

Policy Name: Utilization Review with minimal information

Policy Number: CMO 502

Effective date of current policy: 9/1/2018

Description and Scope

This policy applies to utilization review where insufficient medical information is obtained.

Position Statement

In order to determine the medical necessity of a request, Affinity Health Plan requires sufficient information to use MCG guidelines. Without enough information, the admission will be denied as not medically necessary. In particular, if Affinity Health Plan is given only the diagnosis and no further information is submitted after reasonable attempts by the plan to get further information, the request will be denied as not medically necessary.

Definitions

MCG guidelines are nationally recognized, evidence-based criteria that are used to determine medical necessity of a hospital admission as well as other treatments.

Coding

NOT APPLICABLE

References

Medical Policy Committee History and Revisions

Date	Action
July 24, 2018	Initial approval by Medical Policy and Benefits Committee
June 25, 2019	Approved with no change
May 26, 2020	Expanded policy to apply to all reviews

Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.