PriorityHealth

MEDICAL POLICY
No. 91430-R4

TECHNOLOGY ASSESSMENT

Effective Date: June 15, 2011	**Review Dates: 12/98, 12/00, 12/01, 8/02, 11/03, 11/04, 9/05, 8/06, 6/07, 6/08, 6/09, 6/10, 6/11, 6/12, 6/13, 5/14, 5/15, 5/16, 5/17, 5/18**
Date Of Origin: December 1998	**Status: Current**

I. POLICY/CRITERIA

A. Technology Assessment is performed in an ongoing process to review and evaluate new procedures, therapies, devices, equipment, behavioral health services, and prevention strategies, or new applications of existing technologies. Decisions of coverage within the benefit structure or changes to the benefit structure are the outcomes of the technology assessment process. Drug review is directed by Priority Health's Pharmacy Department and is performed by the Pharmacy and Therapeutics Committee.

B. Procedure
The technology assessment process may initiate from ongoing proactive review of the literature or reactive review of specific member or provider requests. The process for both proactive and reactive review is as follows:

1. The Medical Director coordinates and prioritizes the technology assessment topics in the following order of importance:
   a. Emergent medical condition of member
   b. Urgent medical condition of member
   c. Request of credentialed practitioner/provider
   d. Proactive evaluation of emerging technologies
   e. Pre-enrollment request for potential members

2. Comprehensive research and review of the issue is performed. Resources may include, but are not limited to the following:
   a. Scientific and medical literature
   b. State and federal regulatory agencies (e.g. Food and Drug Administration, Michigan Department of Community Health)
   c. Other federal agencies (e.g. National Institutes of Health, Centers for Disease Control and Prevention)
   d. Professional organizations (e.g. physician academies and associations)
   e. Managed care industry standards
   f. In-house experts and standing committees
   g. Technology assessment information services (e.g. HAYES)
   h. Participating providers
   i. Experts/specialists in the field

3. Decisions of coverage for individual members, policy formulation, or benefit design use the following technology assessment criteria:
   a. Evidence of clear therapeutic effectiveness when used in the general population, including:
      - Indications for use
      - Subpopulations most likely to benefit
      - Contraindications
   b. Evidence of safety when used in the general population.
      - Potential harms and long-term abnormal effects are known or understood
   c. Evidence that the medical community in general accepts the safety and effectiveness of the service outside of investigational settings.
   d. Evidence of clinically meaningful outcomes.
      - Clinical trials or meta-analyses must demonstrate consistent outcomes
      - Outcomes must be outcomes that clinically matter (e.g. reduced morbidity)
      - Outcomes must be better than or equal to existing treatment alternatives
   e. Evidence that clinically meaningful outcomes can be attained at a reasonable cost to the health care system
   f. Service has been approved by the appropriate regulatory bodies, if necessary
   g. Priority Health's plan document (e.g. Certificate of Coverage, Summary Plan Document) language is consistent with the decision
   h. Legal/risk management issues are considered

4. The approval mechanism for technology assessment is as follows:
   a. Individual case review—Decision by Medical Director with input from physician Medical Affairs Committee as necessary.
   b. Medical policy—Approval by Medical Director and Medical Affairs Committee as defined in the Medical Policy Program Description. The Technology Assessment Committee serves in an advisory capacity to the Medical Affairs Committee.
   c. Benefit design changes—Approval includes, but not limited to the following:
      - Medical Director, Executive Management Team, Associate Vice President, Product & Market Development
      - Quality Integration Committee
      - State of Michigan Office of Financial and Insurance Services

5. Documentation of the technology assessment decision is done in the case review process, and/or the medical policy administration process, and/or the minutes of the Medical Affairs/Quality Integration/Technology Assessment Committees.

Special Notes:
See the Medical Policy Program Description
See the Technology Assessment Committee Charter

II. MEDICAL NECESSITY REVIEW

☐ Required ☐ Not Required ☒ Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern.If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern.For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***

IV. DESCRIPTION

The technology assessment process may include the review of existing or new procedures, therapies, devices, equipment, behavioral health services, and prevention strategies.

V. CODING INFORMATION

Not Applicable

VI. REFERENCES