

# Liberty Medicare Advantage (LMA) medical necessity decision philosophy

In order to ensure our physicians are aware of the criteria and guidelines utilized by LMA to make medical necessity decisions for our members is guided by evidence-based care guidelines from CMS National and Local Coverage Determinations, Medicare Benefit Policy Manuals, Medicare Program Integrity Manuals, CMS Guidance and Regulations and InterQual.

Our licensed nurses use the above criteria hierarchy to authorize coverage for inpatient services, home care and rehabilitation services.

If a nurse cannot approve a service, a LMA medical director (who is licensed in North Carolina) will review the case and may approve or deny coverage based on the above CMS guidelines, InterQual or LMA's medical policy, along with clinical judgment. Only a medical director can deny coverage for a service based on medical necessity. We encourage you to take part in a "peer-to-peer" consultation regarding a case before or after a determination, because a discussion between physicians can help clarify a situation and affect the determination. Please contact LMA Utilization review team to schedule a peer to peer review. We can be reached at 1-844-854-6884.

## Peer to peer review

LMA medical director is available to discuss clinical problems and benefit issues with network providers particularly where there are issues that complicate the management of the patient's condition.

- A peer to peer review is a clinical discussion between a requesting physician and a LMA NC medical director.

- A peer to peer review may also be requested by a LMA medical director in order to obtain more clinical information from an attending physician before making a final determination.
- The purpose of the peer to peer discussion is to give the requesting physicians an opportunity to discuss the clinical details of a requested service.