Medical Necessity Determinations

Humana
Healthy Horizons®
in Louisiana

Pharmacy Coverage Policy

Effective Date: January 01, 2023
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Line of Business: Medicaid - Louisiana
Policy Type: Guidance

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at http://www.cms.hhs.gov/. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically.

Description

Requests received from a member or provider may require a medical necessity determination for the service, procedure, or product. The plan performs medical necessity reviews utilizing the member's benefits, federal and state regulations and policy criteria, policy criteria outlined by the Pharmacy Benefit Manager, Policy criteria outlined by the plan, and accepted medical standards.

Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- American Hospital Formulary Service-Drug Information (AHFS-DI)
- National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
- Truven Health Analytics Micromedex DrugDEX
- Elsevier/Gold Standard Clinical Pharmacology
- Wolters Kluwer Lexi-Drugs

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Medical Necessity Determination
When a request for a pharmacy product is subject to medical necessity review, the following medical review criteria will be consulted in the order listed if applicable and available:

- **Criteria required by state or federal regulatory agency**
- **Pharmacy Benefit Manager drug specific clinical criteria**
- **Humana drug specific clinical criteria**
- **Approved compendia**

Coverage Limitations

- **Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary"**

- **Experimental/investigational use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature**

Background

Humana develops and maintains policies and procedures with defined structures and processes for a utilization management (UM) program that incorporates utilization review. The program includes service authorization and medical necessity review and complies with the requirements set forth by contractual and department issued guides.

Provider Claims Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Medical Necessity; Pharmacy

References

- Drug Utilization management and Clinical Edits Tools Policy (Updated Periodically)
- Louisiana Administrative Code Title 50 - Public Health- Medical Assistance Chapter 11 Medical Necessity (Updated Periodically)
- Louisiana Administrative Code Title 50 - Public Health- Medical Assistance Chapter 35 Managed Care Organization Participation Criteria (Updated Periodically)