POLICY AND PROCEDURE

POLICY NAME: Process for Managing Requests for Non-Classified or Miscellaneous Codes	**POLICY ID:** FL.UM.17.00
BUSINESS UNIT: Sunshine State Health Plan	**FUNCTIONAL AREA:** Utilization Management
EFFECTIVE DATE: 06/10/2015	**PRODUCT(S):** Managed Medical Assistance (MMA), Child Welfare (CW), Long Term Care (LTC), Children's Medical Services (CMS)
REVIEWED/REVISED DATE: 06/2015; 08/2016, 11/2017, 11/2018, 3/2019, 04/2020, 7/2021, 1/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): 06/10/2015	

POLICY STATEMENT: It is the policy of Sunshine Health to cover non-classified procedure codes or miscellaneous codes when medically necessary and covered under the member's specific benefit plan. Sunshine Health considers coverage when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. This policy applies for any requests by participating providers or non-participating providers.

PURPOSE: To establish criteria to review requests with non-classified codes and miscellaneous codes for procedures and services for Medicaid Managed Care (MMA), Child Welfare (CW), and Long Term Care (LTC) and Children's Medical Services (CMS) lines of business. The goal is to define criteria on which to determine the medical necessity of requested procedures and services submitted with a non-classified procedure code or miscellaneous code for services or equipment.

SCOPE: Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Child Welfare (CW), Long Term Care (LTC) and Children's Medical Services (CMS) product lines.
This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS: N/A

POLICY:

- It is the policy of Sunshine Health to cover non-classified procedure codes or miscellaneous codes when medically necessary, and covered under the member's specific benefit plan. Sunshine Health considers coverage when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. This policy applies for any requests by both participating and non-participating providers.
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PROCEDURE:
Overview:
The durable medical equipment (DME) and Medical Supply Services Provider Fee Schedules have "nonclassified" procedure codes. Non-classified procedure codes allow the provider to request approval for a covered benefit when the requested item does not have an established HCPCS code. Pricing of a non-classified procedure code is established either by the claims or the contracting departments.

- The contracting department allows for payment at a % of billed charges, when a "non-classified" code has been identified and is a covered benefit.
- The prior authorization department:
  - Identifies the "non-classified" procedure codes on the authorization request
  - Researches the requested item to determine if there is an established HCPCS code.
    - If there is not a standard HCPCS code, then the staff will send to the Sunshine Health Medical Director or Therapy Advisor for review.

    (Exceptions to this process are in place for medically fragile children and can be located in Therapy advisor workflow policy: FL.UM.86.00)

A non-classified or miscellaneous code Request:
Providers can request a "non-classified procedure" or miscellaneous code when: The item is a covered benefit, but:

- The item requested does not have an established HCPC code
- Needs to be customized to the physical condition of the recipient, and
- There is no less expensive treatment modality, equipment, or measures available to meet the member's medical needs.

In the event the member is under the age of 21, medical necessity of the requested service must be considered, regardless of the status of the requested item on the fee schedule per FL.UM.08.00 Management of Requests as part of EPSDT or as a Potential Benefit Exception

Information Required for Review

The requesting provider must, at a minimum provide to Sunshine Health's utilization management department a:

- Prescription signed by ordering provider that includes the following:
- The date of order
- Provider's signature
- Medical documentation reflecting member need for the item of procedure
- Documentation that there is no less expensive treatment modality, equipment, or measures available to meet the recipient's member's medical needs
- Diagnosis

Review Period

- Approval time frame will be determined at the time of review.
- A request for renewal must be submitted by the physician or servicing provider, prior to expiration of the current authorization

Review Process

The clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care
- FL.UM.02.00 - Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00

REFERENCES:

Florida Medicaid Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml
AHCA contract FP060
FL.UM.05.00 Timeliness of UM Decisions and Notification
FL.UM.02.00 Use of Clinical Criteria
FL.UM.02.01 Medical Necessity Review and Coordination of Care
FL.UM.08.00 Management of Requests as part of EPSDT or as a Potential Benefit Exception
Florida Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook. Updated July 2010
https://ahca.myflorida.com/medicaid/review/Specific/CL_10_100601_DME_ver1_0.pdf

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	06/02/2015
Annual Review	Reference to FL.UM.02.02 updated to reflect new condensed policy FL.UM.02 Practice Guidelines and Clinical Criteria policy and procedure	06/29/2016
Annual Review	Updated references; added reference to UM 14 Managing EPSDT requests policy	11/30/2017
Annual Review	No Change Needed	11/30/2018
Annual Review	No Change Needed	03/20/2019

Annual Review	Updated references, links, and approval titles. Added VP, Medical Affairs and removed Health Plan Product President.	04/09/2020
Annual Review	No Changes Needed	07/22/2021
Annual Review	No Changes Needed	07/22/2022
Policy Update	Added Children's Medical Services (CMS) to Line of Business	01/04/2023
Annual Review	Updated Procedure overview to address established HCPCS codes, Updated Review Period.	01/05/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance_____

Senior Dir. Compliance_____