
VCHCP Policy Guideline for Reviews (Physicians and Nurses)

Purpose

To set forth guidelines for review of requests for services and medical necessity determination in the absence of an applicable Ventura County Health Care Plan (VCHCP) medical policy, drug guideline or other Utilization Management (UM) guideline.

Definition

Medical Necessity, as defined in the VCHCP Evidence of Coverage, means services or supplies which are determined by VCHCP to be provided for:

- 1) The diagnosis or care and treatment of a medical condition
- 2) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition
- 3) Considerance given of potential benefits and harm to the Member
- 4) Consistent with professionally recognized standards of care prevailing in the community at the time
- 5) Not primarily for the convenience of a Member, his or her family, Physician, or other Provider.

Process

- A. Plan reviewers (physicians and nurses) will review Treatment Authorization Requests (TARs) using applicable VCHCP medical policies, drug guidelines or other UM guidelines per the Treatment Authorization Process and Timeline Standards Policy.
- B. In the absence of applicable guidelines, Plan reviewer will review TARs on a case-by-case basis to determine medical necessity and coverage using any or all the following:
 - Medical literature that may include professionally recognized guidelines, current evidence-based medicine, and community standards.
 - The reviewer's professional clinical judgment and that of other VCHCP reviewers and community specialists.
 - A review of the procedure or service to determine if it is considered investigational/experimental
 - Identifiable issues of controversy and specific statutory requirements from the Department of Managed Health Care (DMHC), Department of Health Services (DHS) and Medicare.

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Effective Date: 2/12/15

Reviewed/No Updates: 2/11/16, 2/9/17, 2/8/18, 2/14/19,
8/21/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23, 2/8/24, 2/20/25

- Any additional relevant factors based on the member’s specific clinical circumstances including the availability of the requested service and the availability of equivalent services.
- C. After the Reviewer has rendered a final decision, documentation is made in the medical management system (QNXT) to include any resources used in the decision-making process.

A. History

Policy created by Catherine R. Sanders, MD and Robert Sterling, MD on 1/29/15
 Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
 Committee Review: UM: February 11, 2016; QAC: February 23, 2016
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 9, 2017; QAC: February 28, 2017
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 8, 2018; QAC: February 27, 2018
 Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
 Committee Review: UM: February 14, 2019; QAC: February 26, 2019
 Reviewed/Updates by: Howard Taekman, MD
 Committee Review: UM: November 14, 2019; QAC: November 26, 2019
 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD
 Committee Review: UM: February 13, 2020; QAC: February 25, 2020
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 Committee Review: UM: February 17, 2022; QAC: February 22, 2022
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 Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review



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8/21/19	Yes	Howard Taekman, MD	Updated to include nurses as reviewers.
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
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2/20/25	No	Howard Taekman, MD; Robert Sterling, MD	Modified Definition section with formatting changes.