFC receives a request for coverage of a new technology, or a request for a new application of an existing technology, the ACFC clinical reviewer will review per policy (UM.003 *Standard and Expedited Prior Authorization of Services*) and discuss with the Medical Director or Behavioral Health Medical Director.
2. ACFC's Medical Director/Behavioral Health Medical Director may perform a literature search and/or access a Board-Certified Specialist in the appropriate specialty to assist with the evaluation consistent with Policy UM.315 *Independent Consultant Review*.
3. After review of available materials, ACFC's Medical Director/Behavioral Health Medical Director will make a determination regarding medical necessity of the requested service(s). ACFC's Medical Director/Behavioral Health Medical Director will take into account as appropriate, some or all of the following information when making a decision:
  - State specific MCO Contract
  - Clinical Policies
  - Information from appropriate government regulatory bodies, such as the FDA, CMS and State Health and Human Services Department
  - Published scientific evidence

- Articles in peer-reviewed literature
  - Recommendations from professional societies
  - Publicly available reference information (including web/online resources)
  - Information from a board-certified consultant/behavioral healthcare practitioner familiar with the specialty or technology area under review
  - Clinical information pertaining to the member's medical history, current diagnosis, past treatment history and planned use of new technology/new application of existing technology.
  - Definition of Medically Necessary as defined by the state specific contract regulations and adopted by ACFC
  - EPSDT Definition of Medical Necessity for ACFC member less than 21 years of age
4. If the service is approved, a case reference number is issued and the requesting provider is notified according to Policy *UM. 003 Standard and Expedited Prior Authorization of Services, and Policy UM.010 Decision Response Time*.
  5. If the service is denied, additional procedures are followed in accordance with Policy *UM.017, Notification of Adverse Benefit Determination*.
  6. ACFC maintains documentation of research, recommendations and a determination with regard to technology assessments performed and makes them available to appropriate ACFC staff.
  7. A request for a clinical policy from the Clinical Policy Committee can be requested electronically through processes defined by the Clinical Policy Committee.

### **Related Policies**

See also - Policy *UM.001 Glossary of Terms*

See also - Policy *UM.003 Standard and Expedited Prior Authorization of Services*

See also - Policy *UM.010 Decision Response Time*

See also - Policy *UM.017 Notification of Adverse Benefit Determination*.

See also - Policy *UM.315 Independent Consultant Review*

See also - Policy *CCP.1186 Investigational Health Services*

See also - Policy *391.1001 Clinical Policy Committee Policy and Procedure*

See also - Policy *168.235 HIPAA Privacy Definitions*

See also - Policy *168.200 Authorization to Use or Disclose PHI*

See also - Policy *168.212 Facsimile Machines and Transmission of Protected Health Information*

See also - Policy *168.213 Safeguards to Avoid Unauthorized Use or Disclosure of Protected Health Information, Personally Identifiable Information, and/or Certain Sensitive Demographic Data*

See also - Policy *168.227 Use and Disclosure of Protected Health Information without Member Consent or Authorization*

See also - Policy *591.001 Records Retention Policy & Schedule*

### **Source Documents & References**

MCO Standards for Accreditation - National Committee for Quality Assurance (NCQA), Utilization Management Standards

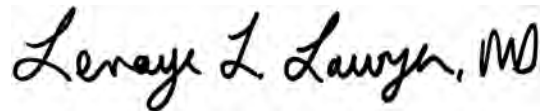
**Attachments**

A: State/Plan specific addenda <hyperling to addenda>

**Approved by**



**Vanessa Johnson**  
**Vice President, Utilization Management Operations**  
**Date: July 2, 2024**



**Lenaye Lawyer, MD**  
**Vice President, Medical Affairs**  
**Date: July 2, 2024**

Revision Date	Revision
8/2023	Annual review. No changes to the scope or intent of the policy.
6/2024	Annual review, no changes to the scope or intent of the policy.

**AmeriHealth Caritas Family of Companies**

**Medicaid Policy Addendum**

**Territory:** Louisiana

**Addendum Number:** UM-A.016.LA

**Subject:** Assessment of New Medical Treatment Technology

**Department(s):** Utilization Management

**Current Effective Date:** 11/12/2024

**Last Review Date:** 11/12/2023

**Original Effective Date:** 01/01/2023


**Next Review Date:** 11/2025

<b>Service/Program</b>	<b>ACLA State Distinction</b>	<b>Reference/Source</b>
<i>Approval of new technology and/or experimental procedures</i>	AmeriHealth Caritas Louisiana (ACLA) follows new technology assessments conducted by the Louisiana Department of Health (LDH) and all subsequent adoptions of new technology by LDH.  Any use of new technology and/or experimental procedures, drugs, equipment or care is prohibited unless and until approved by Secretary of LDH in writing.	<i>2.4.3.2- Prohibited Services</i>

Reference/Source:

Louisiana Department of Health. Louisiana Medicaid Managed Care Organization Amendment A. Section 2.4.3.2.

Approved By:



Rodney Wise, M.D

Market Chief Medical Officer (CMO) Signature

Date

Loretta Dumontet, MD

Lorretta Dumontet, MD

Behavioral Health Medical Director

Date

Revision Date	Revision
09/15/2022	<ul style="list-style-type: none"><li>• policy format restructured to an enterprise policy with the state specific requirements placed in an addendum</li></ul>
11/14/2022	<ul style="list-style-type: none"><li>• Updated contract reference 2.4.3.2</li></ul>
10/4/2023	<ul style="list-style-type: none"><li>• Annual review; no change to scope or content</li></ul>
8/20/2024	<ul style="list-style-type: none"><li>• Annual review; no changes to scope or content.</li></ul>