IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2022117 DECEMBER 20, 2022

Managed care programs will follow the same utilization management hierarchy

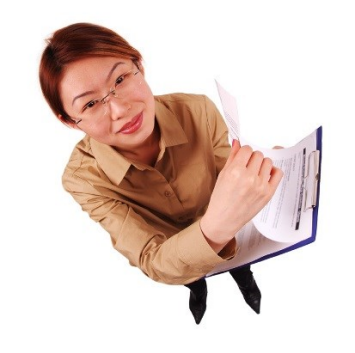
Beginning April 1, 2023, Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise will follow the same utilization management (UM) medical criteria hierarchy for all managed care programs.

Therefore, managed care programs will retire all customized guidelines by April 1, 2023, and ensure that any authorization reviewed on or after April 1, 2023, will be reviewed with consideration to the outlined hierarchy.

For select items outlined in this bulletin, managed care entities (MCEs) must use Indiana Health Coverage Programs (IHCP) Policy. For all other items where the Office of Medicaid Policy and Planning (OMPP) has criteria or guidelines in place, the MCE cannot have criteria or UM policies that are more restrictive. The MCE must use the full suite of noncompany customized InterQual or Milliman Care Guidelines (MCG) clinical guidelines, inclusive of Medicare national coverage determinations (NCDs) and Medicare local coverage determinations (LCDs). For areas not addressed by IHCP Policy and MCG/InterQual, the MCE may develop their own UM policy and criteria, but they must be approved by the state and made available to the state. The hierarchy for clinical criteria and guidelines is outlined in this bulletin.

Medical review criteria hierarchy

Medical review criteria must adhere to the following hierarchy:



1. **Federal Law** – All review criteria must comply with federal law (if the *Code of Federal Regulations* has any Medicaid-specific requirements, the IHCP must comply).
2. **Indiana Code** – All review criteria must comply with Medicaid-specific provisions of the *Indiana Code*.
3. **State Plan** – Review criteria are subject to the terms of the state plan (which is the IHCP agreement with the Centers for Medicare & Medicaid Services [CMS] outlining the coverage and reimbursement of IHCP services).
4. **Indiana Administrative Code** – All review criteria must comply with Medicaid-specific provisions of the *Indiana Administrative Code* (which is given authority from the *Indiana Code*).
5. **IHCP Policy** – This includes IHCP provider reference modules, bulletins and banner pages. MCEs must follow IHCP Policy (fee-for-service criteria) exactly for the following items:
   - ABA Therapy: *IHCP Bulletins* *BT201867*, *BT201953* and *Behavioral Health Services* provider reference module
   - Drug Testing: *IHCP Bulletins* *BT201846*, *BT202183* and *Laboratory Services* provider reference module
   - EndoPredict-Breast Cancer: *IHCP Bulletin* *BT202010* and *Genetic Testing* provider reference module
   - Hysterectomies: *IHCP Bulletin* *BT201976* and *Obstetrical and Gynecological Services* provider reference module

- ReliZorb (in-line cartridge containing digestive enzymes for enteral feeding): *IHCP Banner Page* BR202050 and *Durable and Home Medical Equipment and Supplies* provider reference module
- Speech-Generating Devices: *IHCP Bulletin* BT202012 and *Durable and Home Medical Equipment and Supplies* provider reference module
- Spinal Stenosis: *IHCP Bulletin* BT2020111 and *Surgical Services* provider reference module
- Transplants: *IHCP Bulletin* BT202019 and *Surgical Services* provider reference module
- Bariatric Procedures: *IHCP Bulletin* BT202240 and *Surgical Services* provider reference module
- Oxygen Usage: *IHCP Bulletin* BT202242 and *Durable and Home Medical Equipment and Supplies* provider reference module

6. **Non-Customized National Clinical Guidelines** – The MCE may choose to use either InterQual or MCG but must use the full suite of review criteria in these platforms – ***including*** the Medicare NCDs and the Medicare LCDs.
   - If an item is covered by MCG or InterQual, the MCE must use the applicable MCG or InterQual guideline in lieu of an MCE-derived UM policy or criteria.
   - **The MCG and InterQual guideline hierarchy is as follows:**
     a. **Must use diagnosis or procedure-specific guidelines before more general guidelines.**
     b. **Use Medicare (MCR) guidelines in this order: NCDs, then LCDs for Indiana.**
7. **MCE-Derived UM Policy and Criteria** – Must be preapproved by the state.
8. **Professional Society Guidelines** – Guided by published peer-reviewed literature (can supersede national and MCE-derived UM policy and criteria if specifically called out to be used in the Scope of Work, such as the American Society of Addiction Medicine [ASAM]).
9. **Professional References/Subject-Matter Expert (SME)** – Guided by published peer-reviewed literature.
10. **Best Standards of Care** – Guided by published peer-reviewed literature.

The OMPP reserves the right to add additional or remove the fee-for-service criteria and will provide the MCEs with appropriate notice.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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