	Johns Hopkins Health Plans Utilization Management Policies: Utilization Management	<i>Policy Number</i>	UM62
		<i>Effective Date</i>	09/17/2025
		<i>Approval Date</i>	09/17/2025
	<i>Subject</i> Lack of Clinical Review Criteria/Criteria Supplement	<i>Supersedes Date</i>	10/11/2024
		<i>Original Date</i>	12/04/2009
		<i>Page</i>	1 of 3

This document applies to the following Participating Organizations:

Johns Hopkins Advantage MD

Johns Hopkins Employer Health
Programs, Inc. (EHP)

Johns Hopkins Health Plan of Virginia,
Inc. (JHHPVA)

Johns Hopkins Medical Services
Corporation (USFHP)

Priority Partners Managed Care
Organization, Inc.

Keywords: clinical review


Table of Contents	Page Number
I. ACTION	1
II. POLICY	1
III. SCOPE	2
IV. RESPONSIBILITIES	2
V. CROSS REFERENCE	2
VI. APPROVALS	3
VII. POLICY NOTIFICATION CHART	3

I. ACTION

	New Policy	
	Repealed Policy Date	
	Superseded Policy Number	

II. POLICY

- A. Johns Hopkins Health Plans (JHHP) staff employ clinical review criteria for utilization management (UM) decision-making based on regulations (CMS, COMAR, TRICARE, EHP Summary Plan Descriptions, and other regulatory guidance), internally developed Medical Policies, and commercially purchased clinical review criteria.
- B. As medical technology continues to advance, members and providers at times request procedures, services, or equipment for which no clinical review criteria have been developed. In addition, there are circumstances when the current guidelines and/or criteria do not specifically address a treatment, procedure, service or occurrence. In these cases, in order to ensure consistent decision-making, JHHP has developed a policy and related process for making determinations under these circumstances. For more information on clinical review criteria and guidelines, see policy UM05 Clinical Review Criteria and CMS24.12 Investigational & Experimental Devices, Treatments, and Health Services.
- C. All requests for procedures, services, or equipment for which there is no JHHP clinical review criteria will be forwarded to the Medical Director for medical necessity review.
- D. When no JHHP clinical review criteria exist, Medical Directors consult specific JHHP approved resources to make a coverage determination.
- E. For PPMCO covered benefits:
 1. JHHP will ensure that the services provided are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (COMAR 10.67.06.)
 2. PPMCO may place appropriate limits on services on the basis of criteria applied under the State plan, such as medical necessity. However, in accordance with COMAR 10.67.06. Any limitations set forth in this chapter on covered

	Johns Hopkins Health Plans Utilization Management Policies: Utilization Management	<i>Policy Number</i>	UM62
		<i>Effective Date</i>	09/17/2025
		<i>Approval Date</i>	09/17/2025
	<i>Subject</i> Lack of Clinical Review Criteria/Criteria Supplement	<i>Supersedes Date</i>	10/11/2024
		<i>Original Date</i>	12/04/2009
		<i>Page</i>	2 of 3

services are not applicable to services required by enrollees who are younger than 21 years old when it is shown that the services are medically necessary to correct or reduce health problems detected or suspected by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening services, as described in Regulation .20 of this chapter.

III. SCOPE


This Policy applies to requests for authorization and approval of procedures, treatment, services, or equipment for which there are no regulatory guidelines or JHHP approved clinical review guidelines and/or criteria specific to the request. Each line of business possesses its own unique contract, benefits, regulations, and regulators' clinical guidelines that supersede internal or commercial criteria. When coverage criteria are not fully established, the process outlined in this policy is followed. (See UM 05 Clinical Review Criteria & CMS24.12 Investigational & Experimental Devices, Treatments, and Health Services).

IV. RESPONSIBILITIES

- A. Medical Review Process – Under the scope of this policy, the Medical Directors access the following resources to assist in UM decision-making in the absence of established clinical review criteria by regulation or policy. These resources are consulted as appropriate in accordance with established standards in the hierarchy of reliable evidence and the individual circumstances for the requested procedure, service, or equipment:
1. Systematic reviews (e.g. Cochrane) published in peer-reviewed medical literature;
 2. Critically-appraised topics, (Evidence Synthesis and Guidelines) including:
 - a. Published formal technology assessments (e.g. Hayes Inc., AHRQ);
 - b. Published clinical guidelines of national professional medical associations; (Refer to CMS11.01 Clinical Practice Guidelines);
 3. Critically-appraised article synopses;
 4. Evidence-based evaluations and clinical support resources (e.g. UpToDate);
 5. Primary scientific studies published in peer-reviewed medical literature include:
 - a. Randomized controlled trials (RCTs);
 - b. Cohort studies;
 - c. Case-controlled studies/Case series
 6. Other reliable sources include, but not limited to:
 - a. Information from appropriate government regulatory bodies (e.g. Defense Health Agency (DHA), Center for Medicare & Medicaid Services (CMS), Maryland Department of Health (MDH), Food and Drug Administration (FDA));
 - b. Published reports by national expert organizations (e.g. USPSTF).
- B. The Medical Directors will access and reference JHHP Medical Policy and related definitions, as appropriate (See CMS01.00 Medical Policy Introduction).
- C. The Medical Director will document the source of their decision in the authorization notes.

V. CROSS REFERENCE

- UM05 Clinical Review Criteria
- CMS01.00 Medical Policy Introduction
- CMS11.01 Clinical Practice Guidelines
- CMS24.12 Investigational & Experimental Devices, Treatments, and Health Services
- Maryland MCO Systems Performance Standards and Guidelines 7.2 and 7.4
- NCQA UM 1: A 6; UM 2: A 1; UM 10: A, 1, 2, 4; B 1-4
- COMAR 10.09.67.01(G & H)

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans Utilization Management Policies: Utilization Management	<i>Policy Number</i>	UM62
	<i>Subject</i> Lack of Clinical Review Criteria/Criteria Supplement	<i>Effective Date</i>	09/17/2025
		<i>Approval Date</i>	09/17/2025
		<i>Supersedes Date</i>	10/11/2024
		<i>Original Date</i>	12/04/2009
		<i>Page</i>	3 of 3

VI. APPROVALS

Electronic Signature(s)	Date
Nancy Hunzeker	09/15/2025

Review/Revision Date: 12/4/09, 5/13/10, 6/7/2011, 8/12/12, 7/13/13, 7/25/14, 9/30/14; 9/17/15, 12/19/16, 10/23/18, 9/10/19, 11/20/20, 11/14/2022, 11/21/2023, 10/11/2024

VII. POLICY NOTIFICATION CHART

	Yes/No	If yes in 2nd column, notify the following department of policy revisions:
Does this policy relate to NCQA?	Yes	Quality Improvement
Does this policy relate to Qlarant/MDH requirements?	Yes	Quality Improvement
Does this policy relate to DHA contractual requirements?	Yes	USFHP Administration
Does this policy relate to CMS contractual requirements?	Yes	Medicare Plan Administration Medicare Compliance