

Criteria for Determining Medical Necessity



InterQual and MCG (formerly Milliman)

- Evidence-based care guidelines for assessing the medical necessity appropriateness of admission and continued stay
- How does the Two-Midnight Rule change the use of these resources for Medicare inpatients?

National Coverage Determinations

- An evidence-based process, with opportunities for public participation; in some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC); in the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on an LCD
- Hyperbaric Oxygen Therapy (20.29), June 18, 2006
- Implantable Automatic Defibrillators (20.4), January 27, 2006

Local Coverage Determinations

- A determination by a Medicare Administrative Contractor or a carrier under Part A or Part B, as applicable, respecting whether or not a particular item or service is covered on an intermediary- or carrier-wide basis under such parts, in accordance with section 1862(a)(1)(A)

Milliman Guidelines Medical Necessity

Ensheng Dong



Milliman Guidelines Medical Necessity:

Along the Continuum of Care Pauline Sanders RN, 2013-05-23 Along the Continuum of Care creates a mind shift for the case manager in the new paradigm to be effective agents of change and resource connectors The urgent need to improve health outcomes is resulting in moment to moment changes in the world of case management Along the Continuum of Care focus on helping health care professionals meet the new challenges with Health Care Reform Case Managers must educate the senior leadership team about the financial contributions that result from appropriate care coordination The CEO is responsible for the bottom line but the buck stops with case management and leaders should focus on Case management support for adequate resources Ensuring that case management staff is educated adequately staffed and recognized for managing patient flow which maintains financial stability Recognizing that effective case managers manage the tipping point to save and or create millions of dollars for the organization The healthcare case management field is exploding The demand will far outweigh the supply for the next three to five years and beyond The business savvy case manager will lead the field

Essentials of Managed Health Care Peter Reid Kongstvedt, 2013 Rev ed of Essentials of managed health care edited by Peter R Kongstvedt 5th ed c2007 Congressional Record United States. Congress, 2000 **Encyclopedia of Health Services Research** Ross M. Mullner, 2009-05-15 Today as never before healthcare has the ability to enhance the quality and duration of life At the same time healthcare has become so costly that it can easily bankrupt governments and impoverish individuals and families Health services research is a highly multidisciplinary field including such areas as health administration health economics medical sociology medicine political science public health and public policy The Encyclopedia of Health Services Research is the first single reference source to capture the diversity and complexity of the field With more than 400 entries these two volumes investigate the relationship between the factors of cost quality and access to healthcare and their impact upon medical outcomes such as death disability disease discomfort and dissatisfaction with care Key Features Examines the growing healthcare crisis facing the United States Encompasses the structure process and outcomes of healthcare Aims to improve the equity efficiency effectiveness and safety of healthcare by influencing and developing public policies Describes healthcare systems and issues from around the globe Key Themes Access to Care Accreditation Associations Foundations and Research Organizations Biographies of Current and Past Leaders Cost of Care Economics Finance and Payment Mechanisms Disease Disability Health and Health Behavior Government and International Healthcare Organizations Health Insurance Health Professionals and Healthcare Organizations Health Services Research Laws Regulations and Ethics Measurement Data Sources and Coding and Research Methods Outcomes of Care Policy Issues Healthcare Reform and International Comparisons Public Health Quality and Safety of Care Special and Vulnerable Groups The Encyclopedia is designed to be an introduction to the various topics of health services research for an audience including undergraduate students graduate students and general readers seeking non technical descriptions of the field and its

practices It is also useful for healthcare practitioners wishing to stay abreast of the changes and updates in the field

Class Action Litigation Report ,2001 **Health Care Litigation** Karen S. Boxer,Manuel Del Valle,2000 **Conference on Life and Health Insurance Litigation** ,2000 **For the Defense** ,2003 **California Department of Corrections** California. Bureau of State Audits,2004 2003 to Health Care Organization and Finance Barry R. Furrow,2003-08 This Supplement is designed to accompany Furrow Johnson Jost and Schwarz Health Care Organization Finance 4th which is entirely devoted to the law of health care organization and finance *Workers' Compensation Managed Care Sourcebook* ,1999 **Connecticut Insurance Law Journal** ,2008 **Healthcare Financial Management** ,2009 Some issues accompanied by supplements **Contingency-based Contract Report for Fiscal Year 2008-09** Colorado. Department of Health Care Policy and Financing,2010 *2003 to Health Law* Barry R. Furrow,Sandra H. Breaney,Timothy Stoltzfus Jost,Robert L. Schwartz,2003-06 *BNA Pension & Benefits Reporter* ,2001 **ILSA Journal of International & Comparative Law** ,2001 **Texas Monitor** ,2000 *Toward a Healthy Society* Milton Fisk,2000 Ideally the public fund behind this insurance would be derived from a progressive income tax BOOK JACKET **Proceedings of the House of Delegates, American Medical Association** American Medical Association,1998

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