

<b>Approved by:</b> Optum Medical and Pharmacy Subcommittee	<b>Effective Date:</b> 06/10/26
<b>Clinical Policy Document:</b> Medical Policy Development	<b>Date Approved:</b> 06/10/26
<b>Reference #:</b> MC/C010	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/25

---

## TABLE OF CONTENTS

Plans In Scope .....	1
Purpose: .....	1
Coverage Indications:.....	1
Exclusions.....	2
Medical Records Documentation .....	2
Definitions.....	2
Applicable Codes.....	3
Policy/Revision History .....	3
References: .....	3

---

## PLANS IN SCOPE

Aspirus Health Plan

---

## PURPOSE:

Medical policies are designed to provide guidelines that reflect the medical coverage rules and regulations of an organization. Medical policies include the definition of medical necessity or investigational status of medical procedures; technologies; and/or treatments administered by health care professionals. Medical policy development and maintenance are conducted within the organization’s Utilization Management and Quality Improvement governance framework, including committee oversight and periodic evaluation. The purpose of this document is to provide an overview of how medical policies are developed, approved, and updated.

---

## COVERAGE INDICATIONS:

Policy development is undertaken to provide guidance to internal partners on medical necessity and investigational status. Medical policies undergo documented annual review. Each annual review results in one of the following outcomes: no change, revision, or retirement. Policies can be reviewed prior to their update date if new evidence is available which alters the policy criteria. New medical policies proceed to development only after approval under the organization’s policy creation governance process, and this policy governs the development, approval, and maintenance phase.

Policy development is driven through referrals from staff; providers; and members. New policy development can be triggered by any referral; however prioritization on new policy creation is provided to:

- New diagnostic tests; therapeutic procedures; or medical devices
- Medical technologies that have generated high interest and/or increased utilization in the last 3 months
- Medical technologies influenced by new peer-reviewed literature that may change the status of a medical policy

For full policy development, criteria must not be available in InterQual.

For information on evidence used to create medical policies, please refer to *Hierarchy of Evidence in the Evaluation of Healthcare Services Policy Number: MC/H001*.

All policy drafts are presented to the Optum Medical and Pharmacy Subcommittee for review. Once a quorum is established, the committee reviews each policy presented and is asked to provide feedback as appropriate. The Optum Medical and Pharmacy Subcommittee provides formal oversight of medical policy development, including review of draft policies and recommendations regarding approval, revision, or deferral. Changes are made based on consensus of the group and available evidence-based literature and/or practice. Once the policy is finalized, it is provided to the health plan Chief Medical Officer (CMO) for review/adoption. To support transparency, adopted medical policies are published to applicable member and/or provider platforms, consistent with organizational transparency practices.

## Exclusions

Medical policies are provided for informational purposes only and do not constitute medical advice or care. Medical policies do not override the contract language of the individual's health care plan

## 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.

---

## DEFINITIONS

---

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

**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.

**Experimental Services:** A service wherein the procedure, service, or medication is not a safe or effective/proven treatment for the condition which it is ordered.

**Investigational Services:** A service wherein the procedure, service, or medication is not an effective or proven treatment for the condition which it is ordered.

Definitions used in medical policies are maintained for consistency across utilization management and coverage policies, and are reviewed as part of the annual policy review process.

---

### APPLICABLE CODES

---

Not applicable for this policy

---

### POLICY/REVISION HISTORY

---

Date	Summary of Changes	Approval By
08/05/2025	Initial Policy Development	<i>Optum Medical and Pharmacy Subcommittee</i>
04/07/2026	Annual Policy Review: Updates clarify governance alignment with UM/QI standards, strengthen documentation of annual review outcomes, reinforce committee oversight, and enhance transparency language. No clinical changes were made.	<i>Optum Medical and Pharmacy Subcommittee</i>

---

### REFERENCES:

---

Not applicable for this policy

# 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](https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf).

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitmi 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 اعلى 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 Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

**Lao:** ໃບດອາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີ້ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).