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Clinical Policy Document: Coverage Determination Guidelines	Date Approved: 09/10/25
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PLANS IN SCOPE

Aspirus Health Plan

PURPOSE:

The intent of this policy is to provide guidelines to aid in coverage determinations.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

COVERAGE INDICATIONS:

The following criteria must apply:

- Benefits must be available for health care services.
- Health care services must be proven effective by reliable evidence.
- Health care services must be ordered by a provider, unless otherwise pre-empted by law.
- Health care services must be medically necessary, applicable conservative treatments must have been tried, the most cost-effective alternative must be requested for coverage consideration and not provided specifically for the convenience of the member or provider.
- Services, drugs, or supplies must be rendered in the most cost-efficient setting or manner appropriate for the condition.

- Health care service must be based on medical standards and accepted practice parameters of the community and provided at a frequency that is accepted by the medical community as medically appropriate.
- When standardized tests and measures are used, the most current edition/version of the testing instrument is employed.
- For continuation of health care services, effectiveness or measurable improvement/progress must be documented and objectively quantified.

Exclusions

The following exclusions apply:

- Absence of placement and/or availability at a lower level of care does not constitute medical necessity for continuation of care at the current level of care.
- Health care services designated by the CMS Medicare program as Coverage with Evidence Development (CED) are considered investigative and therefore not covered.
- Unnecessary tests and treatments are not covered, such as but not limited to the following:
 - Routine use of preoperative diagnostic testing and imaging in low-risk members for low-risk surgeries
 - Low-value medical procedures including diagnostic imaging and disease screening, including health care services that:
 - Are not supported by evidence
 - May be duplicative of other procedures
 - May provide harm
 - Are validated as unnecessary
 - Procedures determined by other review organizations (ex. Hayes New Technology Summaries, ECRI Health Technology Assessment Information Services, etc.) to be investigational.
- Refer to member's Certificate of Coverage or Summary Plan Description for additional exclusions

Medical Records Documentation

Benefit coverage is determined by review of member specific benefit plan information and all applicable laws. Medical records documentation may be required to assess if the member meets criteria; however, provision of records does not guarantee coverage.

Documentation irregularities or inconsistencies regarding applicable condition(s) or health care service(s) in the medical record may result in non-coverage. Outcome measures and/or pre-determined goals that are specific, measurable, and relevant to treatment must be defined in the medical record. For continued services, documentation must provide evidence of lasting, sustainable progress with treatment and/or degree of change over time.

DEFINITIONS

Health Care Service: Medical or behavioral services including pharmaceuticals, drugs, devices, technologies, tests, treatments, therapies, supplies, procedures, hospitalizations, or provider visits.

Investigative: As determined by the Plan, a drug, device or medical treatment or procedure is investigative if reliable evidence does not permit conclusions concerning its safety, effectiveness, or effect on health outcomes.

Medically Necessary: Any *health care services*, preventive health care services, and other preventive services that Optum and its' customers, in its discretion and on a case-by-case basis, determines are appropriate and necessary in terms of type, frequency, level, setting, and duration, for a diagnosis or condition; and the care must:

- Be consistent with the medical standards and generally accepted practice parameters of providers in the same or similar general specialty as typically manages the condition, procedure or treatment at issue; and
- Help restore or maintain health; or
- Prevent deterioration of a condition; or
- Prevent the reasonably likely onset of a health problem or detect an incipient problem.

Provider: A health care professional, physician, clinic or facility licensed, certified, or otherwise qualified under applicable state law to provide health care services

Reliable evidence: Medical findings based on high quality research and testing to evaluate treatment clinical efficacy and safety. For more information, please refer to policy MC/H001 Hierarchy of Evidence in the Evaluation of Healthcare Services.

Specific, Measurable, and Functional Goals: Clearly defined goals of treatment that allow measurement of the amount and/or degree of meaningful change over time. These goals are often determined by the use of functional outcome assessment tools.

Standardized tests/measures current edition/version: Standardized tests, scales and outcome measures must meet recognized standards for validity, reliability and precision. Providers must administer, score and interpret standardized tests, scales and outcome measures in accordance with test manuals and/or descriptions in the medical literature. The most current edition/version of standardized tests, scales and outcome measures must be administered.

APPLICABLE CODES

Not applicable

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
09/10/2025	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

REFERENCES:

2024 NCQA Standards and Guidelines for the Accreditation of Health Plans

American Physical Therapy Association. Outcomes Measurement. Retrieved from: [Outcomes Measurement | APTA](#). Accessed 06-02-25.

American Occupational Therapy Association (AOTA). Quality Toolkit. Retrieved from [Quality Toolkit | AOTA](#). Accessed 06-02-25.

American Speech-Language-Hearing Association (ASHA). Assessment Tools, Techniques, and Data Sources. Retrieved from [Assessment Tools, Techniques, and Data Sources](#). Accessed 06-02-25.

Burns, P. B., Rohrich, R. J., & Chung, K. C. (2011). The levels of evidence and their role in evidence-based medicine. Plastic and reconstructive surgery, 128(1), 305–310. <https://doi.org/10.1097/PRS.0b013e318219c171>

Joint Committee on the Standards for Educational and Psychological Testing of the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. Standards for Educational and Psychological Testing. 2014. Retrieved from [standards 2014edition.pdf](#) on 06-02-25

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).