

| MEDICAL POLICY STATEMENT | | |
|--------------------------|-------------------------|-----------------------------|
| Effective Date | Next Annual Review Date | Last Review / Revision Date |
| 8/19/2004 | 7/2015 | 7/2014 |
| Author | | |
| James Foster, MD | | |

CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function,

1. The member has a relevant diagnosis for which the drug treatment and/or other therapy may be indicated AND
2. Conventional treatments and therapies have been utilized and failed with no other alternative conventional therapies available AND
3. The risks and benefits are considered reasonable by the treating physicians AND
4. The drugs or technology and the clinical trials meet all standard, commonly accepted review board criteria AND
5. All other policies required for such treatment as defined by state and federal regulatory bodies including CMS, pertinent state department of insurance and department of Medicaid policy are met.

If there is no LCD or NCD present reference the CSMG Policy for coverage.

D. REVIEW / REVISION HISTORY

Date Issued: 8/19/2004

Date Revised: 7/2007, 7/2009

Date Reviewed: 7/1/2009, 7/1/2011, 7/2012, 7/2013, 7/2014

E. REFERENCES

1. Member Handbook, Member's Rights and Responsibilities Policy and Provider Manual

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.