

Connecticut Society of Eye Physicians,
Connecticut Dermatology and Dermatologic Surgery Society,
Connecticut Ear Nose and Throat Society
Connecticut Urology Society

Testimony Given by
Marc Eisen, M.D.
Before the Public Health Committee

March 14, 2014

Supporting

H.B. No. 5529 (RAISED) AN ACT CONCERNING THE DEFINITIONS OF MEDICAL NECESSITY.

Good Day, Senator Gerrantano, Representative Johnson, and esteemed members of the Public Health Committee. For the record, my name is Marc Eisen, M.D. Ph.D, I am a board certified otolaryngologist practicing in Hartford. I am here representing over a 1000 physicians in the specialties of ENT, Eye, Dermatology and Urology in support of H.B. No. 5529 (RAISED) AN ACT CONCERNING THE DEFINITIONS OF MEDICAL NECESSITY.

Medical Necessity is the lynch pin of every healthcare claim. The terms “medical necessity” or “medically necessary” when used in the determination of medical coverage specifies which services and procedures are allowed or payable by a managed care organization and which services are excluded. Without it health insurers have a right to deny coverage of any and all procedures or services submitted by a healthcare provider.

Unfortunately, some insurers make arbitrary and capricious decisions on medical necessity, and it is often difficult to view them as anything other than cost-saving maneuvers. In many instances, insurers base these decisions not on what is standard of care, or commonly accepted practice in the medical community but on the absence of up to date scientific studies. One example is-Balloon Sinuplasty. This procedure is recognized by our American Academy of Otolaryngology-Head and Neck Surgery as an effective and appropriate option to treat our patients with chronic sinus infections. It is covered by all insurers in Connecticut except for Anthem which deems the procedure “experimental and investigational”. Yet this same company will reimburse Balloon Sinuplasty for some of their patients (if the patient is on an fully funded plan), and deny for others (if the patient is on an self funded plan). The confusion for patients and wasted time for physicians and their staffs in determining and then challenging these decisions of medical necessity are unnecessary and unwarranted.

To many, it is hard to comprehend the need to define “medical necessity”, as every physician who becomes part of a provider panel must submit evidence of their training and credentials for verification by each MCO or insurer. If this process is done properly, a strong argument can be made that anything ordered by a licensed and credentialed provider should be considered medically necessary. Insurers may argue that there is abuse in the system but there are always methods to monitor performance. Insurers can easily monitor the practice patterns of individual providers and compare them to others in the state. Those with unusual practices can be identified, and studied to determine why differences exist and to gauge the appropriateness of care rendered.

Decisions of medical necessity should be left to those in the best position to make that determination – the Physician. It is the physician who is undeniably the most qualified professional in determining the proper care for their patients, and not the managed care administrators whose sole purpose is to reduce their “loss ratios” – the term often applied to payments for medical services.

In conclusion, we support H.B. No. 5529 (RAISED) AN ACT CONCERNING THE DEFINITIONS OF MEDICAL NECESSITY and hope this committee will keep medical decisionmaking in the hands of physicians.

Thank you.