

RE: Denial of Reimbursement for Experimental Procedures

DATE: April 17, 2015

According to §15-123 Experimental Medical Care and Process for Evaluating Emerging Medical and Surgical Treatments, a carrier's decision to provide or deny coverage for experimental procedures must result from a process in compliance with the requirements below:

The process must include:

- A comprehensive review of medical literature and data evaluation; and
- Input from physicians and other recognized experts who are:
 - Not employees of the carrier;
 - Currently treating patients for the disease or condition being evaluated;
 - Board certified in the pertinent specialty or subspecialty area of the disease or condition being evaluated
 - Generally recognized by their peers to be authoritative resources in the clinical area being evaluated as evidenced by any of the following:
 - Demonstrated history of substantial experience and practical knowledge in the specialty, faculty appointments,
 - Publication of peer-reviewed clinical literature in the pertinent specialty or subspecialty, or
 - A demonstrated history of leadership in professional associations or organizations that address the disease in question.

If the carrier's decision to deny reimbursement is appealed, the appeal must be in compliance with §15-10B-07.

§15-10B-07 states that all adverse decisions shall be made by a physician or a panel of other appropriate health care service reviewers with at least one physician on the panel who is board certified or eligible in the same specialty as the treatment under review. Please note that there are different requirements for mental health or substance abuse services, as well as dental services. A physician or reviewer may not be compensated by the private review agent in a manner that violates the standard of quality of care or that deters the delivery of medically appropriate care.

If a course of treatment has been preauthorized or approved for a patient, a private review agent may not retrospectively reverse that decision unless the submitted information, on which the preauthorization was based, is fraudulent or incomplete. If preauthorization or approval has been granted for a patient, a private review agent may not revise or modify the specific criteria or standards used for that review to retrospectively reverse the decision.