MEDIC	MEDICAL POLICY STATEMENT		
Effective Date 6/2012	Next Annual Review Date 7/2015	Last Review / Revision Date 7/2014	

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

If no Medical Policy or Clinical UM Guideline is directly applicable to a request for service reviewers will use their professional judgment and discretion to determine appropriateness of care or medical necessity, utilizing one or more of the available resources listed below in conjunction with a careful assessment of the clinical conditions presented. Medical necessity determinations in all cases will be consistent with State and Federal guidelines.

Potential resources include:

x Clinical Practice Guidelines published by consortiums of medical organizations and

Hematology	American Society of Hematology: http://www.hematology.org		
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine http://www.aahpm.org		
Infectious Disease	Infectious Disease Society of America: http://www.idsociety.org		
Internal Medicine	UpToDate www.uptodate.com		
Nephrology	American Society of Nephrology: http://www.ash.nline.org		
Oncology	American Society of Clinical Oncology (ASCC h) http://www.asco.org		
Pediatrics	American Academy of Pediatrics http://www.aap.org UpToDate www.uptodate.com		
Psychiatry	American Psychiatric Association http://www.psych.org American ademy of Child & dolescent Psychiatry http://www.aacap.org		
Pulmonary Disease	American College Chest Physicians: http://www.chestnet.org		
Rheumatology	nerian Con e of Rhamatology: http://www.rheumatology.org		
Sleep Medicine	Ame in Academy Sleep Medicine: http://www.aasmnet.org		
Surgery of the Hand	American ciety for Surgery of the Hand: http://www.hand-surg.co		

Documentation in its medical respective cord should include the resource(s) utilized and how they pertain to be particular clinical condition or services being reviewed.

D. REVIEW REVISION HISTORY

Date Issued: 5/2012

Date Revised:

Date Reviewed: 5/2012, 6/2012, 7/2013, 7/2014

^{*} Note: In determining a relevant Medical Policy or Clinical UM Guideline, procedure code alone will not be a larged. If an 'unlisted' or 'not otherwise classified' code is proposed, the detailed description of service will be the determining factor.

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

